5. Accommodation and Staffing/Infrastructure

The service appreciates that there are discussions ongoing with regard to accommodation requirements for the re-start and reform of services. There is a need for additional accommodation associated with the new service model which should be incorporated into these discussions.

Accommodation in CAH

- *Emergency Inpatient beds* - 4 North and 4 South, currently designated as general surgery beds will provide enough capacity (72 beds) for adult emergency admissions and patients being booked to urgent surgical lists. 4 North is not currently available to general surgery. Half of the ward is closed for refurbishment and the other half is occupied by medicine.
- *Emergency Inpatient beds for children* – additional beds may be required in the Blossom Unit. Work undertaken in 2018 suggested that 3-4 beds were required in DHH for non-elective surgical cases. However this number may have reduced as admissions decreased in 2019/20.
- *Elective Inpatients* – can continue to be accommodated in the elective admissions ward.
- *Emergency Surgical Assessment Unit (ESAU)* – **no accommodation is currently available**. Ideally it should be located on the ground floor close to ED/Radiology with space for 8-10 trolleys/recliners.
- *Surgical Ambulatory & Advice Unit (SAMBA)* - **no accommodation is currently available at CAH.** It should be co-located within ESAU, 2 consultation rooms and a dedicated ultrasound scanning room are required.

Accommodation in DHH

No additional accommodation will be required in DHH.

- *Surgical Ambulatory & Advice Unit (SAMBA)* – a bay in Male Surgical Ward with access to a consultation room can be utilised.
- *Male surgical ward* will also be used for:
  - Gynae will have side rooms for emergency admissions and a scanning room which could also be used by general surgery,
  - One bay may be utilised as a surgical day clinical centre,
  - Some beds will be "dirty" beds for urgent bookable patients.
- *Female surgical ward* - will be retained for elective surgical patients.
- *Elective ward* - can be released .

Staffing and Infrastructure

- *Medical Staff* - the new service model can be implemented initially with the current funded staffing level and consultants available across the Trust. **An additional consultant post** is recommended for the future.
- There is no requirement to increase the numbers of junior or middle grade staff. However, there will be changes to rotas which may result in a change to bandings, which would incur additional cost.
- *Urgent bookable lists* – a weekly urgent bookable list has been created on each site by converting an elective list. In the longer term **an additional 3 lists**, would improve efficiency, facilitating discharge and enabling patients to be booked directly from the surgical ambulatory and advice units. The 3 additional lists would require theatre capacity and theatre and recovery staff.
- *Emergency endoscopy list* – access to daily endoscopy lists would also improve efficiency, speeding up diagnosis and optimising length of stay. Discussions are ongoing with gastroenterology to convert 3 weekly symptomatic lists to emergency lists.
- *Emergency theatre capacity* – much of the emergency surgery that would normally have been undertaken in DHH has been carried out in CAH during the initial Covid surge. No increase in emergency theatre capacity will be required. To be confirmed.
- *Ultrasound/CT* – it is proposed that an ultrasonographer should be part of the ambulatory team on both sites, undertaking ultrasound in the SAMBAs when required, but not needing to be in the Units full time. Initially 2 daily protected slots for ultrasound on each site would be workable, increasing to 3 on each site as quickly as possible. There is already one protected slot at CAH.

  For CT 2 daily protected slots on each site would be required, increasing to 3 on each site as quickly as possible.

  Discussion with Radiology regarding imaging requirements has already commenced.

6. Recommendations/Next Steps

The proposed service model for emergency general surgery is clearly a significant service change which will require further discussion and planning involving key stakeholders. In the longer term additional accommodation, equipment and other resources will be required.

However, due to the imminent depletion of consultant cover at DHH, a temporary arrangement will need to be put in place to ensure the continuation of a safe emergency general surgery service. Concentrating the emergency general surgery service on the CAH site, with acute cases presenting at DHH being transferred to CAH for ongoing care is recommended.

An Emergency Surgical Assessment Unit at CAH will be essential to avoid patients being transferred from DHH having to be admitted directly to a ward, or waiting in the ED. On an interim basis it is proposed to utilise 2 bays in ward 4 North, CAH. This assumes that 4 North can be made available to general surgery.

Ambulatory care has been ramped up by general surgery during the initial Covid surge and has been working out of consultation rooms in the Outpatient Department. It is proposed to continue using outpatient consultation rooms in CAH as an interim arrangement. A Surgical Ambulatory and Advice Unit could be established with minimal works in Male Surgical Ward DHH.

Appendix 1 – Additional Activity Data

Table 1 gives the average occupied beddays for general surgery emergency inpatients for 2018/19 and 2019/20. It has not been possible to split these data into adult and paediatrics. Occupied beddays relate to beds occupied at midnight.

Table 2 gives similar data for elective admissions. These do not include daycases.

Table 1: Occupied Emergency General Surgery Beddays 2018/19 & 2019/20

	2018/19	2019/20
CAH Daily Average	47.6	50.9
DHH Daily Average	21.8	23.7
Total Daily Average	**69.4**	**74.6**

Table 2: Occupied Elective General Surgery Beddays 2018/19 & 2019/20

	2018/19	2019/20
CAH Daily Average	9.2	9.6
DHH Daily Average	1.5	1.5
Total Daily Average	**10.7**	**11.1**

Theatre Activity

Theatre activity is for all patient age groups and is not split into adult and paediatrics. Please note the figures relate to general surgery only.

Table 3 below provides data on the emergency general surgery cases operated on in DHH for the 3 year period 2017/18 – 2019/20. It is likely that the majority of cases with no anaesthetic start time recorded were endoscopic procedures.

Table 3: DHH Emergency General Surgery Cases by Year & by Time-band

	2017/18	2018/19	2019/20
Total Number of Emergency Admissions	2444	2296	2129
Total Number of Emergency GSurg Procedures Performed	**887**	**768**	**740**
Number of Procedures with no Anaesthetic Start Time	217	164	205
Number of Procedures with an Anaesthetic Start Time	670	604	535
Number of Emergency GA Procedures Performed during week day NORMAL Hours (08:30 to 17:30)	359	302	253
Number of Emergency GA Procedures Performed during week day OUT Of HOURs	164	150	149
Number of Emergency GA Procedures Performed during weekend NORMAL Hours (08:30 to 17:30)	95	103	81
Number of Emergency GA Procedures Performed during weekend OUT Of HOURs	52	49	52

- On average across the 3 year period 34.9% of emergency general surgery admissions had a theatre procedure (assuming very few patients returned to theatre)
- On average this equated to 2.2 emergency general surgery procedures per day
- On average across the 3 year period for those procedures with an anaesthetic start time recorded (ie excluding endoscopes):
    - 50.5% were operated on during weekday normal hours
    - 25.6% were operated on during weekday out of hours
    - 15.4% were operated on during weekend normal hours
    - 8.5% were operated on during weekend out of hours

Table 2 below provides data on the emergency general surgery cases operated on in CAH for the 3 year period 2017/18 – 2019/20.

Table 2: CAH Emergency General Surgery Cases by Year & by Time-band

	2017/18	2018/19	2019/20
Total Number of Emergency Admissions	3635	3538	3404
Total Number of Emergency GSurg Procedures Performed	**1211**	**1270**	**1318**
Number of Procedures of Emergency Scopes	315	319	322
Number of Procedures with an Anaesthetic Start Time	896	951	996
Number of Emergency GA Procedures Performed during week day NORMAL Hours (08:30 to 17:30)	347	393	431
Number of Emergency GA Procedures Performed during week day OUT Of HOURs	311	311	335
Number of Emergency GA Procedures Performed during weekend NORMAL Hours (08:30 to 17:30)	136	129	119
Number of Emergency GA Procedures Performed during weekend OUT Of HOURs	102	118	111

- On average across the 3 year period 35.9% of emergency general surgery admissions had a theatre procedure (assuming very few patients returned to theatre)
- On average this equated to 3.5 emergency general surgery procedures per day
- On average across the 3 year period excluding endoscopes:
    - 41.2% were operated on during weekday normal hours
    - 33.7% were operated on during weekday out of hours
    - 13.5% were operated on during weekend normal hours
    - 11.6% were operated on during weekend out of hours

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has been established to assist in maintaining and improving standards of care for adults and children by reviewing the management of patients, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities. The NCEPOD classification of the urgency of patient interventions enables some standardisation of classification. The categories are described as follows:

IMMEDIATE – Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate.

- Life-saving
- Other e.g. limb or organ saving

URGENT – Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

EXPEDITED – Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

ELECTIVE – Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

CAH & DHH Emergency Theatre General Surgery Cases Split by NCEPOD Classification

	CAH			DHH		
NCEPOD Classification	**2017/18**	**2018/19**	**2019/20**	**2017/18**	**2018/19**	**2019/20**
Immediate	22	33	36	23	32	17
Trauma	0	1	0	4	4	2
Urgent	839	912	955	273	256	217
Expedited	35	5	5	370	312	299
Total	**896**	**951**	**996**	**670**	**604**	**535**

Southern Health and Social Care Trust

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THUGS BUSINESS MINUTES

Notes of meeting held Thursday 6th December @ 4 pm
Meeting Room 1, Admin Floor, CAH (VC Available)

Attendees: , Mr Gudyma, Pamela Johnston Julie O'Hagan, Ann Sherry, Mr Young, Alison Moen - DHH , Jodie Richardson - DHH & Mr Gudyma, Ronan Carroll, Mr McCracken Helena McMurray, Damian Scullion, Mr McKay , Mr Young, Jane Scott,

Apologies		
1.0 Matters Arising	• Discussion at meeting on the 04/10/2018 Allocation of Theatre 2 for laparoscopic colorectal surgery - discussions regarding removing canopy. Helena queried canopy OPKL , would it collapse ,can it be cut ? Checking if viable. Need to find out if ceiling strong enough . Could suspend because of canopy obstructing. Cost involved. Mr McKay advised Practical solution use theatre 3. Theatre 2 GI Theatre 5 x days a week- move specialties. To be discussed further at meeting.	Helena
2.0 Pre-Op Issues	• Damian escalated face to face appts demand and reported there is no need to increase additionality.	
3.0 ATICS	• **Staffing** - Helena advised CAH staffing position . Extra Bank staff fworking , 30 % reduction helps. Going to get worse, significant concerns of core ability to cover core sessions. Cardiology & trauma theatre closed for time. 9.84 wte maternity leave theatres 5-9. Young population of staff relying on Agency staff. ODPs do anaesthetics do only can't scrub or circulate, scrub practitioners do all aspects. There are 3 x x-members of staff in theatre, only do specific duties - dilutes . Staffing done in Oct especially in Pamela's area - 7 x WTE retirements scheduled for next year. • **Financial Position** - Ronan advised month 6 - 3.4 million Goods & Services, £2.988 million Pay roll. 1.223 million over spend - £75K payroll, £476 Goods & Services - project £2 million overspend. • **Theatre Issues** • **A) Theatre Endoscopy - Image Intensifier** - Marti advised Claire Donnelly was absent from meeting today, not ready for discussion. Day Surgery has no issues . • **B) Request to Use Specific Theatres** - Mr Gudyma theatre 3 - Imager in DHH is not working, no scope guide. It was broken before and not working again. It is much easier to do procedure with it. Marti to look into this, it might be getting broken in transfer. • **C) Cardex Issues** - Mr McKay suggested chasing nurses, needs incorporated in the WHO Checklist i.e Cardex Complete. He advised this was the best way to achieve this. Before pt leaves theatre Cardex needs completed - Consultants go to Junior staff , there is nothing to encourage this . Helena advised	*ACTION* Marti

	Cardex was at version control in Trimprint - she advised she will get wording, proofed & passed by version controls.	
G&S Requests	• **Erbe Jet System** - Helena advised this was for Kevin McElvanna. Marti spoke to Rep ,whole entire set to be bought. Erbe part of module, you can buy just one box. Need costings.	**Action : Marti & Pamela to provide costings**
	• **Polytraps** – Trial running across sites. Marti thought doing well, and advised some of the endoscopists don't like them .	**Action : Pamela to provide feed back after 1 mth trial**
	• **Pico Dressing** – Pamela advised Pathway recommended for pts with BMI over 35. She advised flow chart strongly supported prices of dressing. £120 has supportive evidence and outcomes, increase stock levels in theatres, wouldn't need to order every week .NICE Guidelines states we should be following pathway. VAC Dressing much more expensive. Agreed to monitor it for a month trial on both sites. Helena advised to get stock in DHH & CAH and monitor it. Pamela to send info to DHH. Team brief at start of theatre session .	
	• **Urology Scope Warmer** – Mr Young advised Mr Glackin & Mr Haynes use. It's cheaper, saving of £6. Seems fair enough – Passed – YES.	
	• **Pico Needle** – Mr Young advised that he still transverses back to old needle - £40 a needle. Agree period of both trials. Helena advised sometimes trials keep going after agreed trial period. Jodie will advise when STOPS. PALS will stop the order, has to go through e-procurement.	
	• **Screens** - Mr Gudyma advised mobile screen was fantastic - suggested system trial. Mr McKay to check e-mail from Olympus £4k system to get around screens on a pole makes it easier, screen very big. £4k may be very expensive ,also need to replace all our laparscopic equipment 50% over use.	**Action :** Mr McKay to provide update
	• **Anaesthetics Machine** - Damian advised savings on Gas – Maki £40k, Suse £36k. Purchased 4 x machines connected to ICU. Plan 3-4 years change all machines £90k allocation . Good News is , it's on top of capital list.	
	• **Nerve Stimulator** - Pamela advised, can't get one that suits the needs. Technology target controlled delivery system. Down to low a flow as possible, going to 100 mls. Will make savings by updating	

	technology. Buying 2 x is more cost effective - PASSED • **Harmonic & Bio-Polar** –What choice? Geoff advised why not have both - 2 x modalities keep a lot of Consultants much more happy. Need generators, 6 x theatres. Ligasure – bigger shape. Geoff requested to buy 3 of each. He advised DHH use Ligasure. Trail has happened on CAH Site . Pamela advised Surgeons also been trialling this on CAH site. Geoff advised on CAH site better to have 2 x modalities doesn't cost any more money. Alison suggested it to be trialled in DHH . Can't speak for DHH, don't do laparscopic. Ligasure, Thunderbeat & Harmonic. Harmonic change to Thunderbeat – Surgeons like Ligasure. It was agreed to trial for another month. • **Cardiac Services** – Pamela advised don't hold needle anymore, severe problems Olympus within a forum. DHH , STH & CAH have needle holders and each spec will have slightly different requirements. Mr Gudyma advised gynae team borrowing urology . It was agreed to trial Olympus. • **Cataract STH Centre** – Marti advised group there was 1 x session on Friday 14h Dec. Phased implementation 70 pts per week. Ophthalmic Surgeons don't want to do 70 a week, may make 60 pts per week. • **Theatres** - Pamela advised group that theatre staff are under a lot of pressure. There is a varied skill mix, need good tolerance and support from medical colleagues through these difficult times , request good theatre ethic, working together policy. There is £90k procured for bronchoscopies. • Helena discussed the ordering process and advise a proceurement of £90k for bronschosocpies and other equipment etc . Helena advised need a nomination to sit on skin staplers, used by Surgeons. Mr Gudyma agreed to meet with Jim Crozier .	
AOB	Governance Issue – Nephrectomy pts , Friday night. Ann Sherry advised Consultant Urologist must review pts before being discharged to ward, patient staying overnight. Anaesthetist not aware of this nor Dr Brown. Needs to be communicated amongst teams , nursing staff and Consultants.	
Date of Next Meeting	• Thursday 3rd January 2019 , Meeting Room ,Admin Floor @ 4 pm	

Southern Health and Social Care Trust

Theatre User Group Meeting
Thursday 2 May 2019 at 4pm
Meeting Room, CAH and Committee Rm 2, DHH

NOTES OF MEETING

Present:

Mr Young (Chair)	Dr Scullion	Mr Gudyma
Helena Murray	Wendy Stothers	Emma Jane Kearney
Debbie Smyth	Ursula Gildernew	Mr Bunn
Wendy Clayton	Julie O'Hagan	Ronan Carroll

Agenda	Discussion	Action
Apologies	Alison Moan	
Matters Arising	**Sterile cockpit trial (Mr McKay)** Has not commenced to be deferred. Mr McKay is in agreement to pilot in his theatre. **Theatre cap challenge** Defer to next meeting	Pamela to action Pamela to action
ATICS Business	**Staffing** Currently ATICS is only able to cover 34.5 sessions per week in CAH (funded for 39 sessions) due to nursing vacancy, reduction in sessions due to theatre vacancies will be between May – July 19 initially Helena gave a summary of the reduced sessions on the CAH site and DHH remain at 30% reduction Trust wide there is a nursing gap of -49.3 wte at the end of March 19, made up of vacancy and maternity leaves. Helena advised that theatre continues with the reliance on agency staff, however, for May and June 19 they have been let down at the last minute by agency staff advising they cannot now work which has led to further pressures. Helena advised that it is foreseen to get worse particularly in theatres 1-4 due to up and coming retirements Mr McKay stated that routine patients on the CAH won't be scheduled for a number of years. Ronan advised that GPs are sent the waiting times on a monthly basis. Mr Young asked what the DoH thought about the theatre nursing pressures. Ronan stated that they are aware and regionally the other Trusts have the same pressures. Helena is to continue to keep everyone informed of nursing pressures.	

	Financial Position M11 approx £4m over spent; M12 is not available to date **Theatres / site specific issues** **DSU** – Sr Gildernew advised that getting a doctor out of hours is difficult for patients that take unwell after 5:30pm in CAH Day surgery. Mr McKay to raise with the surgical registrars to be aware if bleeped by DSU	Mr McKay
Theatre Utilisation	Ronan gave a summary of the Internal audit report which was received last week, along with agreed recommendations. The audit used theatre data for the month of October 2018: • Theatre utilisation was a mean of 84% • 10% later start / early finishes • Emergency theatre utilisation CAH mean 26% (DHH 22%, CAH 30% utilisation) – however, does not include calls to resus etc • In Oct 2018 there were 55 operations were cancelled on the morning of surgery Ronan advised a task finish group will be organised to work through the recommendations	Ronan to share audit report
Capital list	Helena advised that there is a live capital wish list which sits within ATICS (Emma Jane holds the master spreadsheet) Ronan has written to Esther as there is £2.8m of equipment of which 25 new and 70 replacements of the wish list. Sr Stothers advised that Wolff has discontinued sheaths, so now need to buy new handles. Ronan agreed to trial Cost is the same	Trial agreed
Adult tonsillectomy in STH Day Surgery Unit - Update	Helena has discussed with Martina and money for the sets would have to come out of ENT budget ENT to provide further update.	Martina to check if money is available within ENT budget Helena has discussed with Martina a meeting to be arranged between HM, RG, DS and MC
G&S Requests	**KD Surgical - Rotatable Loop Net Retrieval Device (endoscopy consumable) – Marti (rediscussed)** Can't progress, still trying to get equipment on the framework **ENT laser on trial last year** Defer to next meeting no ENT rep	Keep on the agenda Defer

	Duel lumen catheter (M Tyson) Mr Young gave a summary of the dual lumen catheter. Under £3k	Agreed under £3k
	Balloon dilator for supine PCNL – approved for 2 only (M Tyson) Mr Young gave a summary, replacement. £43.05 more expensive than current	Agreed
	Trialled the Storz MIP for PCNL and would like to purchase Mr Young gave an update on the Storz trial. It is a scope which is being requested to be purchased. Each kit is approx £10k, however need to purchase 3 kits. Therefore, it needs to go onto the capital list	To go onto the capital list – Emma Jane to action
	Mydriasert pellet for cataract surgery 1 stop dilation device for cataract surgery, saves on time and preparation for the patient. Cost pressure of £1.67 per patient x max of 70pts per week. Request for trial. Approx cost pressure of £5-6k.	Trial for 3-months then back onto THUGS
	Haemocer and perclot to be compared to the proposed surgical powder (ENT) Cost pressure Perclot £550 per box and Haemocer £375 per box. To defer until ENT rep present	Defer for clarification
Service Developments	None	
AOB		
Date of next meeting	Thursday 6th June 2019. Meeting Room , Admin Floor.	

ATICs Business Meeting

Meeting Friday, 19th April 2019 @ 8:15am
Craigavon Hospital / Daisy Hill Hospital

Notes of meeting

Present:

Ronan Carroll (Chair)	Wendy Clayton	Helena Murray
Marti McKenna	Dr Scullion	Emma-Jane Kearney
Dr D Kumar	Dr N Rurtherford Jones	Marti McKenna

Agenda	Discussion	Action
Apologies	None received	
Minutes of Last Meeting / Matters Arising	Agreed as true record	
Performance as at end of March 2019	Wendy gave the following performance update: **Outpatients** • Urgent = 27wks • routine = 42wks (919pts on PTL) **Daycases** • Urgent = 24wks (16pts) • routine = 166pts (467pts) **Trajectory** – attached end of March 19 • IPDC +1% • OPD -5% **Trajectory** for 19/20 have been submitted and comments back. Additionality end of March and April 19	
ATIC finance summary	M11 (Feb 19) Medical staff 17/18 V 18/19 • £760k nursing and • £393K medical over from previous year • G&S up £1.5m from previous year Helena is meeting Anna Carroll, finance this morning 19/4/19	
Service Developments	**Ophthalmology** Proceeding with an implementation plan going up to 10 ophthalmology. 5 rooms by the end of May 19 for pre-op, rooms not finished and need nursing. No clarity on the funding for the anaesthetist	

	HDU Dr Scullion present to MD on the 8/5/19 re interim and long term plan for DHH HDU. Long term is to recruit more intensivists. Dr Scullion is discussing plan with Dr C Clarke. The plan is that the intensivists will have to work on both sites. When setting up a new service must stand up to all standards	Dr Scullion to give presentation to Dr O'Kane, MD
Staffing / Recruitment	**Theatre Nursing** Pamela, Theatre Sister has been able to retain nursing staff following Ronan met with Helena and Emma-Jane re staffing situation, there are 43.97 wte vacant. ATIC nursing is current over relying on agency and ODP's, which unfortunately has led to a number of agency deciding not to complete their contract leaving the department short which has led to risk of theatre sessions happening. After the summer Helena stated that there is a risk to not having enough skilled staff in theatres to cover all sessions. Big risk to acute theatre sessions Medical Workforce DHH speciality doctor is not teaching Jill Cochrane is leaving July 2019. Damian is meeting a possible new anaesthetist over the next few weeks **Job Planning** Only a few job plans are left to do, challenging to complete but working through Diary exercise is complete. Dr Scullion thanked Neville for all the work in relation to the diary exercise.	Ronan requested a paper if we need to close a theatre to outline the proposal, risk, consequence
Maternity Theatre	Ronan stated maternity theatre is the right thing to do however with current nursing pressures ATICs	Barry Conway arranging a meeting

	is not in a position to fully implement. There is a proposal for partial transfer, Barry Conway is arranging a meeting	
Anaesthetic Clinical Services Accreditation	Not forgotten about and not an easy solution	
AOB	**Audit theatre utilisation feedback** Ronan has received the draft audit report No big surprises, at highest level: • theatre utilisation is good – 84% utilisation • Delay in theatre surgical rota and challenges that posed to pre-op. • Cancellations on the day – change in clinical decision making, surgical issue as patients were on the list for significant time • Use of the emergency theatre was a low utilisation %, but this is only looking at operating time only • Theatre utilisation and the forum to discuss utilisation, due to significant number of late starts and early finishes • Policies and process – some were out of date and need to refreshed. **ERCP** Issue with a GA patient for an ERCP. It was originally tried to be booked through the emergency list. Eventually the patient was managed without GA. Pamela Johnston is re-freshing a SOP for ECRP patients	Pamela Johnston to update theatre ERCP SOP
Date of Next Meeting	Friday, 17th May 2019 08:15am	

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 13 June 2016 09:53
To: Carroll, Ronan
Subject: FW: OPD Project

Ronan

Update as requested

Martina

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

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: Rocks, Cathy
Sent: 13 June 2016 09:29
To: Corrigan, Martina
Cc: Moorcroft, Caroline
Subject: RE: OPD Project

Hi Martina

We are negotiating a few dates for Sinead Hughes (PPI) to come to the outpatient department and opportunistically (informally) either interview patients or give out some of the 20 feedback forms (which we together are devising). In terms of staff feedback, we have already formulated a basic template that needs a few adjustments as we do not want to duplicate current work being done by Helen Forde's team.

In relation to the patient information leaflet, we are keeping content and just changing format a little. We hope that these could be sent to patients with apt letter but there may be an issue with this as current apt letters are processed and enveloped through a machine. I hope to arrange an apt with Katherine Robinson to see if this would be feasible??

Regards,

Cathy

From: Corrigan, Martina
Sent: 13 June 2016 07:15
To: Rocks, Cathy
Cc: Moorcroft, Caroline
Subject: FW: OPD Project

Good morning

Any update for Ronan please?

Thanks

Martina

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

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: Carroll, Ronan
Sent: 12 June 2016 21:24
To: Corrigan, Martina
Subject: FW: OPD Project

Where are we with this?

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
[redacted]

From: Corrigan, Martina
Sent: 23 May 2016 15:40
To: Carroll, Ronan
Subject: FW: OPD Project

Ronan

Any comments?

Thanks

Martina

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

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: Rocks, Cathy
Sent: 23 May 2016 13:09
To: Corrigan, Martina
Cc: Moorcroft, Caroline
Subject: FW: OPD Project

Hi Martina

Update on progress as per below regarding PPI, patient and service user satisfaction questionnaire and our updated OPD info leaflet. We will need this draft copy checked and permission granted.

Regards

Cathy

From: Hughes, Sinead
Sent: 23 May 2016 13:01
To: Rocks, Cathy
Cc: Wells, Charlotte-Anne
Subject: RE: OPD Project

Hi folks, this is great. I hope you don't mind I added in some very minor info on the smoking cessation services and a photo of the kiosk.

Sinead

Sinéad Hughes
Service User Involvement Development Officer
St Luke's Hospital
71 Loughgall Road
ARMAGH
BT61 7 NQ
Tel: [redacted]

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smoke free **The Trust is** **from 9th March 2016!**

From: Rocks, Cathy
Sent: 23 May 2016 12:17
To: Hughes, Sinead
Cc: Wells, Charlotte-Anne
Subject: RE: OPD Project

Hi Sinead

Thanks for this – I will go through it now!! I just wanted to send you a draft of our Welcome to OPD leaflet which we would have loved to send it out with apt letters, (Charlottes brainwave) but this may not be possible- I am sourcing this!!

Leaflet needs checked and permission for use granted therefore still in draft format.

Regards

Cathy

Out-Patients Manager
Craigavon Area Hospital
Ext [redacted]
Mob [redacted]
Email: [redacted]
'You can follow us on Facebook and Twitter'

From: Hughes, Sinead
Sent: 23 May 2016 12:11
To: Rocks, Cathy
Cc: Wells, Charlotte-Anne
Subject: RE: OPD Project

Hi girls, extreme apologies I haven't run away! I have been really busy the last couple of weeks so only getting to you now. I have attached a very draft feedback form for your comments. Also, below some other questions for you to think about – not sure if you want to add these or not. I might try an call with you to discuss if I'm about the hospital this week. More than happy to discuss over the phone if need be.

- *were you given a choice of appointment times?*
- *before your appointment, did you know what would happen to you during the appointment?*
- *how long after the started appointment time did the appointment start?*
- *did your appointment help you to feel that you could better manage your condition?*
- *overall, how would you rate the care you received at the Outpatient Department*

Sinead

Sinéad Hughes
Service User Involvement Development Officer
St Luke's Hospital
71 Loughgall Road
ARMAGH
BT61 7 NQ
Tel: [redacted]

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The Trust is from 9th March 2016!

From: Rocks, Cathy
Sent: 04 May 2016 15:22
To: Hughes, Sinead
Cc: Wells, Charlotte-Anne
Subject: RE: OPD Project

Hi Sinead

That's great, thank you!

Cathy

From: Hughes, Sinead
Sent: 04 May 2016 14:59
To: Wells, Charlotte-Anne; Rocks, Cathy
Subject: RE: OPD Project

Grand, see you at 4pm.

Sinéad Hughes
Service User Involvement Development Officer
St Luke's Hospital
71 Loughgall Road
ARMAGH
BT61 7 NQ
Tel: [redacted]

Personal and Public Involvement (PPI) **Involving you, improving care**

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The Trust is from 9th March 2016!

From: Wells, Charlotte-Anne
Sent: 04 May 2016 14:53

To: Hughes, Sinead; Rocks, Cathy
Subject: RE: OPD Project

Let's go for 4 and then you can go on home Sinead ☺ - it shouldn't take us long

C

Charlotte-Anne Wells
Improvement Lead
Acute Services
Southern Trust
Tel: [redacted] Ext [redacted]
Mob [redacted]
Email: [redacted]

'You can follow us on Facebook and Twitter'

From: Hughes, Sinead
Sent: 04 May 2016 14:50
To: Rocks, Cathy
Cc: Wells, Charlotte-Anne
Subject: RE: OPD Project

Ladies, after 1pm suits best.
Sinead

Sinéad Hughes
Service User Involvement Development Officer
St Luke's Hospital
71 Loughgall Road
ARMAGH
BT61 7 NQ
Tel: [redacted]

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The Trust is from 9th March 2016!

From: Rocks, Cathy
Sent: 03 May 2016 17:14
To: Hughes, Sinead
Cc: Wells, Charlotte-Anne
Subject: RE: OPD Project

Hi Sinead

I can work around you and Charlotte.

Thanks

Cathy

From: Hughes, Sinead
Sent: 03 May 2016 16:53
To: Wells, Charlotte-Anne
Cc: Rocks, Cathy
Subject: RE: OPD Project

Great, what time would suit you on Friday Cathy?
Sinead

Sinéad Hughes
Service User Involvement Development Officer
St Luke's Hospital
71 Loughgall Road
ARMAGH
BT61 7 NQ
Tel: [redacted]

Personal and Public Involvement (PPI) **involving you, improving care**

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smoke free **The Trust is** **from 9th March 2016!**

From: Wells, Charlotte-Anne
Sent: 29 April 2016 17:09
To: Hughes, Sinead
Cc: Rocks, Cathy
Subject: RE: OPD Project

Perfect Sinead thanks. cathy is off wed so Friday may be better

C

Charlotte-Anne Wells

Improvement Lead
Acute Services
Southern Trust
Tel: [redacted] Ext [redacted]
Mob [redacted]
Email: [redacted]

'You can follow us on Facebook and Twitter'

From: Hughes, Sinead
Sent: 29 April 2016 16:35
To: Wells, Charlotte-Anne
Cc: Rocks, Cathy
Subject: RE: OPD Project

Hi folks, no problem. I am free next Friday if that suits. Might be about the hospital on Wednesday but not sure what time yet. Ill touch base with you both next week.
Sinead

From: Wells, Charlotte-Anne
Sent: 29 April 2016 16:07
To: Hughes, Sinead
Cc: Rocks, Cathy
Subject: OPD Project

Hi Sinead, I'm sitting here with Cathy Rocks and we are discussing both service user feedback and staff feedback on the OPD new way of working – any chance we could meet next week to get some advice support re: development of questionnaires for same?

Thanks

C

Charlotte-Anne Wells
Improvement Lead
Acute Services
Southern Trust
Tel: [redacted] Ext [redacted]
Mob [redacted]
Email: [redacted]

'You can follow us on Facebook and Twitter'

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 16 October 2016 14:33
To: Carroll, Ronan
Subject: RE: Discgarge lounge proforma 12 10 16

Ronan

I encourage 3 South to use and they will if they can. Few issues are that a lot of ENT/Urology are discharged straight from Recovery and secondly any patients waiting to ensure that there is no bleeds after removal of packs and any patients that we are waiting to 'pee' are not suitable, however I do know that patients waiting on ambulances/pharmacy have definitely been sent to DL in the past.

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Carroll, Ronan
Sent: 14 October 2016 08:26
To: Nelson, Amie; Corrigan, Martina; Kelly, Brigeen
Subject: FW: Discgarge lounge proforma 12 10 16
Importance: High

Please see DL utilisation – 1 pt from surgery – so you know the next question?
Please come back to me pls by COP as to why we can't utilise DL for surgical DC's – I appreciate this is just one days data

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
[redacted]

From: McVey, Anne
Sent: 13 October 2016 23:47
To: Burke, Mary; Carroll, Kay; Corr, Edel; Devlin, Louise; Donaldson, Ruth; McGoldrick, Kathleen; Loughan, Patricia; Lambe, John; Burns, Sandra; Smith, Paul
Cc: Carroll, Ronan; Trouton, Heather; Boyce, Tracey; Conway, Barry; Devlin, Louise
Subject: FW: Discgarge lounge proforma 12 10 16

Dear all, please see attached Discharge Lounge Activity for Wednesday 12th October 2016. Louise thanks for forwarding this information.
Please encourage staff to use the Discharge Lounge.

<< File: Discgarge lounge proforma 12 10 16.docx >>
Regards Anne

Anne McVey
Assistant Director of Acute Services
Medicine and Unscheduled Care Division
Tel: [redacted]
Mobile: [redacted]
Email: [redacted]

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 18 January 2017 16:13
To: Craig, Melanie; Carroll, Ronan
Cc: Conway, Barry
Subject: RE: Capital Requisitions Not Raised

I have just forwarded this again to Stephen as I have been talking with him every day since Friday .

I have advised if I don't hear back by COP that Ronan will be escalating to his Director

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Craig, Melanie
Sent: 18 January 2017 16:09
To: Corrigan, Martina; Carroll, Ronan
Cc: Conway, Barry
Subject: RE: Capital Requisitions Not Raised
Importance: High

Ronan/Martina,

Could you urgently confirm info listed below – we are dangerously close to cut off point and we would need this order raised by cop tomorrow to ensure the appropriate approval. Please also confirm this is on contract/nhs supply chain and we are absolutely sure that delivery will be by 17th March 17 deadline.

Kind Regards
Melanie

Financial Management Capital Accountant
Tel: [redacted]

From: Corrigan, Martina
Sent: 12 January 2017 15:53
To: Conway, Barry; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Barry

I have talked to Stephen Boyd in Belfast today and he has advised me that instead of buying lots of smaller pieces they are going to going to buy one large piece to that value that is needed now in Banbridge with is an OCT machine and this is around £100k. they are meeting as a team tomorrow to agree which model and Stephen has promised me that he will be in touch with me on Monday with the details and he can confirm that there will be no risk with

this not being delivered by the end of March. As this is only one piece rather than a number it will be able to be sorted a lot quicker.

On another note I am being chased by REPs advising me that they have not received order numbers for the following pieces of equipment

R974477 – NIM Nerve Monitor ordered on 14 December
R974298 – Greenlight laser ordered on 14 December
R976897 – ENT Microscope ordered on 16 December

Can you advise if there is a holdup on these.

Thanks

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Conway, Barry
Sent: 12 January 2017 14:29
To: Corrigan, Martina; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Thanks Martina.

Let them know if they don't confirm what is need and we cant order, then we wont be able to purchase the kit in time for the service changes from April.

Barry.

From: Corrigan, Martina
Sent: 12 January 2017 12:05
To: Conway, Barry; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

I will chase with Belfast now

regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Conway, Barry
Sent: 12 January 2017 11:01

To: Craig, Melanie; Corrigan, Martina
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Ronan / Martina – could you follow up urgently today? I know information was pending from Belfast but if we don't have the information and orders placed very soon we will have reallocate the funding. We cant have capital slippage by end of year.

Barry.

From: Craig, Melanie
Sent: 12 January 2017 10:47
To: Conway, Barry; Corrigan, Martina
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised
Importance: High

Hi Barry,

I think we need an urgent update from Martina re this today – it is almost a month and I don't even know what equipment is being requisitioned.

If not progressed by tomorrow – I think this needs brought to CMG/CAG for decision re allocation.

Kind Regards
Melanie

Financial Management Capital Accountant
Tel: [redacted]

From: Conway, Barry
Sent: 13 December 2016 12:04
To: Corrigan, Martina; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

That's great Martina.

If they are not getting you the information you need please let me know and I was follow up.

Barry.

From: Corrigan, Martina
Sent: 13 December 2016 11:34
To: Conway, Barry; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Yes Barry, that is the case. The Belfast Trust requested the money through Aldrina's office and then it was allocated to us and I need them to tell me what exactly I have to order as it is for BBPC.

I am meeting them tomorrow PM so I will stress the urgency again when I meet with them face to face.

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Conway, Barry
Sent: 13 December 2016 09:21
To: Corrigan, Martina; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Thanks Martina.

Just so that im clear, we have allocated the funding for the ophthalmology equipment and we are ordering it? you are just waiting on them to confirm details – is that right?

I would say they will need to have all confirmed and equipment ordered by end of this week or the money may be retracted.

Barry.

From: Corrigan, Martina
Sent: 13 December 2016 09:18
To: Conway, Barry; Craig, Melanie
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Barry,

I placed the order for the microscope last week and have spoken to the Representative who advised that once order number received delivery will be within 3 weeks.

The ophthalmology equipment is with Belfast and I will chase this today as I don't have the information as you will be aware they have asked for this equipment.

regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Conway, Barry
Sent: 06 December 2016 10:00
To: Craig, Melanie; Corrigan, Martina
Cc: Carroll, Ronan
Subject: RE: Capital Requisitions Not Raised

Martina / Ronan – could you progress today as the funding may be retracted by CAG?

Thanks, Barry.

From: Craig, Melanie
Sent: 06 December 2016 09:01
To: Corrigan, Martina
Cc: Carroll, Ronan; Conway, Barry
Subject: Capital Requisitions Not Raised
Importance: High

Hello Martina,

CAG have requested an update on the ENT Microscope and Ophthalmology equipment which were approved funding in October. These have not yet been requisitioned from capital.

Please phone me immediately to update – these are at risk of funding being retracted.

Regards
Melanie

Financial Management Capital Accountant
Tel: [redacted]

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 10 January 2018 17:04
To: Haynes, Mark; Carroll, Ronan
Subject: RE: Urology Registrar for tonight

Thanks

Martina

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

INTERNAL: EXT [redacted]
EXTERNAL : [redacted]
Mobile: [redacted]

From: Haynes, Mark
Sent: 10 January 2018 17:04
To: Corrigan, Martina; Carroll, Ronan
Subject: RE: Urology Registrar for tonight

yes

From: Corrigan, Martina
Sent: 10 January 2018 17:03
To: Carroll, Ronan; Haynes, Mark
Subject: Urology Registrar for tonight

Ronan and Mark,

We have been let down for the Urology Registrar shift tonight for CAH. (Locum Registrar is in Altnagelvin working). Lynden Christian has said he will cover at the higher rate [redacted], I have tried everyone else is it ok to book him at this rate?

Thanks

Martina

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

INTERNAL: EXT [redacted]
EXTERNAL [redacted]
Mobile: [redacted]

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 08 June 2018 18:07
To: Carroll, Ronan; Haynes, Mark
Subject: RE: Urology Waiting Lists

Yes I will look at next week

Regards

Martina

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

INTERNAL: EXT [redacted]
EXTERNAL : [redacted]
Mobile: [redacted]

From: Carroll, Ronan
Sent: 08 June 2018 18:06
To: Haynes, Mark; Corrigan, Martina
Subject: RE: Urology Waiting Lists
Importance: High

Martina
Can we look at this pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob [redacted]
Ext [redacted]

From: Haynes, Mark
Sent: 08 June 2018 17:52
To: Carroll, Ronan; Corrigan, Martina
Subject: Re: Urology Waiting Lists

Hi Ronan

The numbers of lists for June were;

Week 1 - 10
Week 2 - 10
Week 3 - 8 (2 lost due to audit)
Week 4 - 10

So effectively we have lost a list a week for June despite the changes. This was better than the original impact of the loss of extended day operating but is not 11 per week. Additionally 11 per week will not address our large backlog and is unlikely to even maintain status quo as lists were growing prior to any reduction in theatre time.

Mark

Sent from my BlackBerry 10 smartphone.

From: Carroll, Ronan
Sent: Friday, 8 June 2018 17:13
To: Corrigan, Martina; Haynes, Mark
Subject: FW: Urology Waiting Lists

Mark
The meeting you refer to as I understood it did enable urology to get its core 11 sessions – so somewhat surprised.
Martina? I certainly recall gynae losing a session and giving to urology
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob [redacted]
Ext [redacted]

From: Haynes, Mark
Sent: 08 June 2018 13:28
To: Gishkori, Esther
Cc: Young, Michael; O'Brien, Aidan; Glackin, Anthony; ODonoghue, JohnP; Carroll, Ronan; Corrigan, Martina; Khan, Ahmed; Reid, Trudy; Stinson, Emma M; Devlin, Shane
Subject: RE: Urology Waiting Lists

Dear Esther

Following on from below, a meeting took place. However, that meeting was to resolve the issues of the impact of the loss of extended day operating on the urology team such that the impact of this was spread across the surgical teams. The meeting did not result in Urology having its full number of weekly theatres (11 with backfill), nor was it intended to address any increase in urology operating to address the waiting list backlog.

In preparation for the meeting, waiting time information across different specialities were collated as below (as at 25/5/18);

Specialty	Urgent Inpatients	Weeks Waiting	Routine Inpatients	Weeks waiting	Urgent Daycases	Weeks waiting	Routine Daycases	Weeks waitin
Urology	596	208	237	225	378	173	541	212
ENT	29	1x38 19	142	64	64	23	923	80
General Surgery	113	147	75	139	437	131	901	121
Breast	16	1 x 41 27	15	82	10	1 x 19 4	9	38
Orthopaedics	200	1 x 160 85	1155	171	130	1 x 101 80	805	128
Gynae	28	11	168	50	26	1 x 26 6	106	44

As such, consideration needs to be given as to how the clinical risk associated with such significant waiting time disparities across specialities should be managed. As highlighted in my previous e-mail, amongst the urology cases are patients where there is well documented increased risk associated with longer waiting times. Unfortunately given the current constraints of available theatre time and inpatient beds along with nursing staffing pressures, I cannot see a solution that doesn't impact on the waiting times of patients from other specialities. However, I do not believe we can justify accepting the current situation.

Could we look to meet at some point next week to discuss this, perhaps we could use our 1:1 meeting next Tuesday with Ronan, Martina and Barry joining us?

From a urology team perspective, I think it would also be helpful to meet the full consultant team. We are all available on Thursday 14th June at 12:30 and would be happy to meet then if that suits?

Thanks

Mark

From: Gishkori, Esther
Sent: 22 May 2018 18:05
To: Haynes, Mark
Cc: Young, Michael; O'Brien, Aidan; Glackin, Anthony; ODonoghue, JohnP; Carroll, Ronan; Corrigan, Martina; Khan, Ahmed; Reid, Trudy; Stinson, Emma M
Subject: RE: Urology Waiting Lists

Dear Mark,
Thank you for sharing this.
Prima Fascia, it looks like the death of this gentleman could have been avoided.
Ronan,
For this reason, please begin the SAI process in the first instance. Once screened, we can grade appropriately.
Also though, Mark reports here that the longer urology patients have to wait, the higher the incidence of an adverse incidence occurring.
I know that regionally urology is an issue but during our conversation with Mark today, he told us we had the longest waiters. I need to understand fully why this is but also if we have it within our gift to improve the situation within the Trust without making any other service unsafe or unstable.
I would also be grateful if you would, in the first instance, set up a meeting with Mark, you, me, Martina and Barry so that initial steps to reduce this waiting list can be discussed and actioned.
Shane,
For your information only at this point. I will keep you informed as we go but am happy to discuss at any point.
Dr Khan,
You are welcome to join us any time although the first few steps in this are probably operational. I will of course copy you into all correspondence.

Many thanks
Best,
Esther.

From: Haynes, Mark
Sent: 22 May 2018 13:31
To: Gishkori, Esther
Cc: Young, Michael; O'Brien, Aidan; Glackin, Anthony; ODonoghue, JohnP; Carroll, Ronan; Corrigan, Martina; Khan, Ahmed
Subject: Urology Waiting Lists
Importance: High

Dear Esther

I write to express serious patient safety concerns of the urology department regarding the current status of our Inpatient theatre waiting lists and the significant risk that is posed to these patients.

As you are aware over the past 6 months inpatient elective activity has been downturned by 30% as part of the winter planning. This has meant that for our speciality demand has outstripped our capacity for all categories of surgery. In reality this has meant that Red Flag cases have been accommodated, with growing times from referral to treatment and increasing numbers of escalations / breaches. However, only limited numbers of clinically urgent non cancer cases have been undertaken with waiting times for these patients increasing significantly. These clinically urgent cases have also been subject to cancellation on occasion due to bed pressures. Routine surgery has effectively ceased. As you are aware there are staffing difficulties in theatres which renders it likely that there will be ongoing reduction in elective capacity. This is likely to disproportionate impact on Urology as we have, as a speciality, three 4 hour theatre sessions which take place as part of extended days and it is these sessions that will not be running.

The clinically urgent cases are at a significant risk as a result of this. Included in this group are patients with urinary stone disease and indwelling urethral catheters. The progressive waiting times for these patients are putting them at risk of serious sepsis both while waiting for surgery and at the time of their eventual surgery. In addition for the stone disease patients, their surgery can be rendered more complicated by development of further stones and / or encrustation of ureteric stents. The clinically urgent category also includes patients who are at risk of loss of kidney function as a result of their underlying urological condition (eg benign PUJ obstruction). Many of these patients are recurrently attending A&E and having unscheduled inpatient admissions with urinary sepsis while awaiting their inpatient surgery. Catheter related sepsis is a significant risk and all catheterised patients on our waiting lists are at risk of this, the recognised mortality risk for Catheter associated sepsis is 10%. Patients with stone disease and other benign urological conditions which affect upper urinary tract normal functioning are at risk of losing kidney function and consequently renal failure. The current duration of our waiting lists means significant numbers of patients are at risk of loss of renal function and consequently these patients are at a risk of requiring future renal replacement therapy. Duration of ureteric stenting in stone patients is associated with progressively increasing risk of urosepsis, and it's associated risk of death, as a post-operative complication. This risk has been quantified as 1% after 1 month, 4.9% after 2 months, 5.5% after 3 months and 9.2% after greater than 3 months. Currently our waiting lists have significant numbers of patient who have had stents in for in excess of 3 months and therefore our risk of post-operative sepsis is significant and is continuing to grow.

Tragically, a 70 year old male patient died this weekend following an elective ureteroscopy. He had a stent inserted in early March as part of his management of ureteric stones and was planned for an urgent repeat ureteroscopy. This took place 10 weeks after initial stent placement. He subsequently developed sepsis and died on ICU 2 days after the procedure. While this may have happened if his surgery took place within 1 month of insertion of the stent, and there will be other factors involved (co-morbidities etc), his risk of urosepsis was increased 5 fold by his waiting time for the procedure.

Unless immediate action is taken by the trust to improve the waiting times for urological surgery we are concerned that another potentially avoidable death may occur.

The private sector does not have a role to play in the management of this problem (previous experience) and the trust needs to therefore find a solution from within. We are aware that while our waiting times are far longer than is clinically appropriate or safe, other specialities have far shorter waiting times with waits for routine surgery being far shorter that our clinically urgent waiting times. Given the risk attached to these patients and the disproportionately short waiting times in other specialities one immediate solution is to have specialities with shorter waiting times 'give up' theatre lists to be used by the urology team until such a point as these waiting times come back to a reasonable length (less than 1 month for all clinically urgent cases).

Looking at our current waiting list there are currently approximately 550 patients in the clinically urgent category, waiting up to 208 weeks at present. In order to treat these patients we would require a minimum of 200 half day theatre lists. We would suggest the target should be 4 additional lists per week in order to treat this substantial volume of patients and this would therefore need to run for at least a year in order to bring the backlog down to an acceptable level (waiting time less than 1 month). It may require a longer period / more sessions as patients continue to be added to the waiting lists and demand outstrips our normal capacity. This requirement is on top of

our full complement of weekly inpatient theatre sessions (11). With regards staffing of these lists we currently have 2 locum consultants providing sessions in the department and these individuals could be used in order to deliver the surgery or back fill other activity so the 5 permanent consultants can undertake the additional lists. In addition the department need a longer term increase in available inpatient operating in order to match demand. Clearly the above would not tackle the routine waiting list.

Once again, we would stress that without immediate action to start treating these patients there will be a further adverse patient outcome / death from sepsis which would potentially not have occurred if surgery had happened within acceptable timescale.

I am happy to meet to discuss timescales to implement the changes required.

Yours Sincerely

Mark Haynes

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 20 December 2018 11:52
To: Kelly, Brigeen; Carroll, Ronan
Cc: Hamilton, LindaM
Subject: RE: Thorndale

Thanks Brigeen, this is reassuring

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

From: Kelly, Brigeen
Sent: 20 December 2018 11:34
To: Carroll, Ronan; Corrigan, Martina
Cc: Hamilton, LindaM
Subject: Thorndale

Hi all

Thorndale visit completed this am -all under control . Outstanding is a department risk register - it has been done but in a different format . I have sent the format to them today for completion

Kind Regards

Brigeen Kelly

Southern Health and Social Care Trust

Head of Trauma & Orthopaedics| Directorate of Acute Services
Craigavon Area Hospital | 68 Lurgan Road | Portadown BT63 5QQ

Changed My Number

Tel: [redacted]
Internal extension [redacted]
Mobile: [redacted]
Email: [redacted]

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 22 March 2019 16:17
To: Carroll, Ronan
Subject: service improvement post

Ronan

Post closed and 4 applicants (Kate O'Neill, Caroline Beattie, Seline McKenna, Genevieve Braga)

Can't get Mark (may have been able to do it if only one or two applicants) so looking for third HOS to sit on panel with me.

Interestingly I was talking to SET yesterday and they have advised me that they had went back to the HSCB and pulled the job (apparently so have the other Trusts) because they said that in light of current pressures they felt that with it only being for a year that it would not make an impact.

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 09 September 2019 11:43
To: Carroll, Ronan
Subject: RE: TRUS ultrasound

Brilliant

Thanks

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

From: Carroll, Ronan
Sent: 09 September 2019 10:36
To: Corrigan, Martina
Subject: FW: TRUS ultrasound

Extra money approved

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery/Elective Care
Mob [redacted]

From: Toal, Vivienne
Sent: 06 September 2019 21:50
To: McConville, Janet; Magwood, Aldrina; O'Neill, Helen
Cc: Gilmore, Sandra; PADirectorofP&RSHSCT; Mallagh-Cassells, Heather; Carroll, Ronan
Subject: Re: TRUS ultrasound

Content, Janet.
V

Sent from my Samsung Galaxy smartphone.

-------- Original message --------
From: "McConville, Janet" [redacted]
Date: 06/09/2019 17:01 (GMT+00:00)

To: "Magwood, Aldrina" [redacted], "O'Neill, Helen" [redacted] "Toal, Vivienne" [redacted]
Cc: "Gilmore, Sandra" [redacted], PADirectorofP&RSHSCT [redacted], "Mallagh-Cassells, Heather" [redacted] "Carroll, Ronan" [redacted]
Subject: FW: TRUS ultrasound

Aldrina/Helen/Vivienne

As per below email can we approve an additional £4K capital for the Transreneal biopsy machine we initially allocated £110K, additional required to reflect current cost due to upgrade in machine spec.

Thanks
Janet

From: Carroll, Ronan
Sent: 06 September 2019 16:49
To: McConville, Janet
Cc: Corrigan, Martina
Subject: FW: TRUS ultrasound
Importance: High

Janet can we have another £4k please
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
[redacted]
Ext [redacted]

From: Corrigan, Martina
Sent: 06 September 2019 16:45
To: Carroll, Ronan
Subject: FW: TRUS ultrasound
Importance: High

Came from the June CAG meeting

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

From: Carroll, Ronan
Sent: 06 September 2019 15:36
To: Corrigan, Martina
Cc: Haynes, Mark

Subject: RE: TRUS ultrasound
Importance: High

Can you remind me where has the monies comes from...e who do you need to go back to to ask for £4k

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
[redacted]
Ext [redacted]

From: Corrigan, Martina
Sent: 06 September 2019 15:22
To: Carroll, Ronan
Cc: Haynes, Mark
Subject: FW: TRUS ultrasound

Ronan

Please see attached, this is the quote for the Transreneal biopsy machine. this is £4,032 more than what was allocated for us to spend (£110K). The reason being that we had got the original price a few years ago and the machine has just recently been upgraded since this was given.

Mark is happy with the detail of the quote and I have everything in place to get this ordered but I would need permission to submit with the additional £4k needed.

Thanks

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

From: John Broderick [redacted]
Sent: 06 September 2019 10:22
To: Corrigan, Martina
Subject: RE: TRUS ultrasound

Martina
Please see enclosed quotation
This set up give Prostate Fusion of MRI and live Trans rectal Ultrasound image fusion .
The set up allows for needle guidance via a biopsy guide for Trans-rectal biopsy or free hand Trans Perineum biopsy without a needle guide .

If you have any queries, please do not hesitate to contact me

John A. Broderick, IEng., MIIE
Manager,
Imaging & Diagnostics Division
M.E.D Surgical
UNIT 3, NORTHERN CROSS BUSINESS PARK,
FINGLAS, DUBLIN 11,
D11 WY11

Ireland
WWW.MEDSURGICAL.IE

EMAIL [redacted]
MOBILE [redacted]

From: John Broderick
Sent: Friday 6 September 2019 07:24
To: Martina Corrigan <[redacted]>
Subject: TRUS ultrasound

Martina
I have info back from BK and will send on new quote midday today.
Regards

John A. Broderick,
Manager,
Imaging & Diagnostics Division

M.E.D Surgical.
Unit 3,
Northern Cross Business Park,
Finglas, Dublin 11,
D11 WY11.
Ireland

Mobile [redacted]
Office [redacted]
Fax [redacted]
Email [redacted]

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 20 February 2020 16:24
To: Carroll, Ronan
Subject: update regarding Fermanagh urology patients

Ronan

I met this morning with Karen Phelan, Service Urology Manager Western Trust, Brian McAleer Western HSCB and David McCormick.

The purpose of the meeting was to discuss the way forward for Fermanagh Patients and what should be done with those patients already on our waiting lists. I had run a PTL and currently there are 508 New OP with Fermanagh address on our waiting lists (31 red flags longest wait is 14 weeks (98 days), 104 urgent (longest wait 67 weeks and 373 routine longest wait (208 weeks) we agreed this morning that whilst this was originally to commence from 1 April 2020 that it would be better to move all red flags and urgents after Karen has met with her Team next Thursday and that Karen would get her team to start seeing these with immediate effect. Then from 1 April the routine patients would move to WT waiting lists.

Brian is doing a letter to all GP's to advise them that from immediate affect that they should start to refer the Fermanagh patients to WT so once we get this letter I will advise the booking centre so that if any of these referrals are sent to us that they should be redirected.

There are 192 in's and day's on our waiting lists but it was agreed that it was best that they stay with us (our consultants as does the WT consultants prefer this as they are known to us and also WT waiting times whilst 30 weeks for outpatients is 5 years for in's and days so this would be of no advantage to the patients).

I have agreed that Aidan and Michael would still go to SWAH for their clinics in March and then this would cease.

I still have to discuss with the Urology Team/performance etc which I will do next week but wanted to update you before you went off.

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

Carroll, Ronan

From: Corrigan, Martina [redacted]
Sent: 29 September 2019 06:25
To: Haynes, Mark; Carroll, Ronan; McClements, Melanie
Subject: FW: [redacted] Complaint

Good morning

FYI

Martina

From: Corrigan, Martina
Sent: 29 September 2019 05:02
To: O'Brien, Aidan
Subject: RE: [redacted] Complaint

Thanks Aidan,

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

From: O'Brien, Aidan
Sent: 28 September 2019 23:18
To: Corrigan, Martina
Subject: RE: [redacted] Complaint

Martina,

I had thought that this investigation had expired!

I will address this as soon as is possible and will furnish a report during October 2019.

Aidan.

From: Corrigan, Martina
Sent: 28 September 2019 06:26
To: O'Brien, Aidan
Cc: Haynes, Mark; Carroll, Ronan; McClements, Melanie
Subject: FW: [redacted] Complaint
Importance: High

Dear Aidan

I have been asked to bring this to your attention again and to advise that if there is no response from you then I have to escalate this to the Medical Director

Regards

Martina

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

Telephone:
EXT [redacted] (Internal)
[redacted] (External)
(Mobile)

From: McCaul, Collette [redacted]
Sent: 07 June 2019 15:59
To: Corrigan, Martina
Cc: Carroll, Ronan
Subject: FW: [redacted] Complaint
Importance: High

Martina/Ronan

Following on from Davids tenure. Please I chase this up with you it was supposed to be sorted in January in respect of getting Mr Obrien to review the notes and the offer of a meeting to the family. This is still not done. Can you please help me get this moving if possible

Many thanks

Kind Regards

Collette McCaul

Southern Health and Social Care Trust

Senior Governance Officer | Acute Services Clinical and Social Care Governance Team |
The Maples | Craigavon Area Hospital | 68 Lurgan Road | Portadown BT63 5QQ |
Tel: [redacted] | Email: [redacted]

From: Cardwell, David [redacted]
Sent: 17 January 2019 14:17
To: Carroll, Ronan; Corrigan, Martina
Cc: Gurbanova, Esmira
Subject: [redacted] Complaint
Importance: High

Dear Ronan and Martina, I would appreciate your assistance in moving this complaint forward.

At this time we are waiting on Mr O'Brien reviewing the notes again before we arrange the meeting with the family.

This complaint has been ongoing now for over 4 years and we need to make all necessary efforts to expedite its closure as soon as possible.

If we are unable to meet the family I believe it would be better to write to them and explain the reason why rather than keeping them lingering. If the matter progresses to the Ombudsman I can image any report produced would not make good reading.

Thanking you in anticipation of your response.

Kind Regards

David Cardwell

Southern Health
and Social Care Trust

Senior Governance Officer | Acute Services Clinical and Social Care Governance Team |
The Maples | Craigavon Area Hospital | 68 Lurgan Road | Portadown BT63 5QQ |
Tel: [redacted] | Email: [redacted]

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 17:10
To: Carroll, Ronan
Subject: FW: Urology - missing triage
Attachments: Urology - AOB missing triage.xlsx

From: Corrigan, Martina [redacted]
Sent: 22 December 2016 14:19
To: Carroll, Ronan [redacted]
Subject: FW: Urology - missing triage

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: [redacted]
Mobile : [redacted]

From: Robinson, Katherine
Sent: 22 December 2016 11:55
To: Corrigan, Martina
Subject: FW: Urology - missing triage

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

t: [redacted]
e: [redacted]

From: Rankin, Christine
Sent: 15 December 2016 15:37
To: Connolly, Connie
Cc: Robinson, Katherine
Subject: Urology - missing triage

Connie

As discussed please find attached spreadsheet containing 318 records which never came back from triage.

Copies of the letters for those highlighted in yellow have since been looked at by Mr Brown and he has agreed the conditions are something he can see as opposed to whether or not the referral should be urgent or routine. We are currently booking these to Mr Brown's clinics.

There are a few that say "letter in folder" but this comment relates to a copy of the referral and not the triaged one returned.

Hope this is of assistance to you.

C

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

t: [redacted]
e: [redacted]