Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:56
To: Carroll, Ronan
Subject: FW: Urology MDM

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

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 28 January 2015 15:12
To: Clayton, Wendy [redacted]; Reddick, Fiona [redacted]
Cc: Graham, Vicki [redacted]
Subject: RE: Urology MDM

Tks – cannot afford for urology to slip back -0 so we all much keep focused

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Clayton, Wendy
Sent: 28 January 2015 14:58
To: Carroll, Ronan; Reddick, Fiona
Cc: Graham, Vicki
Subject: Urology MDM

Hi

I have met with Vicki re urology escalations.

We are going to continue emailing the urology PTL's – twice weekly highlighting action required and risks.
Vicki is going to attend the beginning of the Urology MDM to ensure the Trackers are highlighting escalations / pts requiring dates for surgery.

Outstanding issues:
AOB issues with triage, however, Debbie has given Martina to the end of today to resolve – longest waiter 23 days.
DHH haematuria capacity/demand (I will forward separate email)

Vicki or I will continue to escalate individual risks to consultants/Martina. We will copy you in.

Regards

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:42
To: Carroll, Ronan
Subject: FW: Missing Urology referrals

Importance: High

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 30 January 2015 14:16
To: Reddick, Fiona [redacted]; Clayton, Wendy [redacted]; Corrigan, Martina [redacted]; Glenny, Sharon [redacted]
Cc: Graham, Vicki [redacted]
Subject: RE: Missing Urology referrals
Importance: High

Tks Fiona
Meeting needs to take place and resolution found as we towards peer review Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Reddick, Fiona
Sent: 30 January 2015 13:41
To: Carroll, Ronan; Clayton, Wendy; Corrigan, Martina; Glenny, Sharon
Cc: Graham, Vicki
Subject: RE: Missing Urology referrals

Dear all,

I have just been speaking with Mr O'Brien to get an update on where these referrals are and the urgency of having them triaged. (He is on his way to regional NICaN Urology meeting in Belfast)

He has assured me that he is triaging them and has worked through each of them to signpost each individual patient to the most appropriate investigation rather than bringing them up to an outpatient appointment first without necessary tests being done. I have emphasised that we need to know that information so that it can be recorded on CAPPs as at this moment in time we have nothing against those patients.

I have asked that he send me an email over the weekend with an outcome for each of the below listed patients so that this can be formally recorded against the patient pathway.

Martina, are you free anytime Monday/Tuesday to meet to discuss the triaging process.

Regards

Fiona

Fiona Reddick
Head of Cancer Services
Southern Health and Social Care Trust
Macmillan Building

Tel: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 30 January 2015 13:08
To: Clayton, Wendy; Corrigan, Martina; Glenny, Sharon; Reddick, Fiona
Cc: Graham, Vicki
Subject: RE: Missing Urology referrals
Importance: High

Martina
Can I ask that you please go to Mrs O Brien and ask for these outstanding referrals today - another day cannot go by – we have lost 10days Is there an issue?
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: Clayton, Wendy
Sent: 30 January 2015 11:26
To: Corrigan, Martina; Glenny, Sharon; Reddick, Fiona; Carroll, Ronan
Cc: Graham, Vicki
Subject: FW: Missing Urology referrals

See below, outstanding urology referrals (from 19/20/21 Jan referrals)

Martina – can help?

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: Davies, Caroline L
Sent: 30 January 2015 11:14
To: Clayton, Wendy
Cc: Graham, Vicki
Subject: Missing Urology referrals

Hi Wendy just to let you know I got some referrals back from Mr O'Brien but the one's below are still outstanding.

Personal Information redacted by the USI

Personal Information redacted by the

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

20/01/2015

20/01/2015

GP

THORNDALE

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

20/01/2015

20/01/2015

GP

THORNDALE

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UROLOGY

prostate

20/01/2015

20/01/2015

GP

THORNDALE

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UROLOGY

HAEMATURIA

20/01/2015

20/01/2015

GP

THORNDALE

Personal Information redacted by the USI

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Personal Information redacted by the USI

UROLOGY

SCC OF PENIS

19/01/2015

20/01/2015

OC/GP

THORNDALE

Personal Information redacted by the

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

21/01/2015

21/01/2015

GP-VIA EMAIL FROM MARIE

GIVEN TO KATE THORNDALE UNIT

Personal Information redacted

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

PROSTATE

21/01/2015

21/01/2015

GP

GIVEN TO KATE THORNDALE UNIT

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

21/01/2015

21/01/2015

GP

GIVEN TO KATE THORNDALE UNIT

Personal Information redacted by the

Personal Information redacted by the

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

21/01/2015

21/01/2015

GP

GIVEN TO KATE THORNDALE UNIT

Personal Information redacted by the USI

Personal Information redacted by

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

21/01/2015

21/01/2015

GP

THORNDALE

Regards Caroline.

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:43
To: Carroll, Ronan
Subject: FW: red flag triage

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 02 February 2015 14:28
To: Corrigan, Martina [redacted]; Clayton, Wendy [redacted]
Cc: Reddick, Fiona [redacted]
Subject: RE: red flag triage

ok

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Corrigan, Martina
Sent: 02 February 2015 14:02
To: Carroll, Ronan; Clayton, Wendy
Cc: Reddick, Fiona
Subject: Re: red flag triage

For all 6 urologists please.

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [redacted]

From: Carroll, Ronan
Sent: Monday, February 02, 2015 01:58 PM
To: Clayton, Wendy; Corrigan, Martina
Cc: Reddick, Fiona
Subject: RE: red flag triage

Only for other urologists – yes?

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Clayton, Wendy
Sent: 02 February 2015 09:23
To: Corrigan, Martina

Cc: Reddick, Fiona; Carroll, Ronan
Subject: RE: red flag triage

I will check this out for you Martina and get back to you shortly.

Kind regards

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: Personal Information redacted by USI
Mob: Personal Information redacted by USI

From: Corrigan, Martina
Sent: 01 February 2015 15:31
To: Clayton, Wendy
Cc: Reddick, Fiona; Carroll, Ronan
Subject: red flag triage
Importance: High

Hi Wendy

I am conscious we have had an issue with Mr O'Brien and the delay in returning his triage. I am aware that he is the only consultant that there is a delay in getting the triage returned.

I have had numerous conversations with some of the Urology Team and we are going to raise this at our meeting next Thursday. In order to present the problem I have been asked to have some information available for the meeting, in that they want to find out what the turnaround time is for all the consultants. This is so that we can show Mr O'Brien that he is the only problem. Can you provide me with this information even from the beginning of November which is when we moved to Consultant of the Week.

I am on leave until Wednesday but I need this for Thursday but if you need to discuss I am happy to do this on Wednesday AM

Many thanks

Martina

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

Telephone: Personal Information redacted by USI
Mobile: Personal Information redacted by USI
Email: Personal Information redacted by USI

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:44
To: Carroll, Ronan
Subject: FW: outstanding Red Flag - urology referrals

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 15 April 2015 08:52
To: Corrigan, Martina [redacted]; Clayton, Wendy [redacted]; Graham, Vicki [redacted]
Subject: Re: outstanding Red Flag - urology referrals

Can we chase these up clock is ticking
Ronan Carroll
Asst Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Corrigan, Martina
Sent: Tuesday, April 14, 2015 05:51 PM
To: Clayton, Wendy; Carroll, Ronan; Graham, Vicki
Subject: FW: outstanding Red Flag - urology referrals

Just for information and I will chase with him tomorrow when he will be back in his office

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: Young, Michael
Sent: 14 April 2015 16:40
To: Corrigan, Martina
Subject: RE: outstanding Red Flag - urology referrals

Strange = as I am unaware of any red flag letter. I returned all to the designated tray. I note the date was Tuesday and mainly Wednesday. If the letter were not in the triage tray by 3pm I would not have done them

I will look in the office

MY

From: Corrigan, Martina
Sent: 13 April 2015 10:22
To: Young, Michael

Cc: Dignam, Paulette
Subject: outstanding Red Flag - urology referrals

Good morning Michael

I got this list through this morning of red flag referrals that had not been returned. I note that these were whilst you were oncall and I know you had said to me that you were up-to-date, do you recognise/know about these?

Thanks

Martina

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

Telephone: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Davies, Caroline L
Sent: 13 April 2015 09:50
To: Muldrew, Angela; Graham, Vicki
Subject: urology referrals

Hi Angela/Vicki, I just went round to the Thorndale Unit today at 9 and the following referrals are still not triaged and they are not in the Thorndale unit.

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Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

31/03/2015

Personal Information redacted by the USI

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UROLOGY

31/03/2015

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UROLOGY

31/03/2015

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UROLOGY

01/04/2015

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UROLOGY

01/04/2015

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UROLOGY

31/03/2015

Personal Information redacted by the USI

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UROLOGY

01/04/2015

Personal Information redacted by the USI

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Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

31/03/2015

Patient 41

Patient 41

Patient 41

Patient 41

UROLOGY

31/03/2015

Many thanks Caroline

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:57
To: Carroll, Ronan
Subject: FW: outstanding referrals

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Corrigan, Martina Personal Information redacted by the USI
Sent: 26 May 2015 10:11
To: Clayton, Wendy Personal Information redacted by the USI ; Glenny, Sharon Personal Information redacted by the USI
Cc: Reddick, Fiona Personal Information redacted by the USI Carroll, Ronan Personal Information redacted by the USI
Subject: FW: outstanding referrals

FYI and advice on missing two referrals please.

Thanks

Martina

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

Telephone: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: O'Brien, Aidan
Sent: 26 May 2015 09:45
To: Corrigan, Martina
Cc: Graham, Vicki
Subject: RE: outstanding referrals

Martina,

I have triaged and returned all of the Red Flag referrals which I received.
There is a couple on the list below whom I do not remember:

. Personal Information redacted by the USI
. Personal Information redacted by the USI

If there are any which have not been triaged, I will do so this afternoon if you can provide me with copies,

Aidan.

From: Corrigan, Martina
Sent: 22 May 2015 08:47
To: O'Brien, Aidan
Subject: FW: outstanding referrals
Importance: High

Aidan

I know you had a very busy week oncall. Can you advise on the referrals below as otherwise we will have to appoint them to the next available slots?

Thanks

Martina

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

Telephone: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Graham, Vicki
Sent: 21 May 2015 17:02
To: Corrigan, Martina
Cc: Glenny, Sharon; Clayton, Wendy
Subject: FW: outstanding referrals
Importance: High

Martina,

Please see below outstanding Urology referrals.

Regards,

Vicki Graham
Cancer Services Co-ordinator
Mandeville Unit
Email – Personal Information redacted by the USI

From: Davies, Caroline L
Sent: 21 May 2015 16:53
To: Graham, Vicki
Subject: outstanding referrals

Hi Vicki see below table of referrals that have been awaiting triage for over 48hrs (as you can see one of them is already at d14):

Surname

Name

Hospital NO./HCN

Specialty

specific clinic if appropriate

Date Referral Received in Trust

Date Referral Received in Cancer Services

Referral received via RF Fax, CCG, RBC, 1 south, Gynae, Secretary

Referrer (GP or OC - if OC put name of referrer)

Date ORE'd

Initial of staff member who Ore'd referral

Date sent to triage

Date received back from triage

Comment

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

070515

070515

CCG

GP

080515

DD

080515

ESCALATED AS NOT BACK YET

Personal Information redacted by the

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

140515

140515

CCG

GP

140515

DD

140515

ESCALATED AS NOT BACK YET

Personal Information redacted by

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

140515

140515

CCG

GP

140515

DD

140515

ESCALATED AS NOT BACK YET

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

180515

180515

CCG

GP

180515

DD

180515

ESCALATED AS NOT BACK YET

Personal Information redacted by the

Personal Information redacted by the

Personal Information redacted by the USI

urology

140515

180515

GP FAX

GP

180515

DD

180515

ESCALATED AS NOT BACK YET

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

180515

180515

CCG

GP

180515

DD

180515

ESCALATED AS NOT BACK YET

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

180515

180515

CCG

GP

180515

DD

190515

ESCALATED AS NOT BACK YET

Personal Information redacted by the

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

180515

180515

OC REFERRAL

Personal Information redacted by the USI

190515

DD

190515

ESCALATED AS NOT BACK YET

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

urology

190515

190515

CCG

GP

190515

DD

190515

Regards Caroline

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:58
To: Carroll, Ronan
Subject: FW: UROLOGY LATE TRIAGE ESCALATION

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

-----Original Message-----
From: BAD_ab252e87bf9b52ed1983a6ba71ff6744@bogus.address <BAD_ab252e87bf9b52ed1983a6ba71ff6744@bogus.address>
Sent: 01 July 2015 12:22
To: Corrigan, Martina [redacted]; O'Brien, Aidan [redacted]
Cc: Carroll, Ronan [redacted] Reddick, Fiona [redacted]; Muldrew, Angela [redacted]
Subject: RE: UROLOGY LATE TRIAGE ESCALATION

Hi Martine/Mr O'Brien

From: Corrigan, Martina
Sent: 30 June 2015 10:54
To: O'Brien, Aidan
Cc: Davies, Caroline L; Carroll, Ronan; Reddick, Fiona; Muldrew, Angela
Subject: Re: UROLOGY LATE TRIAGE ESCALATION

Aidan

Can you please advise?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [redacted]

From: Muldrew, Angela
Sent: Tuesday, June 30, 2015 10:30 AM
To: Corrigan, Martina
Cc: Davies, Caroline L; Carroll, Ronan; Reddick, Fiona
Subject: FW: UROLOGY LATE TRIAGE ESCALATION

Martina

See below referrals that we are waiting coming back from triage. Would you be able to chase these up with Mr O'Brien?

Thanks

Angela Muldrew
RISOH Implementation Officer
Tel. No. [redacted] (Mon, Thurs & Fri)
[redacted] (Tue & Wed)

From: Davies, Caroline L
Sent: 30 June 2015 09:35
To: Muldrew, Angela
Subject: UROLOGY LATE TRIAGE ESCALATION

Hi Angela, the following referrals have still not come back from triage, I have just come back from the Thorndale Unit and there is nothing in my tray:

Surname

Name

Hosp. NO /HCN

Specialty

specific clinic if appropriate

Date Referral Received in Trust

MONTH

Date Referral Received in Cancer Services

Referral received via RF Fax, CCG, RBC, 1 south, Gynae, Secretary

Referrer (GP or OC - if OC put name of referrer)

Date ORE'd

Initial of staff member who Ore'd referral

Date sent to triage

Date received back from triage

Comment

[redacted]

[redacted]

[redacted]

UROLOGY

PROSTATE

24/06/2015

JUNE

24/06/2015

FAX

GP

24/06/2015

RM

24/06/2015

Personal Information redacted by the USI

Personal Information redacted by

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

25/06/2015

JUNE

25/06/2015

CCG

GP

25/06/2015

RM

25/06/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

RENAL

24/06/2015

JUNE

25/06/2015

FAX

GP

25/06/2015

RM

25/06/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEMATURIA

24/06/2015

JUNE

25/06/2015

FAX

GP

25/06/2015

RM

25/06/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

PROSTATE

25/06/2015

JUNE

25/06/2015

CCG

GP

25/06/2015

RM

25/06/2015

Personal Information redacted by the USI

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Personal Information redacted by the USI

UROLOGY

HAEMATURIA

25/06/2015

JUNE

25/06/2015

CCG

GP

25/06/2015

RM

25/06/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

BLADDER

25/06/2015

JUNE

25/06/2015

CCG

GP

25/06/2015

RM

26/06/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

RENAL

26/06/2015

JUNE

26/06/2015

FAX

GP

26/06/2015

RM

26/06/2015

Regards Caroline

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:45
To: Carroll, Ronan
Subject: FW: Missing Urology RF referrals from triage

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 20 November 2015 10:38
To: Corrigan, Martina [redacted]
Subject: FW: Missing Urology RF referrals from triage

Over to you

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Clayton, Wendy
Sent: 20 November 2015 10:30
To: Carroll, Ronan; Reddick, Fiona
Cc: Graham, Vicki; Corrigan, Martina
Subject: RE: Missing Urology RF referrals from triage

Yes with AOB

Regards

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: [redacted]
Mob: [redacted]

From: Carroll, Ronan
Sent: 20 November 2015 10:19
To: Clayton, Wendy; Reddick, Fiona
Cc: Graham, Vicki; Corrigan, Martina
Subject: RE: Missing Urology RF referrals from triage

Are these referral with Mr O Brien

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Clayton, Wendy

Sent: 19 November 2015 22:46
To: Carroll, Ronan; Reddick, Fiona
Cc: Graham, Vicki
Subject: Fw: Missing Urology RF referrals from triage
Importance: High

We will keep you updated

Regards

From: Graham, Vicki
Sent: Thursday, November 19, 2015 05:11 PM
To: Corrigan, Martina
Cc: Clayton, Wendy; Glenny, Sharon
Subject: FW: Missing Urology RF referrals from triage

Hi Martina,

Please see below list of patients whose referrals have still not been triaged. The date of these referrals date back to last Wednesday and Thursday.

Regards,

Vicki

Vicki Graham
Cancer Services Co-ordinator
Mandeville Unit
Personal Information redacted by USI
Email – Personal Information redacted by USI

From: rf.appointment
Sent: 19 November 2015 16:32
To: Graham, Vicki
Cc: rf.appointment
Subject: Missing Urology RF referrals from triage

Hi Vicki

We are still missing the below referrals from triage:

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

11-11-2015

62

25-11-2015

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

11-11-2015

62

25-11-2015

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

11-11-2015

62

25-11-2015

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

11-11-2015

62

25-11-2015

Personal Information redacted by USI

Personal Information redacted by USI

Personal Information redacted by USI

12-11-2015

62

26

Thanks
Marie
Red Flags
Personal Information redacted by USI

Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:45
To: Carroll, Ronan
Subject: FW: *urgent action required*FW: urology referrals not back from triage

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 06 January 2016 16:39
To: Corrigan, Martina [redacted]
Cc: Clayton, Wendy [redacted]
Subject: FW: *urgent action required*FW: urology referrals not back from triage

Martina
Can we leave with you to resolve pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Clayton, Wendy
Sent: 06 January 2016 16:25
To: Muldrew, Angela
Cc: McGeough, Mary; Reddick, Fiona; Carroll, Ronan
Subject: RE: *urgent action required*FW: urology referrals not back from triage

Who is on to triage? If nothing back tomorrow, can you ask one of other consultants to triage please?

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: [redacted]
Mob: [redacted]

From: Muldrew, Angela
Sent: 06 January 2016 16:12
To: Corrigan, Martina
Cc: Clayton, Wendy; rf.appointment
Subject: *urgent action required*FW: urology referrals not back from triage
Importance: High

Hi

See below referrals that we have not received back from triage. Could you please chase these up for us?

Thanks

Angela Muldrew
RISOH Implementation Officer
Tel. No. Personal Information redacted by the USI

From: rf.appointment
Sent: 06 January 2016 16:04
To: Muldrew, Angela
Subject: urology referrals not back from triage

Hi Angela the below referrals for urology have not been returned and are not in the Thorndale Unit:

Surname

Name

Hosp. NO /HCN

Specialty

specific clinic if appropriate

Date Referral Received in Trust

MONTH

Date Referral Received in Cancer Services

Referral received via RF Fax, CCG, RBC, 1 south, Gynae, Secretary

Referrer (GP or OC - if OC put name of referrer)

Date ORE'd

Initial of staff member who Ore'd referral

Date sent to triage

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEM

29/12/2015

DECEMBER

29/12/2015

CCG

GP

29/12/2015

RM

29/12/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEM

29/12/2015

DECEMBER

29/12/2015

CCG

GP

29/12/2015

RM

29/12/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEM

29/12/2015

DECEMBER

29/12/2015

CCG

GP

29/12/2015

MD

29/12/2015

Personal Information redacted by the USI

Personal Information redacted by

Personal Information redacted by the USI

UROLOGY

HAEM

30/12/2015

DECEMBER

30/12/2015

CCG

GP

31/12/2015

JMCC

31/12/2015

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

PROSTATE

30/12/2015

DECEMBER

30/12/2015

CCG

GP

31/12/2015

JMCC

31/12/2015

Personal Information redacted by the

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

HAEM

30/12/2015

DECEMBER

30/12/2015

CCG

GP

31/12/2015

JMCC

31/12/2015

Personal Information redacted by

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

TESTICULAR

30/12/2015

DECEMBER

30/12/2015

CCG

GP

31/12/2015

JMCC

31/12/2015

Personal Information redacted by

Personal Information redacted by the USI

Personal Information redacted by the USI

UROLOGY

PROSTATE

30/12/2015

DECEMBER

30/12/2015

CCG

GP

31/12/2015

JMCC

31/12/2015

Personal Information redacted by the USI

Personal Information redacted by

Personal Information redacted by the USI

UROLOGY

HAEM

29/12/2015

DECEMBER

30/12/2015

A&E

Personal Information redacted by the USI

30/12/2015

MD

31/12/2015

Personal Information redacted by the

Personal Information redacted by the

Personal Information redacted by the USI

UROLOGY

PROSTATE

30/12/2015

DECEMBER

30/12/2015

CCG

GP

30/12/2015

MD

31/12/2015

Personal Information redacted by the USI

Personal Information redacted by

Personal Information redacted by the USI

UROLOGY

RENAL

31/12/2015

DECEMBER

31/12/2015

CCG

GP

31/12/2015

JMCC

31/12/2015

As far as I am aware Mr O'Brien was triaging last week and was supposed to be triaging this week but as he is not here Mr Young was doing some of the triaging yesterday and Mr Haynes has triaged all the outstanding referrals that were in the Thorndale unit today and returned them but these referrals were not amongst those returned to us.

Please advise, Caroline

Red Flag Appointments.

Personal Information redacted by the USI

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:46
To: Carroll, Ronan
Subject: FW: Datix Incident Report Number W48461

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 07 January 2016 08:48
To: Corrigan, Martina [redacted]
Cc: Boyce, Tracey [redacted]; Trouton, Heather [redacted]; Gracey, David [redacted]; Hall, Stephen [redacted]; Robinson, Jeanette [redacted]
Subject: RE: Datix Incident Report Number W48461

Martina
When screened and a determination made of the level we will of course provide a consultant radiologist to be part of the process Ronan

-----Original Message-----
From: Corrigan, Martina
Sent: 06 January 2016 17:15
To: Carroll, Ronan
Subject: FW: Datix Incident Report Number W48461

Hi Ronan

For information regarding the radiology bit, I will be dealing with the untriaged bit.

Martina

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

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

-----Original Message-----
From: datix [redacted]
Sent: 06 January 2016 12:54
To: Corrigan, Martina
Subject: Datix Incident Report Number W48461

An incident report has been submitted via the DATIX web form.

The details are:

Form number: W48461

Description:

Patient 10, HCN Personal Information redacted by the USI, DOB Personal Information redacted by the USI Had a CT scan 24/6/2014 as follow-up of bowel cancer.
CT showed an abnormal renal cyst with two further cysts in the right kidney.
US performed 24/7/2014 showed solid elements within the anterior lower pole cyst and recommended an MRI to further evaluate.
MRI performed 2/9/2014 reported 'Comparison to previous ultrasound dated 24/07/2014 and CT dated 24/06/2014. There is a large well-defined ovoid cystic mass, arising from the upper pole cortex of the right kidney, measuring 8.7 cm x 5.3 cm in size. This lesion is T2 hyperintense, T1 hypointense, and demonstrates no abnormal enhancement. The MR appearances are consistent with a cyst'. No comment made on the MRI report regarding the anterior lower pole which had concerning features on CT and US.
Had a further CT on 29/10/2014 as follow-up for breats cancer which again reported '3.6 cm exophytic complex cyst is seen in the lower pole of the left kidney anteriorly containing solid and cystic component. Simple cyst seen in the upper pole measuring 7 cm. Left kidney show no focal lesion...Complex cyst right kidney.(previously investigations noted)'
Patient 10 was referred to the urology department on 29/10/2014 for assessment and advice regarding the cyst with the MRI report. referral was marked as routine byt the |GP (on basis that MRI had reported a benign cyst). Referral was not triaged on receipt.
Patient 10 sent OP appointment for 6/1/2016. Consultant had noted in clinic preperation that the MRI report had not commented on the abnormal cyst and requested a further review by a consultant radiologist who reported the abnormal cyst as a likely cystic renal cancer.
Patient 10 was seen in clinic on 6/1/16. the sequence of events was outlined and surgical treatment of a suspected cystic renal cancer recommended after completion of up to date staging with a further CT scan.

Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid=52720 to view and approve it.

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:46
To: Carroll, Ronan
Subject: FW: UROLOGY REFERRALS NOT BACK FROM TRIAGE

Importance: High

From: Carroll, Ronan <Personal Information redacted by the USI>
Sent: 19 February 2016 09:24
To: Corrigan, Martina <Personal Information redacted by the USI>
Subject: FW: UROLOGY REFERRALS NOT BACK FROM TRIAGE
Importance: High

Martina
U need to wrestle Aidan and get the referrals off him

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: Clayton, Wendy
Sent: 18 February 2016 19:21
To: Muldrew, Angela; Reddick, Fiona; Carroll, Ronan
Subject: Fw: UROLOGY REFERRALS NOT BACK FROM TRIAGE
Importance: High

Thanks Angela, are the referrals in the tray for triage or with Mr O'Brien

many thanks

Wendy Clayton
Operational Support Lead
Cancer Clinical Services / ATICs
Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: Muldrew, Angela Personal Information redacted by the USI
Sent: Thursday, 18 February 2016 16:22
To: Corrigan, Martina
Cc: Clayton, Wendy; Reddick, Fiona; rf.appointment
Subject: FW: UROLOGY REFERRALS NOT BACK FROM TRIAGE

Hi Martina

See below referrals that we are waiting coming back from triage. Could you please chase these up for us?

Thanks

Angela Muldrew
RISOH Implementation Officer

Tel. No. [redacted]

From: rf.appointment
Sent: 18 February 2016 16:08
To: Muldrew, Angela
Subject: UROLOGY REFERRALS NOT BACK FROM TRIAGE

Hi Angela I was just looking at the Urology spreadsheet and I noticed that there are 25 referrals missing from last week, there are another 14 referrals from Monday/Tuesday that have not been triaged yet and are not in the Thorndale Unit, so in total there are 39 referrals unaccounted for, could these be chased up? Mr O'Brien was on triage from last Thursday until yesterday and now Mr O'Donoghue is on triage.

Thanks Caroline

Surname	Name	Hosp. NO /HCN	Specialty	specific clinic if appropriate	Date Referral Received in Trust	MONTH	Date Referral Received in Cancer Services	Referral received via RF Fax, CCG, RBC, 1 south, Gynae, Secretary	Referrer *(GP or OC - if OC put name of referrer)*	Date ORE'd	Initial of staff member who Ore'd referral	Date sent to triage	Date back from triage
[redacted]			UROLOGY	CIRCUMCISION?	10/02/2016	FEBRUARY	10/02/2016	RE-DIRECT FROM BCH	GP	10/02/2016	CD	10/02/2016	
			UROLOGY	HAEM	10/02/2016	FEBRUARY	10/02/2016	EMAIL	OC	10/02/2016	CD	11/02/2016	
			UROLOGY	PROSTATE	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	10/02/2016	CD	11/02/2016	
			UROLOGY	HAEM	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	10/02/2016	CD	11/02/2016	
			UROLOGY	PROSTATE	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	10/02/2016	CD	11/02/2016	
			UROLOGY	BLADDER	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	10/02/2016	CD	11/02/2016	
			UROLOGY	LESION ON FORESKIN+HAEM	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	10/02/2016	CD	11/02/2016	
			UROLOGY	HAEM	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	11/02/2016	CD	11/02/2016	
			UROLOGY	HAEM	10/02/2016	FEBRUARY	10/02/2016	CCG	GP	10/02/2016	CD	11/02/2016	
			UROLOGY	BLADDER	11/02/2016	FEBRUARY	11/02/2016	CCG	GP	11/02/2016	RMCC	12/02/2016	
			UROLOGY	BLADDER	12/02/2016	FEBRUARY	12/02/2016	FAX	GP	12/02/2016	RMCC	12/02/2016	
			UROLOGY	PROSTATE	12/02/2016	FEBRUARY	12/02/2016	CCG	GP	12/02/2016	RMCC	12/02/2016	
			UROLOGY	HAEM	12/02/2016	FEBRUARY	12/02/2016	CCG	GP	12/02/2016	RMCC	12/02/2016	
			UROLOGY	PENIS	12/02/2016	FEBRUARY	12/02/2016	CCG	GP	12/02/2016	RMCC	12/02/2016	
			UROLOGY	TESTICULAR	12/02/2016	FEBRUARY	12/02/2016	CCG	GP	12/02/2016	RMCC	12/02/2016	
			UROLOGY	HAEM/PROSTATE	11/02/2016	FEBRUARY	11/02/2016	CCG	GP	11/02/2016	RMCC	12/02/2016	
			UROLOGY	PROSTATE	12/02/2016	FEBRUARY	12/02/2016	CCG	GP	12/02/2016	RMCC	12/02/2016	
			UROLOGY	HAEM	15/02/2016	FEBRUARY	15/02/2016	CCG	GP	15/02/2016	RMCC		
			UROLOGY	LESION ON FORESKIN	15/02/2016	FEBRUARY	15/02/2016	FAX	GP	12/02/2016			
			UROLOGY	HAEM	12/02/2016	FEBRUARY	12/02/2016	OC	SURESH	15/02/2016	RMCC		
			UROLOGY	PROSTATE	12/02/2016	FEBRUARY	12/02/2016	OC	DR FEGAN	12/02/2016			
			UROLOGY	RENAL	15/02/2016	FEBRUARY	15/02/2016	CCG	GP	15/02/2016	RMCC		
			UROLOGY	PROSTATE	15/02/2016	FEBRUARY	15/02/2016	CCG	GP	15/02/2016	RMCC		
			UROLOGY	HAEM	15/02/2016	FEBRUARY	15/02/2016	CCG	GP	15/02/2016	RMCC	16/02/2016	
			UROLOGY	PROSTATE	16/02/2016	FEBRUARY	16/02/2016	CCG	GP	16/02/2016	RMCC	16/02/2016	

Personal Information redacted by the USI											
	UROLOGY	HAEM	16/02/2016	FEBRUARY	16/02/2016	CCG	GP	16/02/2016	RMCC	16/02/2016	
	UROLOGY	PENILE LUMP	15/02/2016	FEBRUARY	15/02/2016	CCG	GP	15/02/2016	RMCC	16/02/2016	
	UROLOGY	PROSTATE	15/02/2016	FEBRUARY	15/02/2016	CCG	GP	15/02/2016	RMCC	16/02/2016	
	UROLOGY	HAEMATURIA	16/02/2016	FEBRUARY	16/02/2106	CCG	GP	16/02/2016	RM	16/02/2016	
	UROLOGY	PENILE LESION	16/02/2016	FEBRUARY	16/02/2016	REDIRECT	GP	16/02/2016	CD	16/02/2016	
	UROLOGY	HAEM	16/02/2016	FEBRUARY	16/02/2016	REDIRECT	AE	16/02/2016	CD	16/02/2016	

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 09:00
To: Carroll, Ronan
Subject: FW: Triage

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

From: Trouton, Heather Personal Information redacted by the USI
Sent: 10 March 2016 17:06
To: Carroll, Ronan Personal Information redacted by the USI; Reddick, Fiona Personal Information redacted by the USI; Clayton, Wendy Personal Information redacted by the USI; Glenny, Sharon Personal Information redacted by the USI; Corrigan, Martina Personal Information redacted by the USI
Subject: RE: Triage

Dear All

It is my understanding that there is an area within Urology where delays can occur in Triage and this is in train although not easy to sort.

So in the meantime we have already agreed the process in Urology with Katherine where if the referrals are not returned in the preferred timescale then they are booked according to the GP category.

The wait for routine and urgent in Urology is such that a longer triage for urgents and routines ok.

Redflag referrals are booked and seen within 2 weeks . The gap therefore is in the case where the Consultant may upgrade to red flag during the triage .

I agree that this does need sorted to ensure that every referral is triaged in a timely manner to give every referral the opportunity to upgraded if appropriate but we know that there are not many upgrades in Urology.

Happy to discuss further.

Heather

From: Carroll, Ronan
Sent: 09 March 2016 22:14
To: Reddick, Fiona; Clayton, Wendy; Trouton, Heather; Glenny, Sharon
Subject: Fw: Triage

FYI

Sent from my BlackBerry 10 smartphone.

From: Carroll, Ronan Personal Information redacted by the USI
Sent: Wednesday, 9 March 2016 22:12
To: Carroll, Anita
Subject: Re: Triage

Yes need to chat this through too important to not get a solution

Sent from my BlackBerry 10 smartphone.

From: Carroll, Anita
Sent: Wednesday, 9 March 2016 21:23
To: Carroll, Ronan
Subject: Re: Triage

Ronan the reality is triage is not being done in line with IEAP and Urology is a typically bad specialty
The previous arrangement was escalation but even then hos did not reply and when information ran reports there were very few referrals that were changed
I appreciate that it isn't good for an urgent to become a red flag but not sure escalation will solve if hos do not action
Happy to speak

Sent from my BlackBerry 10 smartphone.

From: Carroll, Ronan
Sent: Wednesday, 9 March 2016 15:02
To: Carroll, Anita
Subject: Re: Triage

Anita
On reflection this will not work. The cancer guidance will not permit it, achieving the target hinges on the fact that all referrals need to be triaged within 72 hours and returned to RBC. If not returned within the 72 hours, this must result in an automatic escalating to the HOS. For cancer pts this is the only way it can run, point in case is the 2 recent examples which we received on day 50+ .not good
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer Clinical Services/ATICs
Personal Information redacted by the USI

On 9 Mar 2016, at 14:51, Carroll, Anita Personal Information redacted by the USI wrote:

Remember this

From: Carroll, Ronan
Sent: Friday, November 06, 2015 07:21 PM
To: Carroll, Anita
Subject: Re: Triage

Name and shame

Ronan Carroll
Assistant Director Acute Services
Cancer Clinical Services/ATICs
Personal Information redacted by the USI

On 6 Nov 2015, at 14:56, Carroll, Anita Personal Information redacted by the USI wrote:

> Dear all
>
> It has been brought to my attention that triage of referral letters can still be delayed in being returned to the RBC. Some areas in particular are very poor at doing this. To this end I would be grateful if you would all agree with your clinicians that where referral letters are not returned within a week or thereabouts (IEAP states 72 hours) that the RBC will add patients to the waiting list **with the priority type dictated by the GP**. Given that waiting lists are now much longer than they were previously this could cause problems so it is in everyone's interest to try and encourage quicker turnaround of triage.
>
> Thanks Anita

Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:47
To: Carroll, Ronan
Subject: FW: Triage

From: Carroll, Ronan [redacted]
Sent: 10 March 2016 17:12
To: Trouton, Heather [redacted]; Reddick, Fiona [redacted]; Clayton, Wendy [redacted]; Glenny, Sharon [redacted]; Corrigan, Martina [redacted]
Subject: RE: Triage

My view is that they only way this will work is the 72hrs turn around being complied with

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Trouton, Heather
Sent: 10 March 2016 17:06
To: Carroll, Ronan; Reddick, Fiona; Clayton, Wendy; Glenny, Sharon; Corrigan, Martina
Subject: RE: Triage

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Happy to discuss further.

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Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer Clinical Services/ATICs
[redacted]

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> Remember this
>
> **From**: Carroll, Ronan
> **Sent**: Friday, November 06, 2015 07:21 PM
> **To**: Carroll, Anita
> **Subject**: Re: Triage
>
> Name and shame
>
> Ronan Carroll
> Assistant Director Acute Services

Cancer Clinical Services/ATICs
Personal Information redacted by the USI

On 6 Nov 2015, at 14:56, Carroll, Anita Personal Information redacted by the USI wrote:

Dear all

It has been brought to my attention that triage of referral letters can still be delayed in being returned to the RBC. Some areas in particular are very poor at doing this. To this end I would be grateful if you would all agree with your clinicians that where referral letters are not returned within a week or thereabouts (IEAP states 72 hours) that the RBC will add patients to the waiting list **with the priority type dictated by the GP**. Given that waiting lists are now much longer than they were previously this could cause problems so it is in everyone's interest to try and encourage quicker turnaround of triage.

Thanks Anita

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 17:08
To: Carroll, Ronan
Subject: FW: Confidential - AOB

Importance: High

From: Carroll, Ronan [redacted]
Sent: 03 January 2017 14:49
To: Gibson, Simon [redacted] Corrigan, Martina [redacted]
Cc: Gishkori, Esther [redacted]; Hainey, Lynne [redacted]; Wright, Richard [redacted]; Boyce, Tracey [redacted]; Weir, Colin [redacted]
Subject: RE: Confidential - AOB
Importance: High

Richard/Simon/Esther
Colin & Martina & I met with the urology consultants this am, at which we shared with them all the events that had been taking place and the decisions that had been taken.
From this meeting we need to answer a few questions

1- What are the ToR for the investigation/review
2- How long would you expect the review to last?
3- What was Mr O Brien advised re the undictated outpatient clinics i.e. can he dictate or has he to cease having anything to do with the outstanding backlog
4- What is the Trust's position on Mr O Brien undertaking private work and in particular using Trust secretarial staff to type private patient work whilst off?
5- What is the Trust position in regard to notes being transported in staff's private car to and from SWAH? Clinics run twice mthly (2nd & 4th wks)

Mr O Brien contacted Martina and advised that the notes which were not on Trust's premises have been left in his office. Martina has checked and this is confirmed, these notes will be transferred to the med exe office asap to be tracked to Martina on PAS and then a refreshed report will be ran to see if there are any more outstanding.

The Team are going to think/discuss and come back to Colin & I on thurs with how they proposed to complete the actions required associated with review.

Ronan

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

From: Carroll, Ronan
Sent: 30 December 2016 12:44
To: Gibson, Simon; Corrigan, Martina
Cc: Gishkori, Esther; Hainey, Lynne; Wright, Richard; Boyce, Tracey; Weir, Colin
Subject: RE: Confidential - AOB
Importance: High

Simon,
Tks – we will now speak with Mr Young (clinical lead) re the plan & then informing the remaining consultants urologist Tuesday am with Mr Weir as CD
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by the USI

From: Gibson, Simon
Sent: 30 December 2016 11:44
To: Corrigan, Martina
Cc: Carroll, Ronan; Gishkori, Esther; Hainey, Lynne; Wright, Richard; Boyce, Tracey
Subject: Confidential - AOB

Dear Martina

The meeting with Mr O'Brien has just concluded. There are a number of operational issues as a consequence:

1. Have discussed a script should anyone ask with Lynne Hainey and we have agreed the following: "Mr O'Brien remains absent from work and this will be kept under review. Staff will be updated when this situation changes"

2. Mr O'Brien is aware that an OH referral is now being made.

3. Mr O'Brien will be delivering charts to your office at 11am on Tuesday. Should you need space, you could use the AMD's office – I will make sure it is clear today.

Ronan – Mr O'Brien was informed that he was being "Immediately excluded" to allow the Trust time to scope the scale of the issues which have been identified in terms of:

- Notes at home
- Untriaged referrals
- Undictated clinics
- Conclusion of SAI
- Any other areas which are identified

As part of your plan, there will need to be a clinical note review of all charts/referral letters returned by Mr O'Brien to assess whether patients have a clinical management plan or require a clinical review with a Urologist. The follow-up meeting with Mr O'Brien will take place in four weeks, so potentially Friday 27th January to discuss the outcome of this scoping exercise, of which the outcome of the clinical note review will be a critical factor. Dr Wright is willing to approve any additional costs incurred for this review to be completed within this timescale.

Happy to discuss if you require any further clarity.

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

Borrower:CU2 MR AOB OBRIEN

	Personal Information redacted by the USI			
1	[redacted]	CMF	29/08/2006 14:45	UROL CL. 12/9/06
			29/08/2007	
		B34	29/08/2006 14:47	
2		CMC	27/03/2012 15:12	CLINIC 03.04.12
			27/03/2013	
		D3E	27/03/2012 15:13	
3		CMC	30/06/2010 12:11	CLINIC 06/07/2010
			30/06/2011	
		D7Z	30/06/2010 12:15	
4		CMRD	07/04/2010 12:19	CLINIC 13/04/10
			07/04/2011	
		DHN	07/04/2010 12:20	
5		CMR	21/06/2012 16:11	CLINIC
			21/06/2013	
		F7L	21/06/2012 16:13	
6		CMF	18/01/2012 11:33	clinic 24.01.12
			17/01/2013	
		D3E	18/01/2012 11:34	
7		CMR	29/04/2010 16:26	CLINIC FOR 04.05.10
			29/04/2011	
		D3E	29/04/2010 16:26	
8		CMR	09/11/2005 13:02	UROL CL. 22/11/05
			09/11/2006	
		B34	09/11/2005 13:04	

Borrower :CAOBA MR A OBRIEN, AUDIO-TYP, CAH

	CN No. / Patient Name	Loc / User ID	Loan Date/Time / Exp Return Date / Trans Date/Time	Reason for Loan/ Comment
1	Personal Information redacted by the USI	CMR	21/08/2014 12:41 21/08/2015	SARA TO TYPE STC DISCH 070 SHELF 5 IN CUPBOARD
		CQI	21/08/2014 12:41	
2		STR	03/03/2014 13:41 03/03/2015	
		C3R	03/03/2014 13:41	

Borrower :CAOBO MR A OBRIEN, OFFICE, CAH

CN No. / Patient Name	Loc	Loan Date/Time / Exp Return Date / User ID	Trans Date/Time	Reason for Loan / Comment
1 [redacted]	CMRD		13/06/2003 12:03	dnas
			12/06/2004	
	MMC		13/06/2003 12:09	
2	BMR		03/05/2011 15:29	PIGEON HOLE 4
			02/05/2012	
	MMC		03/05/2011 15:29	
3	BRDR		17/07/2009 16:22	
			17/07/2010	
	MMC		17/07/2009 16:25	
4	CMF		08/08/2007 11:45	
			07/08/2008	
	MMC		08/08/2007 11:46	
5	CMR		16/09/2010 09:28	
			16/09/2011	
	MMC		16/09/2010 09:31	
6	CMR		01/12/2016 09:29	MR O'BRIEN'S ADMIN
			01/12/2017	
	EYB		01/12/2016 09:30	
7	CMR		10/04/2015 15:21	RESULT FOR MR O'BRIEN TO S
			09/04/2016	
	EYB		10/04/2015 15:22	
8	CMR		11/04/2011 10:43	
			10/04/2012	BUNDLE 2
	MMC		11/04/2011 10:43	
9	CMR		16/09/2010 09:27	
			16/09/2011	
	MMC		16/09/2010 09:28	
1	CMR		11/04/2011 12:09	
			10/04/2012	BUNDLE 19
	MMC		11/04/2011 12:09	
1	CMR		02/01/2015 14:35	FOR M+M DISCUSSION
			02/01/2016	
	EYB		02/01/2015 14:36	
1	CMR		23/03/2016 16:16	ON FLOOR BEHIND DESK
			23/03/2017	
	EYB		23/03/2016 16:16	

	Personal Information redacted by the USI		
13	[redacted]	CMR	06/05/2016 13:22 RESULT FOR MR O'BRINE TO S 06/05/2017
		EYB	06/05/2016 13:22
14		CMR	06/05/2016 13:19 MR O'BRINE'S ADMIN 06/05/2017
		EYB	06/05/2016 13:19
15		CMR	11/10/2005 14:07 PT TO SEE AOB IN OFFICE 11/10/2006
		AUG	11/10/2005 14:08
16		CMR	08/11/2016 15:50 PH 6 08/11/2017
		EYB	08/11/2016 15:51
17		CMR	20/11/2015 12:16 AOB PP IN FILING CABINET 19/11/2016
		AUG	20/11/2015 12:17

Borrower :CAOBS MR A OBRIEN, SECRETARY, CAH (total = 164)

Below are notes that have been outstanding for a while – need to check does the secretary still have these:

	Personal Information redacted by the USI			
1	[redacted]	BMR	18/03/2010 16:32	PERUSAL
			18/03/2011	
		CFG	18/03/2010 16:33	
2		BMR	07/01/2004 14:28	TYPING
			06/01/2005	
		TH	07/01/2004 14:28	
3		CMF	10/10/2006 08:19	PT TO SEE AOB IN OFFICE
			10/10/2007	IN PP FILING CABINET
		AUG	10/10/2006 08:20	
4		CMR	29/11/2013 16:25	BEHIND MONICA FOR TYPING
			29/11/2014	
		MMC	29/11/2013 16:26	
5		CMR	30/01/2013 09:20	TYPING SHELF
			30/01/2014	PAGES ONLY
		MMC	30/01/2013 09:21	
6		CMR	14/09/2004 20:18	TYPING
			14/09/2005	
		TH	14/09/2004 20:18	
7		CMR	13/06/2003 10:27	private patient cabinet
			12/06/2004	
		MMC	13/06/2003 10:31	
8		CMR	01/09/2014 14:15	TYPING
			01/09/2015	
		BJC	01/09/2014 14:15	
9		CMR	13/06/2003 10:17	private patient
			12/06/2004	
		MMC	13/06/2003 10:20	
1		CMR	05/12/2014 13:58	AWAITING RESULTS
			05/12/2015	
		EYB	05/12/2014 13:58	

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 17:29
To: Carroll, Ronan
Subject: FW: upgrade Red Flags

From: Corrigan, Martina [redacted]
Sent: 27 January 2017 15:20
To: Carroll, Ronan [redacted]
Subject: RE: upgrade Red Flags

I have all the bundles back and I have went through them all so just going to tally to make sure I have 783 returned. So that will be all upgrade RF which is a total of 17 patients

I will let you know the upgrade to urgent shortly.

Thanks

Martina

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

From: Carroll, Ronan
Sent: 27 January 2017 15:15
To: Corrigan, Martina
Subject: RE: upgrade Red Flags

How many have been triaged

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

From: Corrigan, Martina
Sent: 27 January 2017 15:13
To: Graham, Vicki; Muldrew, Angela
Cc: Glenny, Sharon; Clayton, Wendy; Carroll, Ronan; Trouton, Heather; Reddick, Fiona
Subject: upgrade Red Flags

Hi Angela/Vicki

Please see attached a further 8 patients that have been upgraded to Red Flag.

Please book one extra on to each of the Consultant New OP Clinics next week and again if you can advise when this is sorted.

Thanks

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital
Telephone: Personal Information redacted by the USI
Mobile : Personal Information redacted by the USI

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 17:26
To: Carroll, Ronan
Subject: FW: Action note - 22nd December - AOB Action plan MC 24 January 2017
Attachments: Action note - 22nd December - AOB Action plan MC 24 January 2017.docx

From: Corrigan, Martina [redacted]
Sent: 24 January 2017 10:20
To: Carroll, Ronan [redacted]
Subject: Action note - 22nd December - AOB Action plan MC 24 January 2017

Ronan

Update for today's meeting. ring me if there is anything more you require/need clarified.

Regards

Martina

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

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 Personal Information 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

Update as of 24 January 2017

From 783 letters collected from Mr O'Brien's office there were 90 patients (June 2015 – 70 letters and August 2015 – 20 letters) who already had appointments. This was due to them being added to the waiting list as per the GP grading and these have been selected chronologically without being triaged by a consultant and seen at clinics. It should be noted that it has agreed by the Urology Consultants that these 90 patient's should have their outcomes followed up to ensure that there were none that had come to any harm due to delay in triage.

As of Friday 20 January the Consultants had returned 330 of the letters triaged – the longest dating back to September 2015. From this:

9 patients have been upgraded to Red Flag and all these patients have been given appointments (1 x last week and the rest this week) and we need to await the outcomes from their appointments and tests.
28 patients have been upgraded from Routine to Urgent – these are currently being added to clinics as per consultants as extras.
7 patients whilst having been seen, met the Red Flag Criteria but because they were not triaged they remained on an urgent list and have now been seen but it has been requested that all of these patients have their outcomes checked.
3 Patients need urgent follow-up as the letters received were in respect to outcome of results or needing a review but currently in the review back-log, these are being added as extra to clinics.
1 patient had urgent letter received and should have been upgraded to RF which was done 5 months later by another consultant on the receipt of a second GP referral letter. Patient then followed Red Flag pathway and has now been diagnosed as palliative. Team have discussed and this now needs to be screened for SEA/SAI.

The Consultants have the remainder of these letters for triage (363) and plan to have this completed by end of January 2017. But all of the patients identified above need outcomes etc followed up and this will be updated when complete.

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

Update 24 January 2017

After thorough checking there still remains 13 sets of notes tracked to Mr O'Brien that we have not been able to locate.

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

Update 24 January 2017

Due to concentrating on the untriaged letters the Team have not had an opportunity to look at these clinics in detail. However, one of the consultants had a look at one clinic and compared against outcome sheets provided. Two of the patients had nothing written in notes but outcome advised of follow-up appointments. 4 oncology patients were overdue an oncology review appointment (being arranged now) and there were 4 patients who should have been added for diagnostic/procedures that hadn't had this actioned. As there are another 65 clinics that still need to be gone through this will take some time.

Another concern in respect to this which has been raised by the team was out of these undictated clinics there is no way of knowing how many patients have had tests/diagnostics requested and if these patients have had tests carried out and if the results have been seen/followed up on. This is an unknown quantity. The other consultants use the DARO (discharge awaiting results function on PAS) to keep track of their results and then get this list and chase up on outstanding ones, we have no way of tracking Mr O'Brien's as these clinics have not been dictated on and therefore we do not know what has been requested/seen/followed up on until all of these charts are gone through.

Private Patients

Update 24 January 2017

On request we have been provided with Mr O'Brien's admissions (electively and emergency) for 1 January 2016 until 31 December 2016. There are 853 patients on this list and due to time limitation we have not had the opportunity to go through this in any detail. However there is a concerning factor in that there are a number of patients who have been listed as being on Suspect Cancer pathway but have been waiting quite a bit of time outside of the 31 and 62 day pathway. For example, 762, 417, 329, 292, 138 days and all of these patients will need notes pulled to assess were they on the suspect cancer pathway and what their outcomes were.

We did do a snapshot on patients who had a TURP procedure, as there was one patient previously highlighted that they had been seen privately by Mr O'Brien and were brought in for their TURP operation quite quickly and as TURP patients are currently waiting up to 150 weeks (1050 days), we were asked to look into this. Please see table below which are patients having been identified as having seen Mr O'Brien privately. This is only a snapshot and as stated more work needs to be done on, e.g. look at these patients outcomes etc. as required.

Casenote	Date on Waiting List	Date Operation	Days Between Added to WL and Operation Date
Personal Information redacted by the USI	07/09/2015	06/07/2016	**303**
	13/10/2015	16/03/2016	**155**
	25/04/2016	04/05/2016	**9**
	05/05/2016	15/06/2016	**41**
	30/10/2015	17/08/2016	**292**
	18/01/2016	27/01/2016	**9**
	27/05/2016	29/06/2016	**33**
	29/06/2016	27/07/2016	**28**

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'Briens 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

Hospital Number	Date and location loaned out	Comments	*17/01/17- confirmed NIECR and PAS checked for all of these patients*
Personal information redacted by the USI	2003 – Mr O'Brien's secretary	Private Patient Cabinet	*Has been referred to CAH ortho ICATS but was a paper triage – chart not requested prior to this they had not attended CAH since 1998 but attended DHH in 2011 with a DHH chart.*
	2003 – Mr O'Brien's secretary	Private patient	*Last attended CAH in 1998 and then attended eye clinic in STH with STH chart in 2004*
	2005 – Mr O'Brien's Office – CAH	Patient to see AOB in office	*Recorded as deceased 21 June 2006 on NIECR but not on our PAS. Last attendance in CAH was in 2001 – attended CMED in STH in 2002 and had STH chart*
	2009 – Mr O'Brien's office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*Last attended Banbridge in 1992 no other episodes*
	2009 – Mr O'Brien's office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*No episodes for any specialty in any of the hospitals*
	2010 – Mr O'Brien's Office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*Last attended obstetrics in 1998*
	2010 – Mr O'Brien's Office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*Attended CAH Paeds in 1993 no other episodes*
	2010 – Mr A O'Brien Secretary	No Urology episodes – tracked out by Mr O'Brien's secretary	*Last attended general surgery CAH in 1992*
	2011 – Mr O'Brien's Office - CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*No episodes for any specialty in any of the hospitals*
	2011 - Mr O'Brien's Office - CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*Attended ortho ICATS in September 2016 and they use their own notes and don't write in the CAH notes*
	2011 – Mr O'Brien's Office – CAH	No Urology episodes – tracked out by Mr O'Brien's secretary	*Attended fracture clinic in 2013 – use their own notes and not CAH notes*
	2014 –Mr O'Brien – Enniskillen Clinic	SWAH Clinic on 9 June 2014	*Attended nurse-led urology clinic on 16/09/16 but there is no outcome from this clinic so no indication if chart was made available*

Personal Information redacted by the USI			
[redacted]	2015 – Mr O'Brien's Office - CAH	AOB PP in Filing Cabinet	*Last attended Rheumatology on 2 July 2013*

Updated missing notes tracked to Mr O'Brien as of 16 January 2017 updated on 17 January 2017

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 17:29
To: Carroll, Ronan
Subject: FW: updated missing notes as per 16 jan 17 updated
Attachments: updated missing notes as per 16 jan 17 updated.docx

From: Corrigan, Martina [redacted]
Sent: 08 February 2017 08:32
To: Carroll, Ronan [redacted]
Subject: updated missing notes as per 16 jan 17 updated

Ronan

As discussed on Monday evening – this was the detail from the missing notes that I had provided previously and which was double-checked by Simon.

Regards

Martina

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

Witness Statement

NAME OF WITNESS	**Mr Ronan Carroll**
OCCUPATION	Assistant Director, Anaesthetics and Surgery
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Thursday 6 April 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Ronan Carroll. I am employed by the Southern Health and Social Care Trust as Assistant Director for Anaesthetics and Surgery. I have been in this position since 1st April 2016. Prior to this date, I was employed as Assistant Director for Cancer and Clinical Services between 2007 and 2016 within the Southern HSC Trust. I came into my recent position following a restructure with the Acute Services Directorate.

2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.

3. I agreed to answer questions specifically related to the terms of reference previously shared with me.

4. I have always been aware of issues of concern in respect of Mr O'Brien's practice. I previously had responsibility for cancer performance within the Trust as well as the booking centre / cancer unit. Referrals to urology went to the Consultant of the week and would be sent to the relevant Consultant secretary for triage. Staff within the booking centre would expect to receive the referrals the next day or relatively soon thereafter and so would arrange a pre-determined time to go to collect the triaged referrals. On and off since 2007 I would have been made aware of problems with Mr O'Brien's triage. The booking centre staff wouldn't get the referrals back in the time scales needed.

5. There are 2 different cancer pathways, 31 day pathway and 62 day pathway. Staff would have struggled to get the referral back within the timescales needed from Mr O'Brien. There was not the same problem with the other Urologists.

6. I am aware the problem was discussed with Mr O'Brien and I would have been aware from senior management meetings that both Gillian Rankin and Debbie Burns discussed the matter with Mr O'Brien. At one time Mr O'Brien told me he didn't agree with the cancer standards and would continue to practice as he had always practised. This would be going back to 2007. I was never in a meeting when discussions with Mr O'Brien took place but I was aware the discussions were had.

7. I took up post in April 2016 which brought with it responsibility for Urology. I was unaware of the issue of the routine un-triaged referrals until I received a letter from Mr Glackin. (I knew previously about the red flag issues when I worked in cancer services.) Mr Haynes had raised an IR1 in respect of a particular patient Patient 10 who he had seen at his outpatient clinic. The patient had been seen as a routine patient but has been referred a considerable time before to the service. On review of the patient and the referral to the service, he felt the patient should have been upgraded to red flag based on the symptoms.

8. The issue resulted in a Serious Adverse Incident (SAI) investigation Chaired by Mr Glackin. There were several issues with the care of the patient. There were issues regarding diagnostic images not having been correctly reported on etc. From a urology perspective Mr Glackin discovered that Mr O'Brien was the urologist of the week. It was felt that the symptoms recorded by the GP on the referral letter should have resulted in the referral being regraded to red flag. This referral had not been triaged. This led to a "look back exercise" to see if there were other untriaged referrals that same week, there were a number and in turn this led to a review of all referrals.

9. It came to my attention through this that because referrals from the booking centre were not coming back from Mr O'Brien's office, it had been agreed that if referrals didn't come back, the secretary would put them onto the system according to the GP triage so they would not be lost in the system. Mr Glackin wrote to myself and Esther Gishkori expressing concern about what he had found and that process has taken us to the point of this investigation, I believe that may have been November 2016.

10. At some point after my appointment I was made aware of the letter to Mr O'Brien in March 2016 from Eamon Mackle and Heather Trouton outlining concerns which were to be addressed by Mr O'Brien. I didn't see the matter as being anything new, just another attempt at trying to manage Mr O'Brien. The issues in March 2016 related to his review backlog and notes being kept at home. The SAI issue was not known at that time.

11. I met with Martina Corrigan, Head of Service to look at the letter from Mr Glackin. I needed to look into his concerns and so we broke the letter down into the separate issue i.e. triage, un-returned patient notes, clinic outcomes etc. Separately I received an e-mail from Mr Haynes. Mr

Haynes was aware of a patient seen privately by Mr O'Brien who was treated un-chronologically. As a result of the e-mail, we looked to see if there was a trend for TURP patients to be seen out of sequence and there were a number identified.

12. We also discovered clinics were not being dictated.

13. When all of the issues of concern were looked at, I admit to being very shocked at the magnitude of it. I don't think anyone appreciated the magnitude of the issues of concern.

14. I shared this with Dr Wright, Medical Director and Esther Gishkori, Director of Acute Services and a meeting was set up under the Maintaining High Professional Standards process where the outcomes of what had been found were shared.

15. During this period of time (Nov/Dec 2016) Mr O'Brien was on Personal Informati leave due to a matter unrelated to these concerns. Dr Wright met with Mr O'Brien in late December 2016 to advise him of the concerns and to explain the process for investigation.

16. In terms of TOR and affected patients, we know there are 5 patients who its felt should have been upgraded if triaged, who now have a cancer diagnosis. The Consultant Urologists within the Trust have completed a full review of all patients and in total 24 they felt should have been upgraded. A peer assessment was done on the 24 cases and then is agreed with by at least one other colleague.

17. We work to IEAP standards which sets out 72 hours for an outcome of referrals. All of the Consultants know every day they must triage prioritising the red flags. The Consultants can make a decision to keep to the GP triage category or to upgrade.

18. Mr O'Brien never said he was not doing triage. I was unaware he was finding it difficult to fit in with his other work and would have raised this as an issue but he never said he wasn't doing it. There are no issues with the other Consultants completing their triage. Mr O'Brien's outpatient workload was lighter than some of his colleagues and his theatre time was comparable.

19. In terms of patient notes, I knew this was an issue when I took up post. It was Mr O'Brien's practice to have notes at home. I had no idea of the scale of the problem. I understand there were previous conversations between Mr O'Brien, Mr Mackle and Dr Wright about these concerns. I don't know if someone was looking at the scale of the problem or if it was known and no-one choose to address it.

20. Mr O'Brien is a respected Consultant and it is difficult to address such issues. Everyone knew you would need to be prepared for a fight. He likes to do things his own way. The scale of this epitomises this. I don't know any other Consultant who would think it is OK to work this like this.

21. With NICER the issue re patient notes has become less and so people have found ways around missing notes. There are still 13 sets of notes missing and he has been asked about them. I have no recollection of anyone using IR1's to document missing notes.

22. The Consultants working through the notes and undictated clinics have some concern that other appointments to other specialities have been missed as the letters were not dictated. There are no significant patient complaints regarding Mr O'Brien. The waiting lists are now so long so we have complaints generally about waiting times. Mr O'Brien does not use digital dictation and therefore it is not possible to monitor when clinics haven't been dictated. All of the other Consultants use digital dictation which allows for every clinic to be linked on PAS. If a clinic is not dictated this would highlight it. Consultants are using digital dictation 3 to 4 years now. While there is nothing specifically documented, my expectation would be that Mr O'Brien's secretary should have been flagging if outcomes were not dictated. I am now aware there are hundreds of letters from clinics not dictated by Mr O'Brien.

23. Mr O'Brien knows his patients really well but has kept a lot of the information relating to his patients retained in his head. It is not safe clinical practice.

24. An issue which concerned me this week is that when I checked regarding bed pressures, Mr O'Brien has no clinical priority noted on the theatre list. He said they are all urgent and 'they will all be done'. We need to be able to prioritise patients when there are bed pressures so we know who can be cancelled if absolutely necessary. The only person who knows the priority is Mr O'Brien.

25. In respect of TOR 4 – I was notified via e-mail from Mr Haynes about concerns relating to Mr O'Brien's private patients. Currently checks are ongoing on all patients in 2015 and 2016. The current waiting time for a routine procedure in Urology is 170 weeks. There does appear to be patients taken out of chronological order and operated on sooner. This is being looked into further to see if there were specific reasons for clinical priority in these cases.

26. Mr O'Brien says he has 4 categories of prioritisation; semi urgent, urgent, soon and routine, or something like that. This Trust has 2 categories urgent or routine. The rest of the urologists follow that.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI
DATE	17.8.17

Carroll, Ronan

From: Corrigan, Martina
Sent: 05 May 2022 12:45
To: Carroll, Ronan
Subject: FW: AOB Action plan

Note below, but I can confirm that I continued to monitor on weekly basis until I went off in June 2018 [redacted]

Martina

From: Corrigan, Martina [redacted]
Sent: 23 November 2018 13:22
To: Khan, Ahmed [redacted]
Cc: Hynds, Siobhan [redacted]; Carroll, Ronan [redacted]
Subject: RE: AOB Action plan

Thanks and I am happy with this plan

Regards

Martina

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

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

From: Khan, Ahmed
Sent: 23 November 2018 13:16
To: Corrigan, Martina
Cc: Hynds, Siobhan; Carroll, Ronan
Subject: RE: AOB Action plan

Martina, Please note I would only need monthly reports or earlier only if any issues.

Thanks
AK

On 23 Nov 2018 13:09, "Corrigan, Martina" [redacted] wrote:
Dear all,

As requested, please see below for this week commencing 23 November 2018
(Please note that Mr O'Brien was supposed to be oncall this week but had to go off and his oncall week including the triage was covered by his colleagues)

CONCERN 1 – There are 0 letters waiting on etriage for Mr O'Brien:

CONCERN 2 – there are currently 27 casenotes tracked on PAS to Mr O'Brien's office.

CONCERN 3 – Mr O'Brien has 0 clinic letters waiting on digital dictation

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.

Martina

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

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Carroll, Ronan

From: Corrigan, Martina
Sent: 10 May 2022 17:04
To: Carroll, Ronan
Subject: FW: undictated clinics

Importance: High

From: Carroll, Ronan [redacted]
Sent: 08 June 2017 08:57
To: Corrigan, Martina [redacted]; Hynds, Siobhan [redacted]
Cc: Weir, Colin [redacted]; Gishkori, Esther [redacted]
Subject: RE: undictated clinics
Importance: High

Martina
Many tks for undertaking this large piece of work. I accept that AOB had a long review backlog and routine waiting times are long but the crucial thing is that the Trust was TOTALLY unaware of these pts in that there were on no PTL's.
The 3 pts who three are concerns with as usual you will let us all know the outcomes.
Ronan

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

From: Corrigan, Martina
Sent: 07 June 2017 18:25
To: Hynds, Siobhan
Cc: Carroll, Ronan
Subject: undictated clinics

Hi Siobhan

To update on the findings from the undictated clinics:

There are 110 patients who are being added to a Review OP waiting lists – a number of these should have had an appointment as per Mr O'Brien's handwritten clinical notes before now, however I would add that Mr O'Brien has a Review Backlog issue already so these patients even if they had of been added timely may still not have been seen.

There are 35 patients who need to be added to a theatre waiting lists, all of these patients he has classed as category 4 which is routine and again due to the backlog.

I have attached Mr O'Brien's sheets that he had given me in January after he had returned the charts.

I have now gone through all of the charts that were in the AMD office and will be back in Health Records tomorrow.

Katherine Robinson's team are currently recording the outcomes from these and these will all be backdated to when the clinics happened.

There were 3 patients whom the consultants have concerns on and I had arranged urgent appointments for them. One has since been sorted and no further concerns. The other two have cancelled their appointments themselves and have been rearranged for beginning of July so I will keep an eye on these and make sure there is no more concerns.

Other comments made by the consultant were:

1. Patient seen by 6 times at clinic and notes written in the patients chart but no dictated letter

2. Patient seen initially as a private patient and there is a letter in chart for private visit but none for NHS visit
3. Patient seen x 14 times at clinics (so well looked after) but no letters so how does the GP know what is going on?
4. Patient seen at clinic on 19/9/16 letter dictated retrospectively on 28/02/17.
5. According to PAS the patient attended the clinic but according to handwritten notes they DNA and Mr O'Brien had asked that they be sent for again
6. Patient seen on 11/04/16 but letter was dictated on 22/02/17.

If there is anything further in respect to this please do not hesitate to contact me

Regards

Martina

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

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Southern Health and Social Care Trust

Quality Care - for you, with you

MR A O'BRIEN, CONSULTANT UROLOGIST
RETURN TO WORK PLAN / MONITORING ARRANGEMENTS
MEETING 9 FEBRUARY 2017

Following a decision by case conference on 26 January 2017 to lift an immediate exclusion which was in place from 30 December 2017, this action plan for Mr O'Brien's return to work will be in place pending conclusion of the formal investigation process under Maintaining High Professional Standards Framework.

The decision of the members of the case conference is for Mr O'Brien to return as a Consultant Urologist to his full job role as per his job plan and to include safeguards and monitoring around the 4 main issues of concerns under investigation. An urgent job plan review will be undertaken to consider any workload pressures to ensure appropriate supports can be put in place.

Mr O'Brien's return to work is based on his:

- strict compliance with Trust Policies and Procedures in relation to:
    - Triaging of referrals
    - Contemporaneous note keeping
    - Storage of medical records
    - Private practice
- agreement to comply with the monitoring mechanisms put in place to assess his administrative processes.

Currently, the Urology Team have scheduled and signed off clinical activity until the end of March 2017, patients are called and confirmed for the theatre lists up to week of 13 March. Therefore on immediate return, Mr O'Brien will be primarily undertaking clinics and clinical validation of his reviews, his inpatient and day case lists. This work will be monitored by the Head of Service and reported to the Assistant Director.

CONCERN 1

- That, from June 2015, 783 GP referrals had not been triaged in line with the agreed / known process for such referrals.

Mr O'Brien, when Urologist of the week (once every 6 weeks), must action and triage all referrals for which he is responsible, this will include letters received via the booking

centre and any letters that have been addressed to Mr O'Brien and delivered to his office. For these letters it must be ensured that the secretary will record receipt of these on PAS and then all letters must be triaged. The oncall week commences on a Thursday AM for seven days, therefore triage of all referrals must be completed by 4pm on the Friday after Mr O'Brien's Consultant of the Week ends.

Red Flag referrals must be completed daily.

All referrals received by Mr O'Brien will be monitored by the Central Booking Centre in line with the above timescales. A report will be shared with the Assistant Director of Acute Services, Anaesthetics and Surgery at the end of each period to ensure all targets have been met.

CONCERN 2

- That, 307 sets of patient notes were returned by Mr O'Brien from his home, 88 sets of notes located within Mr O'Brien's office, 13 sets of notes, tracked to Mr O'Brien, are still missing.

Mr O'Brien is not permitted to remove patient notes off Trust premises.

Notes tracked out to Mr O'Brien must be tracked out to him for the shortest period possible for the management of a patient.

Notes must not be stored in Mr O'Brien's office. Notes should remain located in Mr O'Brien's office for the shortest period required for the management of a patient.

CONCERN 3

- That 668 patients have no outcomes formally dictated from Mr O'Brien's outpatient clinics over a period of at least 18 months.

All clinics must be dictated at the end of each clinic/theatre session via digital dictation. This is already set up in the Thorndale Unit and will be installed on the computer in Mr O'Brien's office and on his Trust laptop and training is being organised for Mr O'Brien on this. This dictation must be done at the end of every clinic and a report via digital dictation will be provided on a weekly basis to the Assistant Director of Acute Services, Anaesthetics and Surgery to ensure all outcomes are dictated.

An outcome / plan / record of each clinic attendance must be recorded for each individual patient and this should include a letter for any patient that did not attend as there must be a record of this back to the GP.

CONCERN 4

- A review of Mr O'Brien's 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 are significantly less than for other patients.

Mr O'Brien must adhere to all aspects of the Trust Private Practice Policy, ' A Guide to Paying Patients' and in particular to 'Referral of Private Patients to NHS Lists which states that '*any patient changing their status after having been provided with private services should not be treated on a different basis to other NHS patients as a result of having previously held private status: patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients'.*

The scheduling of patient's must be undertaken by the secretary, who will check the list with Mr O'Brien and then contact the patient for their appointment. This process is in keeping with the practice established within the Urology team.

Any deviation from compliance with this action plane must be referred to the MHPS Case Manager immediately.

Carroll, Ronan

From: Corrigan, Martina
Sent: 05 May 2022 12:37
To: Carroll, Ronan
Subject: FW: MHPS case update on 5 May 2017

Ronan

As discussed

Martina

From: Corrigan, Martina [redacted]
Sent: 08 May 2017 11:36
To: Carroll, Ronan [redacted]
Cc: Khan, Ahmed [redacted]; Hynds, Siobhan [redacted]
Subject: RE: MHPS case update on 5 May 2017

Ronan

This is ok and I have a rolling reminder in my calendar for every Friday regards

Martina

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

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INTERNAL: EXT [redacted] ***if dialling from Avaya phone. If dialling from old phone please dial*** [redacted]
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Mobile: [redacted]

From: Carroll, Ronan
Sent: 08 May 2017 09:20
To: Corrigan, Martina
Cc: Khan, Ahmed; Hynds, Siobhan
Subject: RE: MHPS case update on 5 May 2017
Importance: High

Martina
I would wish our auditing to continue weekly the reason being if anything starts to slip we can act quickly
Siobhan re notes in his office – what went to AOB regarding this?
Ronan

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

From: Corrigan, Martina
Sent: 05 May 2017 15:11
To: Carroll, Ronan
Subject: RE: MHPS case update on 5 May 2017

Ronan

I have updated this but note that Dr Khan wants monthly update which would be end of next week – do you want to send or will I update again next week?

Concern 1

Mr O'Brien has not been oncall since 6-12 April as per last update. He is due to be Urologist oncall from 18 May and I will update once he has finished this week.

Concern 2

Apart from the 13 already identified missing notes Mr O'Brien has 68 further charts in his office which are all recent and are awaiting for results. There are no other missing charts and no evidence of charts being taken off-site.

Concern 3

I can confirm that all clinics that Mr O'Brien has done since his return to work have been dictated on by digital dictation and all patients have a plan and outcome included.

Concern 4

Mr O'Brien has had theatre lists on 5th and 26th April and on 3rd May
There were a total of 17 patients listed and I can confirm none were previous private patients

Martina

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

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From: Carroll, Ronan
Sent: 04 May 2017 12:21
To: Corrigan, Martina
Subject: FW: MHPS case

Martina
Can we get this done pls for tomorrow
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob Personal Information redacted by the USI

From: Khan, Ahmed
Sent: 04 May 2017 12:20

To: Carroll, Ronan
Cc: Hynds, Siobhan
Subject: RE: MHPS case

Ronan, Please send monthly update by end of next week (12th May).
Thanks,
Ahmed

Dr Ahmed Khan
Consultant Paediatrician
Associate Medical Director &
MHPS Case Manager
SHSCT

From: Carroll, Ronan
Sent: 14 April 2017 16:44
To: Khan, Ahmed
Cc: Hynds, Siobhan; Chada, Neta
Subject: FW: MHPS case
Importance: High

Ahmed
As requested – update on AOB AP
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 14 April 2017 15:22
To: Carroll, Ronan
Cc: Weir, Colin
Subject: RE: MHPS case

Ronan

Please see below update on action plan:

Concern 1

Mr O'Brien has just completed his first week as Urologist oncall (since he came back). I have checked this morning and I can confirm that all referrals including Red Flags have been triaged and returned appropriately

Concern 2

Apart from the 13 already identified missing notes Mr O'Brien has 63 further charts in his office which are all recent and are awaiting for results. There are no other missing charts and no evidence of charts being taken off-site.

Concern 3

I can confirm that all clinics that Mr O'Brien has done since his return to work have been dictated on by digital dictation and all patients have a plan and outcome included.

Concern 4

Mr O'Brien has only had one Theatre list since his return (last Wednesday 5 April)
There were 6 patients listed and I can confirm none were previous private patients

If you should require any further detail please do not hesitate to contact me.

Regards

Martina

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

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From: Carroll, Ronan
Sent: 12 April 2017 15:26
To: Corrigan, Martina; Weir, Colin
Subject: FW: MHPS case
Importance: High

Martina
As discussed yesterday – can u provide this update asap pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

From: Khan, Ahmed
Sent: 12 April 2017 12:55
To: Gishkori, Esther; Carroll, Ronan
Cc: Hynds, Siobhan
Subject: MHPS case

Dear Esther & Ronan,
I would be grateful for an update regarding adherence to action plan for Mr O'Brien's MHPS Case.

Siobhan, for information.

Regards
Dr Ahmed Khan
AMD& Case Manager

Sent from my BlackBerry 10 smartphone.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Network	NICaN	
Organisation	Southern	
Team	Craigavon Area Hospital Urology Local MDT Measures (N14-2G-1) - 2015	
Peer Review Visit Date	16th June 2015	
Compliance		
UROLOGY LOCAL MDT MEASURES	**Self Assessment** 70.0% (14/20)	**Peer Review** 35.0% (7/20)
Zonal Statement		
Completed By	Clare Langslow	
Job Title	Quality Manager	
Date Completed	18 June 2015	
Agreed By (Clinical Lead/Quality Director)	Richard McMahon	
Date Agreed	12 August 2015	
Key Themes		
Structure and function of the service		

The peer review team was pleased to meet with good representation from all of the disciplines that constitute the Southern Health and Social Care Trust (SHSCT) urology multidisciplinary team (MDT) based at the Craigavon Area Hospital site.

The Urology configuration in Northern Ireland was reviewed and reorganised in 2009 to help address long waiting times and to move towards complying with the Improving Outcomes Guidance (IOG). Three urology cancer MDTs were agreed namely Southern, North West and the specialist MDT at Belfast. The County Fermanagh part of the Western Health and Social Care Trust (WHSCT) catchment area population was therefore included in the Southern Urology MDT and so the MDT covers a combined population of 409,832. The transfer of this work has been achieved relatively seamlessly as there was already a single urology team based on a single site at Craigavon. Some outpatient and diagnostic services are provided at South Western Acute Hospital (SWAH) in Enniskillen.

The MDT presented to the review team as being well led and with a vision for developments to

improve the service to patients. Core membership is complete with named cover in place. The MDT has a designated lead clinician and has then opted to rotate the chairing of the MDT meetings between the surgeons and this works well. Dedicated preview time for the MDT chair has been agreed so that there is good preparation for the MDT meeting to ensure smooth running.

The Trust has been successful in recruiting additional urology surgeons over the last 18 months so that they have increased from three to six which has enabled the surgeons to sub specialise. Two of the surgeons undertake only limited cancer procedures such as Transurethral Resection of Bladder Tumours and both attend the MDT when their patients are being discussed. The MDT also has input from a senior general surgeon with a special interest in urology and he undertakes very limited number of procedures and links into the MDT each week.

Histopathology is well represented at the MDT meetings and the core member participates in appropriate specialist External Quality Assurance programmes.

Oncology attendance continues to improve with the appointment of a medical oncologist based at the Trust and there is a good video link into the specialist MDT at Belfast for clinical oncology support.

Radiology attendance is problematic and more so due to long term absence which now leaves a single handed radiologist to provide the clinical services as well as MDT meeting cover. The MDT recognises this is a problem and is in discussions with the senior management team on how to resolve this problem.

There are two Clinical Nurse Specialists (CNSs) in post and their attendance at the MDT meetings is excellent. Specialist nursing services have developed with the CNSs undertaking flexible cystoscopy and Trans Rectal Ultrasound (TRUS) biopsy which is commendable. However, there are clear deficiencies in the completion of holistic needs assessments (HNA) for all patients and the identification of key workers and this needs to be addressed.

The surgeons' and CNSs' individual attendance is good with all achieving the 67% required. There was only one meeting recorded as having no histopathology attendance. In the reported year only six meetings had no radiologist but the review team is concerned that this has deteriorated since January 2015 with only a singlehanded radiologist in place. The medical oncologist only attended 58% of meetings but it was reported that this has improved and the clinical oncologist who links in from Belfast was only recorded as present at 31% of the meetings. Therefore, there were 16 meetings with neither oncologist present including a gap of 5 weeks and this needs to be addressed.

Due to low clinical oncology and radiology attendance at the MDT meetings in the reported period only 25% of meetings were quorate. This means that a large proportion of patients are not benefitting from the knowledge and expertise of a full multidisciplinary team when decisions are being made about their diagnosis and care. As a result this could lead to delays in the decision making processes and treatment.

The MDT meets on a Thursday afternoon starting at 2.15pm with a planned finish at 5pm. To ensure this, the number of patients to be discussed is capped at 40 to facilitate a full and robust discussion takes place for each patient. 48 meetings took place in the reported year.
The MDT chair has dedicated time to preview and quality assure the clinical summaries provided for each patient prior to the MDT meeting. This ensures that the multiple referral

pathways into the MDT are coordinated and appropriate information is readily available to ease

decision making and avoid unnecessary repeat discussions. Patients are discussed alphabetically and this encourages all clinicians to stay for the duration of the meeting to present their patients and participate in all discussions. The plan for each patient is then completed in real time.

Any patients with prostate and bladder cancer that require radical pelvic surgery and radiotherapy are referred during the SMDT discussion. The MDT links into the specialist MDT at Belfast on a regular basis for specialist advice on particular patients.

There is a robust process in place if patients need urgent treatment before the next MDT meeting with discussion between at least two clinicians and patients are then discussed retrospectively.

The MDT coordinator and Cancer Tracker appear to play an important role in the smooth running of the MDT and at the start of each meeting highlight where patients are on the pathway so that cancer waiting times targets can be met.

Coordination of care/patient pathways

There is a NICaN Urology Network Site Specific Group (NSSG) that meets regularly. The MDT lead is the current chair so the MDT is well represented and there is feedback to the MDT.

The three MDTs comply with the European Association of Urologist (EAU) guidelines and the IOG when they have agreed with them and have had the capacity to do so. There have been challenges over those issues where there would not be agreement or where there is not the capacity to comply. The peer review process has supported the NSSG in commissioning draft guidelines, the vast bulk of which will collectively be agreed. However, there remain a range of issues which require discussion prior to proposing these to the commissioners for agreement. This process will start in September 2015 with a view to reaching conclusion with the commissioners in December 2015 so that the guidelines can be formally agreed and adopted.

The MDT runs a single visit, new patient clinic in a dedicated unit which has 24 patient slots. The number of red flag slots within this clinic can be flexed to meet the demand and this has helped even out the waiting times for appointments. The urology surgeons undertake advance triage of all referrals ensuring that essential imaging requests are made prior to patient attendance. Patients are directed to appropriate clinic appointments and patients are contacted to prepare them for additional investigations that may be undertaken. The clinic is supported by two surgeons and a middle grade doctor so that it runs smoothly. Flexible cystoscopy, ultrasound and TRUS biopsies may all be undertaken at the one visit. The CNSs are present at these clinics so that patients are supported at their diagnosis and identified to the MDT tracker. This in turn optimises patient flow at the MDT meetings and along the pathway reducing delays.

It was decided not to include urodynamics at this clinic to ensure smooth running and so patients return to another nurse led clinic if this is required.

There are secured slots in clinics for patients to be seen after the MDT meeting to discuss their treatment options. All patients have to be seen within two weeks and the clinicians will see each other's patients during times of leave to minimise delays.

The surgeons undertake two clinics per month at SWAT and try to ensure that patients are seen closer to home where appropriate.

Surgery including radical and partial (laparoscopic or open) nephrectomy, ureteric surgery, bladder tumour resection and radical inguinal orchidectomy are all performed on the Craigavon Hospital site. Nephron sparing surgery is being undertaken locally and this should all be undertaken by the specialist MDT as indicated by national Guidance and this is outlined in the draft NICaN agreed clinical guidelines.

All radical pelvic urological surgery is referred to the Belfast City specialist MDT and patients are transferred for surgical and radiotherapy treatment.

Any patients choosing a Robotic Assisted Laparoscopic Prostatectomy will be referred to a robotic centre in the mainland UK. As yet there are no clear regional guidelines or arrangements on how these patients will be followed up on their return and this needs to be addressed by the NICaN NSSG.

Any patient requiring non-surgical oncological treatment is referred via the MDT to the Cancer Centre at Belfast City Hospital.

The MDT did not include a named stoma nurse in their extended team membership but were able to describe how patient would have access to this nurse if required.

Patient experience

The Trust participated in the regional National Cancer Patient Experience Survey and has also carried out a local survey. The MDT is currently looking at how to implement the recommendations, in particular regarding the lack of privacy for breaking of bad news on the ward.

Holistic needs assessment (HNA) has taken time to be implemented and this is being done in conjunction with introducing the key worker role. CNSs are present at diagnosis and therefore patients know who to contact and this is recorded in the patient records but not on the MDT proforma.

Patients are given written information on disease, support and are directed to national and local services. There is a Macmillan Information Unit on site where patients can access further support. There is no leaflet about the MDT explaining roles and members.

The Trust has developed strong partnerships with local charities and support centres. Generic support groups meet once a month on the Craigavon site and occasionally in Southern Area Hospice in Newry. Cancer Choices in Donaghmore, County Tyrone, and Charis near Cookstown, County Tyrone, both offer support to patients, their families and carers. A range of services are offered such as complementary therapies, counselling, welfare rights advice and short courses. Action Cancer provides complementary therapies for children and young people at its outreach centre in Lurgan, County Armagh.

Patients are not routinely copied into their consultation letters and the MDT needs to decide how to resolve this.

Psychological support for patients is readily available as required by onward referral.

Clinical outcomes/indicators

The Trust uses the Cancer Patient Pathway System (CaPPS) to record data.

The surgeons all contribute to the appropriate British Association of Urology Surgeon (BAUS) audits and have undertaken local audit on ultrasound for testicular cancer and TRUS biopsy and the results have been discussed.

The MDT has active pathway management with input on cancer waiting times targets focussed at the beginning of the meeting. This is working well and the MDT reported that there have been no breaches of the 62 day target since January 2015.

Patients suitable for oncology trials are identified by the oncologist and research nurse at the MDT meetings. These trials are however based out of Belfast and therefore there are no clear identifiable numbers of patients recruited for this MDT.

No activity data per surgeon was provided.

Communication

GPs are informed of MDT meeting outcomes by post within 24 hours of discussion. The MDT recognises that the timeliness of the postal service is challenging and is awaiting implementation of the Electronic Care Record (ECR) which will mean that the information is sent to the GP promptly.

Five out of the eight appropriate core members have attended the advanced communication skills training.

Good Practice

Good Practice/Significant Achievements

The implementation of the Single Visit Clinic.

Appointment of two additional consultant surgeons.

Well-structured MDT meeting with rotating chair.

Proactive 62 day pathway management and no breaches since January 2015

Secured slots in clinic following MDT meeting for patient discussion.

Protected preview time to allow preparation for the MDT meeting.

Concerns

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Identified

Serious Concerns

1. There is now a single handed radiologist supporting the Urology MDT with no cover arrangements in place. Attendance at the MDT during 2015 is not consistent due to clinical commitments in order to deliver timely waits for patients. This could adversely affect the treatment planning decisions for patients.

Trust response:
The Trust can confirm that the reduction of radiology provision to the urology MDT was entirely unpredictable. The Trust has taken appropriate measures and has advertised a replacement radiologist with urology interest/expertise.

2. Due to low clinical oncology and radiology attendance at the MDT meetings in the reported period only 25% of meetings were quorate. This means that a large proportion of patients are not benefitting from the knowledge and expertise of a full multidisciplinary team when decisions are being made about their diagnosis and care. As a result this could lead to delays in the decision making processes and treatment.

Trust response:
The attendance from clinical oncology at MDT has significantly improved over the past year, however, this improvement must continue and to this end HSCB are working with the Regional Oncology Centre to ensure adequate oncology cover at all MDTs.

3. The reviewers were informed by a member of the cancer management team that routine referrals can wait up to 52 weeks for their initial clinic appointment. Patients who have a diagnosis of urological cancer following routine referral have a significant delay in diagnosis and this could impact on the treatment pathways and significantly affect outcomes for patients.

Trust response:
All referrals to the Trust are triaged by consultants, affording the opportunity for routine referrals to be processed more expeditiously, whether by upgrading to Red Flag status or Urgent, thereby minimising the risk to patients.

Whilst the urology service has increased their capacity to meet the current demand it has not addressed the previous backlog hence the increase in waiting times for routine referrals. The urology service is concentrating its resource on meeting the Red Flags and urgent demand, unfortunately this is at the expense of addressing routine demand. Also of note referrals into the urology service has increased by 20% since the service presented their original plan. The HSCB are aware of this increasing demand and plan to address demand as part of the Regional Review.

4. Nephron sparing surgery is being undertaken locally and this should all be undertaken by the specialist MDT as indicated in the draft NICaN clinical guidelines.

Trust response:
The guidelines remain to be agreed by NICaN and HSCB, and it is intended that they will be by January 2016.

Serious Concerns Resolved?

Not Resolved

Serious Concerns Resolution

Lack of implemented keyworker policy.

Lack of HNA and documentation.

No agreed pathway for follow up of patients after referral to mainland services.

No joint or parallel clinic in place to discuss treatment options.

Lack of agreed clinical guidelines.

Lack of data provided on local identification of patients suitable for recruitment to clinical trials.

Lack of a specific information leaflet describing the MDT function and roles.

Timeliness in communicating to GPs as reliant on postal service.

Not all appropriate core members have attended Advanced Communication Skills Training.

Clayton, Wendy

From: Carroll, Ronan
Sent: 05 April 2022 15:31
To: Wamsley, Chris
Cc: McClements, Melanie; Carroll, Anita; McVey, Anne; Conway, Barry; Walker, Helen; Keown, Caroline B; Burke, Mary; Boyce, Tracey
Subject: B5 governance posts

Importance: High

Chris,
Could I ask where we are with the recruitment of these posts which will better enable each Division to progress and better manage the workload & actions
Thsk
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

Clayton, Wendy

From: Carroll, Ronan
Sent: 02 May 2022 14:45
To: Carroll, Ronan
Subject: FW: 01102021 Copy of Live Database SHSCT Follow Up Mid-Year 21-22 September 2021.xlsx
Attachments: 01102021 Copy of Live Database SHSCT Follow Up Mid-Year 21-22 September 2021.xlsx

Importance: High

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by the USI

From: Carroll, Ronan Personal Information redacted by the USI
Sent: 01 October 2021 15:33
To: McClements, Melanie Personal Information redacted by the USI
Subject: FW: 01102021 Copy of Live Database SHSCT Follow Up Mid-Year 21-22 September 2021.xlsx
Importance: High

Melanie
Can I say that in the short time Joanne has been working with us in ATIC/SEC she has engaged with my HoS & LN to progress all that we could never get time to do.
For example this am she met with Amie to progress SAI recommendations and tortured me re Internal audit.
This dedicated resource in our high risk clinical area will pay dividends as she becomes the go to person within the division
thks
Ronan

Ronan Carroll
Assistant Directot Acute Services
Anaesthetics and Surgery
Mob Personal Information redacted by the USI
Ext Personal Information redacted by

From: Bell, Joanne
Sent: 01 October 2021 14:53
To: McClements, Melanie
Cc: Wamsley, Chris; Carroll, Ronan; Nelson, Amie; Clayton, Wendy; Murray, Helena; Stinson, Emma M
Subject: 01102021 Copy of Live Database SHSCT Follow Up Mid-Year 21-22 September 2021.xlsx

Dear Melanie

I met with Ronan this morning and have updated the attached IA database with the remaining 3 assurances for SEC.

Many thanks
Joanne

No. Audits 52

Number of Recommendations 62

127

150

3

150

3

Shows Individual Directorate Status

IA Ref	Year	Dir	Audit Report	Assurance Level	Report Ref	Finding	Priority	Recommendation	Most Up To Date Trust Response	Responsible Manager	Original / Revised Imp Date	Current Imp Date	Current Status	Notes	Wording from Previous Report	P og ss Upda e Ma ch 2020	Cu n S a us	R ed mp Da e	E d nce a	Reviewed	Audit Manager Update On Response	IA Agreed Status	Wording for Report	New Imp Date	Done	Sp Respons b e O ce s	S a us by D ec o	Sp Wo d ng
7	17-18	Acute Services	Performance Management 17-18	Satisfactory	G	1.2	Priority 2	The formal Consultant Leave Policy should be agreed signed off and formally adopted. All medical rotas should be completed and provided to the booking centre six weeks in advance to enable appropriate clinic planning and patient booking.	ACCEPTED	Director HROD and Medical Director, Director of Acute Services, Assistant Directors of Acute Support Services	01/12/2018	30/0921	Partially Implemented		This is currently work in progress.							Partially Implemented	Within SEC, at present rotas are being issued four weeks in advance.There are difficulties issuing Consultant rotas six weeks in advance within SEC and ATICS. With the current consultant leave policy being set at 6 weeksnotice this results inrotas only being able to be released 4-5 weeks later.			Director HROD and Medical Director, Director of Acute Services, Assistant Directors of Acute Support Services	Partially Implemented	
17	18-19	Acute Services	WLI Follow up 18-19	N/A	Q	1	Not Prioritised	The Trust should consider the conduct of medical staff and approving officers involved in the Radiology WLI process. Given the findings of this review, the Trust should also seek to address the cultural issues that have facilitated and accommodated the payment of 4 hour sessions for activity that takes less time to deliver. (Radiology Only)	The Trust are working to have agreement and finalisation of the revised procedures by March 2020.	Director Acute Services	31/03/2020	30/09/2021	Partially Implemented		Radiology already carry out pre-approval process The new WLI process includes a more streamlined process will be fully implemented by all specialties, including radiology							Partially Implemented	New process being finalised.There is a revised WLI process for approving and processing payments sent for consultation to all Acute AD's 15 Sept 2021..AD's to provide agreed minimum levels of activity expected for each four hour session by speciality.			Director Acute Services	Partially Implemented	
17	18-19	Acute Services	WLI Follow up 18-19	N/A	Q	3	Not Prioritised	The Trust should update its work allocation methodology, to increase the volume of work allocated to a 4 hour WLI session and ensure that 4 hours work is completed outside core time. (General Surgery and Radiology – Cardiology not previously reviewed)	Although allocation and recording processes currently only evidence minimum levels of activity per session, operationally management know that where the minimum levels of activity are completed in less than 4 hours additional activity will be performed to make up the 4 hour requirement. Management will establish a mechanism for recording and evidencing this additional activity	Director Acute Services	30/09/2019	30/09/2021	Partially Implemented		In interim, the radiology department continues to use a robust process to monitor and co-ordinate all WLI activity.							Partially Implemented	New process being finalised.There is a revised WLI process for approving and processing payments sent for consultation to all Acute AD's Sept 2021..AD's to provide agreed minimum levels of activity expected for each four hour session by speciality.			Director Acute Services	Partially Implemented	
17	18-19	Acute Services	WLI Follow up 18-19	N/A	Q	6	Not Prioritised	Management must ensure that all waiting list sessions are signed, dated and approved in advance by the Assistant Director and Associate Medical Director as per procedure. This must include details of the specific number of procedures/cases/examinations to be performed and that there is sufficient activity equating to 4 hours work. (General Surgery and Radiology – Cardiology not previously reviewed)	Management will remind Radiology staff of the requirement to ensure that all WLI claim forms are pre-approved. The pre-approval process within Radiology will be rolled out and implemented within all other specialities who undertake WLI work.	Director Acute Services	30/09/2019	30/09/2021	Partially Implemented		Radiology already carry out pre-approval process - see attached process. The new WLI process includes a more streamlined process will be fully implemented by all specialties, including radiology							Partially Implemented	New process being finalised.There is a revised WLI process for approving and processing payments sent for consultation to all Acute AD's Sept 2021..AD's to provide agreed minimum levels of activity expected for each four hour session by speciality.			Director Acute Services	Partially Implemented	
17	18-19	Acute Services	WLI Follow up 18-19	N/A	Q	9	Not Prioritised	All job plans should be reviewed and updated annually by the AMD in conjunction with the respective Consultant. The AMD and Director of Acute Services should ensure the four job plans referred to in section 4, are reviewed and updated. (General Surgery and Radiology – Cardiology not previously reviewed)	All job plans highlighted will be updated in line with Trust job planning procedures.	Director Acute Services	30/04/2019	30/09/2021	Partially Implemented		WLI only permitted for consultants with an updated and agreed job plan We can confirm as per Zircadian that all radiologists currently undertaking WLI have signed off job plans for this current job planning year 20/21							Partially Implemented	New process being finalised.There is a revised WLI process for approving and processing payments sent for consultation to all Acute AD's Sept 2021..AD's to provide agreed minimum levels of activity expected for each four hour session by speciality.			Director Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	2.1	Not Prioritised	The Trust should review its current utilisation of the emergency theatres at both hospital sites and ensure that they are used to optimum capacity and utilisation. Whilst it is appreciated that the nature of emergency theatres means that they must be available for emergencies, there may be potential for clinicians to explore further safe utilisation of these theatres and staff, during the day.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2022	Implemented		Discussed at the TMS Information meeting 27/8/2019. The information team has prioritised the emergency reports urgently for uploading on SharePoint. Due to covid this has not been progressed. However emergency utilisation reports are available on business objects for analysis.							Partially Implemented	Within SEC there is a Theatre management System (TMS) and a TMS system administrator who can run requested reports at any given time. Currently in Covid surge within CAH there is one 24/7 emergency theatre and within DHH one theatre from 1300 to 0800. A booking system via the nurse in charge using the taffic light system in TMS is utilised on both sites.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	2.2	Not Prioritised	An utilisation report for emergency theatres should be regularly run and monitored by Management.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2022	Implemented		No progress to date re: reports. The development of this report is one of the work areas of the Trust's TMS Information Reporting and Data Quality Group. Unfortunately, due to covid related pressures the Acute Information Team has not yet developed this report and the TMS Information Reporting and Data Quality Group have been unable to meet recently due to pressures within Acute Services Directorate. This report development still needs to be progressed							Partially Implemented	Within SEC this is a monthly report that is run, currently due to Covid pandemic this report is run when requested.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	2.3	Not Prioritised	Based on the utilisation of DHH emergency theatre, there is a rationale for reviewing available emergency theatre hours in DHH and also considering utilising CAH more fully for expedited category patients	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2022	Implemented		No progress to date linked with 2.1 and 2.2. Information team are prioritising the emergency theatre utilisation report							Partially Implemented	Currently within DHH- emergency theatre runs from 1300 to 0800. Current use in Covid involves transfer of patients to CAH or regionally.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	3.3	Not Prioritised	Management should review the processes in place for surgical pre admission in particular where there are significant waiting lists.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2022	Implemented		During covid 19 the surgical waiting lists were validated and clinically prioritised. Surgery was only undertaken on the urgent bookable list who had a priority 2							Partially Implemented	Currently surgical prioritisation of patients dictates this pre-op schedule. Pre op admission has been reviewed as a result of this.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	3.4.	Not Prioritised	The Trust should introduce renewed awareness campaigns for DNAs or CNAs and the overall impact this has on waiting lists etc.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2022	Partially Implemented		No progress. The IEAP is being reviewed regionally at present. Once new guidance to be circulated when agreed. In the meantime the Trust is to consider awareness to patients re: impact of a patient DNA's or Cancels on the day. Communication team to support with the campaign. However, since covid 19 the process is being reviewed due to patients not accepting surgery dates or cancelling due to covid fears.							Partially Implemented	New regional guidance has been issued requiring patients to undergo a Covid swab test prior to their procedure.'GuidanceTesting for COVID-19 before a hospital procedure' Updated 23 August 2021			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	4.1	Not Prioritised	The Trust should establish how these issues can be addressed in light of on-going pressures on inpatient beds.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2022	Partially Implemented		Impact of high levels of emergency admissions. There are ongoing challenges due to bed pressures. The operational AD huddle takes place Monday/ Wednesday / Friday were bed pressures are discussed.							Partially Implemented	Patient flow huddles take place three tiems a day Monday to Friday. However due to the number of patients attending ED and requiring admission, surgical bed capacity continues to accommodate these admissions via ED.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	6.1	Not Prioritised	In order to achieve the required 6 week notice period for pre-operative assessments and timely notification of patients management should consider reviewing the Medical leave policy.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2021	Partially Implemented		Update: The annual leave policy for medical staff still remains at 6 weeks notice, therefore unable to provide 6 week notice period for pre operative assessment. Recommendations to be discussed with the Medical Director and AMD. AMD has recommended rolling out CWL rotas to other specialities which locks down the rota with 6 weeks notice							Partially Implemented	With the current Consultant leave policybeing set at 6 weeks notice this results in rotas only being able to be released 4-5 weeks later.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	6.2	Not Prioritised	The surgical rotas should be prepared and made available on a timely basis, to allow for efficient scheduling and booking of patients onto theatre lists and appropriate time for pre-operative assessments to be completed.	Accepted	Assistant Director of Acute Services	30/09/2019	31/03/2021	Partially Implemented		Communication to be circulated to all relevant staff re: deadline for submission of rotas to the theatre team. Due to covid 19 theatre rotas have been more challenging to complete due to speciality sharing theatres.							Partially Implemented	Within SEC, at present rotas are being issued four weeks in advance.There are difficulties issuing Consultant rotas six weeks in advance within SEC and ATICS.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	7.1	Not Prioritised	As per procedure, to allow timely completion of pre-operative assessments, patients listed in theatre sessions should be notified to Pre-Operative Assessment Team 6 weeks in advance of surgery date.	Accepted	Assistant Director of Acute Services	30/09/2019	30/09/2021	Implemented		Pre op briefing paper to be considered for additional staff within the pre-op team. Trust to secure potential funding for enhancement of the pre-op service before planners complete a paper. The Director of acute Services is going to discuss the Pre-op service with the Director of performance. An injection of funding is required to meeting the demand on the pre-op service							Partially Implemented	when patients are added to the waiting list the pre op team are informed. The pre op team then commence their assessment process.Usually routine and urgent case have > 4 weeks notification. Red flags may receive < 2 weeks notice depending on clincal presentation.			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	8.1	Not Prioritised	The governance arrangements around the management of theatre utilisation should be clarified.	Accepted	Assistant Director of Acute Services	30/09/2019	30/09/2021	Implemented		To be discussed and agreed at THUGS. Theatre utilisation reports to be discussed at AD, HOS to discuss with CD, business meeting and THUGS							Partially Implemented	Prior to Covid, monthly THUGS meetings discussed and reviewed theatre utilisation reports with representation from theatres, anaesthetics and nursing			Assistant Director of Acute Services	Partially Implemented	
19	18-19	Acute Services	Theatre Utilisation 18-19	N/A	S	9.2	Not Prioritised	The Theatre Escalation procedure should be reviewed to ensure it is still appropriate and an agreed future review date included on the document.	Accepted	Assistant Director of Acute Services	30/09/2019	30/09/2021	Partially Implemented		The Escalation policy is currently being reviewed and is for discussion at the next THUGS meeting.							Partially Implemented	A draft theatre escalation procedure requires updated and approved at THUGS. Currently these meetings are temporarily suspended due to Covid pandemic			Assistant Director of Acute Services	Partially Implemented	
22	19-20	Acute Services	Fire Safety 19-20	Limited	V	3.2	Priority 2	Directors should closely monitor staff attendance at Fire safety training within their directorates where there is low compliance actions should be taken to address the issues.	Accepted	Director Acute Services	31/10/2019	31/08/2021	Implemented		Staff have been reminded of the need to complete mandatory Fire safety Training however uptake due to COVID has been minimal.							Partially Implemented	Within Acute Services, there is a ward based training matrix. Identified staff within each ward have a role overseeing fire training attendance.Monthly review 1:1 Lead nurse and ward manager meetings review attendance and have focused plans to target when compliance is low.Fire training uptake has been slowed due to the covid pandemic			All Directors	Partially Implemented	Staff have been reminded of the need to complete mandatory Fire safety Training however uptake due to covid has been minimal.
25	19-20	Acute Services	Pharmacy Procurement & Contract management 19-20	Satisfactory	Y	2.2	Priority 2	DACs should be put in place for the 92 items referred to above.	Management accepts this recommendation. Due to vacant posts and long term absences, implementation may take longer than expected due to other competing tasks such as achieving efficiency savings.	Lead Procurement Pharmacist	30/06/2020	31/03/2022	Partially Implemented		Work is ongoing in this area but not yet complete.							Partially Implemented	? Pharmacy update			Lead Procurement Pharmacist	Partially Implemented	
27	19-20	Acute Services	Payments to Staff 19-20	limited	AA	2.1	Priority 2	The Acute Services Directorate should issue guidance to staff to ensure that payments to staff are made in line with Agenda for Change Regulations and such divergences don't recur. This should include guidance that in future no overtime payments are made to staff on Band 8A and higher	Accepted	**Director of Acute Services**	30/06/2020	30/09/2021	Implemented		Paused due to COVID as Band 8A and above were entitled to receive overtime allowance. PSC have reinstated the monthly reports. Band 8A overtime claimed for July hours to be paid in August. The report is run before payroll exit so any corrections needed can be made prior to payment							Partially Implemented	Remains paused due to Covid as band 8a and above were entitled to receive overtime allowance.			**Director of Acute Services**	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	1.1	Priority 1	The Trust must develop an action plan to promptly substantially improve compliance with all required Hyponatremia training for clinical staff.	Accepted	Assistant Director Acute Services (ATICs, Surgery & Elective Care) & Interim Assistant Director of Nursing, Midwifery Workforce & Education.	31/07/2020	30/09/2021	Implemented		An action plan has been developed and training matrix shared with the operational teams. Progress is being made to ensure staff attending hyponatraemia training. Safeguarding training level 3 has not be finalised by the CEC to date.							Partially Implemented	An action plan has been developed and corporately led through Hyponatraemia Steering group and Hyponatraemia Lead for SHSCT. SEC AD, SEC Lead in conjunction with CYP HOS have assisted and progressed assurances for Hyponatraemia clinical recommendations No 10 -29. A training matrix has been shared with operational Teams with an enhanced focus on training attendance - resulting in improved attendance figures within SEC cohort areas over the last 6 months with 89-100% compliance range over the last quarter..PEWS training has been provided witin Theatresby CYP Lead nurses. Plans are progressing for this training to become an elearning			Assistant Director Acute Services (ATICs, Surgery & Elective Care) & Interim Assistant Director of Nursing, Midwifery Workforce & Education	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	2.1	Priority 2	Heads of Service should ensure their staff complete the necessary mandatory safeguarding training. Action should be taken when quarterly compliance is below the minimum requirement.	Accepted	Operational Assistant Directors	31/03/2021	30/09/2021	Implemented		Staff are working through the CEC level 2 safeguarding training. Level 3 Safeguarding is required for ward managers/ Clinical sisters. This training programme has not be agreed							Partially Implemented	Within Acute Services, there is a ward based training matrix. .Monthly review 1:1 Lead nurse and ward manager meetings review attendance and have focused plans to target when compliance is low. Staff are currently working through the CEC level 2 safeguarding training. Level 3 safeguarding is required by ward managers/clinical sisters - this training programme has not been agreed yet			Operational Assistant Directors	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	3.1	Priority 2	The Trust should develop a policy on caring for and safeguarding children and young people who are admitted to adult wards. This policy needs to be formally approved and circulated to all necessary staff. In the interim Management should ensure that the recently finalised flowchart summarising SHSCT's Admission Protocol for Young People aged 14-15 years 364 days is formally issued to all staff, accessible on SHSCT intranet and action taken to fully embed within the Trust.	Accepted	Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience.	31/10/2020	31/03/2022	Partially Implemented		The Admission protocol for CYP has been issued to staff and is available on the Trusts Sharepoint site. A safeguarding policy for CYP admitted to adult wards has been developed and is awaiting policy scrutiny approval.							Partially Implemented	The Trust have developed a policy on caring for and safeguarding children and young people who are admitted to adult wards. The Policy was approved by Scrutiny Committee in April 2021.A communication strategy has been agreed and due completion 8 October 2021, sharing with staff, embedded within Teams, sharepoint , global email and briefing on the Southerni.	08/10/2021		Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	3.2	Priority 2	The Trust should ensure that all relevant staff are subsequently trained and aware of the application of this policy.	Accepted	Operational Assistant Directors	31/03/2021	31/03/2022	Partially Implemented		The lead nurse for Safeguarding CYP has agreed to develop an awareness session for staff which will be circulated once the policy is agreed by policy scrutiny							Partially Implemented	A communication strategy has been agreed and due completion 8 October 2021, sharing with staff, embedded within Teams, sharepoint , global email and briefing on the Southerni.	08/10/2021		Operational Assistant Directors	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	4.1	Priority 2	In light off the policy development, all expectations of the considerations taken must be included in the patient centred care plan and all documentation required should be detailed in the policy. Consideration should be given to the use of Paediatric specific documentation for 14-16 year olds on designated Adult wards within the Trust, similar to that used within the SHSCT Paediatric Unit. Use of appropriate pressure ulcer risk assessment, PEWS, and paediatric kardex should be included in this. The Trust should use the learning from exceptions highlighted, to inform the new policy (referred to in finding 3 above).	Accepted	Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience.	31/10/2020	31/03/2022	Implemented		Paediatric documentation for CYP in adult wards is detailed in the policy awaiting policy scrutiny approval							Implemented	The Trust have developed a policy on caring for and safeguarding children and young people who are admitted to adult wards. The Policy was approved by Scrutiny Committee in April 2021.			Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	4.2	Priority 2	An audit process should be implemented to monitor that the correct documentation is used and fully completed.	Accepted	Lead Nurses	31/12/2020	31/03/2022	Partially Implemented		Audit tools have been developed and tested for PEWS, Paediatric fluid balance, paediatric NOAT and medicine kardex. On finalisation of the policy the audit of compliance with paediatric documentation will commence and be reported on via the NOI process							Partially Implemented	The Hyponatraemia Lead commenced an audit to monitor that the correct documentation is used and fully completed 13 September 2021.	end October 2021		Lead Nurses	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	5.1	Priority 2	The Trust's Action Plan against the 96 O'Hara recommendations should be revamped to provide a more meaningful picture of the Trust's position regarding implementation at any point in time. *It is appreciated that this is linked with regional work to develop assurance frameworks around each recommendations, issue regional directions and confirm implementation of recommendations.*	Accepted	Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience.	31/10/2020	31/03/2022	Implemented		A dedicated resource has been put in place to ensure the actions from the 96 O'Hara recommendations are allocated and completed. There is also a Hyponatraemia Oversight Group which oversees the associated work and a Hyponatraemia Clinical Audit Group. SHSCT has also put in place (in March 2021) further dedicated resource (Band 8B Hyponatraemia Lead for 9 months) to lead completion of the implementation of the recommendations.							Partially Implemented	A band 8 has been appointed to take the lead on the implementation of these receomendations with the nominated Trust leads. Progress has been made with nominated leads.			Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	6.1	Priority 2	The Trust should work regionally to ensure that any policy on Intravenous Fluids for Children and Young People reflects any Trust concerns and that it is approved and issued on a timely basis to SHSCT staff.	Accepted	Interim Assistant Director of Clinical & Social Care Governance.	31/05/2020	30/09/2021	Implemented		The Trust is working with regional collegues to ensure that policy on Intravenous Fluids for Children and Young People reflects Trust concerns.							Implemented	The Trust have worked regionally to ensure that any policy on Intravenous Fluids for Children and Young People reflects Trust concerns and that it is approved and issued on a timely basis to SHSCT staff. – Regional Policy was updated and issued in May 2020. This policy is on the intranet			Interim Assistant Director of Clinical & Social Care Governance	Partially Implemented	
28	19-20	Acute Services	Management of Children In Adult wards 19-20	limited	AB	9.1	Priority 2	Given that the frequency of reporting by the Trust's IHRD Oversight Steering Group to SMT has reduced and Trust Board only receive updates from this group twice per year, consideration should be given to more detailed update reports being presented to both SMT and Trust Board.	Accepted	Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience.	30/11/2020	30/09/2021	Partially Implemented	Initial Implementation Date not passed at previous follow up exercise.	In March 2021 the Trust appointed a Hyponatraemia Lead for 9 months. This will facilitate more frequent reporting to SMT and Trust Board.							Implemented	Report quarterly to SMT and subsequently to Governance Committee and Trust Board.			Interim Assistant Director of Clinical & Social Care Governance and Assistant Director of Nursing, Safety, Quality & Patient Experience	Partially Implemented	
34	19-20	Acute Services	Medication Incidents 19-20	Limited/Satisfactory	AH	7.1	Priority 2	Management should develop a regional procedure to ensure that all stages of the medication incident process, including recording, approval, investigating, use of Datix Web and learning is taking forward consistently across all 5 HSC Trusts.	The Trust will liaise with regional HSC Trusts on relevant regional working groups to develop processes to take forward learning consistently across all 5 Trusts	All Governance Teams	31/03/2021	31/03/2022	Partially Implemented	Initial Implementation Date not passed at previous follow up exercise.	The upgrade od DATIX was delayed due to COVID. The Trust are appointing a Band 6 operator and it is hoped that the upgrade will take place in December 2020. There is a new HOS for risk and learning part of their role is to develop and strengthen Trust corporate management of standards and guidelines processes. The new HOS started on 1 February 2021 and this is part of her action plan. A training Officer will now be appointed to help take this forward							Partially Implemented				All Governance Teams	Partially Implemented	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	1.1	Priority 2	As previously reported in the 2018/19 Theatre Utilisation report, the surgical rotas should be prepared and made available on a timely basis, (4 weeks) to allow for efficient scheduling and booking of patients onto theatre lists and appropriate time for pre-operative assessments to be completed.	Medical annual leave to be confirmed with 6 weeks' notice. This will then enable the Heads of Service to develop the emergency and elective rotas for their specialities. Their rotas are forwarded to Theatres who then develop the overall theatre/anaesthetic rota. The Trust will aim for the final theatre/anaesthetic rota to be developed at 4 weeks minimum	Head of Service for ATICs and Surgical specialities	30/04/2021	30/04/2021	Partially Implemented		Implementation date not due							Imp Date Not Passed	A process is to be agreed for the approval of medical annual leave six weeks in advance. The ATICS HOS issues a combined rota every 4-6 weeks to allow for efficient scheduling and booking of patients onto theatre lists and appropraite time for pre-operative assessments to be completed.			Head of Service for ATICs and Surgical specialities	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	1.2	Priority 2	As previously reported in the 2018/19 Theatre Utilisation report, as per procedure, to allow timely completion of pre-operative assessments, patients listed in theatre sessions should be notified to Pre-Operative Assessment Team 4 weeks in advance of surgery date.	Medical annual leave to be confirmed with 6 weeks' notice. This will then enable the Heads of Service to develop the emergency and elective rotas for their specialities. Their rotas are forwarded to Theatres who then develop the overall theatre/anaesthetic rota. The Trust will aim for the final theatre/anaesthetic rota to be developed at 4 weeks minimum	Head of Service for ATICs and Surgical specialities	30/04/2021	30/04/2021	Implemented		Implementation date not due							Imp Date Not Passed	Yes, patients listed for theatre sessions are notified to the pre op assessment team> 4 weeks in advance except in the case of Red Flag patients			Head of Service for ATICs and Surgical specialities	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	1.3	Priority 2	Management should review processes to ensure all private outpatients transferring to NHS inpatient waiting lists are promptly notified to the Pre-operative Assessment team.	Accepted	Booking centre manager	30/04/2021	30/04/2021	N/A		Implementation date not due							Imp Date Not Passed	No private patients in SHSCT			Booking centre manager	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	1.4	Priority 2	Management should review and strengthen processes where ward admissions via ED, are subsequently re-booked for urgent surgery e.g. Urology Stent removals within 4-8 weeks, so they are promptly notified to the Pre-operative Assessment Team on discharge.	Accepted	Booking centre manager	30/04/2021	30/04/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Booking centre manager	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	1.5	Priority 2	Management should review and remind Surgical specialities in relation to limited use of pre-operative assessments given the high volume of exceptions found.	Accepted	Head of Service for ATICs and Surgical specialities	30/04/2021	30/04/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed	Currently during Covid pandemic demand for pre op is reduced.			Head of Service for ATICs and Surgical specialities	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	2.1	Priority 2	Management should ensure all patients due for elective surgery have an up to date pre-operative assessment completed no more than 13 weeks ahead of planned surgery. Management should focus on improving processes in those specialties with higher volumes of exceptions including General Surgery, Gastro, ENT and Urology.	Accepted	Lead Nurse and Pre-op Band 7 Sister	30/04/2021	30/04/2021	Implemented		Implementation date not due							Imp Date Not Passed	currently with reduction in listsmeeting this target. Preop team able to meet demand.			Lead Nurse and Pre-op Band 7 Sister	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	3.1	Priority 2	Management should review and update its Policy on Gaining Consent to ensure all the latest legal and ethical standards have been incorporated into the policy.	Accepted	Associate Medical Director	30/04/2021	30/04/2021	Implemented		Implementation date not due							Imp Date Not Passed	SEC compliant. A policy on consent is in place.			Associate Medical Director	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	3.2	Priority 2	All medical staff should be reminded of the importance of fully completing patient consent forms in order to fully comply with Trust procedures and minimise risk of future queries / concerns from patients.	Accepted	Associate Medical Director	30/04/2021	30/04/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed	AMD assurance please			Associate Medical Director	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	4.1	Priority 2	Management should produce comprehensive policy and procedures for pre-operative assessment processes and its interfaces with specialties and scheduling teams etc.	Accepted	Clinical Lead for Pre-Op, Head of Services, Lead Nurse for Pre-op & Pre-op Sister	30/06/2021	30/06/2021	Implemented		Implementation date not due							Imp Date Not Passed	Within SEC there are policies and procedures in place to support pre op assessment processes and interfaces with specialities and scheduling team.			Clinical Lead for Pre-Op, Head of Services, Lead Nurse for Pre-op & Pre-op Sister	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	4.2	Priority 2	Management should further document and strengthen its POA database procedures for managing and recording of pre-operative assessments to ensure quality and consistency of records.	Accepted - Implementation date will be dependent on the introduction of Encompass and any funding required for a database system	Clinical Lead for Pre-op and ATICS Head of Service	30/04/2023	30/04/2023	Partially Implemented		Implementation date not due							Imp Date Not Passed	Sr Racheal Donnelly lead for preop on encompass workgroups for southern trust which will develop databases			Clinical Lead for Pre-op and ATICS Head of Service	Imp Date Not Passed	
36	19-20	Acute Services & Medical Directorate	Waitling List - Pre op and Consent 19-20	Limited/Satisfactory	AJ	4.3	Priority 2	In the longer term Management should assess the need to develop a more comprehensive solution to managing and recording pre-operative assessments, integrated with PAS / NIECR etc.	Accepted - Implementation date will be dependent on the introduction of Encompass and any funding required for a database system	Clinical Lead for Pre-op and ATICS Head of Service	30/04/2023	30/04/2023	Partially Implemented		Implementation date not due							Imp Date Not Passed	introduction of Encompass to support this Sr Racheal Donnelly lead for preop on encompass for southern trust			Clinical Lead for Pre-op and ATICS Head of Service	Imp Date Not Passed	
37	19-20	Acute Services & Medical Directorate	Management of Patient Journey - Referrals 19-20	Satisfactory	AK	2.1	Priority 2	Management of Acute Services should work with the Head of Acute Information to establish if a report can be developed which would enable management to track and monitor who booked the referral onto PAS to ensure that the IEAP protocol is followed for all referrals.	Accepted	Assistant Director Acute Services – Functional Support Services	31/12/2020	31/03/2022	Partially Implemented		Acute Services are working with the information team to develop a report .							Partially Implemented				Assistant Director Acute Services – Functional Support Services	Partially Implemented	
37	19-20	Acute Services & Medical Directorate	Management of Patient Journey - Referrals 19-20	Satisfactory	AK	4.1	Priority 2	As per IEAP guidance, all outpatient referrals should be allocated to appointment slots in chronological order. An appropriate system should be introduced to allow this to be regularly monitored by the Trust and significant outliers / exceptions investigated.	Accepted	Heads of Service and Operational Support Leads	31/12/2020	31/03/2022	Partially Implemented		The RBC manager will work with the Information Manager to refresh an existing report and monitor this.							Partially Implemented				Heads of Service and Operational Support Leads	Partially Implemented	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	1.1	Priority 2	As per IEAP guidance, all outpatient referrals should be allocated to appointment slots in chronological order. An appropriate system should be introduced to allow this to be regularly monitored by the Trust and significant outliers / exceptions investigated. There should be a mandatory requirement to indicate changes of status on PAS. A report from PAS should then be regularly reviewed and reconciled to Change of Status forms received.	Southern Trust will review the current processes to ensure staff are aware of the requirement to use the newly available PTN code to identify patients being transferred from the Private sector to the NHS. This will allow reconciliations to take place.	Assistant Director – Workforce and Education/Assistant Director – Functional Support Services	31/05/2021	31/03/2021	Partially Implemented		Work is ongoing in relation to monitoring whether this code is being used appropriately, by auditing PAS and comparing to records kept within the cashiers office.							Partially Implemented				Assistant Director – Workforce and Education/Assistant Director – Functional Support Services	Partially Implemented	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	1.2	Priority 2	To further enhance control, there is a case for reviewing the practice of 'consultant to self' referrals, from the private sector and introducing additional controls where a consultant does refer to self.	This will be reviewed to ensure that this code is only being used for the correct purpose.	Private Patient Office	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Private Patient Office	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	1.3	Priority 2	Service Directorates and in particular specific services such as Radiology, should strengthen their scrutiny and challenge of service requests that could potentially originate from the private sector. Service areas should be particularly alert where services/treatments are only available on the HSC.	Consideration will be given to a process which may flag up when these circumstances arise, for a process of spot checking by appropriate managerial staff.	Assistant Director – Cancer and Clinical Services, Assistant Director – Workforce and Education	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Assistant Director – Cancer and Clinical Services, Assistant Director – Workforce and Education	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	1.4		The Trust should ensure the Integrated Elective Access Protocol (IEAP) is adhered to for all appointments. The Trust should review and monitor non adherence to the IEAP and central booking process, with a view to providing training where required and enforcing the central role of the Appointments/Booking Office. Where Consultants ask for fixed appointments to be made for patients out of chronological order, this should be captured and monitored. The Trust should consider whether this is due to clinical need, consultant preference/practice, or potentially inequitable practice.	All key staff will be communicated with, reminding them of the need to adhere to the IEAP. However, to put in place a mechanism for monitoring and capturing every appointment requested, to identify its chronological status, may not be feasible within existing resources. However, this will be considered	Assistant Director – Workforce & Education/Assistant Director – Functional Support Services	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Assistant Director – Workforce & Education/Assistant Director – Functional Support Services	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	2.1	Priority 2	The Trust should increase scrutiny and challenge over Change of Status forms that have been completed and sent to the Private Patient Office. The Trust should appropriately enforce the stated condition on the Change of Status form ie "*NB: until this form is approved by the Medical Director the patient will remain private and may be liable for charges*"	The Medical Directors Office will introduce alternative processes for approving the Change of Status Form, with the delegation of the approval function to senior clinical managers within the team	Deputy Medical Director	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Deputy Medical Director	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	2.2	Priority 2	The Medical Director should sign and date all change of status forms. Patients should only be added to the HSC waiting list when the change of status form has actually been signed and dated by the Medical Director.	The Medical Directors Office will introduce alternative processes for approving the Change of Status Form, with the delegation of the approval function to senior clinical managers within the team	Deputy Medical Director	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Deputy Medical Director	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	3.1	Priority 2	The Trust should review and update all consultant job plans in line with the annual job planning process. This should include all details of private practice carried out. As part of this job planning process the Trust should consider' total working hours across HSC and private practice.	All Medical Managers will be communicated with, to ensure this recommendation in relation to job planning is complied with during the next annual round of job planning	Deputy Medical Director/Assistant Director – Workforce and Education	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Deputy Medical Director/Assistant Director – Workforce and Education	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	3.2	Priority 2	As per the Code of Conduct for Private Practice - recommended standards of practice for HPSS consultants (November 2003), the Trust must ensure that: • All consultants have an annual job planning review. • All consultants completing private practice declare any private practice as part of the annual job planning process, consultants should disclose details of regular private practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of HPSS work and out of hours cover. Job plans should be signed and dated by the consultant and their Clinical Director	All Medical Managers will be communicated with, to ensure this recommendation in relation to job planning is complied with during the next annual round of job planning	Medical Director/Deputy Medical Director/All AMDs	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Medical Director/Deputy Medical Director/All AMDs	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	3.3	Priority 2	Consultants should be instructed to complete the required declaration in relation to Private practice for the current year.	All Medical Managers will be communicated with, to ensure this recommendation in relation to job planning is complied with during the next annual round of job planning	Medical Director/Deputy Medical Director/All AMDs	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Medical Director/Deputy Medical Director/All AMDs	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	4.1	Priority 2	All consultants should be instructed to fulfil their responsibility and submit their returns promptly and to accurately declare all paying work on a timely basis, to ensure the Trust does not suffer a loss in income.	Consultants will be written to and reminded to submit their returns promptly and to accurately declare all paying work on a timely basis	Deputy Medical Director/Assistant Director – Workforce and Education	31/05/2021	31/05/2021	Imp Date Not Passed		Implementation date not due							Imp Date Not Passed				Deputy Medical Director/Assistant Director – Workforce and Education	Imp Date Not Passed	
38	19-20	Acute Services & Medical Directorate	Management of Private & Paying Patients 19-20	Limited	AL	6.1	Priority 2	The procedures in relation to private medical practice should be agreed, finalised and issued to all staff as a matter of priority.	This Guidance will be submitted to LNC and SMT for approval.	Assistant Director – Workforce and Education	28/02/2021	28/02/2021	Partially Implemented		This Guidance will be submitted to LNC and SMT for approval.					30/9/021		Partially Implemented				Assistant Director – Workforce and Education	Partially Implemented	
40	20-21	Acute Services & Finance	Non Pay Expenditure 20-21	Satisfactory	AN	2.3	Priority 2	The Trust should ensure that any new members of staff undertaking the role of FPM approver are provided with adequate training, particularly with respect to their responsibility to check against contract rates.	All new users are currently given full access to a range of user guides on set up via the Trusts Sharepoint site (see below), which includes a specific guide on FPM Invoice Approver & Checker Responsibilities. All staff were offered periodic training sessions – however these have been stood down due to Covid 19. Financial Systems will re-circulate to all staff the link to the current guides and remind them of their responsibilities, specifically around checking against contracted rates. Consideration will also be given to move the training online for 2021.	Senior Financial Manager – Systems Team	30/06/2021	30/06/2021	Imp Date Not Passed		Implementation date not due.							Imp Date Not Passed				Senior Financial Manager – Systems Team	Imp Date Not Passed	
48	20/21	Acute Services	Management of medical Locums 20-21	Limited	AV	3.1	Priority 2	The recommendations identified in the Trust's Return to Balance action plan to reduce reliance on locum cover should be taken forward. The Trust should continue its focus on senior and middle grade medical recruitment to ensure that where possible all necessary actions are taken to avoid use of recruitment agencies. In addition they should review the skill mixes and different ways of working in areas of high agency spend	ACCEPTED	Director of Acute Services	31/12/2021	31/12/2021	Imp Date Not Passed									Split	Melanie/Ronan - assurance please				Split	
49	20/21	Acute Services	Adult safeguarding 20-21	Limited	AW	1.3	Priority 2	The Director of Acute Services should nominate the most appropriate person within the Directorate to act as the responsible person for Adult Safeguarding	ACCEPTED	Director of Acute	30/05/2021	30/05/2021	Implemented									Imp Date Not Passed	An interim HOS has been appointed to have responsibility for leading on adult safeguarding within the Directorate.The Acute Director is considering future arrangements and support to engage the MDT across Acute				Imp Date Not Passed	
49	20/21	Acute Services	Adult safegaurding 20-21	Limited	AW	3.1	Priority 2	Adult Safeguarding Management should ensure all staff fully complete all fields in the APP1 form when completing referrals. Management should also review what fields are mandatory on APP forms including date fields	ACCEPTED	AD Acute Services	30/06/2021	30/06/2021	Imp Date Not Passed									Split					Split	
49	20/21	Acute Services	Adult safegaurding 20-21	Limited	AW	3.2	Priority 2	Appropriate supervision / quality review processes should be introduced to IO / DAPO staff follow the Standard Operating Procedures and record all APP forms and case notes on PARIS ensuring that a rationale for all decisions made during the process are fully documented on the system.	ACCEPTED	SW leads and Professional supervisors Acute Services	31/10/2021	31/10/2021	Imp Date Not Passed									Split					Split	
49	20/21	Acute Services	Adult safegaurding 20-21	Limited	AW	3.3	Priority 2	Appropriate supervision / quality review processes should be introduced to IO / DAPO staff follow the Standard Operating Procedures and record all APP forms and case notes on PARIS ensuring that a rationale for all decisions made during the process are fully documented on the system.	ACCEPTED	AD Acute Services	31/10/2021	31/10/2021	Imp Date Not Passed									Split					Split	
49	20/21	Acute Services	Adult safegaurding 20-21	Limited	AW	4.2	Priority 2	The Trust should ensure the Adult Safeguarding Checklist is used in the supervision process by all DAPOs to direct the supervisor when reviewing and discussing Adult Safeguarding cases assigned	ACCEPTED	Directorate Social work Leads Acute Services	31/07/2021	31/07/2021	Imp Date Not Passed									Split					Split	
49	20/21	Acute Services	Adult safegaurding 20-21	Limited	AW	4.3	Priority 2	The Trust should ensure that there is sufficient staff trained and available to provide the DAPO function	ACCEPTED	AD Acute Services	31/07/2021	31/07/2021	Imp Date Not Passed									Split					Split	
49	20/21	Acute Services	Adult safegaurding 20-21	Limited	AW	4.4	Priority 2	Within the Acute MH setting, the Ward Manager should return to screening and approving the APP1 before submission to the APGT	ACCEPTED	Assistant Director Acute MH	30/06/2021	30/06/2021	Imp Date Not Passed									Imp Date Not Passed					Imp Date Not Passed	

Clayton, Wendy

From: Carroll, Ronan
Sent: 02 May 2022 14:55
To: Carroll, Ronan
Subject: FW: Governance Structure within ACute Services

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 15 March 2018 13:05
To: Conway, Barry Personal Information redacted by USI
Subject: FW: Governance Structure within ACute Services

Barry
Sorry didn't include you as was simply following on the previous emails
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by USI

From: Carroll, Ronan
Sent: 15 March 2018 11:48
To: Gishkori, Esther; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services
Importance: High

Esther,
Tks for the update – totally unaware of any recruitment to these positions and as this person will be part of ATIC/SEC, the same successful model in IWMH, I would ask to be part of the recruitment process
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by USI

From: Gishkori, Esther
Sent: 15 March 2018 11:12
To: Carroll, Ronan; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services

Ronan,
Governance is everyone's business, especially documentation, communication, and communication with relatives and patients.
Training has to be initiated at operational level but I agree, everyone does need some help with the whole process for the implementation of learning which I feel we could get better at.

The recruitment process is underway to bolster the governance team but as there will only be one of them per division, there will be still be responsibility on the operational teams to deliver.
Tracey or Trudy may want to comment on the recruitment process
Thanks
Esther.

From: Carroll, Ronan
Sent: 15 March 2018 08:35
To: Carroll, Ronan; Boyce, Tracey; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services
Importance: High

Esther
Last Friday I attended a very informative talk given by Mr Patrick McGurgan one of NI's coroner's. in summary he said, and this will be no surprise, that continuously Trust's fail to

1- Document comprehensively
2- Communicate openly and with understanding with pts/relatives
3- Train/Update and provide evidence of learning

Which again brings me to my concern with regard to the above. We are approximately 19mths into restructuring and no further forward with respect to having the agreed structure in place.
So yet again I ask can I be assigned a Risk/governance B7 who will work with the HOS/LN/AMD's to manage all elements of governance
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 19 January 2018 10:08
To: Carroll, Ronan; Boyce, Tracey; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Cc: Haynes, Mark; Scullion, Damian; Kelly, Brigeen; Corrigan, Martina; Murray, Helena; Nelson, Amie; Clayton, Wendy
Subject: RE: Governance Structure within ACute Services
Importance: High

Esther,
We are now a further 3mths since I sent the email below. The structure which we all signed up to has not materialised and in fact I am unsure of what the actual structure is.
I have discussed this with my AMD's & HoS and similar to the model that appears, to us, to work very well in IWMH (Anne & heather will have experience of this model) I would request that we are assigned a Risk/governance B7 who will work with the HOS/LN to manage all elements of governance within ATICs/SEC.
Ronan

Ronan Carroll
Assistant Director Acute Services
ATICs/Surgery & Elective Care
Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 30 September 2017 15:57
To: Boyce, Tracey; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: RE: Governance Structure within ACute Services
Importance: High

Tracey
Yes – we all agreed 2 B7 for MUSC 1 SEC/ATICs so we have 3 Connie, Edel, Cathie with Paula supporting/Floating.

We are 18mths into the restructuring would be great to get this finally bottomed with AD's clear who they had reporting to them
Helen/Esther please come back to me if this is not in order pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by USI

From: Boyce, Tracey
Sent: 29 September 2017 17:09
To: Carroll, Ronan; Gishkori, Esther; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: RE: Governance Structure within ACute Services

Hi Ronan
That's a great idea re Cathy helping out with the governance work – we would be delighted to have her.

We currently don't have a budget for governance – how would the funding work out? Would it be on the same basis that Sharon was helping the team?

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy
Personal Information redacted by USI

Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/

From: Carroll, Ronan
Sent: 29 September 2017 12:34
To: Carroll, Ronan; Gishkori, Esther; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: RE: Governance Structure within ACute Services

Dear all
Further to my email below for which I received no update on my query Esther/Helen I am asking is there any issue in me bringing Sr Cathie Rocks in to replace the role of Sharon Kennedy to work in ATICs/SEC.
Personal Information redacted by the USI could as I understand it work 5days weekly
I would be keen to support her and achieve direct support for ATICs/SEC
Ronan

Ronan Carroll
Assistant Director Acute Services

From: Carroll, Ronan Personal Information redacted by USI
Sent: 28 August 2017 14:11
To: Gishkori, Esther; Boyce, Tracey; Walker, Helen; McVey, Anne; Trouton, Heather
Subject: Governance Structure within ACute Services
Importance: High

Please find attached three (there are possibly more) SAIs where there is no evidence that the recommendations have been actioned.
We agreed to have 3 governance managers working to each MUSC (2) and SEC/ATICs (1). These staff were Connie, Sharon & Edel all B7 (Paula can work across all 3 clinical divisions)
So can I ask for an update on the above subject.
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob Personal Information redacted by USI

Clayton, Wendy

From: Carroll, Ronan
Sent: 02 May 2022 14:54
To: Carroll, Ronan
Subject: FW: Acute Governance structure
Attachments: Appendix A Org chart 31 May 2018.docx; Acute Governance Enhanced Structure proposal 31 May 2018.docx

Importance: High

Ronan Carrroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob - Personal Information redacted by USI

From: Carroll, Ronan Personal Information redacted by USI
Sent: 24 June 2018 22:11
To: Boyce, Tracey Personal Information redacted by USI; Carroll, Anita Personal Information redacted by USI; Conway, Barry Personal Information redacted by USI; Walker, Helen Personal Information redacted by USI; McVey, Anne Personal Information redacted by USI
Subject: RE: Acute Governance structure
Importance: High

Tracey
Thanks for this. It will be great to get these post embedded into each of the clinical divisions.
Couple of points for discussion –

1. why are the posts B6?
2. Risk midwife is B7 – this model works well by everyone's accounts
3. Do they need to be nurses?
4. From the flow chart I see B7 x 2 what is their role over and above the embedded B6's
5. The risk midwife I don't see in the flow chart- who do they report to ?

Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob Personal Information redacted by USI
Ext Personal Information

From: Boyce, Tracey
Sent: 22 June 2018 16:33
To: Carroll, Ronan; Carroll, Anita; Conway, Barry; Walker, Helen; McVey, Anne
Subject: FW: Acute Governance structure

Hi all
I don't think Esther got a chance to share this with you before she went off.

I am not sure if she shared it with Shane yet either.

Kind regards

Tracey

Dr Tracey Boyce

Director of Pharmacy
Personal Information redacted by the USI

Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/

From: Boyce, Tracey
Sent: 05 June 2018 11:06
To: Gishkori, Esther Personal Information redacted by USI
Cc: Reid, Trudy; Stinson, Emma M
Subject: FW: Acute Governance structure

Hi Esther
Just realised that you probably needed a paper to go with this for the Acute team discussions and Shane – rather than just a chart.

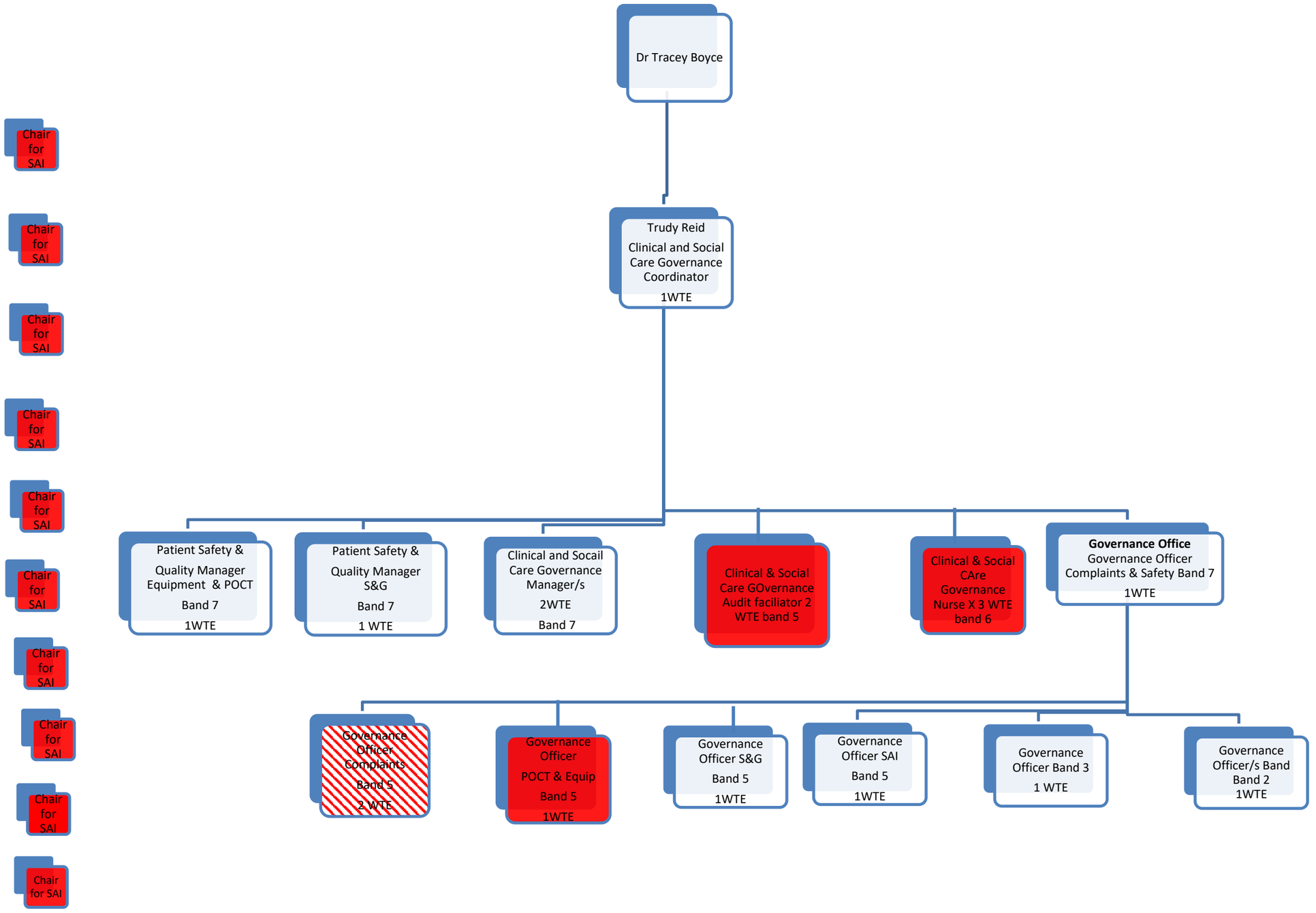
Please find attached a draft paper for your consideration.

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy
Personal Information redacted by USI

Learn more about mental health medicines and conditions on the Choiceandmedication website http://www.choiceandmedication.org/hscni/



Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

Acute Governance Enhanced Structure – proposal for discussion

31ST May 2018

Additional funding may become available to enhance the Clinical Governance structure within the Acute Directorate in 2018/19. This paper proposes the additional posts/roles that would be added to the existing structure.

The existing structure of the Acute Governance Team is outlined in Appendix A. The existing posts are coloured blue and the proposed new posts are coloured red.

The introduction of additional posts would allow the Acute Governance team to introduce proactive governance activities such as governance dashboards, incident trend analysis, additional governance training and learning events related to trends/patterns identified from Trust incident reports.

Rationale for proposed new posts

3 wte band 6 Governance Nurses

- These posts would be embedded in the MUSC and SEC teams to work with them on their 'day to day' datix and complaint responses (potentially one for SEC, one for ED and one for the rest of MUSC – but need to agree this with the ADs if funded).

2 wte band 5 audit facilitators

- The Audit facilitator posts will be aligned to the Divisions within Acute, supporting the teams in their clinical audit work. At present there is no support for audit within Acute.

1 wte band 5 Equipment/POCT governance officer

- 1 Band 5 governance officer to work with the equipment management/POCT band 7, as from previous discussions with the Directors of Planning and HR, these post will need to take on the cross Directorate work which is not being addressed at the moment, rather than just focussing on the Acute Directorate.

1 band 5 Equipment/POCT governance officer

- 1 additional band 5 governance officer to improve our response to complaints, Ombudsmen enquires and risk register work/training for staff.

0.5 'Governance' PA for 10 consultants

- By creating 10 consultants with 0.5PA for governance we could address the current problems we have with the availability of Consultant medical staff for SAI chairs and other governance working groups. This also fits with the proposal Dr Kahn discussed with the Acute SMT in May. The model would merge aspects of IWMH Medical governance and also MHD's approach to leadership of SAIs. We would provide advanced SAI leadership training for this team of consultants.

Tracey Boyce
Director of Pharmacy/Acute Governance
31st May 2018