Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice Number 55 of 2022

Date of Notice: 7th June 2022

Addendum Witness Statement of: Michael Young

I, Michael Young, will say as follows:-

I wish to make the following amendments and additions to my existing response, dated 22nd August 2022, to Section 21 Notice Number 55 of 2022:

Amendments to Existing Paragraphs

1. At paragraph 56.7 (WIT-51798), I have wrongly stated, '*There are two SAI events*.' This should, in fact, state, '*There are two **IR1s**'*.

2. Also at paragraph 56.7 (WIT-51798), I have referenced '*datix 71988'*. I wish to attach the letter I sent to the patient's GP and copied to Ms McVeigh requesting her to forward the correspondence to the regional team and the oncologists *(see 1. forward letter to BCH march 17)*

3. At paragraph 64.1 (WIT-51815) 2 lines up from the foot of the page, I have stated, '*I think I did this in 2013 for approximately 6 months until his project was completed*.' I believe that this should state, '*I think I did this in **2012** for approximately 6 months until his project was completed*.'

4. At paragraph 66.2 (WIT-51824), I believe that I repeated the date error referred to above. I have stated, '*I offered to help by doing his triage for several months in 2013 to allow him to complete the project'* when I should have stated, '*I offered to help by doing his triage for several months in **2012** to allow him to complete the project.'*

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5. At paragraph 64.15 (WIT-51820), I wish to correct an omission.

   a. I have stated as follows:

   '64.15 The issue in reference to private patients potentially having surgery at an earlier point than expected was first raised, to my knowledge, at the meeting in January 2017 as part of the lookback exercise and I am unaware of further meetings on same.'

   b. I wish to amend this to the following:

   '64.15 *The issue in reference to private patients potentially having surgery at an earlier point than expected was first raised****, I believe, with me in an email from Mr Haynes on 27 May 2015 (WIT-54107) and subsequently in his further email of 26 November 2015 (WIT-54106). I believe that I spoke briefly to Mr Haynes at some point after the first email (I have a recollection it was after a ward round at the nurses' station) and asked him if he was aware of any clinical reason for the patient being seen in the timescales in question. I cannot recall if he responded then or later nor can I recall if I made any attempt to follow up the issue (although, for the avoidance of doubt, I accept that I should have done). I recall that I also spoke to Mr O'Brien at some stage, most likely at a point after receiving the first email, which would be consistent with what I have said in my response to Mr Haynes' second email (at TRU-270116 – 'I had spoken before to the person in question re this issue in general …'). I cannot recall the detail of my conversation with Mr O'Brien but believe that I must have received some reassurance from him that he was not prioritising patients whom he had seen privately. I do not know if I spoke to Mr O'Brien again after the second email from Mr Haynes. On reflection, I believe that it might have been better for me simply to have escalated the second email to more senior managers. It is possible that at the time***

I may have assumed Martina Corrigan would do this because the emails were sent to her as well as to me. It may well be that, as with the issue of follow up with Mr Haynes in respect of the first email, this issue simply got side-lined because of other more pressing day-to-day work. The next time any private patient issue was raised *to my knowledge was at the meeting in January 2017 as part of the lookback exercise.'*

6. At paragraph 65.8 (WIT-51823), I have stated, '*I have had no other conversations on this point that I can recall.*' This should state, '*I have had* ***little in the way of*** *other conversations on this point that I can recall* ***other than at interview for the MHPS*** ***and as described at paragraph 64.15 above****.'*

Additional Material

7. I wish to provide the following additional information, not already included in the 'Mr O'Brien' (Q61 to Q74) section of the Section 21 Notice:

    a. When triaging on 30th July 2018, I observed in correspondence from the A&E department that the patient had seen Mr O'Brien and had recently been commenced on Desmopressin 200 micrograms. She had a subsequent admission with hyponatraemia in June 2018. Her hyponatraemia did resolve and correspondence from Mr O'Brien did acknowledge the relationship between the Desmopressin dosage and her hyponatraemia. On seeing this correspondence, I emailed Mr O'Brien to note that the correct dose of the medication for an elderly lady was 25 micrograms *(see 2. 20180730 -Email MY to AOB Desmopressin*). I thought he would appreciate this correspondence. On reviewing the situation, I note that the correct dose was recorded on a discharge comment of October 2018. My memory of this episode was only triggered in very recent times (when seeing another elderly patient potentially in need of Desmopressin). Having reflected on it, I acknowledge that an option open to me in 2018 would have been to complete an IR1 form. I

assume that I did not do this but opted instead to write to Mr O'Brien. My approach would have been informed by the fact that Mr O'Brien had acknowledged the incorrect dosage (and the risk posed by it) and corrected it. I therefore believe that I would have viewed the matter as a one-off incident with a low risk of recurrence.

8. I also wish to provide some updated evidence in respect of the 11 private patient cases considered in the MHPS process in light of the responses provided by Mr O'Brien, including in his evidence to the Inquiry this year.

    a. I believe that I carried out my consideration of the 11 cases in around April 2017.

    b. The process was as described in Martina Corrigan's email to Siobhan Hynds and Dr Chada of 14 September 2017 (TRU-283681) save that I believe that I only considered the 11 Personal Information redacted by the USI letters and not NIECR.

    c. Between the point when I engaged in that process and the point when I was asked questions about the issue by the GMC in October 2022, I had no further involvement in the issue nor did I consider it or the 11 patients again.

    d. The points I wish to make in respect of the 11 patients are as follows:

        i. The Table at TRU-01069 is not my work. Rather, I believe it was created by Martina Corrigan to summarise my opinion.

        ii. I believe that there is an error in the Table in the third row. The patient, whose reference is Personal Information redacted by the USI and whose Personal Information redacted by the USI letter with my comments on it is at TRU-01082, was one in respect of whom I was unable to form a view of the correct timeline. I therefore could not reach a conclusion that the patient had had their procedure unreasonably quickly and, allowing Mr O'Brien the

benefit of this doubt, I reached the view that I would 'accept' this case as reasonable and therefore concluded my brief note on the letter with the word 'accept'.

iii. I have revised my opinion in respect of 4 of the 11 patients, 3 in light of Mr O'Brien's responses and 1 in response to my own reflections. This revision is summarised in the Table below in ease of the Inquiry:

Patient	Previous Opinion	Revised Opinion	Rationale
Patient 118 TRU-01079	Not reasonable	Reasonable	In light of the fact that his symptoms were so severe that they were leading to he and his wife sleeping in separate beds, with resulting marital strife. This information was not contained within the Personal Information redacted by the USI letter reviewed by me.
Patient 119 TRU-01078	Not reasonable	Reasonable	In light of the fact that the correct timescale for this patient was apparently 14 months rather than 2 months.
Patient 124 TRU-01070	Not reasonable	Reasonable	Patient was the daughter of a colleague. She was seen quickly as a professional courtesy

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			without, as I understand matters, displacing or disadvantaging any other patient.
Patient 117 TRU-01081	Not reasonable	Reasonable	Upon reflection, the timescale in this case was reasonable.

Statement of Truth

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

Signed:

Personal Information redacted by the USI

Date: 3/11/2023

CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT
OUTPATIENT CLINIC LETTER

CONSULTANT: Mr MRA Young, Consultant Urologist
SECRETARY: Miss Paulette Dignam
TELEPHONE: Personal Information redacted by the USI
E-MAIL: Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Personal Information redacted by the USI

Re: Patient Name: Patient 166
D.O.B.: Personal Information redacted by the USI
Address: Personal Information redacted by the USI
Hospital No: Personal Information redacted by the USI **HCN:** Personal Information redacted by the USI

Date/Time of Clinic: 24/03/17	**Follow Up:** Referred to Oncology
Procedure (if applicable)	

Patient 166 has been through our MDT process. He's had prostate biopsies which have confirmed 4 out of 15 to be positive for a Gleason score 7. MRI would tend indicate organ confined pathology and apart from having some arthritic change in his back his bone scan is negative. Patient 166 is Personal Information redacted by the USI of age and has been diabetic for a few years. He is however very fit I must say and he is keen to avail of the opportunity to speak to both surgeons and oncologists with regards to radiotherapy. They have been given the prostate cancer UK pamphlets.

I believe that Patient 166 and his wife are well read on the subject and I'm therefore sending a copy of this letter to the surgical team at the regional centre as well as the oncologists so that Patient 166 can hear about surgery and radiotherapy.

Yours sincerely,

DICTATED BUT NOT
PERSONALLY SIGNED BY:

Mr M RA Young, MD FRCS (Urol)
Consultant Urologist
/pd

cc SHAUNA MCVEIGH
UROLOGY MDT CO-ORDINATOR
CRAIGAVON AREA HOSPITAL

Dear Shauna

Please pass on to regional team for discussion and to the oncologists. Thanks.

Date Dictated: 24/03/17	**Date Typed:** 27/03/17

Corrigan, Martina

From: Young, Michael [redacted]
Sent: 30 July 2018 10:40
To: O'Brien, Aidan

Aidan

[redacted]

Triaging letters
Had a a/e attendance and we note an August r/v with yourself
I see she was on desmopressin at 200 microgram but got hyponataemia

The new Ferring drug Noqdirna is desmopressin 25 microgram for elderly females

MY