



Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
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Ms. Martina Corrigan
Director of Public Inquiries and liaison
Surgical Clinical Director
Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

5 May 2023

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 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 USI
[Redacted Signature]

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 7 of 2023]

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:

**Ms. Martina Corrigan
Director of Public Inquiries and liaison
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 12th May 2023**.

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 9th May 2023**.

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 5th May 2023

Signed:

Personal information redacted by USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE

[No 7 of 2023]

1. Please consider the following extracts from your "SAI Urology Review Interview", which took place with Dr Dermot Hughes and Patricia Kingsnorth on the 18 January 2021 at 12 Midday via zoom (see **WIT 84355 – 84356**) and address the questions following each section:

Extract 1:

...

Martina advised that she worked in SHSCT for 11 years, and confirmed that during that time Mr O'Brien never recognised the role of the Clinical Nurse Specialists. She confirmed that he never involved them in his oncology clinics. She is aware that some of the Clinical Nurse Specialists would have asked to be at the clinics but Mr O'Brien never included them. WIT 84355

...

- (a) Please set out, including names of any relevant individuals, details of anything said and dates (approximate if necessary), the basis on which you state that:
 - (i) For 11 years, Mr O'Brien never recognised the role of the Clinical Nurse Specialist.
 - (ii) That Mr O'Brien never involved them in his oncology clinics.
- (b) Please identify to whom you are referring when you say "... *some of the Clinical Nurse specialists would have asked to be at clinics but Mr O'Brien never included them*", detailing how, when, and in what circumstances you came to be told or made aware of this information.

2. **Extract 2:**

...

Dr Hughes asked if anyone expressed concerns about excluding nurses from the clinics. Martina advised that two of the Clinical Nurse Specialists did report that they did regularly challenge Mr O'Brien and asked him if he needed them to be in the clinic to assist with the follow-up of the patients but it got to the stage where staff were getting worn down by no action and they gave up asking as they knew that he wouldn't change. WIT 84355

...

- (a) Please name the two nurses to whom you refer in this paragraph.
- (b) Please explain the details of how and when they reported the details you provide in this paragraph. If not to you, to whom did they report and how and when did you find this information out?
- (c) What, if anything, did you or anyone else do on receipt of this information?

3. **Extract 3:**

...

Dr Hughes advised that the Clinical Nurse Specialists are so important on the patient's journey. Martina agreed and said that this support from the CNS was vital both for oncology and for benign conditions, and advised that Mr O'Brien did include the CNS in urodynamics as it was the specialist nurse who performed the test, however he didn't include the CNS when he was consulting with the patient after the test. WIT 84355 - 84356

...

- (a) Please explain your source for the statement that Mr O'Brien did include the CNS in urodynamics but that he did not do so when he was consulting the patient after the test.
- (b) How and did you come to know this information and what, if anything, did you do on being told?

4. **Extract 4:**

...

Dr Hughes reiterated – “at no stage were specialist nurses allowed to share patient care with Mr O’Brien? Martina confirmed that yes this was correct. She also confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics. (sic) WIT 84356

...

- (a) Please explain, detailing the source and all other relevant information, the basis on which you confirmed that at no stage were specialist nurses allowed to share patient care with Mr O’Brien.
 - (b) Please explain, detailing the source and all other relevant information, the basis on which you state that all other consultants see the benefit of using a CNS and that they include them in their clinic.
5. Given your statements above to Dr Hughes, please explain the following paragraph from your section 21 Notice 24 of 2022 dated the 29 April 2022, where you state that you did not become aware of the issues around Key Workers until November 2020 and only as a result of the SAI investigations (at **WIT 26268**):

54.1 Not providing oncology patients with access to a Key Worker (Clinical Nurse Specialist)

...

x. I became aware that Mr O’Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became aware of this in November 2020 from the outcome of the investigations into the most recent SAI patients. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services’ remit, I was never involved in these.



6. Did you tell Dr Hughes at your meeting with him and Patricia Kingsnorth on the 18 January 2021 that you did not know anything about the CNS/Key Worker issue and were only made aware of it as a result of the SAI investigations in November 2020? If not, why not?
7. If you did tell Dr Hughes, why do you think that is not included in the meeting notes?
8. Do you consider the notes of that meeting with Dr Hughes and Patricia Kingsnorth to be an accurate account of that meeting?

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.

SAI Urology Review**Interview with Mrs Martina Corrigan (MC) Head of Service for Urology****18 January 2021 at 12 Midday via zoom****Dr Dermot Hughes (DH) and Patricia Kingsnorth**

Dr Hughes provided Martina with an update to date – he advised that there are 9 families involved in the process and that there are similar themes; one being that Mr O'Brien worked in isolation despite MDT involvement and being the Chair of the MDT for a number of years. Martina confirmed that Mr O'Brien never involved a specialist nurse and had always been the case from she had started in the Trust.

Martina advised that she worked in SHSCT for 11 years, and confirmed that during that time Mr O'Brien never recognised the role of the Clinical Nurse Specialists. She confirmed that he never involved them in his oncology clinics. She is aware that some of the Clinical Nurse Specialists would have asked to be at the clinics but Mr O'Brien never included them.

Dr Hughes advised that many of the patients that have been reviewed were given hormone therapy off licence and often without their knowledge and that this treatment was in variance to guidance. He also advised that some of the patients were not referred onwards to oncology when their disease progressed and they had no access to coordinated care. This meant that patients had difficulty accessing care and the GPs couldn't help which resulted in patients having no option but to go to the Emergency Department during covid which was not appropriate.

Dr Hughes asked if anyone expressed concerns about excluding nurses from the clinics.

Martina advised that two of the Clinical Nurse Specialists did report that they did regularly challenge Mr O'Brien and asked him if he needed them to be in the clinic to assist with the follow-up of the patients but it got to the stage where staff were getting worn down by no action and they gave up asking as they knew that he wouldn't change.

Martina advised that in her opinion that Mr O'Brien could be quite arrogant and that was a big part of the issues with his practice.

Dr Hughes advised that the Clinical Nurse Specialists are so important on the patient's journey.

Martina agreed and said that this support from the CNS was vital both for oncology and for benign conditions, and advised that Mr O'Brien did include the CNS in

Urodynamics as it was the specialist nurse who performed the test, however he didn't include the CNS when he was consulting with the patient after the test.

Martina advised that in her opinion she felt that one of Mr O'Brien's problems was that he took everything on himself and never involved none of the wider team and then because of this never had the time to see everything through.

Dr Hughes reiterated – “at no stage were specialist nurses allowed to share patient care with Mr O'Brien?

Martina confirmed that yes this was correct. She also confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics.

Dr Hughes – advised that care was excluded to all professionals and that Mr O'Brien was working outside his scope of practice.

Martina advised that during MDT on occasions there were issues raised about Mr O'Brien and at times these were escalated to the AD and AMD but as with other concerns regarding Mr O'Brien these never got anywhere as he either 'promised' that he would sort or else he gave a reason why he couldn't follow through. Martina advised that there was an ethos among many other staff “well sure that's just Aidan”.

Dr Hughes agreed and said that staff appeared to have become habitualised by his bad practice.

He asked Martina if she had any questions.

Martina didn't but did say she questions herself had she done the right thing by escalating the concerns?

Dr Hughes assured her - absolutely!

Martina felt reassured by this and also advised she had been involved in the original admin look back of patients and through this piece of work had identified two of the current SAI during this process.

Dr Hughes advised that the review team will go back to families with a draft report and feedback on the learning. He advised any learning for the MDT would be systematic and constructive.

He thanked Martina for her assistance.



Not providing oncology patients with access to a Key Worker (Clinical Nurse Specialist)

x. I became aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became aware of this in November 2020 from the outcome of the investigations into the most recent SAI patients. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these.

Not following up upon results

xi. In June 2020 when the Directors Mrs McClements and Dr O'Kane asked me to do an admin look at Mr O'Brien's patients who had gone to theatre both as an emergency and electively, I discovered that some of these patients had had investigations and it appeared that they had not had their results reviewed by Mr O'Brien. It was as a result of this that Professor Sethia (external consultant) was asked to review all the records of patients who had had a test requested by Mr O'Brien and it was apparent that some of these patients had not had follow-up. Some of these patients were part of the recent SAI and some have been subject to a Structured Clinic Record Review (SCRR). The lookback review was from January 2019-June 2020 so this issue goes back to at least January 2019 as far as I am aware.

Prescribing unlicensed drug bicalutamide

xii. I only became aware that Mr O'Brien had been prescribing the unlicensed drug bicalutamide when Mr Haynes brought this to Dr O'Kane's and my attention whilst we were undertaking the clinical aspect of the initial lookback in October 2020. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these and none of the clinical staff



UROLOGY SERVICES INQUIRY

USI Ref: Notice 7 of 2023

Date of Notice: 5 May 2023

Note: An addendum amending this statement was received by the Inquiry on 23 June 2023 and can be found at WIT-98544 to WIT-98770. Annotated by the Urology Services Inquiry.

Witness Statement of: Martina Corrigan

I, Martina Corrigan, will say as follows:-

1. Please consider the following extracts from your “SAI Urology Review Interview”, which took place with Dr Dermot Hughes and Patricia Kingsnorth on the 18 January 2021 at 12 Midday via zoom (see WIT 84355 – 84356) and address the questions following each section:

Extract 1:

...

Martina advised that she worked in SHSCT for 11 years, and confirmed that during that time Mr O'Brien never recognised the role of the Clinical Nurse Specialists. She confirmed that he never involved them in his oncology clinics. She is aware that some of the Clinical Nurse Specialists would have asked to be at the clinics but Mr O'Brien never included them. WIT 84355

...

- (a) Please set out, including names of any relevant individuals, details of anything said and dates (approximate if necessary), the basis on which you state that:

- (i) For 11 years, Mr O'Brien never recognised the role of the Clinical Nurse Specialist.

1.1 When I began my tenure as Head of Service in September 2009, there were two Clinical Nurse Specialists in post, Kate O'Neill and Jenny McMahon. I would regularly have been in the Thorndale Unit, as often as once or twice a week in the earlier years of my tenure (2009-2015) and at least once per month from 2016-2019 (the reduction in frequency was due to my workload), when I would have called down to speak with either the CNS, the Consultants or other staff.

1.2 It was my impression that Mr O'Brien didn't recognise the potential value of having a nurse with him at clinics generally. I do not recall all the factors which led to me forming this impression of Mr O'Brien but I believe it was influenced by things like the following: when the two Clinical Nurse Specialists attended meetings and made suggestions about the services – examples could have been changing appointment slots for the clinics so that there were not too many people in the waiting room, equipment suggestions, suggestions regarding training for the other nurses in the Unit, and so on - Mr O'Brien, whilst he would have listened, never got involved in these conversations or showed any interest in taking forward their suggestions and I therefore personally felt that he didn't value the role that they held. This was not an impression formed, I believe, as a result of a single meeting but one that developed over time between approximately 2009 and 2015.

(i) That Mr O'Brien never involved them in his oncology clinics.

1.3 The CNS team expanded in about 2014 with two temporary Band 6s being appointed, Janice Holloway and Dolores Campbell (see my previous s.21 statement no.24 of 2022 at WIT-26197 to 26198). Kate and Jenny had plans and suggestions for these two new appointments including having additional staff to support all clinics. It was during conversations with both CNS (Kate and Jenny) that they would have mentioned that this was for all of the consultants although not as much for Mr O'Brien as he rarely had a nurse in attendance at his clinics.

1.4 I should emphasise in this regard that I do not ever recall, during any of my conversations with nurses in the Unit on this broad issue, any specific mention of oncology clinics or their cancer key worker role when they were mentioning Mr O'Brien's non-use of nurses. It was usually couched in much more general terms. I also note, in this regard, that the handwritten note of the 18 January 2021 meeting records me saying (1st page, 11th line of text *down* from the top of the page) that Mr O'Brien 'never involved them in clinics', with no specific reference to oncology. In this regard, the handwritten note better reflects what I believe I said at the 18 January 2021 meeting, during which I would have referenced my knowledge regarding Mr O'Brien's approach generally rather than in respect of any specific cancer or key worker role.

[The handwritten 18 January 2021 meeting notes were provided to me by the Trust on or about 11 May 2023, having recently been located, and I confirm that they are now attached to this Witness Statement.]

1.5 Of course, I now reflect and accept that, had I thought about the matter in more detail, I would likely have realised that this approach by Mr O'Brien might have included the nurses' cancer key worker roles. However, I believe I was perhaps less conscious or less sighted as to this aspect of their work for a number of reasons including, I believe, because I did not attend MDT meetings and because of Cancer (as opposed to Acute) Services' role in respect of these.

(b) Please identify to whom you are referring when you say "... some of the Clinical Nurse specialists would have asked to be at clinics but Mr O'Brien never included them", detailing how, when, and in what circumstances you came to be told or made aware of this information.

1.6 The nurses that I am referring to are Kate O'Neill, Jenny McMahon and, laterally, Leanne McCourt and Jason Young. I can confirm that I have no evidence of dates and times but I believe this would have been mentioned

to me occasionally during casual conversations about various aspects of the running of the Unit if I had, for example, just called in to see how things were with them and the staff.

2. Extract 2:

...

Dr Hughes asked if anyone expressed concerns about excluding nurses from the clinics. Martina advised that two of the Clinical Nurse Specialists did report that they did regularly challenge Mr O'Brien and asked him if he needed them to be in the clinic to assist with the follow-up of the patients but it got to the stage where staff were getting worn down by no action and they gave up asking as they knew that he wouldn't change. WIT 84355

...

(a) Please name the two nurses to whom you refer in this paragraph.

2.1 The two nurses were Kate O'Neill and Leanne McCourt.

2.2 I should clarify in this regard that I do not recall the nurses saying they 'regularly' challenged Mr O'Brien. I note in this regard that this word does not appear in the relevant part of the handwritten meeting note – (1st page, 9th and 10th lines of text *up* from the bottom of the page).

(b) Please explain the details of how and when they reported the details you provide in this paragraph. If not to you, to whom did they report and how and when did you find this information out?

2.3 I can confirm that this was never formally reported to me. It was occasionally, but not regularly, mentioned to me conversationally and in passing and in the general terms referenced in my answer to Question 1

above. As Dr Hughes is recorded as observing in the notes, we all 'became habitualised' to Mr O'Brien's practice and, whilst we all periodically discussed the issue with each other, I can confirm that, to my knowledge, there was nothing formally raised in writing about the matter. I am therefore unable to provide dates or further details of these conversations.

(c) What, if anything, did you or anyone else do on receipt of this information?

2.4 I believe that I mentioned this matter during general conversations with Heather Trouton, Ronan Carroll, and Mr Mackle, as well as with the Clinical Directors, Mr Colin Weir and/or Mr Ted McNaboe, but did not do anything else with this information.

3. Extract 3:

...

Dr Hughes advised that the Clinical Nurse Specialists are so important on the patient's journey. Martina agreed and said that this support from the CNS was vital both for oncology and for benign conditions, and advised that Mr O'Brien did include the CNS in urodynamics as it was the specialist nurse who performed the test, however he didn't include the CNS when he was consulting with the patient after the test. WIT 84355 - 84356

...

(a) Please explain your source for the statement that Mr O'Brien did include the CNS in urodynamics but that he did not do so when he was consulting the patient after the test.

3.1 I believe that the source of this information was from conversations that I would have had with Jenny McMahon (who did the urodynamics tests) between approximately 2014 and 2019.

(b) How and did you come to know this information and what, if anything, did you do on being told?

3.2 I do not believe that I did anything with this information.

4. Extract 4:

...

Dr Hughes reiterated – “at no stage were specialist nurses allowed to share patient care with Mr O’Brien? Martina confirmed that yes this was correct. She also confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics. (sic) WIT 84356

...

(a) Please explain, detailing the source and all other relevant information, the basis on which you confirmed that at no stage were specialist nurses allowed to share patient care with Mr O’Brien.

4.1 I can confirm that I was aware from general conversations with the CNS (Kate and Leanne) that they would have occasionally mentioned in passing that most of the consultants used a nurse at their clinics (and this could have been any of the other Band 5s in the unit - Kate McCreesh, Dolores Campbell, or Janice Holloway - if Kate and Leanne were not available) but that this was not the case for Mr O’Brien’s clinics. To be clear, I did not base this statement upon a review or audit of the files of patients of Mr O’Brien.

4.2 I should clarify in this regard that I believe that, when Dr Hughes asked, ‘at no stage were specialist nurses allowed to share patient care with Mr

O'Brien?', and I replied 'yes' (second and third full paragraphs on WIT-84356), my response was in relation to what had come to light during the previous months, from approximately autumn 2020, when issues relating to MDT recommendations not being actioned were coming to light. I believe that this is supported by the handwritten note of the meeting which (on its 2nd page in the 6th line of text *down* from the top of the page) includes a reference to MDT recommendations not being followed through ('agreed MDT – not followed through') followed shortly thereafter (8th and 9th lines *down*) by Dr Hughes' question: 'no stage where (sic) specialist nurses allowed to share care with them?' I interpret the reference to 'them' at the end of this question to be a reference to the relevant MDT patients whose recommendations had not been actioned or followed through. In the typed version of the note, 'them' appears erroneously to have been replaced by 'Mr O'Brien'. My answer was, I believe, in respect of the relevant MDT patients.

(b) Please explain, detailing the source and all other relevant information, the basis on which you state that all other consultants see the benefit of using a CNS and that they include them in their clinic.

4.3 As was the case with the matter covered at paragraph (a) of this question, I did not base this statement upon a review or audit of the files of patients (in this case, of the other consultants). I believe that I based this statement upon a number of grounds. First, from speaking occasionally with the other consultants – Mr Haynes, Mr Glackin and Mr O'Donoghue - who would each have endorsed the value of having a CNS or nurse with them at clinic. Second, from the fact that nurses were not making comments to me in respect of the other consultants (as they had in respect of Mr O'Brien) about non-use of nurses and Clinical Nurse Specialists.

5. Given your statements above to Dr Hughes, please explain the following paragraph from your section 21 Notice 24 of 2022 dated the 29 April 2022, where you state that you did not become aware of the issues around Key

Workers until November 2020 and only as a result of the SAI investigations (at WIT 26268):

54.1 Not providing oncology patients with access to a Key Worker (Clinical Nurse Specialist)

...

x. I became aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became aware of this in November 2020 from the outcome of the investigations into the most recent SAI patients. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these.

5.1 I believe that two statements within my response to Section 21 Notice No.24 of 2022 are relevant here. They are:

Para 54.1.x (at WIT-26268)

x. I became aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became aware of this in November 2020 from the outcome of the investigations into the most recent SAI patients. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these.

Para 66.1.c (at WIT-26298)

66.1 I can confirm that I am now aware of governance concerns arising out of the provision of urology services, which I was not aware of during my tenure. These are namely:

...

c. Mr O'Brien did not follow the recommended process of having a Clinical Nurse Specialist for his oncology patients and, had affected patients had such a key worker, this may have reduced or prevented harm;

5.2 I believe, upon reflection and upon considering both the typed and handwritten copies of the 18 January 2021 notes, that both paragraphs are inaccurate and require revision as follows:

Para 54.1.x (at WIT-26268)

x. I became specifically and acutely aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became specifically and acutely aware of this in November from approximately autumn 2020 from the outcome of the investigations into the most recent SAI patients. I believe that this cancer key worker issue was never raised with me as a specific concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these. However, as mentioned in my response to Section 21 Notice No.7 of 2023 (at Question 1 thereof), the broad issue of Mr O'Brien's non-use of nurses and Clinical Nurse Specialists was mentioned to me a number of times by nurses in the years prior to 2020 and I ought, upon reflection, to have appreciated the potential cancer key worker issue as a result.

Para 66.1.c (at WIT-26298)

66.1 I can confirm that I am now aware of governance concerns arising out of the provision of urology services, which I was not aware of during my tenure. These are namely:

...

c. Mr O'Brien did not follow the recommended process of having a Clinical Nurse Specialist for his oncology patients and, had affected patients had such a key worker, this may have reduced or prevented harm; However, as mentioned in as mentioned in my response to Section 21 Notice No.7 of 2023 (at Question 1 thereof), the broad issue of Mr O'Brien's non-use of nurses and Clinical Nurse Specialists was mentioned to me a number of times by nurses in the years prior to 2020 and I ought, upon reflection, to have appreciated the potential cancer key worker issue as a result before that specific issue came to the fore during the 9 Dr Hughes SAIs from autumn 2020 onwards.

- 6. Did you tell Dr Hughes at your meeting with him and Patricia Kingsnorth on the 18 January 2021 that you did not know anything about the CNS/Key Worker issue and were only made aware of it as a result of the SAI investigations in November 2020? If not, why not?**

6.1 I do not recall being asked a specific question to this effect. Rather, I was asked did I know if Mr O'Brien included nurses in his clinics and my answers were related to what I knew generally, as referenced at Question 1 above. Looking back now, I regret that the notes of the meeting and, quite possibly, what I stated verbally at it, were not as clear in this regard as they could have been.

- 7. If you did tell Dr Hughes, why do you think that is not included in the meeting notes?**

7.1 I refer to my previous answer. I also expect, in fairness to all concerned, that the notes were intended as minutes of the meeting and not as a verbatim transcript.

8. Do you consider the notes of that meeting with Dr Hughes and Patricia Kingsnorth to be an accurate account of that meeting?

8.1 I refer to my previous answers where I have clarified my understanding or recollection of what was said at the meeting (see, in particular, paragraphs 1.4, 2.2, and 4.2 above). I also refer to my response to Question 7.

8.2 Beyond the issues mentioned in the preceding paragraph, I have so far also identified the following issues with the notes:


8.2.1 The 3rd full paragraph on the 2nd page of the typed meeting notes (WIT-84356) records that I 'confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics'. I believe that I would have made the first statement regarding all the other consultants seeing the value or benefit of CNS. I believe I may also have indicated that I understood that the other consultants made wide use of them. However, I do not believe I would have said they used them in 'all' of their clinics as I believe I would have been aware that this was not always possible due to resourcing issues. In this regard, I see that the relevant portion of the handwritten note (11th line of text, 2nd page) records 'MC – all consultants see benefit of CNS.' It does not record me saying anything about their use of them in all clinics.

8.2.2 The 5th full paragraph on the 2nd page of the typed meeting notes (WIT-84356) records, 'Martina advised that during MDT on occasions there were issues raised about Mr O'Brien and at times these were escalated to the AD or AMD ...'. I think that the reference to 'MDT' here may be mistaken, as I would not have attended it. I note in this regard that the relevant exchange between myself and Dr Hughes appears to have been captured between the 12th and 17th lines of text on the 2nd page of the notes. It is clear from the 15th line that I was referring to our 'team meeting' and not to MDT.

Statement of Truth

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

Signe

Personal information redacted by USI


Date: 12 May 2023

① Martina Corrigan. 12⁰⁰ hrs. 18.1.2020.

Demot + Poltore

Update

- Met all 9 families -
- Similar themes - worried a complete isolation in MDT -
- worried with exclusion of specialist nurses.
- What what always core.
- MC worked for 11 yrs - AOB never gave spr note their place -
- never involved team in clinical
- nurses would have pushed to be a line
- dismissed them -

DH - Deficit huge - Prescribed off guidance -
 - without their knowledge - not informed consent
 no onward referral to oncology -
 when disease progressed - no access to core
 care -

pt left - couldn't access care - no help gp -
 got to ED - done care -
 uni professional care -

did anyone raise concerns about exclude notes
 rec - 2 SNS - nurses challenged him but
 got to stage - getting worn down.

- AOB - didn't let us in -

quite arrogant - never classed a red flag -

- then moved on from trial row - when became chair

- his way or no way -

- Specialist nurses so important to cancer care

MC - even benign - Jenny MC reaction would be meted

- only involved in urodynamics

- Poltore - took every step on - behind on

2

WIT-94952

admin - would we resources available,

- 2017 - access Spms. / key worker.

- not factually correct.

MC / ^{AD3} wouldn't allow the access to it.

- Multi professional core - best practice.

agreed HDT - not followed through.

- System should have mechanism a place.

DH - no stage where specialist nurse allowed to share core with them?

- rec - yes.

rec - all consultants see benefit of Spms.

DH - core excluded every one else -

- leave outside scope of practice - did you raise this?

rec is

Denise is team manager - raise to AD / AMD.

- Problem - "Share that's sudden".

habituated by best practice -

- Any questions -

- have we done the right thing?

- DH - absolutely -

MC done medical look back -

- Elective staff - Morina had picked up on 2 cases

gap analysis.

Practice wasn't timely - missed.