


NEW STANDARDS AND GUIDELINES RECEIVED AND ASSURANCES DUE OR SUBMITTED

28. Responses Sent.

Title of Correspondence	Full Implementation Date for S&G	Directorates applicability	Assurance Response
Foreign Body Aspiration During Intubation, Advanced Airway Management or Ventilation	01/06/2021 Submitted: 28/05/2021	Acute Services, MHD, CYPs	 20210528_SHSCT Assurance Response

29. Responses that are due to be submitted to an external agency within the next 8 weeks (up until 31/07/2021)

Title of Correspondence	Category	Full Implementation Date for S&G	Directorates applicability	Clinical Lead
Insulin Pump Starts in Children	Safety and Quality Reminder of Best Practice Guidance	17/06/2021	CYPs	Joan McMahon
NICE Positive assurance template	HSCB Positive Assurance response for NICE Clinical Guidelines & Technology Appraisals	30/06/2021	Acute Services, CYPs, MHD, OPPC	All Directorate Governance Leads
Combination anti-platelet therapy for patients who have had a coronary stent	Safety and Quality Learning Letter	21/07/2021	Acute	Dr Aiden Cullen Dr Mark Feenan Dr Artur Mlodzianowski

30. Responses that are overdue for submission

Title of Correspondence	Full Implementation Date for S&G	Directorates applicability	Clinical Lead
Assurance Required in relation to HSC (SQSD) Deterioration Due to Rapid Offload of Pleural Effusion Fluid from Chest Drains	01/06/2021	Acute Services, CYPS	Dr A John / Mrs Kay Carroll Respiratory Consultant
Investigation and Management of Pulmonary Nodules	15/04/2021 HSCB have granted extension until 31 July 2021	Acute Services	MDT working group led by Dr Yousuf
Incidents Relating To Significant or Unexpected Radiological Findings	15/04/2021 Awaiting response from HSCB regarding extension date	Acute Services	MDT working group led by Dr Yousuf

31. Newly Issued S&G received by SHSCT from date of last Corporate Governance meeting

<u>Title of Correspondence</u>	<u>Date of Issue External Agency</u>	<u>Reference</u>	<u>Guidance Type</u>	<u>NICE Assurance 3 month</u>	<u>Full Implementation Date for S&G</u>
Update to Heavy menstrual bleeding assessment and management	24/05/2021	NG 88	NICE Clinical Guideline Update	N/A	24/08/2021

32. Regional PIVFAIT Audits

CAH CYP	4/4 = 100%
DHH CYP	No cases with IVF
ACUTE	3 cases this week, 1 case from previous to be reviewed, returns awaited - Total to review = 4. Follow on work from the Hyponatraemia oversight group: Cross check being undertaken on 14-15 year olds on adult ward, (Admissions April 2020 to January 2021)– 44 episodes identified, with 26 episodes not included in ward returns. Exercise to retrieve these charts for assurance re if IVF was given. 2 additional cases with IVF given identified at this time. 3 episodes remain to be cross checked and IMWH are following up.

Discussion at meeting	Action
Dr O'Kane discussed the work that Laure Martin has been doing in relation to Greatix.	Marita to link with Laure in relation to PIVFAIT. Caroline Doyle and Dr O'Kane to discuss Corporate plans in relation to Greatix.

33. PPE Report



PPE Report.xlsx

34. AOB

Discussion at meeting	Action
Jilly asked for an update in relation to Clinical Guidelines being uploaded.	Joanne McConville confirmed that the team are progressing with this. Caroline Beattie will feedback in relation to this.

	<p>Update 13052021: Caroline confirmed that all Guidelines on the old site have now been transferred to the new site. Jilly asked for Caroline to confirm how many new guidelines or amended guidelines are waiting to be uploaded.</p> <p>Update 20/05/2021: 32 New/Amended guidelines are still to be uploaded to the system.</p> <p>Update 27/05/2021 Caroline Beattie and Joanne confirmed BSO are planning too 'switch on' the new site today 27/05/2021.</p>
Patricia raised the concern of the amount of queries received from MLAs regarding service users seeking reimbursement for private treatment.	<p>Dr Gormley confirmed that legal advice had previously been requested and remains outstanding.</p> <p>Update 20/05/2021: Lynne Hainey confirmed she has linked with Mark Harvey regarding this and the advice was <small>LPP Information redacted by the USI</small></p> <p>Nicole raised the need for a statement to be created to be shared with any similar requests. Dr O'Kane asked Caroline to link with Stephen Wallace to draft this statement.</p>
Dr O'Kane further updated the group on the meeting with the PHA. It was a comprehensive meeting with a lot covered. Discussions were had in relation to the use of SJR rather than SAI. There was a further emphasis on extracting learning.	Dr O'Kane asked Caroline to submit any of the requests to the HSCB and to consider how learning is being extracted from meetings similar to this.

Attendees:

Apologies: Lynne Hainey

Oversight Group Meeting

Tuesday, 13th September 2016 @ 10:00am in
The Chief Executive's Office, Trust Headquarters, Craigavon Area Hospital

NOTES & ACTION POINTS

Present: Dr Richard Wright
Mrs Vivienne Toal
Mrs Esther Gishkori

In attendance: Mr Simon Gibson
Mr Malcolm Clegg

Medical MHPS Cases, Doctors in Difficulty, GMC & NIMDTA Issues

Personal
Information
redacted by the USI

The oversight group was uncertain if [Personal Information] had received information on the outcome of the investigation report. [Personal Information]'s contract as a rotational doctor in training ended on [Personal Information] and she is currently engaged as a locum (via Direct Medics) in [Personal Information redacted by the USI]

It was agreed that Dr Moan and Lynne Hainey (HR) should meet and present the report to her. [Personal Information] should be informed of the following;

- that we will be monitoring her situation very closely
- had she still been employed by the SHSCT, it is most likely she would have been issued with a warning
- we have decided not to refer her to the GMC at present
- if she has not already done so, she needs to inform the RO of Direct Medics (Derek Burke) and let us know when she has done this – 1 week allowed
- Dr Wright will confirm this has been done with Derek Burke
- Dr Moan/ Lynne to make a file note of the meeting.

ACTION:

1. Malcolm Clegg to inform Lynne Hainey of this

AOB:

The oversight group was informed that a formal letter had been sent to AOB on 23/3/16 outlining a number of concerns about his practice. He was asked to develop a plan detailing how he was intending to address these concerns, however no plan had been provided to date and the same concerns continue to exist almost 6 months later. A preliminary investigation has already taken place on paper and in view of this, the following steps were agreed;

- Simon Gibson to draft a letter for Colin Weir and Ronan Carroll to present to AOB
- The meeting with AOB should take place next week (w/c 19/9/16)
- This letter should inform AOB of the Trust's intention to proceed with an informal investigation under MHPS at this time. It should also include action plans with a 4 week timescale to address the 4 main areas of his practice that are causing concern i.e. untriaged letters, outpatient review backlog, taking patient notes home and recording outcomes of consultations and discharges
- Esther Gishkori to go through the letter with Colin, Ronan and Simon prior to the meeting with AOB next week
- AOB should be informed that a formal investigation may be commenced if sufficient progress has not been made within the 4 week period

ACTIONS:

1. Simon Gibson to draft a letter for Colin Weir and Ronan Carroll to present to AOB next week
2. Esther Gishkori to meet with Colin Weir, Ronan Carroll and Simon Gibson to go through the letter and confirm actions required

Personal
Information

This doctor is currently on a career break in [Personal Information redacted by the USI] and has asked if he should seek voluntary erasure from the GMC register. Dr Wright has received a legal report which has caused him some concerns. There are also some other concerns coming to light including an SAI from a couple of years ago. Possible probity issues.

ACTIONS:

1. Malcolm Clegg to inform [Personal Information redacted] that Dr Wright will need some time to consider his request for voluntary erasure, but will respond within the next few weeks
2. Simon Gibson to seek more information on the concerns recently identified

Personal
Information
redacted
by the USI

The group were informed that this doctor has now resigned. He has applied for his pension; however the Department has agreed to 'hold' this pending a possible trial.

Personal
Information
redacted by the

The group were informed that this doctor has been summarily dismissed, however he is likely to appeal this decision. He is due to attend a preliminary enquiry case at Court on Personal Information redacted by the USI following his decision to appeal the PPS decision to prosecute.

ACTION:

Esther Gishkori to make an informal call to the PSNI re the charge relating to the period of time prior to the Personal Information redacted by the USI incident

Personal
Information
redacted by the

Personal Information redacted by the USI Simon Gibson explained that this case was progressing with Robin Brown as the investigator

Job planning Steering Group

It was agreed by the group that a meeting of the Job Planning Steering Group should be organised, chaired by the Chief Executive.

ACTION:

Malcolm Clegg to check Francis's availability with Elaine Wright and then proceed to organise the meeting.

Southern Health & Social Care Trust

Oversight Committee

12th October 2016**Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

Esther Gishkori, DAS

In attendance:

Simon Gibson, Assistant Director, Medical Director's Office

Malcolm Clegg, Medical Staffing Manager

Discussion:

Dr [Personal Information redacted by the USI]

It was agreed by the Oversight Committee that the investigation into Dr [Personal Information redacted by the USI] would be through the Harassment at Work procedure, underneath the auspices of Maintaining High Professional Standards.

It was noted that the meeting with Dr [Personal Information redacted by the USI] was taking place on 13th October, and that a Case Investigator (Dr Dermot Hughes, Medical Director – Western Trust) and Case Manager (Stephen McNally – Director of Finance – Southern Trust) had been agreed. [Personal Information redacted by the USI] had already been met with on Friday 7th October to advise that the complaint would be dealt with formally.

The Oversight Committee agreed that, given the high expectations placed upon the behaviour of senior [Personal Information redacted by the USI] roles, and their role in challenging others within this position, it was appropriate to ask Dr [Personal Information redacted by the USI] to step down from his role as [Personal Information redacted by the USI] during the investigation. This would be considered a precautionary measure to protect all parties, and would not remove Dr [Personal Information redacted by the USI] remuneration for this role.

Mr A O'Brien

Mrs Gishkori reported that Mr O'Brien was going for [Personal information redacted by USI] in November and was likely to be off for a considerable period. It was noted that Mr O'Brien had not been told of the concerns following the previous Oversight Committee. It was also noted that a plan was in place to deal with the range of backlogs within Mr O'Briens practice during his absence.

Mrs Gishkori gave an assurance that, when Mr O'Brien returned from his period of sick leave, that the administrative practices identified by the Oversight Committee would be formally discussed with him, to ensure there was an appropriate change in behaviour. It was agreed that this would be kept under review by the Oversight Committee.

Dr [Personal Information redacted by the USI]

The Oversight Committee considered a screening report which summarised a range of clinical incidents relating directly to Dr [Personal Information redacted by the USI] which, considered collectively, gave cause for concern. It was noted that Dr [Personal Information redacted by the USI] was out of the UK on a 2 year sabbatical and was enquiring about being delisted from the GMC register whilst on sabbatical.

The Oversight Committee agreed that, given the issues identified, it was appropriate that in any response to the GMC in relation to Dr [Personal Information redacted by the USI] request to be delisted should he pursue this, the Southern Trust would highlight that there were concerns regarding Dr [Personal Information redacted by the USI] clinical practice.

In addition, the Southern Trust would respond that, on Dr [Personal Information redacted by the USI] return from his sabbatical, the Southern Trust would intend to commence a supportive piece of work with NCAS to consider Dr [Personal Information redacted by the USI] clinical practice and areas – if identified – where he could potentially benefit from initiatives such as peer mentoring or retraining.

Southern Health & Social Care Trust**Oversight Committee****22nd December 2016****Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

Ronan Carroll, on behalf of Esther Gishkori, Director of Acute Services

In attendance:

Simon Gibson, Assistant Director, Medical Director's Office

Malcolm Clegg, Medical Staffing Manager

Tracey Boyce, Director of Pharmacy, Acute Services Directorate

Dr A O'Brien**Context**

On 13th September 2016, a range of concerns had been identified and considered by the Oversight Committee in relation to Dr O'Brien. A formal investigation was recommended, and advice sought and received from NCAS. It was subsequently identified that a different approach was to be taken, as reported to the Oversight Committee on 12th October.

Dr O'Brien was scheduled to return to work on 2nd January following a period of sick leave, but an ongoing SAI has identified further issues of concern.

Issue one

Dr Boyce summarised an ongoing SAI relating to a Urology patient who may have a poor clinical outcome due to the lengthy period of time taken by Dr O'Brien to undertake triage of GP referrals. Part of this SAI also identified an additional patient who may also have had an unnecessary delay in their treatment for the same reason. It was noted as part of this investigation that Dr O'Brien had been undertaking dictation whilst he was on sick leave.

Ronan Carroll reported to the Oversight Committee that, between July 2015 and Oct 2016, there were 318 letters not triaged, of which 68 were classified as urgent. The range of the delay is from 4 weeks to 72 weeks.

Action

A written action plan to address this issue, with a clear timeline, will be submitted to the Oversight Committee on 10th January 2017

Lead: Ronan Carroll/Colin Weir

Issue two

An issue has been identified that there are notes directly tracked to Dr O'Brien on PAS, and a proportion of these notes may be at his home address. There is a concern that some of the patients seen in SWAH by Dr O'Brien may have had their notes taken by Dr O'Brien back to his home. There is a concern that the clinical management plan for these patients is unclear, and may be delayed.

Action

Casenote tracking needs to be undertaken to quantify the volume of notes tracked to Dr O'Brien, and whether these are located in his office. This will be reported back on 10th January 2017

Lead: Ronan Carroll

Issue three

Ronan Carroll reported that there was a backlog of over 60 undictated clinics going back over 18 months. Approximately 600 patients may not have had their clinic outcomes dictated, so the Trust is unclear what the clinical management plan is for these patients. This also brings with it an issue of contemporaneous dictation, in relation to any clinics which have not been dictated.

Action

A written action plan to address this issue, with a clear timeline will be submitted to the Oversight Committee on 10th January 2017

Lead: Ronan Carroll/Colin Weir

It was agreed to consider any previous IR1's and complaints to identify whether there were any historical concerns raised.

Action: Tracey Boyce

Consideration of the Oversight Committee

In light of the above, combined with the issues previously identified to the Oversight Committee in September, it was agreed by the Oversight Committee that Dr O'Brien's administrative practices have led to the strong possibility that patients may have come to harm. Should Dr O'Brien return to work, the potential that his continuing administrative practices could continue to harm patients would still exist. Therefore, it was agreed to exclude Dr O'Brien for the duration of a formal investigation under the MHPS guidelines using an NCAS approach.

It was agreed for Dr Wright to make contact with NCAS to seek confirmation of this approach and aim to meet Dr O'Brien on Friday 30th December to inform him of this decision, and follow this decision up in writing.

Action: Dr Wright/Simon Gibson

The following was agreed:

Case Investigator – Colin Weir

Case Manager – Ahmed Khan

Southern Health & Social Care Trust

Oversight Committee

10th January 2017**Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

Esther Gishkori, Director of Acute Services

In attendance:

Simon Gibson, Assistant Director, Medical Director's Office

Siobhan Hynds, Head of Employee Relations

Ronan Carroll, Assistant Director, Acute Services

Tracey Boyce, Director of Pharmacy, Acute Governance Lead

Dr A O'Brien

Dr Wright summarised the progress on this case to date, following the meeting with Mr O'Brien on 30th December, including the following appointments to the investigation:

- John Wilkinson is the Non-Executive Director
- Ahmed Khan is the Case Manager
- Colin Weir is the Case Investigator
- Siobhan Hynds is the HR Manager supporting the investigation

Ronan Carroll summarised the meeting with Urologists, who were supportive of working to resolve the position. Ronan Carroll updated the Oversight Committee in relation to the three issues identified, plus a fourth issue subsequently identified.

Issue one - Untriaged referrals

It was reported that, from June 2015, there are 783 untriaged referrals, all of which need to be tracked and reviewed to ascertain the status of these patients in relation to the condition for which they were referred. All 4 consultants will be participating in this review, which was now commencing.

Action: Ronan Carroll

There are 4 letters which hadn't been recorded on PAS which have been handed over by Dr O'Brien (consultant to consultant referrals).

Issue two – Notes being kept at home

307 notes were returned by Mr O'Brien from his home.

88 sets of notes located within Mr O'Briens office

27 sets of notes, tracked to Mr O'Brien, were still missing, going back to 2003. Work is continuing to validate this list of missing notes. It was agreed to allow an additional seven days to track these notes down, in advance of informing the CEx and SIRO, and Information Governance Team.

Action: Ronan Carroll

It was agreed that Dr Khan would write to Mr O'Brien, informing him who the NED was and, if necessary, asking him whether the 27 sets of notes were still at his house.

Action: Siobhan Hynds to draft letter

Issue three – undictated outcomes

It was reported that 668 patients have no outcomes formally dictated from Mr O'Briens outpatient clinics.

272 From the SWAH clinic

289 From other clinics.

The remaining 107 patients were still being investigated

Action: Ronan Carroll

Issue four – private patients

A review of TURP patients identified 9 patients who had been seen privately as outpatients, then had their procedure within the NHS. The waiting times for these patients appear to be significantly less than for other patients. It would appear that there is an issue of Mr O'Brien scheduling his own patients in non-chronological manner.

It was recognised that the Ronan Carroll would continue to lead the operational team in working through the issues identified to reach clear outcomes for all patients. It was agreed by the Oversight Committee that this work would be recognised at WLI rates, with consultants undertaking additional 4 hour sessions to progress the issues identified.

Action: Ronan Carroll

Southern Health & Social Care Trust

Case Conference

26th January 2017

Present:

Vivienne Toal, Director of HROD, (Chair)

Dr Richard Wright, Medical Director

Anne McVey, Assistant Director of Acute Services (on behalf of Esther Gishkori)

Apologies

Esther Gishkori, Director of Acute Services

In attendance:

Dr Ahmed Khan, Case Manager

Simon Gibson, Assistant Director, Medical Director's Office

Colin Weir, Case Investigator

Siobhan Hynds, Head of Employee Relations

Dr A O'Brien

Context

Vivienne Toal outlined the purpose of the meeting, which was to consider the preliminary investigation into issues identified with Mr O'Brien and obtain agreement on next steps following his period of immediate exclusion, which concludes on 27th January.

Preliminary investigation

As Case Investigator, Colin Weir summarised the investigation to date, including updating the Case Manager and Oversight Committee on the meeting held with Mr O'Brien on 24th January, and comments made by Mr O'Brien in relation to issues raised.

Firstly, it was noted that 783 GP referrals had not been triaged by Mr O'Brien in line with the agreed / known process for such referrals. This backlog was currently being triaged by the Urology team, and was anticipated to be completed by the end of January. There would appear to be a number of patients who have had their referral upgraded. Mr Weir reported that at the meeting on 24th January, Mr O'Brien stated that as Urologist of the Week he didn't have the time to undertake triage as the workload was too heavy to undertake this duty in combination with other duties.

Secondly, it was noted that there were 668 patients who have no outcomes formally dictated from Mr O'Brien's outpatient clinics over a period of at least 18 months. A review

of this backlog is still on-going. Mr Weir reported that Mr O'Brien indicated that he often waited until the full outcome of the patient's whole outpatient journey to communicate to GPs. Mr Weir noted this was not a satisfactory explanation. Members of the Case Conference agreed, that this would not be in line with GMCs guidance on Good Medical Practice, which highlighted the need for timely communication and contemporaneous note keeping.

Thirdly, there were 307 sets of patients notes returned from Mr O'Briens home, and 13 sets of notes tracked out to Mr O'Brien were still missing. Mr Weir reported that the 13 sets of notes have been documented to Mr O'Brien for comment on the whereabouts of the notes. Mr Weir reported that Mr O'Brien was sure that he no longer had these notes; all patients had been discharged from his care, therefore he felt he had no reason to keep these notes. Mr Weir felt that there was a potential of failure to record when notes were being tracked back into health records, although it was noted that an extensive search of the health records library had failed to locate these 13 charts. Members of the Case Conference agreed further searches were required taking into consideration Mr O'Brien's comments.

Historical attempts to address issues of concern.

It was noted that Mr O'Brien had been written to on 23rd March 2016 in relation to these issues, but that no written response had been received. There had been a subsequent meeting with the AMD for Surgery and Head of Service for Urology to address this issue. Mr Weir noted that Mr O'Brien had advised that at this meeting, Mr O'Brien asked Mr Mackle what actions he wanted him to undertake. Mr O'Brien stated Mr Mackle made no comment and rolled his eyes, and no action was proposed.

It was noted that Mr O'Brien had successfully revalidated in May 2014, and that he had also completed satisfactory annual appraisals. Dr Khan reflected a concern that the appraisal process did not address concerns which were clearly known to the organisation. It was agreed that there may be merit in considering his last appraisal.

Discussion

In terms of advocacy, in his role as Clinical Director, Mr Weir reflected that he felt that Mr O'Brien was a good, precise and caring surgeon.

At the meeting on 24th January, Mr O'Brien expressed a strong desire to return to work. Mr O'Brien accepted that he had let a number of his administrative processes drift, but gave an assurance that this would not happen again if he returned to work. Mr O'Brien gave an assurance to the Investigating Team that he would be open to monitoring of his activities, he would not impede or hinder any investigation and he would willingly work within any framework established by the Trust.

Dr Khan asked whether there was any historical health issues in relation to Mr O'Brien, or any significant changes in his job role that made him unable to perform the full duties of Urologist of the Week. There was none identified, but it was felt that it would be useful to consider this.

Decision

As Case Manager, Dr Khan considered whether there was a case to answer following the preliminary investigation. It was felt that based upon the evidence presented, there was a case to answer, as there was significant deviation from GMC Good Medical Practice, the agreed processes within the Trust and the working practices of his peers.

This decision was agreed by the members of the Case Conference, and therefore a formal investigation would now commence, with formal Terms of Reference now required.

Action: Mr Weir**Formal investigation**

There was a discussion in relation to whether formal exclusion was appropriate during the formal investigation, in the context of:

- Protecting patients
- Protecting the integrity of the investigation
- Protecting Mr O'Brien

Mr Weir reflected that there had been no concerns identified in relation to the clinical practice of Mr O'Brien.

The members discussed whether Mr O'Brien could be brought back with either restrictive duties or robust monitoring arrangements which could provide satisfactory safeguards. Mr Weir outlined that he was of the view that Mr O'Brien could come back and be closely monitored, with supporting mechanisms, doing the full range of duties. The members considered what this monitoring would look like, to ensure the protection of the patient.

The case conference members noted the detail of what this monitoring would look like was not available for the meeting, but this would be needed. It was agreed that the operational team would provide this detail to the case investigator, case manager and members of the Oversight Committee.

Action: Esther Gishkori / Ronan Carroll

It was agreed that, should the monitoring processes identify any further concerns, then an Oversight Committee would be convened to consider formal exclusion.

It was noted that Mr O'Brien had identified workload pressures as one of the reasons he had not completed all administrative duties - there was consideration about whether there was a process for him highlighting unsustainable workload. It was agreed that an urgent review of Mr O'Brien's job plan was required.

Action: Mr Weir

It was agreed by the case conference members that any review would need to ensure that there was comparable workload activity within job plan sessions between Mr O'Brien and his peers.

Action: Esther Gishkori/Ronan Carroll

Following consideration of the discussions summarised above, as Case Manager Dr Khan decided that Mr O'Brien should be allowed to return to work.

This decision was agreed by the Medical Director, Director of HR and deputy for Director of Acute Services.

It was agreed that Dr Khan would inform Mr O'Brien of this decision by telephone, and follow this up with a meeting next week to discuss the conditions of his return to work, which would be:

- Strict compliance with Trust procedures and policies in relation to:
 - Triaging of referrals
 - Contemporaneous note keeping
 - Storage of medical records
 - Private practice
- Agreement to read and comply with GMCs "Good Medical Practice" (April 2013)
- Agreement to an urgent job plan review
- Agreement to comply with any monitoring mechanisms put in place to assess his administrative processes

Action: Dr Khan

It was noted that Mr O'Brien was still off sick, and that an Occupational Health appointment was scheduled for 9th February, following which an occupational health report would be provided. This may affect the timetable of Dr O'Brien's return to work.


It was agreed to update NCAS in relation to this case.

Action: Dr Wright

Quality care – for you, with you

TRUST BOARD COVER SHEET

Meeting Date	27 January 2022	
Agenda item	Update on Clinical concerns within Urology	
Accountable Director	Mrs Heather Trouton	
Report Author	Name	Martina Corrigan
	Contact details	Personal Information redacted by the USI
This paper sits within the Trust Board role of: Accountability		
This paper is presented for: Information		
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>This report cover sheet has been prepared by the Accountable Director.</i></p> <p><i>Its purpose is to provide the Trust Board with a clear summary of the report/paper being presented, with the key matters for attention and the ask of the Trust Board.</i></p> <p><i>It details how it impacts the people we serve.</i></p>
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1. Detailed summary of paper contents:

The Trust's has established a Public Inquiry Programme Board. The Programme Board will be convened by the Chief Executive and will oversee the work of the Public Inquiry Response Steering Group, the Urology Lookback Steering Group and the Quality Assurance Oversight Group.

Urology Lookback Steering Group

Chair – Director of Acute Services

The meetings for this group commenced in November 2021 and are held every two weeks on Monday mornings.

The Urology Lookback Steering Group will provide oversight in respect of patients identified as previously being under the care of Mr O'Brien. The Group will also be responsible for providing the DOH with assurance regarding the rigour of approach pursued by the Southern Trust and the timeliness of patient review.

Patient Involvement

Monthly meetings continue to be held with two Service Users who have asked to be involved in the Task and Finish Group for the SAI recommendations implementation. There is an action plan for the meeting which incorporates the actions for all cancer specialities not just Urology. Service users have been involved in developing patient feedback resource and have also contributed to the formatting of the letters being sent to patients and relatives. Updates from the monthly Task and Finish Super Group (monthly meeting with representation from MDT Leads) are shared with service users to provide oversight of the work progressing across all cancer sites. All baseline assessments, audit tools and supporting policies, procedures and guidelines are provided to service users also.

General Medical Council

The GMC have received all 9 SAI reports relating to Mr O'Brien. The GMC have advised that they have decided these cases will now formally be considered as part of their ongoing investigation into Mr O'Brien's practice. The Trust has informed the patients and families and has shared patient casenotes with the GMC

Summary of Activity Table attached to this report



Trust Board Cover
Sheet Urology Janua

Please see attached table for breakdown.

Capacity

As detailed in the attached table by end of January there will be 135 patients remaining to be seen with a plan in place to see these remaining 135 patients by end of March 2022. Three consultant urologists have committed to WLI and have displaced PA sessions and admin into own time. CNS have also committed to overtime to support these additional clinics. Patients in review backlog, those who contacted Information line and those subject to SCRR are priorities. Own consultants waiting list patients are being displaced to accommodate which is of concern to the Clinical staff. As patients are seen there will inevitably be need for further capacity for eg diagnostics as necessary. Table attached details the planned activity from January to March.

Private Practice

The Trust discussed mechanisms for obtaining private practice records with RQIA and the DoH on the 28th September, a revised correspondence is being developed by DoH based on the discussion with RQIA and the Trust.

Structured Clinical Record Review (SCRR) (previously referenced as SJR)

As per the above attached table there were 77 records identified as requiring an SCRR. Internal screening process has been completed and there are a total of 65 patients who will have an SCRR completed by the team who has been established for completing the SCRR. Out of the original 77 patients there are a further 6 patients who need an extensive note review to determine if they require an SCRR. There is also an additional 2 patients who have since been identified as meeting the criteria for an SCRR but the Trust have requested guidance from the DoH as to whether this process should continue for any patients identified as meeting the criteria of an SAI.

- The SCRR Process is based on the principles and methodology found in the Structured Judgement Review (SJR) process from Royal College of Physicians. It incorporates quality judgement over phases of care.

Information Line

Urology Information Line reopened from 12 December 2021. To date only two calls have been received and another three patients have contacted the Inquiry email. All of these patients had care reviewed and no concerns identified

Public Inquiry Response Steering Group Chair – Director of Nursing, Midwifery and AHP's

The meetings for this group commenced in November 2021 and are held monthly on Friday afternoons.

This group will ensure there is an effective response to all requirements of the USI ensuring that all information as required by the USI panel will be made available and shared within the timescales requested. The group will ensure that there are robust data management systems in place to manage all information; collation, storage and transfer and in line with all information governance requirements. The group will ensure as far as is within the gift of the group that there is full openness, transparency and disclosure of all relevant documentation. It will also oversee the support of all staff involved in the Public Inquiry, ensuring that, legal, professional and psychological support is available for all staff / ex staff. The group will also ensure there is an effective communication plan in place both internally within the organisation and externally to inform the public where appropriate. The group will liaise as required with the Trust Lookback Steering group and the Quality Assurance Oversight Group. It will also link in with HSCB and DOH as required

Urology Service Inquiry

The Trust continues to work with the Urology Service Inquiry Team (USI) on providing evidence as outlined in the Section 21 notices. The Trust has now transferred evidence in relation to Section 21 notices for the three deadlines; 4 November 2021, 3 December 2021 and 10 December 2021. The Chief Executive has been serviced a Section 21 notice and is currently working with Senior Counsel in finalising this for end January 2022. The Trust met with our Senior Counsel in late December and outlined to them the difficulties that the Trust could be potentially facing in light of the ongoing pandemic and a letter was sent on our behalf to the USI detailing the predicted unscheduled and

staffing pressures that the Trust would be facing during January. The USI took recognition of this correspondence and agreed not to send any section 21 notices to the Trust during the first six weeks of 2022 without first having a discussion via DLS on the timescales.

A number of meetings with key personnel (Chief Executive, consultant urologists, managers etc) and senior counsel are currently being set up and will commence from 1st week in February 2022.

Quality Assurance Oversight Group.

Chair – Trust Medical Director

The meetings for this group will commence on 31 January 2022 and will be held monthly.

The group will ensure there are effective quality assurance processes regarding medical professional governance and both clinical urology and cancer services within the Trust. This will include the following:

- To consider the effectiveness of current systems and processes to monitor and assure the safety of our systems
- To identify areas for improvement and formulate and develop measurable actions to address same
- To develop audit and other assurance mechanisms to provide corporate level assurance of the safety of our systems

The purpose of the group is to provide assurance to the Public Inquiry Programme Board on the following

- The monitoring of continuous and measurable improvement in the quality of medical professional governance regarding medical appraisal and revalidation
- That the processes and assurance mechanisms regarding the oversight of medical private practice and paying patients remain robust and effective
- That there is continuous and measurable improvement in the quality of both urology and cancer services which supports the delivery of safe, high quality patient care.
- Ensuring that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.
- To review proposed quality improvement priorities and to monitor performance and improvement against the Trust's quality priorities
- To seek assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified.

SAI Recommendations

Weekly meetings take place on a Thursday with sub-group of the Task & Finish Group (Cancer Improvement Lead, AD of Cancer Services, HOS for Cancer, HOS for Clinical Assurance and co-chairs of super group and service user group) and this feeds into the monthly meetings with Task & Finish super- group involving leads of Cancer MDT's/ Tumour Sites.

All MDT's across all cancer sites have now had a baseline assessment completed and subsequent action plans devised for addressing deficits. MDT's Chairs have ownership of this.

The Principles document for MDT process is currently with MDT Chairs for comment and this is expected to be operational by end of January 2022.

SAI Recommendation Implementation progress is shared with Service User group as detailed above

Internal Audit

The Trust have received the final Report of Internal Audit's findings into a review of Mr O'Brien's compliance this report has now been presented to Confidential Audit Committee and Governance Committee and the Trust are now working on a range of actions that has come from this report and this will be reported back to Governance Committee in February 2022.

Grievance Appeal

The grievance review report has been discussed with SMT members of the internal urology oversight group. The report has been shared with the doctor. The report will now be shared with the Trust's Urology Quality Assurance Oversight Group for sharing of learning from this review.

Staff Engagement

Mr Donal Lunny QC and Mr Michael McGarvey, along with the Trust Solicitors met with the clinical team in November 2021 where they advised of the expected processes for the USI. The teams had an opportunity to discuss and ask any queries/concerns at this meeting.

The Medical/Acute and Public Inquiry Directors held a meeting with the Urology Team (Clinicians/Clinical Nurse Specialists/Senior Managers) on 16 December 2021 which is the regular meeting with the team when they updated the Team on progress with the Inquiry, content of Section 21 Notice and progress with collecting and collating this information. The clinical team have agreed that now that the Inquiry has started that they would take up the offer of Mr Pengelly to meet with them over the next number of months which will be organised by the AD for the Inquiry.

Communications

The Trust have not received any media enquires since the last report

2. Areas of improvement/achievement:


- The Trust is continuing to identify areas for improvement through the Task and Finish Group from the recommendations of the Serious Adverse Incident and are in the process of implementing these. For example, recruitment is in progress for an MDM Administrator, additional Cancer Trackers, additional clinical staff (Pathology, radiology etc) to attend the Cancer MDT's.

3. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	
Board Assurance Framework	
Equality and Human Rights	

TRUST BOARD COVER SHEET

Meeting Date	31st March 2022	
Agenda item	Update on Clinical concerns within Urology	
Accountable Director	Dr M O'Kane	
Report Author	Name	Martina Corrigan
	Contact details	Personal Information redacted by the USI
This paper sits within the Trust Board role of: Accountability		
This paper is presented for: Information		
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>This report cover sheet has been prepared by the Accountable Director.</i></p> <p><i>Its purpose is to provide the Trust Board with a clear summary of the report/paper being presented, with the key matters for attention and the ask of the Trust Board.</i></p> <p><i>It details how it impacts the people we serve.</i></p>
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1. Detailed summary of paper contents:

The Programme Director post has been appointed, with Jane McKimm taking up a 12 month secondment on February 1st. The Programme Director heads up the Trust Public Inquiry Team, supporting the Trust in the delivery of the Public Inquiry response. The Trust has also secured a secondment post to provide Independent Assurance around the response process. Margaret O'Hagan, currently Director of Surgery and Clinical Services in the Northern Health and Social Care Trust will be working with the Public Inquiry Team providing reassurance to the USI about the integrity of the response, and guarding against any perception of Conflict of Interest. Margaret most recently has been seconded to the Department of Health to work on the implementation of Rapid Diagnosis Centres across Northern Ireland.

Urology Services Inquiry

Evidence gathering for the USI is continuing. This includes the completion of several Section 21 notices, including a number which have now been issued to individual staff – 6 notices served on four staff members (including former staff). The scope of discovery has now extended back to 2009 in some cases. Staff are required to stop their normal duties to complete these very detailed responses, which is placing additional pressure on the health system, and we continue to raise concerns about staff welfare through the Department of Legal Services (DLS).

Update - Public Inquiry Response Steering Group

Chair – Programme Director of Public Inquiry

This ensures that there is an effective response to all requirements of the USI. The most recent meeting included a presentation by the DLS about the PI, the obligations of continuing discovery, advice and information on S21 requests. The group will also oversee the support of all staff involved in the Public Inquiry, ensuring that, legal, professional and psychological support is available for all staff / ex staff. The group will support internal communications. The group will liaise as required with the Trust Lookback Steering group and the Quality Assurance Oversight Group. It will also link in with HSCB and DOH as required

Urology Oversight/Lookback Steering Group

Chair – Director of Acute Services

These meetings continued to be held fortnightly on Monday mornings when an update is provided on the oversight in respect of patients identified as previously being under the care of Mr O'Brien. The original lookback for these patients is being extended from January 2019 back to 2014 and this group will continue to have oversight of this work.

The Trust is undertaking a review of all patient information that has been issued to date, following a number of concerns raised about the accuracy of information provided to patients and families.

Public Inquiry Quality Assurance Group.*Chair – Trust Medical Director*

The first meeting of this group took place on 31 January 2022 and has met monthly since. The group is tasked with the following:

The group will ensure there are effective quality assurance processes regarding medical professional governance and both clinical urology and cancer services within the Trust. This will include the following:

- To consider the effectiveness of current systems and processes to monitor and assure the safety of our systems
- To identify areas for improvement and formulate and develop measurable actions to address same
- To develop audit and other assurance mechanisms to provide corporate level assurance of the safety of our systems

The purpose of the group is to provide assurance to the Public Inquiry Programme Board on the following

- The monitoring of continuous and measurable improvement in the quality of medical professional governance regarding medical appraisal and revalidation
- That the processes and assurance mechanisms regarding the oversight of medical private practice and paying patients remain robust and effective
- That there is continuous and measurable improvement in the quality of both urology and cancer services which supports the delivery of safe, high quality patient care.
- Ensuring that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.
- To review proposed quality improvement priorities and to monitor performance and improvement against the Trust's quality priorities
- To seek assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified.

Patient Involvement

The Trust continue to meet monthly with the Service User group to provide updates on the SAI recommendations. A targeted Quality Improvement project has started with our service users focused initially on the information given and patient understanding of the journey they are about to go on. This is nearing the pilot stage when a questionnaire will be issued following first appointment (diagnosis) and will inevitably lead to further Quality Improvement work within the service. Service users have been very involved in the drafting of this questionnaire and the Trust have been supported by an external resource with experience in Public Involvement who had worked on the Hyponatraemia Inquiry

General Medical Council

The GMC have received all 9 SAI reports relating to Mr O'Brien. The GMC have advised that they have decided these cases will now formally be considered as part of their ongoing investigation into Mr O'Brien's practice. The Trust has informed the patients

and families and has shared patient casenotes with the GMC. The GMC are in the process of deciding on how Mr O'Brien's case will progress

Capacity

By the end of March 2022 there will be 47 patients remaining to be seen from the original cohort (January 2019-June 2020) with a plan in place to see these remaining 47 patients by end of April 2022.

Private Practice

The Trust discussed mechanisms for obtaining private practice records at the recent UAG meeting, 23rd February 2022. At this meeting the Trust has discussed with the DoH the potential role of the GMC to support access to private patient records. The Department of Health are currently considering the next steps.

Structured Clinical Record Review (SCRR) (previously referenced as SJR)

As previously advised there were 77 records identified as requiring an SCRR. Internal screening process has been completed and there are a total of 53 patients who now require an SCRR with a further 6 potential patients from this cohort. Consultants recommended through British Association of Urological Surgeons (BAUS) have commenced this work and the Trust are awaiting feedback on their findings. There have been a further 8 patients identified as meeting the threshold of an SAI and the Trust are awaiting feedback from DoH on how these and future patients are managed in terms of learning.

Information Line

Between December 2021 and March 2022 there have been 47 calls to the Information line.

SAI Recommendations

The Monthly Task and Finish Super group continue to meet and have updated key priorities of work towards a target implementation deadline of end of March/ start of April 2022. All MDT Leads continue to work through their action plans to address the findings in the MDT Baseline audits which has been completed across all tumour sites and these have been shared with Service Users.

Communications

The Trust has not received any media enquires since the last report

Update from the USI

The USI have provided an update on the progress of the USI:

<https://www.urologyservicesinquiry.org.uk/news/update-christine-smith-qc-chair-urology-services-inquiry>

The USI intends to hear from patients and families in mid-June. These hearings will not be in public but the legal representatives for the core participants will be in attendance and a formal written record will be kept/published.

The Inquiry intends to formally open hearings w/c 7 November 2022. The USI plans to sit for three days a week, in two week blocks, with week three used to prepare for the next set of witnesses. No information has been provided as yet about which witnesses will be heard first or which issues the Inquiry will be dealing with and when. Timings of hearings are subject to change and we will advise as more information comes available.

2. Areas of improvement/achievement:


The Trust is continuing to identify areas for improvement through the Task and Finish Group from the recommendations of the Serious Adverse Incident and are in the process of implementing these. For example, recruitment is in progress for an MDM Administrator, additional Cancer Trackers, additional clinical staff (Pathology, radiology etc) to attend the Cancer MDTs

3. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	
Board Assurance Framework	
Equality and Human Rights	

TRUST BOARD COVER SHEET

Meeting Date	Confidential 26 th May 2022	
Agenda item	Update on Clinical concerns within Urology	
Accountable Director	Dr M O’Kane	
Report Author	Name	Jane McKimm
	Contact details	Personal Information redacted by the USI
This paper sits within the Trust Board role of: Accountability		
This paper is presented for: Information		
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>This report cover sheet has been prepared by the Accountable Director.</i></p> <p><i>Its purpose is to provide the Trust Board with a clear summary of the report/paper being presented, with the key matters for attention and the ask of the Trust Board.</i></p> <p><i>It details how it impacts the people we serve.</i></p>
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1. Detailed summary of paper contents:

This paper outlines the progress in response to the Public Inquiry into Urology Services in the Southern Trust.

Urology Services Inquiry

Evidence gathering for the USI is continuing. As at May 18th, 2022, there are 46 active individual S21 notices requiring response. These cover a range of former and current staff. The scope of discovery has now extended back to 2007 which adds to the complexity of the process. Current staff are balancing the need to maintain normal business with completing these very detailed responses. Staff recognise the importance of the S21 process and the care required to comply with the S21 requests. This is placing added pressure on the health system, and we continue to liaise closely with the Department of Legal Services.

Update - Public Inquiry Response Steering Group

Chair – Programme Director of Public Inquiry

Due to staff and organisational pressures, this group has been unable to meet since the last Trust Board.

Urology Oversight/Lookback Steering Group

Chair – Director of Acute Services

These meetings continued to be held fortnightly on Monday mornings when an update is provided on the oversight in respect of patients identified as previously being under the care of Mr O'Brien. The original lookback for these patients is being extended from January 2019 back to 2014 and this group will continue to have oversight of this work.

The Trust has undertaken a review of all patient information that has been issued to date, following a number of concerns raised about the accuracy of information provided to patients and families.

Public Inquiry Quality Assurance Group.

Chair – Trust Medical Director

To date the group has received updates on work relating to the following:

- Medical Leadership Development
 - Strengthening of Medical Leadership Structure

- Introduction of Divisional Medical Director Clinical Governance Meetings
- Medical Appraisal and Revalidation
 - Establishment of Medical Revalidation Oversight Group
 - Development of Medical Appraisal Mentoring Scheme
- Medical Private Practice
 - Enhanced Declaration of Private Practice
- Urology and Cancer Services
 - Update on Urology SAI Recommendations
 - Update on MDM baseline assessment work

Patient Involvement

We continue to meet monthly with Service Users as part of the SAI recommendation implementation updates. There are also fortnightly meetings involving service users with representatives from external PPI and our Urology CNS to work on a targeted QI project for Urology Cancer Patients – the pilot of a questionnaire developed to focus on post diagnosis clinics. This has been extensively inputted to by the service users reflecting their own experiences. There are plans to create a relative/supportive person questionnaire to facilitate feedback from both sources. The aim is to roll this out to other tumour sites following the pilot and feedback.

A Macmillan Peer Volunteer programme which involves patients who have been through a cancer pathway offering support to Trust Urology patients is ready to start, initially involving 30 patients. Pending feedback the Trust will look at an extended roll out of the programme.

General Medical Council

The GMC investigating team are still internally progressing their case work and have no update at this stage.

Capacity

We remain with approx. 50 patients to be seen at clinic as part of the original Jan 2019 to June 2020 cohort. Clinic capacity was an issue in April and May due to conflicting/ higher priority patients (active cancer) and the unavailability of Consultants. A senior Consultant is retiring shortly, impacting on urology capacity.

Private Practice

This issue remains with the Department of Health for consideration of next steps.

Structured Clinical Record Review (SCRR) (previously referenced as SJR)

As previously advised there were 77 records identified as requiring an SCRR from the cohort of patients under AOB between January 2019 and June 2020. An internal screening process has been completed and there are a total of 53 patients confirmed SCRR. 2 patients remain under discussion of the original 77.

Information Line

There have been no further calls to the information line.

SAI Recommendations

The Monthly Task and Finish Super group continue to meet monthly to review SAI recommendations. Each MDT continues to work closely each month with the Cancer Services improvement lead to complete their individual action plans. Recent developments include:

Recruitment process for Cancer Information and Audit Officer to support the auditing of the MDTs and in particular the outcomes and actions based on the recommendations.

A Clinical Nurse Specialist (CNS) forum has been established which meets early next month for the 1st time with the aim of providing a supportive forum for all CNS and to allow discussion and sharing of ideas and development of QI improvement across all cancer sites and allowing specific support and training.

Of the 11 recommendations there are 7 green and 4 in amber.

Communications

The Trust has not received any media enquires since the last report

Update from the USI

Updated information on the USI can be found at:

<https://www.urologyservicesinquiry.org.uk/news/update-christine-smith-gc-chair-urology-services-inquiry>

2. Areas of improvement/achievement:

The Trust is continuing to identify areas for improvement through the Task and Finish Group from the recommendations of the Serious Adverse Incident and are in the process of implementing these.


3. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	
Board Assurance Framework	
Equality and Human Rights	

Quality care – for you, with you

TRUST BOARD COVER SHEET

Meeting Date	Thursday 23 rd June 2022	
Agenda item	Update on Clinical concerns within Urology	
Accountable Director	Dr Maria O’Kane Chief Executive	
Report Author	Name	Jane McKimm
	Contact details	<small>Personal Information redacted by the USI</small>
This paper sits within the Trust Board role of: Accountability		
This paper is presented for: Information		
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>This report cover sheet has been prepared by the Accountable Director.</i></p> <p><i>Its purpose is to provide the Trust Board with a clear summary of the report/paper being presented, with the key matters for attention and the ask of the Trust Board.</i></p> <p><i>It details how it impacts the people we serve.</i></p>
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1. Detailed summary of paper contents:

This paper outlines a brief update on the progress in response to the Public Inquiry into Urology Services in the Southern Trust. Given the short timeframe since the last update, it focuses on progress against the S21 notices.

Urology Services Inquiry

Evidence gathering for the USI is continuing. A total of 56 Section .21 Notices have been served on Trust witnesses since 14 April. Of these, 55 are being dealt with by SHSCT/DLS with one former member of staff instructing alternative legal representation.

By Friday 17th June, 18 S.21 Notices had been submitted, with a further 16 Statements to be submitted by 1 July. Two S.21 notices are currently in abeyance – ie. not currently being progressed with agreement from the USI.

USI site visit to Craigavon Area Hospital site.

On Wednesday June 15th, the USI panel visited the Craigavon Hospital site. The visit was at their request, and to help familiarise themselves with areas pertinent to the Inquiry.

They visited Trust Board HQ, Urology Wards, Admin offices in CAH, the Thorndale Unit among other areas.

Panel Members and legal representatives in attendance: Christine Smith (chair), Damian Hanbury (assessor), Sonia Swart (panel member), Martin Wolfe (senior counsel), Laura McMahon (junior counsel) and Eoin Murphy (solicitor).

Patient Lookback Process

As part of the Southern Trust Urology Review lookback exercise the Trust is continuing to progress with contacting and updating patients affected by this.

In December 2021 and January 2022 the Trust wrote to approx. 2114 patients to inform them of the Urology Lookback Review and advise them that their care was being reviewed at this time. The Trust was able to advise many patients (approx. 1300) that there were no concerns with their care. Other patient were informed that the review was ongoing.

The correspondence sent to patients in Dec / Jan referred to the work of the Urology Services Inquiry (USI) however, some of this information in the letters was subsequently found to be inaccurate regarding dates of announcement of the Public Inquiry and the purpose of the inquiry. The Trust has liaised with the USI to inform them of the Trust's intention to write formally to correct this information.

This process has now commenced and the Trust has prioritised the order in which they are sending these update and / or correction letters as follows:

1. Patients who received initial correspondence that their care was being reviewed and this is complete with no clinical concerns found – their letter will advise this and correct inaccuracies and should not be controversial **(week commencing 6 June and continuing 13 June)**
2. Patients who received initial correspondence that their care was being reviewed and this is now complete – and clinical concerns were identified - their letter update on findings and next steps and correct inaccuracies **(week commencing 13 June)**
3. Patients who review remain incomplete – their letter will be advise there is still no update and inaccuracies will be corrected **(week commencing 13 June)**
4. Patients have had no correspondence to date at all (all correspondence with patients stopped in February '22 when the errors were discovered so some patients didn't get any letter) – their letter will introduce them to the Urology Lookback Review and advise of USI – **(week commencing 13 June)**
5. Patients who have has Structured Clinical Record Review (i.e. the processes which is being conducted in place of the regional SAI process) returned – their letter will update on SCRR and offer patient meetings to discuss further. It will also correct the inaccuracies **(week commencing 13 June)**
6. Patients who receive an original letter with no concerns but included inaccuracies – their letter will correct the inaccuracies **(week commencing 20 June)**

The sending of update and correction letters will continue over the coming weeks in the order detailed above and will cease when complete. All letters will signpost patients / families to the Trust Helpline for extra support.

Update from the USI

In a statement issued on June 13th, Chair of the panel outlined progress on discovery and plans for the patient/family hearings on June 21st, 22nd and 23rd of June.

The full statement can be found here:

[Statement from Christine Smith QC, Chair of the Urology Services Inquiry providing an update on the Inquiry's work and planned hearings for June 2022 | Urology Services Inquiry](#)

2. Areas of improvement/achievement:

Work continues in implementing recommendations from the Serious Adverse Incident process.

3. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	
Board Assurance Framework	
Equality and Human Rights	

Gibson, Simon

From: Gibson, Simon
Sent: 12 September 2016 16:51
To: Toal, Vivienne; Gishkori, Esther
Cc: Wright, Richard
Subject: FW: CONFIDENTIAL Screening Investigation - Mr A O'Brien
Attachments: Screening report.docx

Dear Esther and Viv

Please find attached screening report for tomorrow mornings Oversight Committee meeting at 10am.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile:

Personal Information redacted by the USI

DHH:

Personal Information redacted by the USI

Ext

Personal Information redacted by the USI

From: Gibson, Simon
Sent: 05 September 2016 14:25
To: Wright, Richard
Cc: White, Laura
Subject: CONFIDENTIAL Screening Investigation - Mr A O'Brien

Dear Richard

As requested, please find attached a screening report on Dr O'Brien.

Would you like me to convene a meeting of the Oversight Committee to consider this report?

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile:

Personal Information redacted by the USI

DHH:

Personal Information redacted by the USI

Ext

Personal Information redacted by the USI

Southern Health & Social Care Trust

Medical Directors Office

Screening report on Dr Aidan O'Brien

Context

The Medical Director sought detailed information on a range of issues relating to the conduct and performance of Dr O'Brien. This report provides background detail and current status of these issues, and provides a recommendation for consideration of the Oversight Committee.

Issue one – Un-triaged outpatient referral letters

When a GP refers a patient into secondary care, the referral is triaged to consider the urgency of the referral. If triage does not take place within an agreed timescale as per the Integrated Elective Access Protocol (IEAP), then health records staff schedule the referral according to the priority given by the GP. This carries with it the risk that a patient may not have their referral “upgraded” by the consultant to urgent or red flag if needed, if triage is not completed. This may impact upon the outcome for a patient.

In March 2016, Dr O'Brien had 253 untriaged letters, which was raised in writing with him and a plan to address this was requested. No plan was received and at August 2016, there were 174 untriaged letters, dating back 18 weeks; the rest of the urology team triage delay is 3-5 working days.

Issue two – Outpatient review backlog

Concerns have been raised that there may be patients scheduled to be seen who are considerably overdue their review appointment and could have an adverse clinical outcome due to this delay.

In March 2016, Mr O'Brien had 679 patients in his outpatient review backlog, which was raised in writing with him and a plan to address this was requested. No plan was received and at August 2016, there were 667 patients in his outpatient review backlog, dating back to 2014: whilst outpatient review backlogs exist with his urological colleagues, the extent and depth of these is not as concerning.

Issue three – Patients notes at home

Mr O'Brien has had a working practice of taking charts home with him following outpatient clinics. These charts may stay at his home for some time, and may not be available for the patient attending an appointment with a different specialty, making the subsequent consultation difficult in the absence of the patients full medical history.

For a period in 2013/14, instances when charts were not available were recorded on the Southern Trusts Adverse Incident Reporting (IR) system: there were 61 consultations where charts were not available. In speaking to the Health Records Manager, Mr O'Brien is currently continuing this practice although this is not now recorded on the IR system.

Mr O'Brien was spoken to about this issue in 2012 by Dr Rankin, and twice in 2014 by Mrs Burns, the Directors of Acute Services at the time, seeking a change in behaviour, although none of these meetings were formally recorded.

Issue four – Recording outcomes of consultations and inpatient discharges

Whilst there has been no formal audit of this issue, concern has been raised by his urological colleagues that Mr O'Brien may not always record his actions or decisions regarding a patient following a period of inpatient care or outpatient consultation. This may cause subsequent investigations or follow up not to take place or be delayed.

Summary of concerns

This screening report has identified a range of concerns which may be counter to the **General Medical Councils Good Medical Practice** guidance of 2013, specifically paragraphs 15 (b), 19 and 20:

15. ***You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:***
 - a. *Adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient*
 - b. ***Promptly provide or arrange suitable advice, investigations or treatment where necessary***
 - c. *Refer a patient to another practitioner when this serves the patient's needs.*
19. *Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. **You should make records at the same time as the events you are recording or as soon as possible afterwards.***
20. ***You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.***

Conclusion

This report recognises that previous informal attempts to alter Dr O'Brien's behaviour have been unsuccessful. Therefore, this report recommends consideration of an NCAS supported external assessment of Dr O'Brien's organisational practice, with terms of reference centred on whether his current organisational practice may lead to patients coming to harm.

Corrigan, Martina

From: Corrigan, Martina
Sent: 16 September 2019 16:37
To: Khan, Ahmed
Cc: Hynds, Siobhan
Subject: AOB concerns - escalation
Attachments: Backlog report; FW: Red Flag Cystoscopy; red flags for triage; red flags for Triage; FW: Urology TDU triage; Outstanding triage as of 16 Sept 19

Dear Dr Khan

As requested, please see below which I am escalating to you (emails attached showing where I have been asking him to address)

CONCERN 1 –not adhered to, please see escalated emails. As of today Monday 16 September, Mr O’Brien has 26 paper referrals outstanding, and on Etrriage 19 Routine and 8 Urgent referrals.

CONCERN 2 – adhered to – no notes are stored off premises nor in his office (this is only feasible to confirm as there have been NO issues raised regarding missing charts that Mr O’Brien had)

CONCERN 3 – not adhered to – Mr O’Brien continues to use digital dictation on SWAH clinics but I have done a spot-check today and:

Clinics in SWAH

EUROAOB – 22 July and 12 August all patients have letters on NIECR

Clinics held in Thorndale Unit, Craigavon Area Hospital

CAOBT DUR - 20 August 2019 had 12 booked to clinic 11 attendances & 1 CND but no letters at all

CAOBUO – 23 August 2019 – 10 attendance and only 1 letter on NIECR

CAOBUO – 30 August 2019 – 12 booked to clinic, 1 CND, 1 DNA and 0 Letters on NIECR

CAOBUO – 3 September – 8 booked to clinic – 0 letters on NIECR

I have asked Katherine Robinson to double-check that these are not in a backlog for typing and I will advise

CONCERN 4 – adhered to – no more of Mr O’Brien’s patients that had been seen privately as an outpatient has been listed,

Should you require anything further, please do not hesitate to contact me.

Regards

Martina

Martina Corrigan
 Head of ENT, Urology, Ophthalmology and Outpatients
 Craigavon Area Hospital

Telephone:

Personal Information (Internal)
 Personal Information redacted by the USI (external)
 Personal Information redacted by the USI (mobile)

Corrigan, Martina

From: Corrigan, Martina
Sent: 05 September 2019 15:07
To: O'Brien, Aidan
Subject: Backlog report

Dear Aidan

I note from this recent information sent earlier that you have the below outstanding.

Can you advise on the discharges awaiting dictation with the oldest date being 27 June 2016 as this will need addressed please and can you give me a timeline on when these will be sorted?

Also can you give me an assurance that the 49 clinic letters are dictated by the end of next week?

Thanks

Consultant	Discharges awaiting Dictation	oldest date	Clinic letters to be dictated	oldest date
Mr O'Brien	25	27.06.16	49	16.08.19

Corrigan, Martina

From: Corrigan, Martina
Sent: 01 September 2019 15:28
To: O'Brien, Aidan
Cc: Clayton, Wendy; Muldrew, Angela; rf.appointment; McVeigh, Shauna; Graham, Vicki
Subject: FW: Red Flag Cystoscopy
Attachments: FW: Personal Information redacted by the USI
Importance: High

Aidan

Can you please advise?

Regards

Martina

Martina Corrigan
 Head of ENT, Urology, Ophthalmology & Outpatients
 Craigavon Area Hospital

Telephone:

EXT Personal Information redacted by the USI (Internal)
Personal Information redacted by the USI (External)
Personal Information redacted by the USI (Mobile)

From: Muldrew, Angela
Sent: 21 August 2019 10:34
To: Corrigan, Martina; Clayton, Wendy
Cc: rf.appointment; McVeigh, Shauna
Subject: FW: Red Flag Cystoscopy
Importance: High

Hi

Would you be able to chase this up for us so that the patient can be appointed

Thanks

Angela Muldrew
 RISOH Implementation Officer/
 Cancer Services Co-Ordinator
 Mandeville Unit
 Tel. No. Personal Information redacted by the USI

From: rf.appointment
Sent: 15 August 2019 14:52
To: O'Brien, Aidan
Cc: Elliott, Noleen; Muldrew, Angela
Subject: FW: Red Flag Cystoscopy
Importance: High

Good afternoon Mr O'Brien

Please see attached emails regarding the patient below – the patients family have now agreed to a Red Flag Cystoscopy.

Can you please arrange this appointment.

Many thanks

Sharon

From: Donnelly Fionn [Personal Information redacted by the USI]
Sent: 15 August 2019 12:23
To: rf.appointment
Subject: Red Flag Cystoscopy

This e-mail is covered by the disclaimer found at the end of the message.

Dear Sharon,

Further to our conversation, we would like to re-book our patient [Personal Information redacted by the USI] for a Red Flag cystoscopy. We have discussed with her family and due to her recurrent UTI's while in hospital they now want a cystoscopy. If you could please let us know a date ASAP that would be great as her daughter needs to book flights back from [Personal Information redacted by the USI] to accompany her.

Many Thanks

Dr Fionn Donnelly
SHO to Dr Geoghegan

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Corrigan, Martina

From: Corrigan, Martina
Sent: 09 September 2019 09:25
To: O'Brien, Aidan
Subject: red flags for triage

Good morning Aidan,

Please see below red flag referrals that require triage and I would be grateful if you could give this your attention.

Thanks

← → <https://ecr.hscni.net/concerto/Concerto.htm>

★ Awaiting Triage - Concerto ... x

HSC Health and Social Care

Referrals Awaiting Triage

Specialty / Location Consultant

HCN

Referral Date to

	HCN	Full Name	Sex
	Personal Information redacted by the USI		F
			F
			F
			M
			F
			M
			M
			M
			F
			M
			M
			M
			M
			M

NEWS
 Latest News
 ORDERS
 PATIENTS
 INPATIENT
 OUTPATIENT
 TASK LIST
 WORKLISTS
 RESOURCES
 TRIAGE
 Awaiting Triage
 My Triaged Referrals
 Awaiting Followup
 FEEDBACK
 MESSAGING

Regards

Martina

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Craigavon Area Hospital

Telephone:

EXT Personal Information redacted by the USI (Internal)
Personal Information redacted by the USI (External)
Personal Information redacted by the USI (Mobile)

Corrigan, Martina

From: Corrigan, Martina
Sent: 12 September 2019 08:25
To: O'Brien, Aidan
Subject: red flags for Triage

Good morning Aidan

Below are the Red Flags waiting on triage, I would be grateful if you could action these please.

Thanks

Martina



NEWS

Latest News

ORDERS

PATIENTS

INPATIENT

OUTPATIENT

TASK LIST

WORKLISTS

RESOURCES

TRIAGE

Awaiting Triage

My Triaged Referrals

Awaiting Followup

FEEDBACK

MESSAGING

Referrals Awaiting Triage

 Specialty / Location

 Consultant

 HCN

 Priority

 Referral Date to

Search

Reset

Enter a new favourite search (+)

	HCN	Full Name	Sex
	Personal Information redacted by the USI		M
			M
			M
			F
			M
			F
			F
			F
			M
			M
			M
			F
			M
			M

Regards

Martina

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Personal Information redacted by the USI (Mobile)

Corrigan, Martina

From: Corrigan, Martina
Sent: 13 September 2019 16:13
To: O'Brien, Aidan
Subject: FW: Urology TDU triage

Importance: High

Aidan,

Please see below, can you please advise when this will be completed?

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology & Outpatients
Craigavon Area Hospital

Telephone:

EXT Personal Information redacted by the USI (Internal)
Personal Information redacted by the USI (External)
Personal Information redacted by the USI (Mobile)

From: Coleman, Alana
Sent: 13 September 2019 09:36
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine
Subject: Urology TDU triage
Importance: High

Hi Martina,

Could the triage from Mr O'Brien from 04/09/2019 > 10/09/2019 be returned for adding to the waiting list.

Teresa has had a distressed patient on the phone who was referred last week, sent for grading on Wednesday 4th Sept.

I have been to TDU this morning and still nothing returned.

Many thanks
Alana

Alana Coleman

Acting Supervisor
Urology, Stone Treatment, Orthoptics, Colposcopy, Gynae, Fertility

Referral and Booking Centre
Ground Floor,

Ramone Building,
Craigavon Area Hospital

Avaya direct ext:

Personal
Information
redacted by the

External direct ext:

Personal Information redacted by
the USI

Corrigan, Martina

From: Corrigan, Martina
Sent: 16 September 2019 14:41
To: O'Brien, Aidan
Subject: Outstanding triage as of 16 Sept 19
Attachments: Outstanding triage as of 16 Sept 19.docx

Dear Aidan,

I note that there is still outstanding triage from your week oncall.

There are 19 Routine and 8 Urgent patients still sitting on ETriage system.

I have also checked there now and you still have not returned the paper triage for time between 04/09/2019 > 10/09/2019 and this is preventing patients being added to the waiting lists.


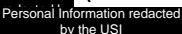
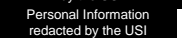
Can you please address urgently.

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital

Telephone:

 (Internal)
 (external)
 (mobile)

Corrigan, Martina

From: Haynes, Mark <[Personal Information redacted by the USI]>
Sent: 11 June 2020 12:47
To: OKane, Maria; Carroll, Ronan; Corrigan, Martina; McClements, Melanie
Subject: FW: Patients to be added to Urgent Bookable List
Attachments: [Personal Information redacted by the USI] 001.jpg; Patient 1 [Personal Information redacted by the USI] .jpg;
[Personal Information redacted by the USI] 001.jpg; [Personal Information redacted by the USI] 001.jpg;
Patient 105 [Personal Information redacted by the USI] .jpg; Patient 104 [Personal Information redacted by the USI] .jpg;
[Personal Information redacted by the USI] .jpg; [Personal Information redacted by the USI] .jpg;
001.jpg; [Personal Information redacted by the USI] 001.jpg

Afternoon

Attached are the green forms as mentioned and highlighted are cases in particular that should have been added to the waiting list at the date indicated. Also attached (in addition to the WL forms) is a copy of the full urology WL as of 11/5/20. As far as I can tell the patients highlighted should have been added to the waiting list on the date shown, but are not on the waiting list and I believe have been added to the waiting list more recently (on the back of the email below).

While it would appear he has a system whereby he is aware of these cases, standard procedure is that a patient is added to the PAS WL at the time of listing, not at the time of offering a date for surgery and the concern would be that there are other patients who are not administratively on the WL (on PAS) but should be. On the mild side this distorts our WL figures, as a risk I would be concerned that patients get lost.

Mark

Patient 113	[Personal Information redacted by the USI]	18/07/2019	Malignant	URO	Replacement of Le
[Personal Information redacted by the USI]		05/11/2019	? Malignant	URO	Bilateral Ureteroly
Patient 1		01/06/2020	Malignant	URO	TURP
[Personal Information redacted by the USI]		04/06/2020	Malignant	URO	Bilateral Ureterograp
		15/09/2019	Benign	URO	Right Rigid & Flexib
Patient 105		11/09/2019	Benign	URO	Removal / Replace Lithotripsy
Patient 104		11/02/2020	Benign	URO	Removal / Replace Lithotripsy
[Personal Information redacted by the USI]		13/05/2020	Benign	URO	Right Ureteroscopy
		14/05/2020	Benign	URO	Removal / Replace
		15/05/2020	Benign	URO	Removal of Bilater

From: O'Brien, Aidan
Sent: 07 June 2020 22:25
To: Neville, Linda; McIlveen, Jacqueline
Cc: Sector, Independent; Glackin, Anthony; Haynes, Mark; Elliott, Noleen
Subject: Patients to be added to Urgent Bookable List

Dear Linda and Jacqueline,

I added a list of ten patients to the existing list of patients for urgent admission and submitted it to Tony Glackin on Thursday 04 June 2020.

Mark Haynes has already arranged to have the first of those patients, Patient 113, admitted to Hospital on [Personal information redacted by USI]. [Personal Information redacted by the USI]

I have scanned and attached completed Green Forms for the remaining nine patients.

I have copied them to Noleen, my secretary, who will return to work on Tuesday 09 June 2020.

Please let me know if I can be of any further assistance.

I hope the above will facilitate their admissions.

Thank you,

Aidan.

Patient Name: [REDACTED] details

D.O.B.: [REDACTED]

H&C No: [REDACTED]

Date of Clinic / Decision to list: 55 Nov 2019

Consultant: AO'BRIEN

Specialty: Urology

*** FOR URGENT BOOKABLE LIST ***
Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis: RETROPERITONEAL FIBROSIS / RETROPERITONEAL SARCOMA

Procedure: BILATERAL URETEROLYSIS & RETROPERITONEAL BIOPSY

Estimated Duration of Surgery: 3 HOURS

Additional Comments / Instructions: FOR ADMISSION TO CRISTOVON AREA HOSP

Urgency
Please tick appropriate box

Red Flag	<input checked="" type="checkbox"/>
Urgent	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Planned	<input type="checkbox"/>

Anaesthetic Type
Please tick appropriate box

General / Spinal	<input checked="" type="checkbox"/>
Sedation	<input type="checkbox"/>
Local	<input type="checkbox"/>

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management
Please tick appropriate box

Day Case	<input type="checkbox"/>
Inpatient	<input checked="" type="checkbox"/>

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:

Specific Site Requirement	CAH
Specific Unit Requirement	1 WCA
Specific Consultant	AO'BRIEN

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☒ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐
- Aspirin 300mg? ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

- a. Reduce to 75mg daily 7days prior to surgery ☐
- b. Continue to take as normal ☐
- c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

Please advise:

- a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
- b. Patient should discontinue 7days prior to surgery ☐

- Clopidogrel or Prasugrel? ☐
- Dabigatran, Rivaroxaban or Apixaban? ☐ Please refer to Trust Guidance and SPC.

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

Diabetic? No ☒ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge.
If the Consultant is not available, then arrangements should be made to discuss decisions at a suitable point thereafter.

Doctor's Signature

Print Name

Date

Countersigned (Consultant)

Date

Patient Details - Affix photograph and details

Patient 1

Name: [REDACTED]

D.O.B.: [REDACTED] Personal Information redacted by the USI

H&C No: [REDACTED]

Date of Clinic / Decision to list: 01 JUNE 20

Consultant: WIT-59255

Specialty: ALLEN BRIEN

UROLOGY

*** FOR URGENT BOOKABLE LIST ***

Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis: BLADDER OUTLET OBSTRUCTION DUE TO PROSTATIC CANCER

Procedure: ENDOSCOPIC RESECTION OF PROSTATE - TURP

Estimated Duration of Surgery: 1 HOUR

Additional Comments / Instructions: FOR ADMISSION TO DH HOSPITAL

Urgency

Please tick appropriate box

Red Flag	<input checked="" type="checkbox"/>
Urgent	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Planned	<input type="checkbox"/>

Anaesthetic Type

Please tick appropriate box

General / Spinal	<input checked="" type="checkbox"/>
Sedation	<input type="checkbox"/>
Local	<input type="checkbox"/>

IF NOT suitable for day of surgery admission - please state & give reason

Intended Management

Please tick appropriate box

Day Case	<input type="checkbox"/>
Inpatient	<input checked="" type="checkbox"/>

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:

Specific Site Requirement	DH4
Specific Unit Requirement	Level 4
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☒ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐
- Aspirin 300mg? ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

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Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

Diabetic? No ☐ Yes ☒ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge. If the Consultant is not available, then arrangements should be made to discuss decisions at a suitable point thereafter.

Doctor's Signature

Print Name

Date

07.06.20

Countersigned (Consultant)

Date