

Ram Suresh
Consultant Urologist
C/O Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

7 June 2022

Dear Ram Suresh,

Re: The Statutory Independent Public Inquiry into Urology Services in the
Southern Health and Social Care Trust

Provision of a Section 21 Notice requiring the provision of evidence in the
form of a written statement

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and/or has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 61 of 2022]

Pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Ram Suresh
Consultant Urologist
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 18th July 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 11th July 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 6th June 2022

Signed:

Personal information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry

SCHEDULE
[No 61 of 2022]

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”), except where those documents have been previously provided to the USI by the SHSCT. If you are uncertain about what documents have been provided to the Inquiry please liaise with the Trust’s legal representatives. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust’s legal advisors, or, if you prefer, you may contact the Inquiry.

Your position(s) within the SHSCT

4. Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.
5. Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.
6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, Services, systems, roles and individuals whom you manage/d or had responsibility for.
7. With specific reference to the operation and governance of Urology Services, please set out your roles and responsibility and lines of management, including your lines of management in respect of matters of clinical care, patient safety, administration and governance.
8. It would be helpful for the Inquiry for you to explain how those aspects of your role and responsibilities which were relevant to the operation and governance of Urology Services, differed from and/or overlapped with the roles of the Clinical Lead, Clinical Director, Medical Director, Associate Medical Director, and Head of Urology Service or with any other role which had governance responsibility.

Urology services

9. For the purposes of your tenure, in April 2008, the SHSCT published the '*Integrated Elective Access Protocol*', the introduction of which set out the background purpose of the Protocol as follows:

1.1 INTRODUCTION

1.1.1 This protocol has been developed to encompass the elective pathway within a hospital environment. The principles can be applied to primary and community settings, however it is recommended that guidance is developed which recognises the specific needs of the care pathway provided in these settings.

1.1.2 The length of time a patient needs to wait for elective treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust. The successful management of patients who wait for outpatient assessments, diagnostic investigations and elective inpatient or day case treatment is the responsibility of a number of key individuals within the organisation. General Practitioners, commissioners, hospital medical staff, managers and clerical staff have an important role in ensuring access for patients in line with maximum waiting time guarantees, managing waiting lists effectively, treating patients and delivering a high quality, efficient and responsive service. Ensuring prompt timely and accurate communications with patients is a core responsibility of the hospital and the wider local health community.

1.1.3 The purpose of this protocol is to define those roles and responsibilities, to document how data should be collected, recorded and reported, and to establish a number of good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists. It will be a step-by-step guide to staff, and act as a reference work, for the successful management of patients waiting for hospital treatment.

1.1.4 This protocol will be updated, as a minimum, on an annual basis to ensure that Trusts' policies (*sic*) and procedures remain up to date, and reflect best practice locally and nationally. Trusts will ensure a flexible approach to getting patients treated, which will deliver a quick

response to the changing nature of waiting lists, and their successful management.

1.1.5 This protocol will be available to all staff via Trusts' Intranet.

During your time working in Urology services, was the *'Integrated Elective Access Protocol'* provided to you or its contents made known to you in any way by the SHSCT? If yes, how and by whom was this done? If not, how, if at all, were you made aware of your *role and responsibilities* as a Consultant urologist *as to how data should be collected, recorded and reported ... to establish good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists for the successful management of patients waiting for hospital treatment?*

10. How, if at all, did the *'Integrated Elective Access Protocol'* (and time limits and guidelines, etc., within it) impact or inform your role generally as a Consultant urologist? How, if at all, were the time limits for Urology Services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?
11. What, if any, performance indicators were used within the Urology unit during your tenure? If there were changes in performance indicators throughout your time there, please explain.
12. Do you think the Urology services generally were adequately staffed and properly resourced throughout your tenure? If not, can you please expand noting the deficiencies as you saw them? Did you ever complain about inadequate staffing? If so, to whom, what did you say and what, if anything, was done?
13. Were there periods of time when any staffing posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were such staffing challenges and vacancies within the unit managed and remedied?

14. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of Urology services? In your view, did staffing problems present a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples.
15. Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?
16. Did your role changed during your tenure? If so, did changes in your role impact on your ability to provide safe clinical care, minimise patient risk and practice good governance?
17. Explain your understanding as to how the Urology unit and Urology Services were and are supported by administrative staff during your tenure. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to you as a Consultant so that you may properly carry out your duties. Accordingly, please set out in full all assistance and support which you receive from administrative staff to help you to fulfil your role.
18. Did you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular Consultants? How was the administrative workload monitored?
19. Did all Consultants have access to the same administrative support? If not, why not?
20. Have you ever sought further administrative assistance? If so, what was the reason, whom did you ask and what was the response?
21. Did administrative support staff ever raise any concerns with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you or anyone else did in response.
22. Did you feel supported by the nursing and ancillary staff in the Unit? Please describe how and when you utilised nursing staff in the provision of clinical care

for Urology patients. Did you consider that the nursing and ancillary staff complement available was sufficient to reduce risk and ensure patient safety?

23. Please set out your understanding of the role of the (a) specialist cancer nurse(s) and (b) Urology nurse specialists, and explain how, if at all, they worked with you in the provision of clinical care. How often and in what way did you engage with those nurses in your role as Consultant? Did you consider that the specialist cancer nurse, and all nurses within Urology, worked well with (Consultants? Did they communicate effectively and efficiently? If not, why not.
24. What was your view of the working relationships between nursing and medical staff generally? If you had any concerns, did you speak to anyone and, if so, what was done?
25. What was your view of the relationships between Urology Consultants and administrative staff, including secretaries? Were communication pathways effective and efficient? If not, why not? Did you consider you had sufficient administrative support to fulfil your role? If no, please explain why, and whether you raised this issue with anyone (please name and provide full details).
26. As Consultant urologist, how did you assure yourself regarding patient risk and safety and clinical care in Urology Services in general? What systems were in place to assure you that appropriate standards were being met and maintained?
27. Who was in overall charge of the day to day running of the Urology unit? To whom did that person answer? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.
28. During your tenure did medical managers and non-medical managers in Urology work well together? Whether your answer is yes or no, please explain with examples.

29. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and refer to (or provide, if not provided by the Trust already) any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

30. Were you involved in the review or appraisal of others? If yes, please provide details. Did you have any issues with your appraisals or any you were involved in for others? If so, please explain.

Engagement with Urology staff

31. Please set out the details of any weekly, monthly or daily scheduled meetings with any Urology unit/Services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.

Governance

32. During your tenure, who did you understand as overseeing the quality of Services in Urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of Services?

33. Who oversaw the clinical governance arrangements of the unit and how was this done? As Consultant urologist, how did you assure yourself that this was being done properly? How, if at all, were you as Consultant urologist provided with assurances regarding the quality of urology services?

34. How, if at all, did you inform or engage with performance metrics overseen in Urology? Who was responsible for overseeing performance metrics?

35. How did you assure yourself regarding patient risk and safety in Urology services in general? What systems were in place to assure you that appropriate standards were being met and maintained?

36. How did you ensure that governance systems, including clinical governance, within Urology Services were adequate? Did you have any concerns that

governance issues were not being identified, addressed and escalated as necessary?

37. How could issues of concern relating to Urology Services be brought to your attention or be brought to the attention of others? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?
38. Did those systems or processes change during your tenure? If so, how, by whom and why?
39. How did you ensure that you were appraised of any concerns generally within or relating to Urology Services?
40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to (unless provided already by the Trust).
41. What systems were in place for collecting patient data in Urology Services? How did those systems help identify concerns, if at all?
42. What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?
43. During your tenure, how well do you think performance objectives were set for Consultant medical staff and for specialty teams within Urology Services? Please explain your answer by reference to any performance objectives relevant to Urology during your time (and identify the origin of those objectives), providing documentation (where it has not been provided already) or sign-posting the Inquiry to any relevant documentation.
44. How well did you think the cycle of job planning and appraisal worked within Urology Services and explain why you hold that view?

45. The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns, having the potential to impact on patient care and safety, arose within Urology Services. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how issues were escalated (if at all) and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.
46. Did you feel supported in your role by your line management and hierarchy? Whether your answer is yes or no, please explain by way of examples.

Concerns regarding the Urology unit

47. The Inquiry is keen to understand how, if at all, you engaged with the following post-holders:-
- (i) The Chief Executive(s);
 - (ii) the Medical Director(s);
 - (iii) the Director(s) of Acute Services;
 - (iv) the Assistant Director(s);
 - (v) the Associate Medical Director;
 - (vi) the Clinical Director;
 - (vii) the Clinical Lead;
 - (viii) the Head of Service;
 - (ix) other Consultant Urologists.

When answering this question please name the individual(s) who held each role during your tenure. When addressing this question you should appreciate that the Inquiry is interested to understand how you liaised with these post-holders in matters of concern regarding Urology governance generally, and in particular those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise

nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding Urology services which are the subject of this Inquiry. You should refer to all relevant documentation (and provide that documentation if not previously provided), dates of meetings, actions taken, etc.

48. Were any concerns ever raised regarding your clinical practice? If so, please provide details.

49. Did you ever have cause for concern, or were concerns ever reported to you regarding:

(a) The clinical practice of any medical practitioner in Urology Services?

(b) Patient safety in Urology Services?

(c) Clinical governance in Urology Services?

If the answer is yes to any of (a) – (c), please set out:

- (i) What concerns you had or if concerns were raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc., and attendees, and detail what was discussed and what action (if any) was planned in response to these concerns.
- (ii) What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
- (iii) Whether, in your view, any of the concerns raised did or might have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If no steps were taken, explain why not.

- (iv) Any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements? What was your involvement, if any?
- (v) How you assured yourself that any systems and agreements put in place to address concerns were working as anticipated?
- (vi) How, if you were given assurances by others, you tested those assurances?
- (vii) Whether, in your view, the systems and agreements put in place to address concerns were successful?
- (viii) If yes, by what performance indicators/data/metrics did you measure that success? If no particular measurement was used, please explain.

50. Having regard to the issues of concern within Urology Services which were raised by you, with you or which you were aware of, including deficiencies in practice, explain (giving reasons for your answer) whether in your view these issues of concern were -

- (a) Properly identified,
- (b) Their extent and impact assessed properly, and
- (c) The potential risk to patients properly considered?

51. What, if any, support was provided to you and Urology staff by the Trust given any of the concerns identified? Did you engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not. (Q64 will ask about any support provided to Mr. O'Brien).

52. Was the Urology Services offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

Mr. O'Brien

53. If you ever became aware of concerns regarding Mr. O'Brien, in what context did you first become aware? What were those concerns and when and by whom were they first raised with you? Please provide any relevant documents if not already provided to the Inquiry. Do you now know how long these issues were in existence before coming to either your own or anyone else's attention? Please provide full details in your answer.

54. Did you raise any concerns about the conduct/performance of Mr O'Brien? If yes:

- (a) Outline the nature of concerns you raised, and why they were raised?
- (b) Who did you raise it with and when?
- (c) What action was taken by you and others, if any, after the issue was raised?
- (d) What was the outcome of raising the issue?

If you did not raise any concerns about the conduct/performance of Mr. O'Brien which were known to you, please explain why you did not?

55. As relevant, please detail all discussions (including meetings) in which you were involved which considered concerns about Mr. O'Brien, whether with Mr. O'Brien or with others (please name). You should set out in detail the content and nature of those discussions, when those discussions were held, and who else was involved in those discussions at any stage.

56. If applicable, what actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate.

57. As Consultant urologist, did you consider that any concerns raised regarding Mr. O'Brien may have impacted on patient care and safety? If so:

- (i) In what way may concerns have impacted on patient care and safety?
- (ii) When did any concern in that regard first arise?
- (iii) What risk assessment, if any, did you undertake, to assess potential impact? and
- (iv) What, if any, steps did you take to mitigate against this? If none, please explain. If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person?

58. If applicable, please detail your knowledge of any agreed way forward which was reached between you and Mr. O'Brien, or between you and others in relation to Mr. O'Brien, or between Mr. O'Brien and others, given the concerns identified.

59. What, if any, metrics were used in monitoring and assessing the effectiveness of any agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before? Who was responsible for overseeing any agreed way forward, how was this done, where was record of the oversight recorded, and how long did this oversight last? Please include any documentation (unless already provided) and/or indicate where the Inquiry may find a record of any oversight.

60. As relevant, how did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed? Are there records of you having assured yourself that systems and agreements put in place, to address concerns, were effective?

61. Did any such agreements and systems which were put in place operate to remedy the concerns? If yes, please explain. If not, why do you think that was the case? What, in your view, could have been done differently?

62. Did Mr O'Brien raise any concerns with you regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise (and if not with you, with whom), and when and in what context did he raise them?
63. How, if at all, were those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something? How far would you expect those concerns to escalate through the chain of management?
64. What support was provided by you and the Trust specifically to Mr. O'Brien given the concerns identified by him and others? Did you engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.
65. How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust governance documents, such as the Risk Register? Please provide any documents referred to, unless already provided. If the concerns raised were not reflected in governance documents and raised in meetings relevant to governance, please explain why not.

Learning

66. Are you now aware of governance concerns arising out of the provision of Urology Services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.
67. Having had the opportunity to reflect, do you have an explanation as to what went wrong within Urology Services and why?
68. What do you consider the learning to have been from a governance perspective regarding the issues of concern within Urology Services and the unit, and regarding the concerns involving Mr. O'Brien in particular?

69. Do you think there was a failure to engage fully with the problems within Urology Services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.
70. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?
71. Do you think, overall, the governance arrangements were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?
72. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Note: Two addendums to this statement were received by the Inquiry on 17 Oct 2023 and they can be found at WIT-103270 to WIT-103272. Annotated by the Urology Services Inquiry.

UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice No. 61 of 2022

Date of Notice: 7th June 2022

Witness Statement of: Kothandaraman Suresh

I, Kothandaraman Suresh, will say as follows:-

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.

1.1 Formally, I came to know about this inquiry on 9th June 2022 by email from the DLS.

1.2 I worked as a consultant urologist in Craigavon Area Hospital from 11/12/2013 until 9/10/2016. The duties and responsibilities were as in my job description, a copy of which has been emailed separately. **This can be located at S21 61 of 2022 Attachments, 1. 73813043 CONSULTANT UROLOGIST SURGEON - CAH - UPDATED 11 MARCH 13.**

1.3 Apart from this notice, I did not receive any notification. No issue was raised with me about me or anybody else during my tenure or afterwards.

1.4 I have not attended any meeting pertaining to this inquiry.

2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”), except where those documents have been previously provided to the USI by the SHSCT. If you are uncertain about what documents have been provided to the Inquiry please liaise with the Trust’s legal representatives. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.

2.1 Pertaining to this inquiry, the documents I have received so far from SHSCT are the following and are attached:

a. Two of my annual appraisal folders- **This can be located at S21 61 of 2022 Attachments, 2a. Dr K Suresh Appraisal 2014 Dr M Young 070515 & 2b. 2015 Appraisal Mr Kothandaraman Suresh (Mr Michael Young) 15-09-16**

b. My job plan- **This can be located at S21 61 of 2022 Attachments, 3. 20160801-Ref15-SKothandaraman-Urology-JobPlan**

c. The agenda for weekly departmental meetings – (18/6/2015, 23/7/2015 and 8/10/2015)- **This can be located at S21 61 of 2022 Attachments, 4a. 20150618 - Urology Departmental Meeting Agenda, 4b. 20150723 - Urology Departmental Meeting agenda & 4c. 20151008 - Urology Departmental Meeting agenda**

d. Performance report – 20/5/2015 and 18/6/2015 - **This can be located at S21 61 of 2022 Attachments, 5a 20150520 - PERFORMANCE update for urology dept meeting & 5b. 20150618 - Urology Departmental Meeting performance**

e. The list of incidents filed by me and the action report on them - **This can be located at S21 61 of 2022 Attachments, 6a. 27208 6b. 30271 6c. 39132 6d. 42769 6e. 44660 6f. 59235 & 6g. Datix Web Report**

2.2 I do not have any other document from SHSCT pertaining to this inquiry.

3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.

Your position(s) within the SHSCT

4. Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.

4.1 Basic Qualification

- a. MBBS Dec 1990
- b. Medical School Thanjavur Medical College Tamil Nadu, India

4.2 Post Graduate Qualifications

- a. FRCS Urology May 2007, Intercollegiate Examination Board U.K
- b. FRCS May 1997, The Royal College of Physicians and Surgeons of Glasgow
- c. Dip. NB (Gen. Surgery) Nov 1994, National Board of Examination, India.
- d. M.S (Gen Surgery) June 1994, M.G.M Medical College, India
- e. GMC Full Registration Reg. No. 4579997

4.3 Present Appointment

- | | |
|---|------------------------|
| a. Consultant in Urology
James Paget University Hospital, Great Yarmouth. | 10 Oct 2016
to date |
|---|------------------------|

4.4 Previous Appointments

- | | |
|---|-------------------------------|
| a. Consultant in Urology
Craigavon Area Hospital, Craigavon | 11 Dec 2013 to
09 Oct 2016 |
| b. Locum consultant in Urology
James Paget University Hospital, Great Yarmouth. | 01 Feb 2010 to
10 Dec 2013 |
| c. Associate Specialist in Urology
James Paget University Hospital, Great Yarmouth. | 01 May 2005 to
31 Jan 2010 |

4.5 I worked as a locum consultant for a period of one year in the same hospital (James Paget University Hospital) in 2005 and in 2008. I took a sabbatical leave and worked as a locum consultant in Urology in Belfast City Hospital from 01 Nov 2008 till 31 July 2009.

- | | |
|--|-------------------------------------|
| a. Staff Grade in Urology
James Paget University Hospital, Great Yarmouth. | 17 March 2003 to
30 April 2005 |
| b. Resident Surgical Officer in Urology (Registrar)
Lister Hospital, Stevenage, Hertfordshire. | 02 June 2000 to
16 March
2003 |
| c. Locum Registrar in Urology
Southport District General Hospital, Southport. | 02 June 1999 to
31 May 2000 |

- d. **Senior House Officer in Urology**
Ormskirk and District General Hospital, Ormskirk,
Lancashire. 04 Feb 1998 to
01 June 1999
- e. **Senior House Officer in General Surgery**
Blackpool Victoria Hospital, Blackpool. 06 Aug 1997
to
03 Feb 1998
- f. **Senior House Officer in Accident & Emergency**
Queen's Hospital, Burton on Trent. 05 Feb 1997 to
05 Aug 1997
- g. **Senior House Officer in Renal Transplant Unit**
University Hospital of Wales, Cardiff. 23 Sept 1996 to
04 Feb 1997
- h. **Senior House Officer in Trauma and Orthopaedics**
Queen's Hospital, Burton 01 Feb 1996 to
31 July 1996
- i. **Lecturer in General Surgery**
PSG Institute of Medical Sciences And Research,
Coimbatore, India. 05 Oct 1994 to
31 March 1995
- j. **Registrar in General Surgery (Higher Surgical
Trainee)**
M.G.M. Medical College, India. 04 June 1992 to
31 May 1994

5. Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.

5.1 Consultant in Urology

11 Dec 2013 to 09 Oct 2016

Craigavon Area Hospital, Craigavon

5.2 My duties and responsibilities as consultant involved conducting Urology clinics, endoscopy sessions and theatre sessions and ward rounds, constantly guiding and supervising trainees, administrative work directly related to the care of patients like reviewing the results and acting on them, triaging the referrals which was later upgraded to advanced triaging, attending Urology multi-disciplinary team meetings, engaging in Quality Improvement projects by involvement in audits (I did participate in a few audits but do not have the records of them), participation in clinical audit meetings, Morbidity & Mortality meetings.

5.3 Advanced triaging means while vetting the referral letters from the GPs or from another department, based on the need, requesting appropriate investigations like ultrasound or CT scan before seeing the patients in the clinic so that the results would be available when the patients were seen in the clinic. It also involved dictating letters to the patients and the GPs/ referrer about the investigations requested. The purpose of this is to speed up the process of assessing the patients.

5.4 My role as a consultant urologist was in accordance with the job description. The job description was an accurate reflection of my duties and responsibilities.

6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments,

Services, systems, roles and individuals whom you manage/d or had responsibility for.

6.1 My role was consultant urologist. I did not take up any other managerial role.

6.2 My line manager was Mr Michael Young, consultant urologist and the clinical lead and Ms. Martina Corrigan was the Head of Service.

7. With specific reference to the operation and governance of Urology Services, please set out your roles and responsibility and lines of management, including your lines of management in respect of matters of clinical care, patient safety, administration and governance.

7.1 My role as a consultant urologist was to constantly ensure the safety of patients and staff.

7.2 To report any incident without any delay.

7.3 My lines of management also included attending Urology Multi-disciplinary team meetings, weekly departmental meetings and combined audit/ Morbidity & mortality/ governance meetings.

7.3 My administrative work directly related to care of patients such as:

(a) Reviewing the results of tests, like blood tests, histology reports, radiology reports and acting on them by arranging further investigations or clinic follow up or advising treatment plan;

(b) Writing to patients with copies of the letters to their GPs with the results of the tests and the follow up arrangements;

(c) Triaging (vetting) the referrals from GPs and from other specialities.

Triaging the referral letters means to classify the referrals as whether two

week pathway, urgent or routine. The triaging system was later upgraded to advanced triaging, which means pre-investigating before the patients are seen in the clinic;

(d) Attending Urology multi-disciplinary team meetings

(e) Attending the weekly departmental meetings, governance/ audit/ Morbidity & mortality meetings

8. It would be helpful for the Inquiry for you to explain how those aspects of your role and responsibilities which were relevant to the operation and governance of Urology Services, differed from and/or overlapped with the roles of the or with any other role which had governance responsibility.

8.1 In my view, the roles and responsibilities of those who had governance responsibilities are-

- a. Developing and implementing policies and procedures
- b. Assessment of staff level and overseeing recruitment process
- c. Overseeing the activities of a group of all staff in their section.
- d. Participating in various administrative and clinical staff meetings
- e. Managing the activities related to the delivery of clinical services and medical care
- f. Overseeing Quality Improvement activities and Quality Assurance
- g. Managing the funding and dealing with financial aspects.
- h. My role was to assist them (those with governance responsibilities) as a team member by carrying out the day to day responsibilities of a consultant as per my job plan and as per my time table which was revised every month through a 'Work Schedule meeting' chaired by the clinical lead.

8.2 I did not take up any other managerial role but carried out the duties in the capacity of a consultant.

8.3 In essence, The Clinical Lead, Clinical Director, Medical Director, Associate Medical Director, and Head of Urology Service obviously had/ have extra roles and responsibilities than a consultant. The details of their responsibilities can be obtained from human resources.

8.4 The list of those who were in the above role during my tenure- as furnished by Ms. Martina Corrigan is as follows:

(i) The Chief Executive(s); -

Mrs Mairead McAlinden

Sept 2009 – March 2015

Mrs Paula Clarke

Mar 2015-Mar 2016

Mr Francis Rice

Apr 2016 – Mar 2018

(ii) the Medical Director(s);

Dr John Simpson

Jun 2011 – Aug 2015

Dr Richard Wright

Jul 2015 – Aug 2018

(iii) the Director(s) of Acute Services;

Mrs Debbie Burns

Mar 2013 – Aug 2015

Mrs Esther Gishkori

Aug 2015 – Apr 2020

(iv) the Assistant Director(s);

Mrs Heather Trouton

Oct 2009 – Mar 2016

Mr Ronan Carroll

Apr 2016 – present

(v) the Associate Medical Director;

Mr Eamon Mackle

Jan 2008 – Apr 2016

Dr Charlie McAllister

Apr 2016-Oct 2016

(vi) the Clinical Director;

Mr Robin Brown

(Mr Brown was CD for General Surgery in Daisy Hill Hospital –2011 he was asked to support Mr Mackle with the medical management of Urology).

Mr Sam Hall

Jan 2014 – Mar 2016

Mr Colin Weir

Jun 2016 – Dec 2018

(vii) the Clinical Lead;

Mr Michael Young

Apr 2007 – May 2022

(viii) the Head of Service;

Martina Corrigan

Sept 2009 – June 2021

8.5 The entire list of posts and the names and any description in this section were as per the email sent by Ms. Martina Corrigan for the purpose of this inquiry.

Urology services

9. For the purposes of your tenure, in April 2008, the SHSCT published the ‘*Integrated Elective Access Protocol*’, the introduction of which set out the background purpose of the Protocol as follows:

1.1 INTRODUCTION

1.1.1 This protocol has been developed to encompass the elective pathway within a hospital environment. The principles can be applied to primary and community settings, however it is recommended that guidance is developed which recognises the specific needs of the care pathway provided in these settings.

1.1.2 The length of time a patient needs to wait for elective treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust. The successful management of patients who wait for outpatient assessments, diagnostic investigations and elective inpatient or day case treatment is the responsibility of a number of key individuals within the organisation. General Practitioners, commissioners, hospital medical staff, managers and clerical staff have an important role in ensuring access for patients in line with maximum waiting time guarantees, managing waiting lists effectively, treating patients and delivering a high quality, efficient and responsive service. Ensuring prompt timely and accurate communications with patients is a core responsibility of the hospital and the wider local health community.

1.1.3 The purpose of this protocol is to define those roles and responsibilities, to document how data should be collected, recorded and reported, and to establish a number of good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists. It will be a step-by-step guide to staff, and act as a reference work, for the successful management of patients waiting for hospital treatment.

1.1.4 This protocol will be updated, as a minimum, on an annual basis to ensure that Trusts' policies (*sic*) and procedures remain up to date, and reflect best practice locally and nationally. Trusts will ensure a flexible approach to getting patients treated, which will deliver a quick response to the changing nature of waiting lists, and their successful management.

1.1.5 This protocol will be available to all staff via Trusts' Intranet.

During your time working in Urology services, was the *'Integrated Elective Access Protocol'* provided to you or its contents made known to you in any way by the SHSCT? If yes, how and by whom was this done? If not, how, if at all, were you made aware of your *role and responsibilities* as a Consultant urologist as *to how data should be collected, recorded and reported ... to establish good practice guidelines to assist staff with the effective management of outpatient, diagnostic and inpatient waiting lists for the successful management of patients waiting for hospital treatment?*

9.1 I do not specifically recall receiving the full document. I was not aware of its entire contents. But I was aware of the targets for the waiting lists. This issue was regularly discussed in the weekly departmental meeting. Data collection and reporting were done by the Head of Service. These were presented in the weekly departmental meetings periodically, but I cannot recall how often they were discussed.

9.2 The targets were the targets for outpatient waiting list, time to treat from the time of initial referral. Now, I cannot recall what the targets were at that time.

Data collection of waiting lists

9.3 This was done by the Head of Service. The data was briefly presented in the weekly departmental meetings. With the help of my secretary, I regularly reviewed the waiting list data of my patients and notified my line manager (Mr. Michael Young) and operational manager (Ms. Martina Corrigan) through emails and by discussions in the departmental meetings.

9.4 My secretary had all the data of all patients on the waiting list for surgery- routine, urgent and those on two week pathway. Myself and my secretary together planned and finalised the theatre lists a few weeks in advance, giving first priority to those on two week pathway, then the urgent cases and the gaps were filled in from those on routine waiting lists, in the order of waiting lists under each category.

9.5 The departmental meeting was once a week, scheduled for an hour - attended by all the Urology consultants and the Head of Service. **I have attached two reports on the waiting list which can be located at S21 62 of 2022 Attachments, 5a. 20150520 - PERFORMANCE update for urology dept meeting and 5b. 20150618 - Urology Departmental Meeting performance**

9.6 I have attached agendas for three separate weekly departmental meetings. **The agendas can be located at S21 62 of 2022 Attachments, 4a. 20150618 - Urology Departmental Meeting Agenda, 4b. 20150723 - Urology Departmental Meeting agenda, 4c. 20151008 - Urology Departmental Meeting agenda**

10. How, if at all, did the '*Integrated Elective Access Protocol*' (and time limits and guidelines, etc., within it) impact or inform your role generally as a Consultant urologist? How, if at all, were the time limits for Urology Services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?

Meeting the time limits

10.1 We, the consultants, were constantly updated with regards the new targets and about breaches in the targets in terms of waiting lists of clinics, investigations and definitive treatment, by the Head of Service during the weekly departmental meeting. I cannot recall what the targets were at that time.

10.2 To meet the targets, as a consultant, I offered my help to do my level best to do extra clinics, endoscopy sessions and theatres whenever possible. The trust took some action – organised some extra clinics and endoscopy sessions. I am not sure

how many extra sessions were organised nor which consultants undertook the extra work. I did a few extra endoscopy sessions but cannot recall the number of lists.

11. What, if any, performance indicators were used within the Urology unit during your tenure? If there were changes in performance indicators throughout your time there, please explain.

11.1 Out of the hundreds of Performance indicators in NHS, the main focus in Urology service was on Hospital bed occupancy, Cancer waiting time, Diagnostic test waiting time, Elective treatment waiting time and Outpatient clinic waiting time.

11.2 I do not recall any other specific performance indicator being discussed nor any change in them.

12. Do you think the Urology services generally were adequately staffed and properly resourced throughout your tenure? If not, can you please expand noting the deficiencies as you saw them? Did you ever complain about inadequate staffing? If so, to whom, what did you say and what, if anything, was done?

12.1 There were always some shortages of substantive staff –registrar/ middle grade doctors and nursing staff. These gaps were filled in by locum doctors especially to cover the on call. Shortages in nursing staff were covered by Bank staff. Two new consultant posts were filled in during my tenure. The timetable and the on call rota of consultants and registrars were reviewed and updated during the monthly meeting.

12.2 As far as I was aware, the level of staff was adequately covered by locum doctors and bank staff.

12.3 All the consultants were aware of the vacancy in the substantive Speciality doctor/ middle grade doctor post. This was a specific issue in the middle grade on call cover. We, as a group discussed this issue in the weekly departmental meetings, in the presence of the clinical lead and the head of service. The gaps in on call were

picked up in the monthly 'Schedule meetings' and locum cover were arranged for the on calls.

13. Were there periods of time when any staffing posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were such staffing challenges and vacancies within the unit managed and remedied?

13.1 There was a vacancy for a substantive Speciality Doctor/ middle grade doctor post. This was filled in by locum doctors.

13.2 This post was filled by two different doctors during my tenure. There were no issues in the quality of service nor any safety concern.

14. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of Urology services? In your view, did staffing problems present a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples.

14.1 Having different locum doctors of varying surgical skills during the on call added some extra work to me as a consultant. I ensured it did not cause any risk to patient safety or clinical care by my extra input.

14.2 By way of example I recall one locum doctor who was competent in assessing patients in the emergency unit and management of inpatients but was not confident in operating. So, I had to free up myself from the middle of ward rounds to attend theatre and later come back to complete the ward rounds.

15. Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?

15.1 Apart from promotions of nursing staff and the rotations of Specialty Trainees and FY doctors there was no big change in roles or responsibilities. Two new

consultants were appointed during my tenure. The system of advanced triaging was introduced to pre-investigate the patients before seeing them in the clinic to speed up the process.

16. Did your role changed during your tenure? If so, did changes in your role impact on your ability to provide safe clinical care, minimise patient risk and practice good governance?

16.1 No. There was no change in my role.

17. Explain your understanding as to how the Urology unit and Urology Services were and are supported by administrative staff during your tenure. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to you as a Consultant so that you may properly carry out your duties. Accordingly, please set out in full all assistance and support which you receive from administrative staff to help you to fulfil your role.

17.1 I had a full-time secretary (I do not recall their names, but details can be obtained from human resources of the Craigavon Area Hospital) who maintained my theatre diary in accordance with the waiting time as on the Patient Administrative System and the clinical priority. The secretary also tracked all the reports of blood tests, imaging, histology and other test results. I was regularly kept informed of the results through copies of them being kept in my folder (A paper folder). I reviewed and acted on them in a timely manner. All my dictations from clinics, endoscopy, theatres, correspondence on reviewing the results and other administrative letters and other reports were typed promptly by my secretary and despatched. The secretaries covered each other during their absences.

17.2 There were other administrative staff like booking centre, clinic co-ordinator and Theatre co-ordinator who had a collective role for all the consultants.

17.3 Overall, I felt, I was adequately supported by the admin staff.

18. Did you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular Consultants? How was the administrative workload monitored?

18.1 As explained in my answer to question 17.

18.2 I believe, their workload was monitored by the Head of Service- Martina Corrigan.

19. Did all Consultants have access to the same administrative support? If not, why not?

19.1 Yes.

20. Have you ever sought further administrative assistance? If so, what was the reason, whom did you ask and what was the response?

20.1 Only very rarely- when the absence of my secretary was not adequately covered. I contacted the Head of service, Martina Corrigan and adequate cover was provided at my request.

21. Did administrative support staff ever raise any concerns with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you or anyone else did in response.

21.1 Time to time, almost on a monthly basis, concerns were raised by my secretary and the staff from booking centre about the long waiting time in booking cases for theatre or to book for clinics. (I do not recall the names of my secretaries)

21.2 I promptly escalated the issue to my line manager (Mr. Michael Young) and Head of service (Ms. Martina Corrigan) who arranged some extra sessions to manage the backlog. In essence the concerns raised were mainly related to the long waiting time.

22. Did you feel supported by the nursing and ancillary staff in the Unit? Please describe how and when you utilised nursing staff in the provision of clinical care for Urology patients. Did you consider that the nursing and ancillary staff complement available was sufficient to reduce risk and ensure patient safety?

22.1 Yes. Nursing staff fulfilled their role within their capabilities. Starting from chaperoning in the clinical areas, supporting cancer patients, joining ward rounds to assisting in theatres, the nursing staff fulfilled their roles. The presence of nursing and ancillary staff were sufficient to reduce risk and ensure patient safety.

23. Please set out your understanding of the role of the (a) specialist cancer nurse(s) and (b) Urology nurse specialists, and explain how, if at all, they worked with you in the provision of clinical care. How often and in what way did you engage with those nurses in your role as Consultant? Did you consider that the specialist cancer nurse, and all nurses within Urology, worked well with (Consultants? Did they communicate effectively and efficiently? If not, why not.

23.1 The specialist cancer nurses offered support to cancer patients at every step- Vetting the two week pathway referrals, supporting the newly diagnosed cancer patients in the clinic by giving them their contact details, information leaflets and addressing their emotional and mental health issues and any personal need that would help the patients in making the decision on their definitive treatment.

23.2 We had constant interactions with the specialist cancer nurses. They joined the clinics while seeing newly diagnosed cancer cases and while breaking bad news.

23.3 The urology nurse specialist had the role of performing urodynamic tests, teaching the patients self-catheterisation and arranging trial without catheter. The job description for the (a) specialist cancer nurse(s) and (b) Urology nurse specialists can be obtained from the Human Resources, if needed.

23.4 As a consultant I worked as a team with specialist cancer nurse and Urology nurse specialists. I believe, all other consultants were also in good working relationships with specialist cancer nurse and Urology nurse specialists. I did not

notice any issue with the communication skills of these nurses nor any nursing staff in specific.

23.5 I have to say we had excellent team of nurses who fulfilled their role effectively in every aspect.

24. What was your view of the working relationships between nursing and medical staff generally? If you had any concerns, did you speak to anyone and, if so, what was done?

24.1 I observed and experienced only excellent working relationships between nursing and medical staff.

24.2 I had no concern.

25. What was your view of the relationships between Urology Consultants and administrative staff, including secretaries? Were communication pathways effective and efficient? If not, why not? Did you consider you had sufficient administrative support to fulfil your role? If no, please explain why, and whether you raised this issue with anyone (please name and provide full details).

25.1 I again noticed only excellent working relationships. I had no concern. I had sufficient secretarial and administrative support.

26. As Consultant urologist, how did you assure yourself regarding patient risk and safety and clinical care in Urology Services in general? What systems were in place to assure you that appropriate standards were being met and maintained?

26.1 Regarding patient risk and safety and clinical care in Urology Services in general, in my view, patients were under risk mainly because of the longer waiting time. In terms of safety and clinical care, in general, I did not observe any significant issue.

26.2 There was an effective clinical governance system. As far as I was aware all staff had access to the incident reporting system through which any concern by any staff could be notified. However, I did not get any automated feedback on the actions taken for the incidents. I did highlight the issue in one of the governance meetings of the surgical division, but cannot recall the exact date.

26.3 I felt the clinical governance system was effective in that all staff had access to an online reporting system of any incident or concern. Patients had access to PALS (Patient Advice and Liaison Services) and the complaint system.

26.4 I do expect to get the feedback/ report on actions taken on review of incidents and complaints as we all have to learn from the mistakes. We are obliged to know what went wrong, why did it happen and how to prevent such incidents happening again.

26.5 But, during my tenure, I did not receive the reports of the incidents I filed. I raised this issue in the combined surgical division audit/ governance meetings but do not recall the dates. Most of my colleagues echoed my concern in that meeting. We were told by the chair, cannot recall the name, that any learning point from the incident would be circulated to all the relevant staff. However, I do not think, the final reports on all incidents were circulated.

27. Who was in overall charge of the day to day running of the Urology unit? To whom did that person answer? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.

27.1 The clinical lead- Mr Michael Young.

27.2 Operational manager/ Head of Service Ms. Martina Corrigan.

27.3 I was directly answerable to the above two. I believe, they were answerable to the Associate Medical Director/ Medical Director. (Their names already provided in previous section).

28. During your tenure did medical managers and non-medical managers in Urology work well together? Whether your answer is yes or no, please explain with examples.

28.1 Yes, as far as I was aware. For example, The Head of Service, Ms. Martina Corrigan. I noticed only good working relationship.

29. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and refer to (or provide, if not provided by the Trust already) any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

29.1 I had my routine annual appraisal like any other staff. My annual appraisals were done by Mr Michael Young. **I have attached two of my annual appraisals which can be located at S21 62 of 2022 Attachments, 2a. Dr K Suresh Appraisal 2014 Dr M Young 070515 and 2b. 2015 Appraisal Mr Kothandaraman Suresh (Mr Michael Young) 15-09-16.**

29.2 My role was not subjected to any specific performance review.

30. Were you involved in the review or appraisal of others? If yes, please provide details. Did you have any issues with your appraisals or any you were involved in for others? If so, please explain.

30.1 No. I was not an appraiser in Craigavon Area Hospital.

Engagement with Urology staff

31. Please set out the details of any weekly, monthly or daily scheduled meetings with any Urology unit/Services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.

31.1 We had weekly departmental meetings attended by all the Urology consultants and operational manager (Ms. Martina Corrigan) to discuss various departmental issues like staffing level, waiting lists, theatre equipment etc. The meetings used to last about an hour. I don't think any formal minutes were recorded. The list of Urology consultants – Mr. Michael Young, Mr Aidan O'Brien, Mr. Tony Glackin. Mr. John O'Donoghue and Mr. Mark Haynes were appointed as new consultants after I joined the Trust. All the consultants were supposed to attend the meetings. I am not sure whether any attendance was recorded. I suggest to contact Ms. Martina Corrigan about the attendances.

31.2 There was also a monthly 'schedule meeting' attended by all urology consultants, registrars, secretaries and the operational manager to plan the timetable for the month eight weeks in advance. This was also for an hour or so.

31.3 It was to plan the time table. So, no separate minutes were recorded.

Governance

32. During your tenure, who did you understand as overseeing the quality of Services in Urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of Services?

32.1 As far as I was aware, it was governed by the clinical lead, associate medical director and the medical director.

a. Clinical Lead:

i. Mr Michael Young

b. Associate Medical Director:

i. Mr Eamon Mackle

Jan 2008 – Apr 2016

ii. Dr Charlie McAllister

Apr 2016-Oct 2016

c. Medical Director(s):

i. Dr John Simpson

Jun 2011 – Aug 2015

ii. Dr Richard Wright

Jul 2015 – Aug 2018

32.2 I do not recall receiving any specific report on assurance regarding the quality of services. But, any safety/risk issues and the morbidity and mortality figures were presented and discussed in the combined audit/ governance meetings.

33. Who oversaw the clinical governance arrangements of the unit and how was this done? As Consultant urologist, how did you assure yourself that this was being done properly? How, if at all, were you as Consultant urologist provided with assurances regarding the quality of urology services?

33.1 I cannot recall a separate clinical governance lead. But I was aware of the ongoing process of clinical governance. There was a proper online system for reporting any incident or concerns. Morbidities and mortalities (M&M) were presented and discussed in combined M&M, audit meetings. The governance meetings included the presentations of audits, serious incidents and the M&M, as a joint meeting of the entire surgical division.

33.2 New NICE (National Institute for Health and Care Excellence) guidelines were reviewed. We were regularly presented with the data of waiting lists and breaches in the targets.

34. How, if at all, did you inform or engage with performance metrics overseen in Urology? Who was responsible for overseeing performance metrics?

34.1 The data was collected by the operational manager who used to present it in the weekly departmental meetings. We, the group of consultants discussed the performance reports in the weekly departmental meeting and discussed the options of managing the long waiting list. I was part of the team participating in the discussions.

35. How did you assure yourself regarding patient risk and safety in Urology services in general? What systems were in place to assure you that appropriate standards were being met and maintained?

35.1 Through presentations in Morbidity & Mortality meetings and discussions of serious/ significant incidents in the combined surgical division meeting. The purpose of these meetings was to highlight any breaches in the standards.

36. How did you ensure that governance systems, including clinical governance, within Urology Services were adequate? Did you have any concerns that governance issues were not being identified, addressed and escalated as necessary?

36.1 I cannot answer the question of whether the clinical governance system was adequate as it was beyond the capacity of a consultant. However, I felt, there was a proper system but with minor gaps like lack of feedback on reported incidents. I was satisfied with the response when I first raised this issue, not sure of the date. But I had to bring it up again after a few months as no further action was taken in circulating the lessons learnt from all the incidents filed.

37. How could issues of concern relating to Urology Services be brought to your attention or be brought to the attention of others? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit,

such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?

37.1 We were aware of the longer waiting lists and breaches in the targets. Other concerns like serious incidents, complaints, morbidities & mortalities were discussed in the weekly departmental meetings and in the combined surgical division audit meetings.

37.2 I cannot recall any specific concerns/ complaints from outside the unit.

37.3 There were separate departments of PALS and complaint section. In my view, they worked efficiently as I did not hear or receive any issue about these departments. Overseeing or assessing the efficacy of these departments was beyond my capacity as a consultant without any managerial role.

38. Did those systems or processes change during your tenure? If so, how, by whom and why?

38.1 As far as I was aware there was no significant change during my tenure.

39. How did you ensure that you were appraised of any concerns generally within or relating to Urology Services?

39.1 As in section 37.

40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to (unless provided already by the Trust).

40.1 Through the minutes circulated after the combined surgical division audit meeting. I do not specifically recall receiving any other documents in this regard.

**41. What systems were in place for collecting patient data in Urology Services?
How did those systems help identify concerns, if at all?**

41.1 There was an iPM or PAS computer system accessible to secretaries, other administrative and managerial staff. I understand, through these systems, one can access the full list of all patients on waiting list and the length of waiting time.

42. What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?

42.1 I never accessed those systems but by periodical discussion with secretaries and other administrative staff, I updated myself about the waiting lists. I did not hear or receive any complaint about these systems from the admin staff or from anybody else.

43. During your tenure, how well do you think performance objectives were set for Consultant medical staff and for specialty teams within Urology Services? Please explain your answer by reference to any performance objectives relevant to Urology during your time (and identify the origin of those objectives), providing documentation (where it has not been provided already) or sign-posting the Inquiry to any relevant documentation.

43.1 The performance objectives set for the urology consultants were related to the day to day activities like the number of patients to be seen in each clinic/ endoscopy session (I do not recall the exact number of patients set for each clinic or endoscopy) and the best utilisation of theatre time by appropriate booking of cases. I was not aware of any other specific performance objective set for any specific consultant or the team as a whole.

44. How well did you think the cycle of job planning and appraisal worked within Urology Services and explain why you hold that view?

44.1 I had regular annual appraisals.

44.2 There was significant delay in getting my job plan approved, more so when it was switched to electronic system. After my job plan meeting with the clinical lead and agreeing my job plan, there were some miscommunication and misunderstandings about signing off the job plan. After the meeting with my clinical lead and verbally agreeing my job plan, I was informed by medical staffing (do not recall the name) that I need not do anything but to wait for approval from the Associate medical director. But, I did not know that I had to sign off first – “First sign off” in small prints in the e-job plan. I recall contacting medical staffing twice over phone enquiring about my job plan and I was asked just to wait. This led to a delay of over a year for the final approval of my job plan (**relevant document can be located at S21 62 of 2022 3. 20160801-Ref15-SKothandaraman-Urology-JobPlan**) I had to escalate it to the medical director. Except for that substantial delay in signing off my job plan, I think the cycle of job planning and appraisals were effective.

45. The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns, having the potential to impact on patient care and safety, arose within Urology Services. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how issues were escalated (if at all) and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.

45.1 As far as I was aware, there were several ways to raise concerns. Direct reporting to the lead, line manager, operational manager, Medical director or chief executive. (Their names already provided. Please see section 8). There were also PALS (Patient Advice and Liaison Service) and the complaints office to whom the patients or relative could directly contact.

45.2 My understanding of the clinical governance system is that once any concern was raised or an incident reported, the complaint team asked for a statement /

explanation from the staff/ team concerned. These were further analysed by the clinical lead and head of services. If it was found to be a minor issue without any harm to any one, the issue would be closed. But, if it was anything more that it would warrant ordering Root Cause Analysis and escalation to the Associate medical director and the medical director.

45.3 If any further details needed about the process of clinical governance, I suggest to obtain the details from the Governance lead or the medical director, please.

45.4 There was also an online incident reporting system.

46. Did you feel supported in your role by your line management and hierarchy? Whether your answer is yes or no, please explain by way of examples.

46.1 Yes.

46.2 The clinical lead and the head of service were always contactable and approachable. Therefore, I felt I was supported by my line managers. For example, when there was planning to switch to bipolar resection from the conventional monopolar resection, I, like other consultants, suggested trying the equipment of different manufacturers before finalising the purchase. The clinical lead and the head of services made all the arrangements so that all the consultants could try the different models available in the theatre to weigh the pros and cons of each model.

Concerns regarding the Urology unit

47. The Inquiry is keen to understand how, if at all, you engaged with the following post-holders:-

(i) The Chief Executive(s);

47.1 There was no need for me to have any interaction. So, I did not directly engage with the Chief Executive.

(ii) the Medical Director(s);

47.2 I recall just one meeting to have my revalidation in 2015

(iii) the Director(s) of Acute Services;

47.3 There was no need for me to have any interaction, so I did not directly engage.

(iv) the Assistant Director(s);

47.4 There was no need for me to have any interaction, so I did not directly engage.

(v) the Associate Medical Director;

47.5 To have my job plan approved. The interactions were through emails. I had no issues.

(vi) the Clinical Director;

47.6 There was no need for me to have any interaction, so I did not directly engage.

(vii) the Clinical Lead;

47.7 There was constant engagement with the clinical lead in the day to day running of the department. There was no issue with my practice.

(viii) the Head of Service;

47.8 There was constant engagement with the head of service in the day to day running of the department. I had no issues.

(ix) other Consultant Urologists.

47.9 There was constant engagement with the other consultant urologists in the day to day running of the department. There was no issue with my practice.

When answering this question please name the individual(s) who held each role during your tenure. When addressing this question, you should appreciate that the Inquiry is interested to understand how you liaised with these post-holders in matters of concern regarding Urology governance generally, and in particular

those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding Urology services which are the subject of this Inquiry. You should refer to all relevant documentation (and provide that documentation if not previously provided), dates of meetings, actions taken, etc.

47.10 There were a few operational issues like longer waiting times for urgent and elective cases, lack of beds, issues with theatre equipment.

47.12 On the clinical aspects there were some discrepancies in the practice of individuals in terms of choice and usage of antibiotics. For example, Mr Aidan O'Brien admitted a patient for administration of intravenous antibiotic just based on the symptoms. I do not recall the exact date or month. I directly discussed with him, during the joint ward rounds, about seeking the advice of microbiologist. He paid attention to my suggestion and acted accordingly. I recall Mr O'Brien contacting the microbiologist over the telephone on the same day and decided to withhold the antibiotic and to wait for culture reports. I cannot recall the exact date nor the details of the patient.

47.13 On the management aspects, there were some backlogs from Mr O'Brien in responding to online Advise & Guidance from GPs – not being replied in a timely fashion.

47.14 I highlighted these issues, whenever they arose, in the weekly departmental meeting and a consensus was reached. (The consensus in the departmental meeting was for all the consultants to adhere to the Trust Antibiotic Policy and every consultant to promptly respond to Advice & Guidance enquires from the GPs). **This can be located at S21 61 of 2022 Attachments, 7. Antibiotic guidelines UTI.**

47.15 Apart from the above and a few incident reporting, there was no need for me to escalate any issue beyond the clinical lead and the operational manager.

48. Were any concerns ever raised regarding your clinical practice? If so, please provide details.

48.1 No concern was raised regarding my practice.

48.2 Personally I felt I was slightly apprehensive about major open surgeries as my role mainly involved endourological procedures and inguinoscrotal procedures over the previous few years. I discussed it with my clinical lead and the associate medical director. I attended a few theatres with my colleagues and attended a cadaveric course that boosted up my confidence.

48.3. In essence, there was no concern about my practice. When I expressed my apprehension about major open surgeries, I was offered support. During my SPA time (supporting professional activities) I managed to attend a few theatre sessions (do not recall the exact number) with Mr. Michael Young and with Mr Aidan O'Brien to brush up my operative skills. I also got the funding to attend a cadaveric course. These measures boosted up my confidence. Overall, I felt, I was supported.

49. Did you ever have cause for concern, or were concerns ever reported to you regarding:

(a) The clinical practice of any medical practitioner in Urology Services?

(b) Patient safety in Urology Services?

(c) Clinical governance in Urology Services?

If the answer is yes to any of (a) – (c), please set out:

(i) What concerns you had or if concerns were raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc., and attendees, and detail what was discussed and what action (if any) was planned in response to these concerns.

(ii) What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?

(iii) Whether, in your view, any of the concerns raised did or might have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If no steps were taken, explain why not.

(iv) Any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements? What was your involvement, if any?

(v) How you assured yourself that any systems and agreements put in place to address concerns were working as anticipated?

(vi) How, if you were given assurances by others, you tested those assurances?

(vii) Whether, in your view, the systems and agreements put in place to address concerns were successful?

(viii) If yes, by what performance indicators/data/metrics did you measure that success? If no particular measurement was used, please explain.

49.1 a. On the clinical aspects there were some discrepancies in the practice of individuals in terms of choice and usage of antibiotics.

49.2 i. & ii. For example, Mr Aidan O'Brien admitted a patient for administration of intravenous antibiotic just based on the symptoms. I do not recall the exact date or month. I directly discussed with him, during the joint ward rounds, about seeking the advice of microbiologist. He paid attention to my suggestion and acted accordingly. I recall Mr O'Brien contacting the microbiologist over the telephone on the same day and decided to withhold the antibiotic and to wait for culture reports. I cannot recall the exact date nor the details of the patient.

49.3 a. 2 I can also recall of a patient under the care of Mr. O'Brien, being on unconventional treatment for prostate cancer – being treated with low dose tablet bicalutamide, over a few years. I noticed it when a patient turned up in my clinic for the follow up. I do not recall the exact date.

49.4 I copied my clinic letter to Mr. O'Brien with my concern that it was unconventional treatment and added in the agenda of the next Urology Multi-disciplinary team meeting. The consensus was that treatment with long term low dose bicalutamide was unconventional and that Mr O'Brien was to review the patient in the clinic and to discuss the appropriate options with the patient. I remember the presence of Mr. Aidan O'Brien in the meeting but cannot recall the entire attendance.

49.5 iii. In my view, the deviation from the antibiotic policy or long term treatment of prostate cancer with low dose bicalutamide could have had negative impact on patient's care and safety. That's why I acted promptly by discussing the issues directly with Mr Aidan O'Brien and in the relevant meetings as mentioned previously.

49.6 iv. Mr Aidan O'Brien was in agreement with views of all other consultants and therefore there was no need for me get involved further. I do not know whether any measures were taken to monitor implementing the changes. However, there was antibiotic stewardship undertaken by pharmacists reviewing prescriptions of antibiotics for inpatients.

49.7 v. I recall, circulation of emails by pharmacists the data on prescription of antibiotics and any breaches in compliance. These emails were circulated to all the consultants. So, I presumed, it would be the duty and responsibility of individual consultants to ensure compliance with the policy. I do not know any further measures taken in this regard.

49.8 vi. I was not given any assurance by anybody. But, I was aware of ongoing antibiotic stewardship by pharmacists.

49.9 vii. I can just recall that, with continued antibiotic stewardship, the breaches from compliance in antibiotic prescription across the trust were getting less and less.

49.10 viii. I do not know who monitored the antibiotic stewardship. I think, the chief pharmacist may be able to answer this question.

50. Having regard to the issues of concern within Urology Services which were raised by you, with you or which you were aware of, including deficiencies in

practice, explain (giving reasons for your answer) whether in your view these issues of concern were -

(a) Properly identified,

(b) Their extent and impact assessed properly, and

(c) The potential risk to patients properly considered?

50.1 There was no issue regarding my practice.

50.2 The issues I raised were addressed. However, I do not know whether the issues I raised were fully addressed as I did not receive the feedback on action taken on the incidents I reported. I raised this issue of not receiving the feedback in the combined surgical division audit meetings. We were told that the lessons learnt will be circulated to all relevant staff, but I can't recall receiving anything further in this regard.

50.3 Regarding the two issues I raised on the practice of Mr Aidan O'Brien were about two individual cases- one was about prescription of antibiotic and the other one was about treatment with low dose bicalutamide. Both these cases were addressed. But, I do not know whether the full extent and impact of the two issues were further assessed.

50.4 I do not know whether the potential risk to other patients were properly considered.

51. What, if any, support was provided to you and Urology staff by the Trust given any of the concerns identified? Did you engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not. (Q64 will ask about any support provided to Mr. O'Brien).

51.1 Personally, I did not feel any need for any extra support. But, to boost up my confidence in major open surgeries, when I asked for support, the support was

provided by facilitating me to join theatres with other consultants and to attend a cadaveric course.

52. Was the Urology Services offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

52.1 There were constant Quality Improvement projects.

52.2 The major ones I can recall having a significant positive impact in the service delivery were initiation of 'New one-stop clinics' and the system of advanced triaging.

52.3 Advanced triaging was time consuming but I felt it speeded up the process of patient journey by having investigations before being assessed in the clinic.

53. If you ever became aware of concerns regarding Mr. O'Brien, in what context did you first become aware? What were those concerns and when and by whom were they first raised with you? Please provide any relevant documents if not already provided to the Inquiry. Do you now know how long these issues were in existence before coming to either your own or anyone else's attention? Please provide full details in your answer.

53.1 I observed some lack of compliance with antibiotic policy in the practice of Mr. O'Brien. I noticed it soon after joining the Trust, but I am not sure *of the date*. I directly discussed the issue with him and in the weekly departmental meeting. The consensus in the meeting was that the entire Urology team comply with hospital Microbiology policy. Mr. O'Brien was receptive, paid attention to my concern and reflected on it by discussing it with a microbiologist.

53.2 I can also recall a patient under the care of Mr. O'Brien, being on unconventional treatment for prostate cancer – being treated with low dose tablet bicalutamide, over a few years. I noticed it when a patient turned up in my clinic for the follow up. I do not recall the exact date. I copied my clinic letter to Mr. O'Brien with my concern that it was unconventional treatment and added in the agenda of

the next Urology Multi-disciplinary team meeting. The consensus was that treatment with long term low dose bicalutamide was unconventional and that Mr O'Brien was to review the patient in the clinic and to discuss the appropriate options with the patient. I remember the presence of Mr. Aidan O'Brien in the meeting but cannot recall the entire attendance.

54. Did you raise any concerns about the conduct/performance of Mr O'Brien? If yes:

(a) Outline the nature of concerns you raised, and why they were raised?

(b) Who did you raise it with and when?

(c) What action was taken by you and others, if any, after the issue was raised?

(d) What was the outcome of raising the issue?

If you did not raise any concerns about the conduct/performance of Mr. O'Brien which were known to you, please explain why you did not?

54.1 There was no concern in terms of conduct or performance.

54.2 There were some variations in his clinical practice as in section 53.

55. As relevant, please detail all discussions (including meetings) in which you were involved which considered concerns about Mr. O'Brien, whether with Mr. O'Brien or with others (please name). You should set out in detail the content and nature of those discussions, when those discussions were held, and who else was involved in those discussions at any stage.

55.1 I personally discussed with him about his usage of antibiotics and also in the departmental meeting. It was face to face during the joint ward rounds. I cannot recall the exact date. He reflected on it by having telephone discussions with a microbiologist (I do not know the name).

55.2 The antibiotic policy was again discussed in the next weekly departmental meeting in the presence of my consultant colleagues. I cannot recall who were all present in that particular meeting, nor the date.

55.3 I also recall the antibiotic stewardship undertaken by pharmacists in the wards and circulating the data through emails. I think it was done on a monthly basis but do not recall the exact period. Antibiotic stewardship was undertaken by the pharmacist who did ward rounds by going through the prescription charts to see the appropriateness of antibiotic, its/their dose and duration.

55.4 The other issue was, as mentioned in section 53, the discussion in Urology MDT about a patient kept on low dose bicalutamide for prostate cancer.

56. If applicable, what actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate.

56.1 The issues I raised were addressed just by direct discussion, discussions in the weekly departmental meeting (about the usage of antibiotics) and once in the Urology MDT meeting (about the usage of low dose bicalutamide). Mr Aidan O'Brien was in agreement with the views of all others – to comply with trust microbiology policy; to review the patient on bicalutamide and to discuss all the alternative options. It was beyond my capacity to oversee further actions in these regards.

56.2 No further escalation was needed from my role.

57. As Consultant urologist, did you consider that any concerns raised regarding Mr. O'Brien may have impacted on patient care and safety? If so:

(i) In what way may concerns have impacted on patient care and safety?

(ii) When did any concern in that regard first arise?

**(iii) What risk assessment, if any, did you undertake, to assess potential impact?
and**

(iv) What, if any, steps did you take to mitigate against this? If none, please explain. If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person?

57.1 As in section 53. Deviation from microbiology policy is a potential risk to patients as it can cause antimicrobial resistance and side effects from the antibiotics.

57.2 Treating prostate cancer with long term low dose bicalutamide is not recommended by any guidelines.

57.3 I do not recall exactly when I first noticed it.

57.4 But, soon after I noticed the deviation in his practice, I promptly discussed it directly with him and brought up the issues in the relevant meetings (weekly departmental meeting and in the MDT meeting). Mr Aidan O'Brien paid attention to these two concerns and agreed with the views of all others and consensus was reached.

58. If applicable, please detail your knowledge of any agreed way forward which was reached between you and Mr. O'Brien, or between you and others in relation to Mr. O'Brien, or between Mr. O'Brien and others, given the concerns identified.

58.1 Mr. O'Brien did reflective practice by complying with trust antibiotic policy. Once a concern was raised by me about the usage of antibiotic just based on symptoms without microbiological proof, Mr. O'Brien paid attention to my concern and discussed about the patient with consultant microbiologist and agreed to follow the advice of microbiologist.

58.2 Regarding the low dose bicalutamide, after the discussion in the MDT meeting, Mr Aidan O'Brien agreed to review the patient in the clinic to discuss the alternative options.

59. What, if any, metrics were used in monitoring and assessing the effectiveness of any agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before? Who was responsible for overseeing any agreed way forward, how was this done, where was record of the oversight recorded, and how long did this oversight last? Please include any documentation (unless already provided) and/or indicate where the Inquiry may find a record of any oversight.

59.1 I cannot recall any specific measure imposed to monitor. But all morbidities and mortalities were presented and discussed in the formal meetings.

59.2 Details of any further measures can be obtained from the clinical lead or the medical director.

60. As relevant, how did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed? Are there records of you having assured yourself that systems and agreements put in place, to address concerns, were effective?

60.1 I do not think there was a robust system to monitor but I felt any major concern would be brought to light through the various governance systems in place. I did not feel the governance system was robust because I did not receive any report on actions taken on the incidents filed by me. As mentioned earlier, this lack of circulation of lessons learnt from incidents was raised in the combined surgical audit/ governance meetings.

60.2 It was beyond my capacity to oversee the entire governance system.

60.3 I was not aware of any specific system or agreement put in place to address concerns or to oversee the practice of Mr Aidan O'Brien. Therefore, I cannot comment on this.

61. Did any such agreements and systems which were put in place operate to remedy the concerns? If yes, please explain. If not, why do you think that was the case? What, in your view, could have been done differently?

61.1 Although the system was not robust, I felt the various governance system that existed would minimise any risk. It was beyond my capacity to oversee the entire governance system or to monitor its outcome.

61.2 Regarding the practice of Mr Aidan O'Brien, I was not aware of any specific agreements or system put in place and therefore, I cannot comment on this. However, in my view, the line manager could have had a meeting with Mr Aidan O'Brien to see whether the unconventional treatment of patients with prostate cancer with long term low dose bicalutamide was for only the patient highlighted by me or whether more such patients were in that regime. If there was more than one such case the extent and impact of that practice should have been fully assessed.

62. Did Mr O'Brien raise any concerns with you regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise (and if not with you, with whom), and when and in what context did he raise them?

62.1 No.

63. How, if at all, were those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something? How far would you expect those concerns to escalate through the chain of management?

63.1 Not applicable

64. What support was provided by you and the Trust specifically to Mr. O'Brien given the concerns identified by him and others? Did you engage with other Trust

staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.

64.1 I do not think he was offered any extra support during my tenure when compared to other colleagues. I do not think anyone consultant received any extra support when compared to others.

65. How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust governance documents, such as the Risk Register? Please provide any documents referred to, unless already provided. If the concerns raised were not reflected in governance documents and raised in meetings relevant to governance, please explain why not.

65.1 Not applicable.

Learning

66. Are you now aware of governance concerns arising out of the provision of Urology Services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.

66.1 Yes. I now understand that there were issues with Mr O'Brien in triaging GP referrals. I was not aware of it during my tenure. Had the issue been noticed by anyone I feel it should have been highlighted straightaway, by reporting the incident online or by directly informing the clinical lead, the head of services and if needed to the medical director, as a matter of clinical governance.

67. Having had the opportunity to reflect, do you have an explanation as to what went wrong within Urology Services and why?

67.1 The triaging issue should have been picked up earlier on. I now understand that there were issues with Mr O'Brien in triaging GP referrals. I was not aware of it during my tenure. Had the issue been noticed by anyone I feel it should have been

highlighted straightaway, by reporting the incident online or by directly informing the clinical lead, the head of services and if needed to the medical director, as a matter of clinical governance.

67.2 Building up of long waiting lists. I now understand through newspapers that a few hundred of GP referral letters were not triaged by Mr Aidan O'Brien. I can only presume that their clinic appointments and overall management would have resulted in substantial delay.

68. What do you consider the learning to have been from a governance perspective regarding the issues of concern within Urology Services and the unit, and regarding the concerns involving Mr. O'Brien in particular?

68.1 To ensure the system is robust so that all concerns and issues are spotted straightway and addressed in a timely fashion.

69. Do you think there was a failure to engage fully with the problems within Urology Services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

69.1 No, not during my tenure, as far as I know.

69.2 I was not aware of any problem other than those mentioned in previous sections. These issues like longer waiting time and theatre equipment were discussed regularly in the departmental meetings.

70. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to

maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

70.1 As far as I am aware there were no mistakes in handling the concerns raised during my tenure.

70.2 But, obviously, there was lack of resources to tackle the waiting time. For example, even when I was ready to do extra clinics, I could not be provided the support team –receptionist or nursing staff to run the clinics due to lack of staff or lack of availability clinical area. Managing the finance was beyond my capacity.

71. Do you think, overall, the governance arrangements were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

71.1 There were governance arrangements but the system was not robust. I did not receive any communication regarding the lessons learnt from the incident reporting system. The waiting lists could not be tackled efficiently due to lack of resources. As a consultant I did raise these issues regularly, but dealing anything further with it was beyond my capacity.

72. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?

72.1 As far as I am aware, there was a huge backlog and long waiting lists. This issue was regularly discussed in the departmental meetings and various options were explored to address this issue.

72.2 With regards to Mr. O'Brien, I always found him a perfect gentleman, sincere, dedicated, hardworking, compassionate, maintaining excellent working relationships with colleagues and patients, receptive to suggestions and did reflective practice.

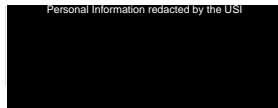
NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Statement of Truth

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

Signed: ____



Date: __ 1/9/2022 _____

S21 Notice Number 61 of 2022**Witness Statement: Kothandaraman Suresh****Table of Attachments**

Attachment	File Name
1	73813043 CONSULTANT UROLOGIST SURGEON - CAH - UPDATED 11 MARCH 13
2a & 2b	2a. Dr K Suresh Appraisal 2014 Dr M Young 070515 2b. 2015 Appraisal Mr Kothandaraman Suresh (Mr Michael Young) 15-09-16
3	20160801-Ref15-SKothandaraman-Urology-JobPlan
4a- 4c	4a. 20150618 - Urology Departmental Meeting Agenda 4b. 20150723 - Urology Departmental Meeting agenda 4c. 20151008 - Urology Departmental Meeting agenda
5a & 5b	5a.20150520 - PERFORMANCE update for urology dept meeting 5b. 20150618 - Urology Departmental Meeting performance
6a- 6g	6a.27208 6b.30271 6c.39132 6d.42769 6e.44660 6f.59235 6g.Datix Web Report
7	Antibiotic guidelines UTI



JOB TITLE: Consultant Urological Surgeon

DEPARTMENT / LOCATION: Urology – Southern Health and Social Care Trust

REPORTS TO: Mr E Mackle, AMD, Surgery & Elective Care Division

ACCOUNTABLE TO: Dr G Rankin, Director of Acute Services

SPECIALTY: Urology

BASE: Craigavon Area Hospital

INTRODUCTION

This is a replacement post and the successful candidate will join 4 other Consultants to provide the full range of inpatient and outpatient urological services. While the post will be mainly based at Craigavon Area Hospital, there are also existing commitments to South Tyrone Hospital, Armagh Community Hospital, Daisy Hill Hospital, Banbridge Polyclinic and at the new South West Acute Hospital in Enniskillen. As a member of the Consultant team, the successful candidate will play a key role in the promotion of the service including the development and implementation of plans to enhance the Urological service provided by the Southern Trust. It is anticipated that the successful candidate will be able to provide a general urology service for elective and emergency care, though a subspecialty interest that would complement the unit would be advantageous.

PROFILE OF SOUTHERN HEALTH AND SOCIAL CARE TRUST

The Southern Health and Social Care Trust became operational on 1 April 2007 following the amalgamation of Craigavon Area Hospital Group Trust, Craigavon and Banbridge Community Trust, Newry & Mourne Trust and Armagh & Dungannon Health and Social Services Trust. Craigavon Area Hospital is the main acute hospital within the SHSCT, with other facilities on the Daisy Hill Hospital, Newry, Lurgan Hospital, South Tyrone Hospital, Dungannon and Banbridge Polyclinic sites.

Craigavon Area Hospital

Craigavon Area Hospital is the main acute hospital within the Southern Health and Social Care Trust and provides acute services to the local population and a range of services to the total Southern Trust area, covering a population of 324,000.

The current bed complement is distributed over the following specialties; General Surgery, Urology, General Medicine, Geriatric Acute, Dermatology, Haematology, Cardiology, Obstetrics, Gynaecology, Paediatrics, Paediatric Surgery, Paediatric Urology, Paediatric ENT, ENT, Intensive Care, Special Care Babies, Emergency Medicine (A&E), Trauma & Orthopaedics.

Many additional specialties are represented as outpatient services including Ophthalmology, Neurology, Maxillo-Facial and Plastic Surgery, Orthodontic and Special Dental Clinics.

In October 2001 The Macmillan Building opened and provides dedicated accommodation for Oncology and Haematology outpatient clinics and day procedures. It is also the designated Cancer Unit for the Southern Area and is one of the main teaching hospitals of Queen's University, Belfast.

The Emergency Medicine Department underwent major refurbishment in 2002 and a Medical Admissions Unit opened in March 2003. A postgraduate medical centre and a Magnetic Resonance Imaging facility opened in 2004. The new Trauma and Orthopaedic Unit was officially opened in April 2010. This comprises of 2 adjoining Theatre Suites (1 Orthopaedic & 1 Trauma), an Admissions suite, 7 bedded recovery area and ancillary accommodation and a 15-bed ward.

UROLOGICAL SERVICE

Urology is part of the Surgical Directorate, which comprises of the following specialities:

- General Surgery
- ENT
- Urology
- Orthodontics
- Trauma and Orthopaedics

The Directorate is headed by an Associate Medical Director, a Clinical Director and each Specialty also has a designated Lead Clinician.

The service provided at Craigavon Area Hospital encompasses the entire spectrum of urological investigation and management, with the main exceptions of radical pelvic surgery, renal transplantation and associated vascular access surgery, which are provided by the Regional Transplantation Service in Belfast. Neonatal and infant urological surgery provided by the Regional Paediatric Surgical Service in Belfast.

Craigavon Area Hospital has been designated as a Cancer Unit, with its Urological Department being designated the Urological Cancer Unit for the Area population of 324,000. A wide spectrum of urological cancer management has been provided for some time. Cancer surgery includes orthotopic bladder reconstruction in the management of bladder cancer. Cancer management also includes intravesical chemotherapy for bladder cancer. Immunotherapy for renal cell carcinoma is also performed.

Craigavon is a pathfinder Trust for Urology services with regard to the establishment of Integrated Clinical Assessment and Treatment Services (ICATS). This service is currently supported by 2 nurse practitioners and a General Practitioner with a special interest in urology. The following ICAT services are provided:

- LUTS
- Prostate Diagnostic (One-stop Clinic)
- Haematuria (One-stop Clinic)
- Urodynamics
- Oncology Review
- Andrology
- Stone Service

The department has a fixed site ESWL lithotripter with full facilities for percutaneous surgery and the department also have a holmium laser.

Flexible cystoscopy services are undertaken by Specialist Registrars on the Craigavon/Daisy Hill and South Tyrone sites.

Outreach outpatient clinics are currently provided in Armagh (10 miles from Craigavon) and Banbridge (12 miles from Craigavon) and South Tyrone Hospital (18 miles from Craigavon). Currently one of the General Surgeons in Daisy Hill Hospital who has an interest in Urology provides outpatient and daycase sessions in Daisy Hill Hospital. It is anticipated that further outreach services [outpatients/day surgery] will also be provided at Erne Hospital, Enniskillen in the future.

CURRENT STAFFING IN UROLOGY:

Consultants

Mr M Young
Mr A O'Brien
Mr A Pahuja
Mr A Glackin
Vacant post

2 Specialist Registrars
1 Specialty Doctor
1 Temporary Specialty Doctor (currently vacant)

Supported by:

1 Lecturer Nurse Practitioners
2 Nurse Practitioners
1 GP with Specialist Interest in Urology

CLINICAL DIAGNOSTICS

There is access to a full range of clinical diagnostic facilities on the Craigavon Area Hospital Group Trust site.

The Department of Radiodiagnosis has up-to-date technology including a repertoire ranging from general radiological procedures, through to specialised radiological examinations of ultrasounds, nuclear medicine, MRI and CT scanning.

The hospital pathology department provides full laboratory facilities on Craigavon Area Hospital site, including biochemistry, haematology, microbiology and histopathology as an area service. A comprehensive pharmacy service exists at Craigavon Area Hospital.

There is also a full range of professions allied to medicine available including physiotherapy, occupational therapy, social services, and dietetics.

OTHER FACILITIES

Secretarial support and office accommodation will be provided from within the Directorate.

LIBRARY AND TEACHING RESPONSIBILITIES

Craigavon Area Hospital has a Medical Education Centre with excellent library facilities provided in association with the Medical Library at the Queen's University, Belfast. There is access to electronic online medical databases, such as Med-line and Cochrane.

Regular teaching sessions take place in the Medical Education Centre and general practitioners are invited to participate in and attend meetings.

Craigavon Area Hospital is a recognised teaching hospital for the Queen's University Medical School and attracts a large number of undergraduates. Craigavon Area Hospital is responsible for undergraduate medical teaching for third year students onwards.

The post holder will be expected to participate in undergraduate and postgraduate teaching and general teaching within the Trust and partake in the urology SPR training scheme on a rota basis.

DUTIES OF THE POST (To include Personal Objectives)

The appointee will:

- Have responsibility for urological patients.
- Be expected to share in the on call rota with the existing post holders. While maintaining clinical independence he/she will be expected to work as a member of the urological unit. An emergency theatre is staffed and available 24 hours per day.
- Be expected to undertake administrative and audit duties commensurate with the post and associated with the care of patients and the efficient running of the department.
- Be expected to take a full part in the teaching of undergraduates and post graduates.

SUPPORTING PROFESSIONAL ACTIVITY

You will:

- Be expected to undertake administrative and audit duties commensurate with the post and associated with the care of patients and the efficient running of the department.
- Work, where appropriate, with the development of Care Pathways.
- Be expected to take a full part in the teaching of undergraduates and postgraduates.

Timetable

Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:00							
07:15							
07:30							
07:45							
08:00							
08:15							
08:30							
08:45							
09:00				Uroradiology meeting			
09:15							
09:30							
09:45							
10:00							
10:15							
10:30		Patient related admin (reports, results etc)					
10:45			Continuous professional development.	Grand Round			
11:00							
11:15							
11:30							
11:45							
12:00							
12:15							
12:30		Pre-op ward round					
12:45				Continuous professional development.			
13:00	Clinic						
13:15							
13:30							
13:45							
14:00							
14:15							
14:30							
14:45			Day surgery				
15:00							
15:15				Clinic			
15:30							
15:45							
16:00		Planned in-patient operating sessions					
16:15							
16:30							
16:45							
17:00							
17:15							
17:30							
17:45							
18:00							
18:15							
18:30							
18:45							
19:00							
19:15							

19:30						
19:45						
20:00		Post-op ward round				
20:15						
20:30						
20:45						
21:00						

Week 2

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:00							
07:15							
07:30							
07:45							
08:00		Pre-op ward round	Pre-op ward round				
08:15							
08:30							
08:45				Uroradiology meeting			
09:00							
09:15							
09:30							
09:45							
10:00							
10:15							
10:30		Planned in-patient operating sessions	Planned in-patient operating sessions				
10:45				Grand Round			
11:00							
11:15							
11:30							
11:45							
12:00							
12:15							
12:30							
12:45							
13:00		Post-op ward round	Post-op ward round	Continuous professional development.			
13:15							
13:30							
13:45							
14:00							
14:15							
14:30							
14:45	TRUS & biopsy				Continuous professional development.		
15:00							
15:15		Patient related admin (reports, results etc)	Continuous professional development.	Surgery MDT			
15:30							
15:45							
16:00							
16:15							
16:30							
16:45							
17:00							
17:15							

17:30							
17:45							
18:00							
18:15							
18:30							
18:45							
19:00							

Week 3

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:00							
07:15							
07:30							
07:45							
08:00							
08:15							
08:30							
08:45							
09:00				Uroradiology meeting			
09:15							
09:30							
09:45							
10:00							
10:15							
10:30		Patient related admin (reports, results etc)			Day surgery		
10:45			Continuous professional development.	Grand Round			
11:00							
11:15							
11:30							
11:45							
12:00							
12:15							
12:30		Pre-op ward round					
12:45				Continuous professional development.			
13:00	Clinic						
13:15							
13:30							
13:45							
14:00							
14:15							
14:30							
14:45							
15:00		Planned in-patient operating sessions	Continuous professional development.		Clinic		
15:15				Surgery MDT			
15:30							
15:45							
16:00							
16:15							
16:30							
16:45							
17:00							
17:15							

17:30						
17:45						
18:00						
18:15						
18:30						
18:45						
19:00						
19:15						
19:30						
19:45						
20:00						
20:15		Post-op ward round				
20:30						
20:45						
21:00						

Week 4

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:00							
07:15							
07:30							
07:45							
08:00		Pre-op ward round	Pre-op ward round				
08:15							
08:30							
08:45							
09:00				Uroradiology meeting			
09:15							
09:30							
09:45							
10:00							
10:15							
10:30		Planned in-patient operating sessions	Planned in-patient operating sessions				
10:45							
11:00	Clinic			Grand Round			
11:15							
11:30							
11:45							
12:00							
12:15							
12:30							
12:45							
13:00		Post-op ward round	Post-op ward round	Continuous professional development.			
13:15							
13:30							
13:45							
14:00	TRUS & biopsy						
14:15							
14:30		Patient related admin (reports, results etc)	Continuous professional development.	Surgery MDT			
14:45							
15:00							
15:15							

15:30							
15:45							
16:00							
16:15							
16:30							
16:45							
17:00							
17:15							
17:30							
17:45							
18:00							
18:15							
18:30							
18:45							
19:00							

Week 5

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:00							
07:15							
07:30							
07:45							
08:00							
08:15							
08:30							
08:45				Uroradiology meeting			
09:00	Emergency operating sessions	Emergency operating sessions	Emergency operating sessions		Emergency operating sessions		
09:15							
09:30							
09:45							
10:00							
10:15							
10:30							
10:45							
11:00				Emergency operating sessions			
11:15							
11:30							
11:45							
12:00							
12:15							
12:30							
12:45							
13:00	Continuous professional development.	Continuous professional development.	Day surgery		Planned in-patient operating sessions		
13:15							
13:30							
13:45							
14:00							
14:15				Surgery MDT			
14:30							
14:45							
15:00							
15:15							

15:30							
15:45							
16:00							
16:15							
16:30							
16:45							
17:00					Post-op ward round		
17:15							
17:30							
17:45							
18:00							
18:15							
18:30							
18:45							
19:00							

Activities

Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	9.60	38:12
Mon	09:00 - 13:00	2, 4	Clinic Comments: Prostate clinic	Southern He..	Craigavon A..	DCC	16.8	0.40	1:36
Mon	09:00 - 13:00	5	Emergency operating sessions Comments: CONSULTANT OF THE WEEK - Ward Round, Emergency operating, triage and virtual clinic	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48
Mon	09:00 - 17:00	1, 3	Clinic Comments: Oncology Clinic	Southern He..	Craigavon A..	DCC	16.8	0.80	3:12
Mon	13:00 - 17:00	2, 4	TRUS & biopsy	Southern He..	Craigavon A..	DCC	16.8	0.40	1:36
Mon	13:00 - 17:00	5	Continuous professional development. Comments: CONSULTANT OF THE WEEK	Southern He..	Craigavon A..	SPA	8.4	0.20	0:48
Tue	08:00 - 08:30	2, 4	Pre-op ward round	Southern He..	Armagh Comm..	DCC	16.8	0.05	0:12
Tue	08:30 - 13:00	2, 4	Planned in-patient operating sessions	Southern He..	Craigavon A..	DCC	16.8	0.45	1:48
Tue	09:00 - 12:30	1	Patient related admin (reports, results etc)	Southern He..	Craigavon A..	DCC	8.4	0.18	0:42
Tue	09:00 - 12:30	3	Patient related admin (reports, results etc)	Southern He..	Armagh Comm..	DCC	8.4	0.18	0:42
Tue	09:00 - 13:00	5	Emergency operating sessions Comments: CONSULTANT OF THE WEEK - Ward rounds, emergency operating, triage and virtual clinic	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48
Tue	12:30 - 13:00	1, 3	Pre-op ward round	Southern He..	Craigavon A..	DCC	16.8	0.05	0:12
Tue	13:00 - 13:30	2, 4	Post-op ward round	Southern He..	Craigavon A..	DCC	16.8	0.05	0:12
Tue	13:00 - 17:00	5	Continuous professional development. Comments: cow	Southern He..	Craigavon A..	SPA	8.4	0.20	0:48
Tue	13:00 - 20:00	1, 3	Planned in-patient operating sessions	Southern He..	Craigavon A..	DCC	16.8	0.73	2:48
Tue	14:00 - 17:00	2, 4	Patient related admin (reports, results etc)	Southern He..	Craigavon A..	DCC	16.8	0.30	1:12
Tue	20:00 - 20:30	1, 3	Post-op ward round	Southern He..	Craigavon A..	DCC	16.8	0.07	0:12
Wed	08:00 - 08:30	2, 4	Pre-op ward round	Southern He..	Craigavon A..	DCC	16.8	0.05	0:12
Wed	08:30 - 13:00	2, 4	Planned in-patient operating sessions	Southern He..	Craigavon A..	DCC	16.8	0.45	1:48
Wed	09:00 - 13:00	5	Emergency operating sessions Comments: cow - Ward Rounds, Emergency operating,	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48

Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
			Triage and virtual clinic						
Wed	09:00 - 13:00	1, 3	Continuous professional development.	Southern He..	Craigavon A..	SPA	16.8	0.40	1:36
Wed	13:00 - 13:30	2, 4	Post-op ward round	Southern He..	Craigavon A..	DCC	16.8	0.05	0:12
Wed	13:00 - 17:00	1	Day surgery	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48
Wed	13:00 - 17:00	5	Day surgery Comments: cow	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48
Wed	13:30 - 17:00	2-4	Continuous professional development.	Southern He..	Craigavon A..	SPA	25.2	0.53	2:06
Thu	08:30 - 09:30	1-5	Uroradiology meeting	Southern He..	Craigavon A..	DCC	42	0.25	1:00
Thu	09:30 - 13:00	5	Emergency operating sessions Comments: COW	Southern He..	Craigavon A..	DCC	8.4	0.18	0:42
Thu	10:00 - 12:00	1-4	Grand Round	Southern He..	Craigavon A..	DCC	33.6	0.40	1:36
Thu	12:00 - 14:00	1-4	Continuous professional development.	Southern He..	Craigavon A..	SPA	33.6	0.40	1:36
Thu	14:00 - 17:00	2-4	Surgery MDT	Southern He..	Craigavon A..	DCC	25.2	0.45	1:48
Thu	14:00 - 17:00	1	Clinic	Southern He..	Craigavon A..	DCC	8.4	0.15	0:36
Thu	14:00 - 17:00	5	Surgery MDT Comments: cow	Southern He..	Craigavon A..	DCC	8.4	0.15	0:36
Fri	08:15 - 13:00	3	Day surgery 45 minutes travel from Craigavon Area Hospital.	Southern He..	Daisy Hill ..	DCC	8.4	0.24	0:57
Fri	09:00 - 13:00	5	Emergency operating sessions Comments: COW - ward Rounds, Emergency Operating, Triage and Virtual clinics	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48
Fri	13:00 - 17:00	5	Planned in-patient operating sessions Comments: COW	Southern He..	Craigavon A..	DCC	8.4	0.20	0:48
Fri	13:00 - 17:00	2	Continuous professional development.	Southern He..	Craigavon A..	SPA	8.4	0.20	0:48
Fri	13:00 - 17:45	3	Clinic 45 minutes travel to Craigavon Area Hospital.	Southern He..	Daisy Hill ..	DCC	8.4	0.24	0:57
Fri	17:00 - 17:30	5	Post-op ward round	Southern He..	Craigavon A..	DCC	8.4	0.03	0:06

On-call

Type	Normal	Premium	Cat.	PA
			Total:	1.00
Predictable	n/a	n/a	DCC	
Unpredictable	n/a	n/a	DCC	1.00

PA Breakdown

	Main Employer PAs	Total PAs	Total hours
Direct Clinical Care (DCC)	8.68	8.68	31:18
Supporting Professional Activities (SPA)	1.93	1.93	7:42
Total	10.60	10.60	39:00

On-call availability

On-call frequency?	1 in 5
Category	Category A
PA Count:	
The number of PAs arising from your predictable on-call work is:	0.00
The number of PAs arising from your unpredictable on-call work is:	1.00
Your on-call availability supplement is:	5%

Balance between Direct Clinical Care and Other Programmed Activities

Supporting Professional Activities including participation in training of other staff, medical education, continuing professional development, formal teaching of other staff, audit, job planning, appraisal, research, clinical management and local clinical governance activities are recognised within the Southern Health and Social Care Trust. The Trust expects that all consultants undertake a minimum of 1.5 SPA's (6 hours) in their job plan every week. The Trust also recognises that there are various activities as identified by all the Associate Medical Directors in each directorate and approved by the Medical Director where additional SPA time will be necessary. Where a newly appointed consultant will be involved in these additional SPA commitments, the precise balance of Programmed Activities in their job plan will be reviewed on appointment and agreed as part of their individual Job Plan review.

Programmed Activities for additional HPSS responsibilities and external duties will also be allocated for special responsibilities that have been formally approved and/or appointed by the Trust.

JOB PLAN REVIEW

This Job Plan is subject to review at least once a year by you and the Clinical Director before being approved by the Chief Executive. For this purpose, a copy of the current Job Plan (and Job Description, if appropriate), including an up-to-date work programme which may result from a diary exercise and objectives agreed at annual appraisal, together with note(s) provided by either side – of any new or proposed service or other developments need to be available. In the case of a new employee, a review of the Job Plan will take place 3 months after commencement and annually thereafter.

If it is not possible to agree a Job Plan, either initially or at an annual review, there are agreed procedures for facilitation and appeal with the final decision normally being accepted by the Trust Board.

MANAGEMENT ARRANGEMENTS

The Chief Executive has overall responsibility for Acute Services in the Southern Health and Social Care Trust. The Consultant appointed will have accountability to the Chief Executive through the Director of Acute Services, the Associate Medical Director and the Lead Consultant for the appropriate and smooth delivery of the service.

QUALIFICATIONS AND EXPERIENCE

See Employee Profile.

EMPLOYING AUTHORITY

Southern Health and Social Care Trust.

TERMS AND CONDITIONS

- Employment will be on the Terms and Conditions of the New Consultant Contract.

- Salary Scale is currently equivalent to NHS Remuneration for Hospital Consultants.
- The appointment may be on the basis of either whole time, part time or job share.
- Annual leave will be 32 days per annum initially, rising to 34 days after 7 years' seniority plus 10 statutory and public holidays.
- The post will be superannuable unless the successful candidate decides to opt out of the scheme.
- The Trust is committed to Continuing Professional Development (CPD) and will provide adequate study leave and financial support.
- The successful candidate will be required to reside within a reasonable distance of Craigavon Area Hospital.
- The successful applicant will be required to undergo a Health Assessment in the Trust's Occupational Health Department, to establish fitness to undertake the duties attached to the post. He/she will be required to bring evidence of immunisations/vaccinations to this assessment.
- The post will be subject to termination at any time, by three months' notice given on either side.

GENERAL REQUIREMENTS

The post holder must:

- Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
- Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
- Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Infection Control
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
- All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.
- Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.
- Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances.

- It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

ADDITIONAL POINTS

- From 1 January 1990 medical staff have not been required to subscribe to a Medical Defence Organisation. It should be noted, however, that the Trust's indemnity only covers the Trust's responsibilities and, therefore, the appointee is advised to maintain membership of a recognised professional defence organisation for any work which does not fall within the scope of the Indemnity Scheme.
- Canvassing will disqualify.
- Application forms can be obtained by contacting the Recruitment & Selection Department, Hill Building, St. Luke's Hospital site, Loughgall Road, Armagh, BT61 7NQ. Telephone number: (028) 3741 2551.
- For informal enquiries regarding this post please contact Mr Michael Young, Lead Clinician, Urological Surgeon, Craigavon Area Hospital, telephone [redacted] Irrelevant redacted by the USI
- You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted.
- Candidates wishing to apply online can do so at www.HSCRecruit.com, alternatively application forms for the post may be downloaded and forwarded to the Recruitment & Selection Department.
- Applications should be made on the prescribed form, and must be returned to the Recruitment & Selection Department, **no later than 4:30pm on Thursday 6 June 2013.**
- As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.
- A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified, including clarification around equivalent qualifications.
- Where there are large numbers of applicants, the panel reserves the right to include the Desirable criteria in the Essential Criteria for shortlisting purposes.
- Following interviews, a waiting list may be compiled for future permanent/temporary full-time/part-time/job share posts which may arise throughout the Trust initially within the next 6 months although some lists may be extended up to a maximum of 12 months.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

SOUTHERN HEALTH & SOCIAL CARE TRUST**PERSONNEL SPECIFICATION**

JOB TITLE: Consultant Urological Surgeon – Craigavon Area Hospital

DIRECTORATE: Acute Services

HOURS: Full-time

Ref No: 73813043

May 2013

SALARY: £74,504 - £100,446 per annum

Notes to applicants:

1. **Your application form:** You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should do this for both essential and desirable criteria requirements. All essential criteria requirements listed below must be met by the stated closing date, unless otherwise stated.
2. **CVs:** If you decide to submit a CV, you should note that CV's will only be accepted in support of a properly completed application form. For shortlisting purposes the panel will only be assessing your application form, therefore do not rely on your CV to evidence shortlisting criteria. You **MUST** demonstrate all necessary shortlisting criteria on the Trust's standard application form or you will not be shortlisted.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.
4. This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.

Do not rely on your CV to evidence shortlisting criteria. You MUST demonstrate all necessary shortlisting criteria on the Trust's standard application form or you may not be shortlisted.

ESSENTIAL CRITERIA – these are criteria all applicants **MUST** be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. Hold Full registration with the General Medical Council (London) with License to Practice.
2. Hold FRCS (Urol) or equivalent qualification.
3. Entry on the GMC Specialist Register via
 - CCT (proposed CCT date must be within 6 months of interview)
 - CESR or
 - European Community Rights
4. Hold a full current driving license valid for use in the UK and have access to a car on appointment.¹

¹ This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.

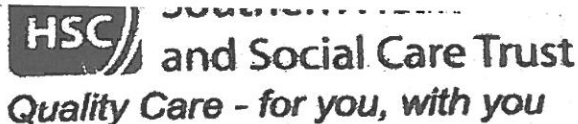
The following are essential criteria which will be measured during the interview stage.

5. Ability to work well within a multidisciplinary team.
6. Ability to lead and engender high standards of care.
7. Ability to develop strategies to meet changing demands.
8. Willingness to work flexibly as part of a team.
9. Good communication and interpersonal skills.
10. Ability to effectively train and supervise medical graduates and postgraduates.
11. Awareness of changes in the Health Service nationally and locally.
12. Understanding of the implications of Clinical Governance.
13. Knowledge of evidence based approach to clinical care.
14. Knowledge of the role of the post.
15. Interest in teaching.

DESIRABLE CRITERIA – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being short listed

1. Higher Degree e.g. MD/MCh or equivalent.
2. Completed ATLS Certification.
3. Have additional skills other than those specified in the job title.
4. Have some formal training in teaching methods.
5. Have management experience.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER



MEDICAL APPRAISAL DOCUMENTS

PLEASE USE THESE FORMS FOR CALENDAR YEAR JANUARY TO DECEMBER 2014 ONWARDS

Remember to include:-	✓
Your name, GMC No, and the appraisal period covered in the footer of the forms. Simply double-click on the relevant section.	✓
Evidence of Reflection on Practice and use of Structured Reflective Templates	✓
Evidence of Research Activity	N/A
Evidence of at Least 66% Attendance at M&M Meetings or equivalent	✓
Use of M&M Structured Reflective Template with Appropriate Detail of Involvement	✓
Evidence of Regular Participation in Clinical Audit	✓
Evidence of discussion during the appraisal meeting against all four Domains of GMP	✓
Record of agreed actions against each Domain of GMP after the appraisal discussion	✓
Personal Development Plan Developed from the Discussions Around the Four Domains	✓

Click [here](#) to obtain examples of what supporting information should be included against the four GMP Domains within Form 3.

Remember to sign:-	✓
Form 5 Health Declaration – both sections signed by the Appraisee	✓
Form 5 Probity Declaration – both sections signed by the Appraisee	✓
Form 6 Sign off – signed by both Appraisee and Appraiser	✓
Form 7 Sign-off – signed by Appraiser	✓
Appendix 1 – Training Declaration - signed by both Appraisee and Appraiser	✓

Please do not submit these appraisal forms unless all of the above requirements have been met as they will be returned as incomplete.

Once fully completed, please submit the following:-

- All seven signed original forms - electronic signatures will not be accepted
- Appendix 1 (Training Matrix)
- Appendix 2 (Appraiser Feedback Questionnaire)
- Appendix 3 (Appraisee Feedback Questionnaire)
- You do not need to submit Appendix 4 – this is for your guidance only.

You can submit by scanning and emailing the original signed copies to:-

medical.revalidation@southerntrust.hscni.net

Or send the originals by internal mail to Katie Shields at the address below where they will be scanned in, saved and returned to you:-

Revalidation Support Team, Medical Directorate, Clanrye House, DHH.

Gmc: 457 9997

KOTHANJARAMAN SURESH



**Southern Health
and Social Care Trust**
Quality Care - for you, with you

MEDICAL APPRAISAL DOCUMENTS

**PLEASE USE THESE FORMS FOR CALENDAR YEAR JANUARY TO
DECEMBER 2014 ONWARDS**

Remember to include:-	<input checked="" type="checkbox"/>
Your name, GMC No, and the appraisal period covered in the footer of the forms. Simply double-click on the relevant section.	<input type="checkbox"/>
Evidence of Reflection on Practice and use of Structured Reflective Templates	<input type="checkbox"/>
Evidence of Research Activity	<input type="checkbox"/>
Evidence of at Least 66% Attendance at M&M Meetings or equivalent	<input type="checkbox"/>
Use of M&M Structured Reflective Template with Appropriate Detail of Involvement	<input type="checkbox"/>
Evidence of Regular Participation in Clinical Audit	<input type="checkbox"/>
Evidence of discussion during the appraisal meeting against all four Domains of GMP	<input type="checkbox"/>
Record of agreed actions against each Domain of GMP after the appraisal discussion	<input type="checkbox"/>
Personal Development Plan Developed from the Discussions Around the Four Domains	<input type="checkbox"/>

Click [here](#) to obtain examples of what supporting information should be included against the four GMP Domains within Form 3.

Remember to sign:-	<input checked="" type="checkbox"/>
Form 5 Health Declaration – both sections signed by the Appraiser	<input type="checkbox"/>
Form 5 Probity Declaration – both sections signed by the Appraiser	<input type="checkbox"/>
Form 6 Sign off – signed by both Appraiser and Appraisee	<input type="checkbox"/>
Form 7 Sign-off – signed by Appraiser	<input type="checkbox"/>
Appendix 1 – Training Declaration - signed by both Appraiser and Appraisee	<input type="checkbox"/>

Please do not submit these appraisal forms unless all of the above requirements have been met as they will be returned as incomplete.

Once fully completed, please submit the following:-

- **All seven signed original forms** - electronic signatures will not be accepted
- **Appendix 1 (Training Matrix)**
- **Appendix 2 (Appraiser Feedback Questionnaire)**
- **Appendix 3 (Appraiser Feedback Questionnaire)**
- **You do not need to submit Appendix 4 – this is for your guidance only.**

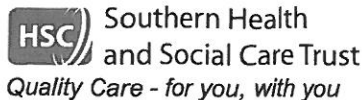
You can submit by scanning and emailing the original signed copies to:-

medical.revalidation@southerntrust.hscni.net

Or send the originals by internal mail to Katie Shields at the address below where they will be scanned in, saved and returned to you:-

Revalidation Support Team, Medical Directorate, Clanrye House, DHH.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION



APPRAISAL DOCUMENTS

CONTENTS

Form 1	Background Details
Form 2	Current Medical Activities
Form 3	Supporting Information for Appraisal & Summary of Appraisal Discussion
Form 4	Personal Development Plan
Form 5	Health & Probity Statements
Form 6	Sign Off -
Form 7	Revalidation Progress
Appendix 1	Education and Training Competencies Available for Medical Staff
Appendix 2	Appraiser Feedback Form
Appendix 3	Appraisee Feedback form
Appendix 4	Aide Memoire and Quality Assurance Audit Tool

FORM 1 - BACKGROUND DETAILS

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.
- The form includes an optional section for any additional information.

1.1	Full name	Kothandaraman Suresh
1.2	GMC Registered address (contact address if different)	Personal Information redacted by the USI
1.3	Main employer	Southern Health and Social Care Trust
1.4	Main place of work	Craigavon Area Hospital
1.5	Other employers/ places of work	
1.6	Date of primary medical qualification	1991
1.7	GMC registration number and type	4579997 Specialist Register (Full registration)
1.8	Start date of first substantive appointment in HSC as a trained doctor	11/12/2013
1.8	GMC Registration date and specialties	In Urology Specialist Register since August 2009
1.9	Title of current post and date appointed	Consultant Urologist since 11/12/2013
1.10	For any specialist registration / qualification outside UK, please give date and specialty	MS (Master of Surgery)- 1994, India
1.11	Please list any other specialties or sub-specialties in which you are registered	
1.12	Is your registration currently in question?	No
1.13	Date of last revalidation (if applicable)	
1.14	Please list all posts in which you have been employed in HSC and elsewhere in the last five years (including any honorary and/or part-time posts)	Locum Consultant in Urology From 1 st Feb 2010 till 10 th December 2013- James Paget University Hospital, Great Yarmouth

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 2 - CURRENT MEDICAL ACTIVITIES

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 2 is to provide an opportunity to describe your current post(s) in the HSC, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held or held in the past year.
- Information should cover your practice at all locations since your last appraisal or during the last 12 months whichever is longer.
- You may wish to comment in addition on factors which affect the provision of good health care.

2.1 Please give a short description of your work, including the different types of activity you undertake	Conducting clinics (General and special clinics including LUTS, Haematuria and Prostate assessment clinics, which are now integrated into the 'special new clinic'. Also, conducting stone clinic and Uro-Oncology clinics) Main and day surgery theatre sessions Grand rounds, MDT Administrative work
2.2 List your main sub-specialist skills and commitments / special interests	Endo Urology with sub-specialist interest in stone management
2.3 Please give details of any emergency, on-call and out of hours responsibilities	Doing 1 in 6 on call, guiding and supervising trainees.
2.4 Please give details of out-patient work if applicable	As above
2.5 Details of any other clinical work	Performing transrectal ultrasound and biopsies of prostate, demonstrating the patients, the use of various devices in the management erectile dysfunction.
2.6 In which non-HSC hospitals and clinics do you enjoy practising privileges or have admitting rights? Please give details including: <ul style="list-style-type: none"> ▪ Number and type of cases. ▪ Any audit or outcome data for the private practice. ▪ Details of any adverse events, critical incidents. ▪ Details of any investigations into the conduct of your clinical practice or working relationships with colleagues 	Nil
2.7 List any non-clinical work that you undertake which relates to teaching	Participating teaching grand rounds for junior doctors (FY1) and registrars –once a week Bed side teaching during the daily ward rounds, during the on call week. Informal teaching in the clinics and theatres.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

--	--

ANY ADDITIONAL INFORMATION

I have been working as a consultant urological surgeon with special interest in urinary lithiasis. Apart from general urology service provision, I conduct special stone clinics, offering patients ESWL and semirigid and flexible ureteroscopy and laser ablation/ extraction of upper urinary tract lithiasis.

I have been performing these procedures as day cases.

Qualifications

MBBS 1991

MS (Master of Surgery) 1994

DNB (Diplomat of national Board of India in Surgery) 1994

FRCS (Glasgow) 1997

FRCS (Urol) 2007

Membership

In GMC Specialist Register in Urology since August 2009

MDU (515982H)

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

2.7.1 List any non-clinical work that you undertake which relates to management	Assist in clearing waiting list. Participate in the weekly departmental management meeting
2.7.2 List any non-clinical work that you undertake which relates to research	Participating in the audits conducted in the department
2.7.3 List any work you undertake for regional, national or international organisations.	
2.7.4 Please list any other activity that requires you to be a registered medical practitioner	

CURRENT JOB PLAN

If you have a current job plan, please attach it. If you do not have a current job plan, please summarise your current workload and commitments in the space below: -

Please see the attachment.

ADDITIONAL INFORMATION

Please use to record issues which impact upon delivery of patient care.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 3 - SUPPORTING INFORMATION & SUMMARY OF APPRAISAL DISCUSSION**DOMAIN 1 - Knowledge, Skills and Performance**

Attribute: 1.1 Maintain your professional performance

Attribute: 1.2 Apply knowledge and experience to practice

Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.

	List of Supporting Information	Applicable Date
1	Job Plan for 2014	
2	CLIP report	
3	Training passport from James Paget University hospital	
4	Training passport from Craigavon Area Hospital	
5	Obtaining a venous sample for pre-transfusion testing	
6	Preparing and administering a transfusion of blood component	
7	Organising a request for a blood component for transfusion	
8	Annual BAUS meeting 2014	
9	CME points thru online courses of Medscape Sequencing systemic therapy for mCRPC Decreased use of diagnostic tests for febrile UTI in children New guidelines issued on stress urinary incontinence in women	
10	Antibiotic ward rounds report	
11	International meeting- Challenges in Endourology June 2013	
12	UEA Interview trainer course- Nov 2013	

Discussion

Although, the job plan is evolving, as, new consultants have joined the department, the weekly rota is fairly stable.

Training passport and prior medical staff training in the last job are extensive and up to date.

Acquired CME points via national and international meetings in the speciality and via independent reading (Medscape).

CLIP report depicts very good activity.

Actions Agreed

To define a more precise job plan, in the light of 'New clinic' arrangements, to be in place for next year.

To continue to participate in ongoing audits.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

DOMAIN 2 - Safety and Quality

Attribute: 2.1 Contribute to and comply with systems to protect patients

Attribute: 2.2 Respond to risks to safety

Attribute: 2.3 Protect patients and colleagues from any risk posed by your health

	List of Supporting Information	Applicable Date
1	Attendance of morbidity and mortality meetings	
2	Verbal request and recommendations for improving safety and quality	
	Proposal of new proforma for assessment of haematuria	
3	Audit on emergency stone treatment	
4	Urology Governance meetings	
5	Registration with GP	
6	Immunisation certificate	
7	Incident report filed by me in Dec 2013	
8	Reflective template	
9	SAI- Nil report	
10	Implementation of NICE guidelines on LUTS	

Discussion

Good attendance at M&M meetings.

Has engaged in the department to recommend efficiency changes and quality improvement points on theatre equipments.

Stone management audit has resulted in change of practice.

Participates in the Urology governance meetings.

Good comments raised following a clinical incident – This was related to a patient flow issue.

No SAI.

Ensured adherence to NICE guidelines is in place for management of LUTS.

Actions Agreed

No action required.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

DOMAIN 3 - Communication, Partnership and Teamwork

Attribute: 3.1 Communicate effectively

Attribute: 3.2 Work constructively with colleagues and delegate effectively

Attribute: 3.3 Establish and maintain partnerships with patients

	List of Supporting Information	Applicable Date
1	Regularly attending departmental meetings	
2	Core member of MDT meetings	
3	Urology department governance meetings	
4	Regular X ray meetings	
5	Patient feedback questionnaire 2014/2015	
6	360 degree colleague feedback 2012/2013	
7	Thank you cards from patients	
8	Complaint from patient	
9	Response to complaint	
10	Reflective template	

Discussion

Ram regularly attends all the departmental meetings- Radiology, MDT, audit and department management meetings.

Attendance at MDT meetings – 32/45 (71%).

360degree feedback is very good.

Comments confirm positive engagement with patients and colleagues.

One complaint:- Related to explaining symptoms that could be expected in the post-op period- Overall a minor issue.

Actions Agreed

No action.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

DOMAIN 4 - Maintaining Trust

Attribute:4.1 Show respect for patients

Attribute:4.2 Treat patients and colleagues fairly and without discrimination

Attribute:4.3 Act with honesty and integrity

	List of Supporting Information	Applicable Date
1	Patient feedback questionnaire 2014/2015 – Domain 3	
2	360 degree colleague feedback 2012/2013 – Domain 3	
3	Thank you cards from patients – Domain 3	
4	Health & Probity- Form 5	
5	Medical card – Domain 2	
6	Vaccination certificate- Domain 2	
7		
8		
9		
10		

Discussion

This area has been covered by other documents within the appraisal. This is especially addressed in the feedback section.

Other relevant documents are enclosed.

Actions Agreed

No action.

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 4 - PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should review progress against last year's personal development plan and identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

Review of last year's Personal Development Plan

Development needs	Actions agreed	Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?
Continued CPD activities	To attend national meetings	Yes
To develop further skills in the management of upper urinary tract lithiasis	To have training in PCNL	In progress
Departmental audits	To participate and lead audits	Yes
		These were covered at the induction appraisal.

Name: Kothandaraman Suresh

GMC Number: 4579997

Appraisal Period : Jan – Dec 2014

Page 10

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PERSONAL DEVELOPMENT PLAN for the year ahead		
Development needs	Actions agreed	Target dates
To continue CME activities	To attend national Urology meetings To obtain membership of European association of Urology	2 years
Surgical training	Training in performing PCNL	2 years

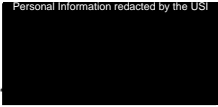
HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 5- HEALTH AND PROBITY STATEMENTS**HEALTH DECLARATION****Professional Obligations**

The GMC's guidance *Good Medical Practice* (2006) states that;

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where they apply am taking the appropriate action.

Signature:  Date: 7 May 2015

Name in capitals KOTHANDARAMAN SURESH

Regulatory and Voluntary Proceedings

Since my last appraisal/revalidation I have not, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

OR

☒ If I have been subject to either of the above, I have discussed these with my appraiser.

Signature:  Date: 7 May 2015

Name in capitals KOTHANDARAMAN SURESH

Name: KOTHANDARAMAN SURESH	GMC Number: 457 999 7	Appraisal Period: Jan to Dec 2014	Page 12
----------------------------	-----------------------	-----------------------------------	---------

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PROBITY DECLARATION

Professional obligations

I accept the professional obligations place upon me in paragraphs 56 to 76 of *Good Medical Practice (2006)*.

Signature:  Date: 07 May 2015

Name in capitals KOTHANDARAMAN SURESH

Convictions, findings against you and disciplinary action

Since my last appraisal/revalidation I have not, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

OR

If I have been subject to any of the above, I have discussed this with my appraiser.

Signature:  Date: 07 May 2015

Name in capitals KOTHANDARAMAN SURESH

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 6 - SIGN OFF

CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS	APPRAISER SIGNATURE	DATE

When you have completed the appraisal, the appraiser should check and sign the following:

GMC REQUIRED INFORMATION			PRESENT
Continuing professional development			Yes. 7/5/15
Quality improvement activity			Yes 7/5/15
Significant events review			✓ 7/5/15
Review of complaints and compliments			Yes 7/5/15
Feedback from colleagues	Year undertaken OR Planned Year:	2013	2013
Feedback from patients (where applicable)	Year undertaken OR Planned Year:	2014	2015

APPRAISAL CHECKLIST	COMPLETED
Check that all sections of the documentation have been completed.	Yes.
Ensure the previous year's Personal Development Plan has been reviewed.	Yes.
Forward required Forms according to the organisation's appraisal policy.	Yes.

APPRAISAL COMPLETION	
We confirm that this summary is an accurate record of the appraisal discussion, the key documents used, and of the agreed personal development plan:	
APPRAISEE Signature of Appraiser: _____ Date: 07 May 2015	Personal Information redacted by the USI
APPRAISER Signature of Appraiser: _____ Name of Appraiser: M. Younis GMC Number: 2846385 Date: 7/5/15	Personal Information redacted by the USI
CO-APPRAISER (if applicable) Signature of Co-Appraiser: _____ Name of Co-Appraiser: _____ GMC Number: _____ Organisation: _____	

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Year 4

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:**Action Required****Resolution**

Signature of Appraiser: _____

Name of Appraiser: _____

GMC Number: _____

Date: _____

Year 5

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2014 has been satisfactorily completed.

Current Outstanding Issues:**Action Required****Resolution**

None

Personal Information redacted by the USI

Personal Information redacted by USI

Signature of Appraiser: _____

Name of Appraiser: _____

GMC Number: _____

Date: 21/5/15**Year**

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:**Action Required****Resolution**

Signature of Appraiser: _____

Name of Appraiser: _____

GMC Number: _____

Date: _____

GMC Supporting Information Requirements	Year Completed	Reviewed by	Date
Feedback from colleagues 1 in 5 years	2013		
Feedback from patients (where applicable) 1 in 5 years	2015 2014		
Significant Events Review			
Review of complaints and compliments			
Continuing Professional Development			
Quality Improvement Review			

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Appendix 1 Education and Training Competencies Available for Medical Staff

Right Patient, Right Blood	Method	Core / Optional	Date Completed
RPRB Theory (18 month refresher required)	Learn Blood Transfusion Module	Core Module	20/11/2014
Competency 1,2 & 4 (Every 3 Years)	Face to face – Trust Haemovigilance Staff	Core Module	

Annual Updates	Method	Core / Optional	Date Completed
Fire Safety	Face to Face – Trust Mandatory Training Day	Core Module	25/03/2014
2 Yearly Updates	Method	Core / Optional	Date Completed
Infection Prevention and Control	Face to Face – Trust Mandatory Training Day	Core Module	25/03/2014
Resuscitation	Face to Face		01/03/2013
Safeguarding Children & Vulnerable Adults	Face to Face – Trust Mandatory Training Day	Core Module	25/03/2014
3 Yearly Updates	Method	Core / Optional	Date Completed
Information Governance/Data Protection/IT Security	SHSCT E-Learning Module	Core Module	08/02/2015
Moving and Handling	SHSCT E-Learning Module	Core Module	08/02/2015
Health & Safety / Control of Substances Hazardous to Health (COSHH)	SHSCT E-Learning Module	Core Module	
Discovering Diversity	HSC E-Learning Module		
Recruitment & Selection	HSC E-Learning Module		
Hyponatraemia	BMJ E-Learning Module		
Management of Actual or Potential Aggression	Face to Face		
Fraud Awareness	HSC E-Learning Module		08/02/2015
Seeking and Obtaining Consent for Hospital Post Mortem Examination	SHSCT E-Learning Module		
Once off Training	Method	Core / Optional	Date Completed
National Early Warning System	National NEWS e-learning		
Obstetrics Early Warning System	OEWS e-learning		
Paediatrics Early Warning System	PEWS e-learning		
Consent	In House E-Learning module		
Blood Culture	In House E-Learning module		
Peripheral Line	In House E-Learning module		
Anticoag (Starting and Maintaining)	BMJ E-Learning Module		
Naso Gastric Tube Placement	Merck & In House E-Learning module		
Protocol following death of patient	In House E-Learning module		

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Guide to Prescribing in SHSCT	In House E-Learning module		
Patients enrolled in Clinical Trials	In House E-Learning module		
VTE	E-learning for Health		03/02/2012
Safe Sedation [Module 1,2 & 3]	In House E-Learning module		
Gastrointestinal endoscopy	Face to face		
Chest Drain Insertion	Face to face		
Blood Gas Instrument	Face to face		
Appraiser Training	Face to face		
Appraisee Training	Face to face		
Fraud Awareness	HSC Module		08/02/2015
Modules proposed for E-Learning	Method	Core / Optional	Date Completed
Better Communication/Complaint Handling	Face to face		
Incident Reporting	Face to face		
Clinical Negligence	Not currently available		
Infection Prevention and Control	Face to face		25/03/2014
Waste Management	Not currently available		

Links to the various e-learning modules and information regarding face-to-face training can be found [here](#). Your training record will be updated following this submission, a copy of which can be obtained from the Revalidation Support Team, medical.revalidation@southerntrust.hscni.net

TRAINING DECLARATION

I understand that it is my responsibility to make the necessary arrangements to allow me to complete the Trust's Mandatory Training Core Modules and those Optional Modules as agreed between myself and my Appraiser that are necessary for me to undertake my role within the Southern Health and Social Care Trust.

APPRAISEE

Signature of Appraisee:

Personal Information redacted by the USI

KOTHANDARAMAN SURESH

Date:

07 May 2015

GMC Number:

457 9997

Personal Information redacted by the USI

APPRAISER

Signature of Appraiser:

Personal Information redacted by the USI

Date:

7.5.15

PRINT NAME OF APPRAISER:

M. Young

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

HSC Southern Health
and Social Care Trust
Quality Care - for you, with you

Appendix 2

APPRAISER FEEDBACK FORM

Appraiser:

Appraisee:

Date of Appraisal:

Before the Appraisal

1. How challenging did you find it to review the paperwork for this appraisal?

1 ☐

Very Difficult

2 ☐

Difficult

3 ☐

Neither Difficult / Easy

4 ☒

Easy

5 ☐

Quite Simple

2. How much time did you spend preparing for this appraisal?

Over 5 hours ☐Between 2 and 5 hours ☐Between 1 and 2 hours ☒Less than 1 hour ☐

3. Overall, how would you say you were feeling towards this impending appraisal?

1 ☐

Very Negative

2 ☐

Negative

3 ☐Neither Negative /
Positive4 ☒

Positive

5 ☐

Very Positive

During the Appraisal

4. Did you begin the appraisal feeling clear about what was going to be discussed?

1 ☐

Not at all

2 ☐

A Little Unclear

3 ☐

Fairly Clear

4 ☒

Very Clear

5 ☐We agreed this at the
beginning

5. Did you feel that the confidentiality of the process was understood?

1 ☐

Not at all

2 ☐

A Little

3 ☐

Fairly Understood

4 ☒

Well Understood

5 ☐

Completely Understood

6. Did you feel at ease during this appraisal?

1 ☐I felt ill at ease
throughout2 ☐

I felt a little uneasy

3 ☐I felt neither easy
/ uneasy4 ☐

I felt fairly at ease

5 ☒I felt completely at ease from
the start

7. Did you feel that the appraisee was familiar with the paperwork?

1 ☐They did not appear
to have read it2 ☐May have read it
briefly3 ☐

Was fairly familiar

4 ☐

Was very familiar

5 ☒Had clearly taken time to
read and think about it

8. Did you feel that the appraisal addressed all the issues that needed to be addressed?

1 ☐

Not at all

2 ☐

A Little

3 ☐Could have been
addressed better4 ☐

Almost

5 ☒

Completely

9. Did you feel that the feedback you gave was constructive?

1 ☐

Not at all

2 ☐A Little Unconstructive
and Unfair3 ☐A Little Constructive
and Fair4 ☐Fairly Constructive
and Fair5 ☒

Very constructive and fair

10. To what extent did this appraisal help reflect on and identify development needs?

1 ☐2 ☐3 ☐4 ☐5 ☒

Name: Kothandaraman Suresh

GMC Number: 4579997

Appraisal Period : Jan – Dec 2014

Page 19

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Not at all A little Fairly Good Extent Very Good Extent Totally

11. To what extent are you confident that enough evidence was gathered for revalidation as a doctor in HSC ?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Not at all A little Moderately Confident Fairly Confident Very Confident

12a. Did you discuss other roles in addition to the clinical role?

Yes ☐ No ☒ Role discussed: _____

12b. If yes, to what extent are you confident that enough revalidation evidence was gathered for this other role?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
 Not at all A little Moderately Confident Fairly Confident Very Confident

13. Did you feel that a fair and appropriate personal development plan was identified by the end of the interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Not at all A little Could have been better More or Less Very Much So

14. Overall, how did you feel by the end of appraisal interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒
 Very negative Negative Neither Positive/
Negative Positive Very Positive

After the Appraisal

15. How long did the appraisal interview last?

Over 2 hours ☐ Between 1.5 and 2 hours ☒ Between 1 and 1.5 hours ☐ Less than 1 hour ☐

16. Did it feel the right length?

Too long ☐ Too short ☐ Just about right ☒

17. Please rate the venue of the appraisal in terms of convenience to get to, comfort and freedom from interruption:

1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐
 Very Unsuitable Unsuitable Neither Unsuitable
/ Suitable Suitable Very Suitable

18. How soon after the meeting did you complete the paperwork?

Not yet complete ☐ within 2 weeks ☐ within 1 week ☐ We completed it together straight after the interview ☒

19. How many hours did it take to complete the paperwork?

4 hours or more ☐ Between 2 – 3 hours ☐ Between 1 – 2 hours ☒ Less than 1 hour ☒

20. Did you feel the completed paperwork reflected a fair and accurate account of your discussion?

1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐
 Not at all A Little Reasonably Fair &
Accurate Very Fair & Accurate Completely Fair & Accurate

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

HSC Southern Health
and Social Care Trust
Quality Care - for you, with you

Appendix 3

APPRAISEE FEEDBACK FORM

1 Very poor / Strongly disagree	2 Poor / Disagree	3 Average / Neutral	4 Good / Agree	5 Very good / Strongly agree
The organisation's approach to appraisal				
1. The organisation's appraisal system				
				✓
My appraiser's skills				
2. The appraiser's preparation for the appraisal				
				✓
3. The appraiser's skill in conducting my appraisal				
				✓
4. The appraiser's ability to listen to me				
				✓
5. The appraiser was supportive				
				✓
6. The appraiser's feedback was constructive and helpful				
				✓
7. The appraiser helped me think about new areas for development				
				✓
8. Overall rating of my appraiser in their role as an appraiser				
				✓
The appraisal discussion				
9. The appraiser reviewed progress against last year's development plan				
				✓
10. How challenging was the appraisal in making me think about my practice				
				✓
11. How useful was the appraisal in my professional development				
				✓
12. The PDP reflects my main priorities for development				
				✓
13. How useful was the appraisal in preparation for revalidation				
				✓
14. I have confidence in the confidentiality of the appraisal discussion				
				✓
The administration of appraisal				
15. I had access to forms and materials for appraisal				
				✓
16. I was given adequate notice of the date of my appraisal				
				✓
17. I had access to the necessary supporting information				
				✓
18. I was satisfied with the process for appraiser allocation				
				✓
19. Overall rating of the administration supporting appraisal in the Trust				
				✓

How long did the appraisal meeting take? 120 minutes.

How could the Appraisal Meeting have been improved?

Comments to help appraisers improve their skills: *Overall I am very much satisfied with my appraiser.*

Remember to include:- <i>[Please ensure all boxes are checked before returning the documentation – simply click on the box to put an 'X' in it]</i>	<input checked="" type="checkbox"/>
Your name, GMC No, and the appraisal period covered in the footer of the forms. Simply double-click on the relevant section at the bottom of the document.	<input checked="" type="checkbox"/>
Evidence of Reflection on Practice and use of Structured Reflective Templates – click here	<input checked="" type="checkbox"/>
Evidence of Research Activity (if applicable)	<input type="checkbox"/>
Evidence of at Least 66% Attendance at M&M Meetings	<input checked="" type="checkbox"/>
Use of M&M SBAR Template with Appropriate Detail of Involvement – click here	<input checked="" type="checkbox"/>
Evidence of Regular Participation in Clinical Audit	<input checked="" type="checkbox"/>
Remember to send:- <i>[Please ensure all boxes are checked before returning the documentation – simply click on the box to put an 'X' in it]</i>	<input checked="" type="checkbox"/>
FRONT PAGE CHECKLIST – with <u>all</u> boxes ticked	<input checked="" type="checkbox"/>
FORM 1 – all parts completed by Appraisee	<input checked="" type="checkbox"/>
FORM 2 – all parts completed by Appraisee to include <u>whole practice</u> i.e. Private / Medico Legal Work etc.	<input checked="" type="checkbox"/>
FORM 3 – All four GMP Domains completed jointly by Appraisee and Appraiser to include list of supporting information and evidence of the discussion that took place during the appraisal meeting – click here	<input checked="" type="checkbox"/>
FORM 3 – Inclusion of agreed actions against <u>all four</u> GMP domains – click here	<input checked="" type="checkbox"/>
FORM 4 – Review of Last Year's PDP	<input checked="" type="checkbox"/>
FORM 4 – PDP for the Year Ahead Developed from the Discussions Around the Four GMP Domains – click here	<input checked="" type="checkbox"/>
FORM 5 – all parts completed with FIVE signatures, one for each section	<input checked="" type="checkbox"/>
FORM 6 – completed, signed and dated by both Appraisee & Appraiser	<input checked="" type="checkbox"/>
FORM 7 – Completed in respect of where the appraisee is in their forthcoming Revalidation Cycle i.e. Year 1, 2, 3 etc. Please ensure last section also completed in relation to whether the Revalidation Requirements have been met or when they are proposed to be met.	<input checked="" type="checkbox"/>
APPENDIX 1 – all parts completed, signed and dated by Appraisee & Appraiser	<input checked="" type="checkbox"/>
APPENDIX 2 – completed fully by Appraiser	<input checked="" type="checkbox"/>
APPENDIX 3 – completed fully by Appraisee	<input checked="" type="checkbox"/>
APPENDIX 4 – NOT REQUIRED / KEEP FOR YOUR OWN RECORDS	<input type="checkbox"/>

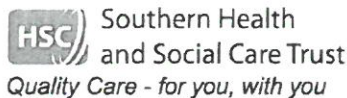
PLEASE DO NOT SUBMIT THESE FORMS UNLESS ALL OF THE ABOVE BOXES HAVE BEEN TICKED AS THEY WILL NOT BE ACCEPTED FOR PROCESSING.

You can submit the documentation by scanning and emailing the original signed copies to:-
medical.revalidation@southerntrust.hscni.net

Or send the signed originals by internal mail to the Revalidation Support Team at the address below where they will be scanned in, saved and returned to you:- (Copies will not be accepted).

Revalidation Support Team, Medical Directorate, Clanrye House, DHH.
For further guidance and FAQ's – click [here](#)

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION



APPRAISAL DOCUMENTS

CONTENTS

Form 1	Background Details
Form 2	Current Medical Activities
Form 3	Supporting Information for Appraisal & Summary of Appraisal Discussion
Form 4	Personal Development Plan
Form 5	Health & Probity Statements
Form 6	Sign Off -
Form 7	Revalidation Progress
Appendix 1	Education and Training Competencies Available for Medical Staff
Appendix 2	Appraiser Feedback Form
Appendix 3	Appraisee Feedback form
	Aide Memoire and Quality Assurance Audit Tool

FORM 1 - BACKGROUND DETAILS

- This form should be completed by the appraisee in advance of the appraisal.
- The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.
- The form includes an optional section for any additional information – click [here](#) to navigate to the relevant guidance in Appendix 4 of these forms.

1.1 Full name	Kothandaraman Suresh <small>Personal information redacted by the UST</small>
1.2 GMC Registered address (contact address if different)	
1.3 Main employer	Southern Health and Social care Trust
1.4 Main place of work	Craigavon Area Hospital
1.5 Other employers/ places of work	
1.6 Date of primary medical qualification	1991
1.7 GMC registration number and type	4579997 Full registration
1.8 Start date of first substantive appointment in HSC as a trained doctor	11/12/2013 in Northern Ireland. From Feb1996 in NHS UK.
1.8 GMC Registration date and specialties	Renewal on 23 rd Dec 2016. In the Urology specialist register
1.9 Title of current post and date appointed	Consultant urologist. 11/12/2013
1.10 For any specialist registration / qualification outside UK, please give date and specialty	M.S (Master of Surgery) -1994, India
1.11 Please list any other specialties or sub-specialties in which you are registered	
1.12 Is your registration currently in question?	No
1.13 Date of last revalidation (if applicable)	24/5/2015
1.14 Please list all posts in which you have been employed in HSC and elsewhere in the last five years (including any honorary and/or part-time posts)	Locum consultant in Urology in James Paget University Hospital, Great Yarmouth from 1/2/2010 till 10/12/2013

Name: K. SURESH GMC Number: 457 9997 Appraisal Period : Jan – Dec 2015 Page 1

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 3 - SUPPORTING INFORMATION & SUMMARY OF APPRAISAL DISCUSSION

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

DOMAIN 1 - Knowledge, Skills and Performance		
Attribute: 1.1 Maintain your professional performance		
Attribute: 1.2 Apply knowledge and experience to practice		
Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.		
	List of Supporting Information	Applicable Date
1	Job plan	
2	Annual activity report	
3	Training passport	
4	OSCE TRAINING 19/5/2015 OSCE examiner 25 th & 26 th Feb 2016	
5	Medical Leadership course 3/11/15	
6	European Multidisciplinary Meeting on Urological Cancers , Barcelona 12-15 Nov 2015	
7	Southern Trust Audit Conference 18/11/2015	
8	Annual Congress of European association of Urology, Munich 11-15 March 2016	
9	CME points through online courses –Medscape 14 different topics	
10	Antibiotic ward round reports	
11	Diversity , Equal opportunity online course 12/8/2016	
12	Last years P.D.P. Reflective template on same	
<p>Discussion</p> <p>Job plan has been reviewed, new c.b. as well as wishes consult to go over. Ram has been working to this plan over past year. C.H.A.S. - shows good activity and no outstanding indicators</p> <p>Training Passport - all mandatory modules up to date.</p> <p>Ram has attended national + European educational meetings. These are the best concentrated workshop training sessions. In addition to this he has been reading around the subjects. Focus on antibiotic stewardship enclosed.</p> <p>Actions Agreed</p> <p>Medical leadership course after a.c.c.</p> <p>Has joined EAU. as a formal member - this give further access to education material</p> <p>PCOL training short but ongoing.</p> <p>Action agreed - include the various aspects of the knowledge & training needs are well defined</p>		

CLICK HERE for further guidance about completing Form 3 and HERE for the Structured Reflective Templates

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

DOMAIN 2 - Safety and Quality

Attribute: 2.1 Contribute to and comply with systems to protect patients

Attribute: 2.2 Respond to risks to safety

Attribute: 2.3 Protect patients and colleagues from any risk posed by your health

	List of Supporting Information	Applicable Date
1	Attendance of morbidity and mortality meetings	
2	Audit on New Urology clinic- patient satisfaction questionnaire- June 2015	
3	Attendance of Urology Governance meetings	
4	Registration with GP	
5	Immunisation certificate	
6	Incident report filed by me to notify admin error (W54916)	
7	SAI - Nil report	
8	Reflective template	
9		
10		

Discussion *at ~ 55% only 11 meetings.*

Ram has an active participation in the Urology governance [urum] meetings - we have found these meetings - no complaints recorded exceptional productive.

Reflective template of two cases included - these were very good cases for discussion and have highlighted several points

Actions Agreed

If Regional Audit had been included ie 2 meetings then Attendance would be above limit

Ram has engaged in taking on board the added advantage of extra exposure to open surgery by attending colleagues lists and courses. There is a full understanding that endoscopy is his main workload but for those occasions that open surgery would be required, this extra exposure will be to his benefit.

[CLICK HERE](#) for further guidance about completing Form 3 and [HERE](#) For Structured Reflective Templates

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Name: *AS, AESH*GMC Number: *4579997*

Appraisal Period: Jan - Dec 2015 Page 7

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

DOMAIN 3 - Communication, Partnership and Teamwork		
Attribute: 3.1 Communicate effectively		
Attribute: 3.2 Work constructively with colleagues and delegate effectively		
Attribute: 3.3 Establish and maintain partnerships with patients		
	List of Supporting Information	Applicable Date
1	Regularly attending the Urology departmental meetings <i>See Domain 2</i>	
2	Core member of Urology MDT meetings	
3	Urology governance/ patient safety meetings <i>Domain 2</i>	
4	Regular X ray meetings	
5	Thank you card and gifts from patients	
6	Reflective template	
7		
8		
9		
10		
<p>Discussion</p> <p><i>As mention -- D2 -- Ram attends & contributes to our units. ongoing planning.</i></p> <p><i>- Core MDT commitment met. in addition - he attends the Xray conference regularly</i></p>		
<p>Actions Agreed</p> <p><i>Continue to participate in departmental issues : Best way to formally make voice heard.</i></p> <p><i>Commitment spread over a few areas.</i></p>		

[CLICK HERE](#) for further guidance about completing Form 3 and [HERE](#) For Structured Reflective Templates

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Name: *Dr Suresh*

GMC Number: *4579997*

Appraisal Period : Jan – Dec 2015 Page 8

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Please ensure there is a detailed record of the Discussion & Actions Agreed for each of the 4 Domains of GMP

DOMAIN 4 - Maintaining Trust		
Attribute:4.1 Show respect for patients		
Attribute:4.2 Treat patients and colleagues fairly and without discrimination		
Attribute:4.3 Act with honesty and integrity		
	List of Supporting Information	Applicable Date
1	Thank you cards from patients – Domain 3	
2	Health & Probity- Form 5 <i>see later.</i>	
3	Medical card – Domain 2	
4	Immunisation certificate- Domain 2	
5		
6	<i>GMC, mdu, college EAU - see section one</i>	
7		
8		
9		
10		
Discussion		
<p><i>I am has included GMC, mdu. College. EAU document, showing that all is up to date.</i></p> <p><i>A good feature is the letters back to patient acknowledging their</i></p>		
Actions Agreed		
<p><i>thank-you notes.</i></p> <p><i>= Continue to keep up to date records</i></p>		

[CLICK HERE](#) for further guidance about completing Form 3 and [HERE](#) For Structured Reflective Templates

Name: *R. J. R. S. H.*

GMC Number: *4579997*

Appraisal Period : Jan – Dec 2015 Page 9

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 4 - PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should review progress against last year's personal development plan and identify key development objectives for the year ahead, which relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met.

The important areas to cover: action to maintain skills and levels of service to patients; action to develop or acquire new skills; action to change or improve existing practice

Review of last year's Personal Development Plan

Development needs	Actions agreed	Has this been achieved (Yes, No, Partially)? If no or partially – why was it not fully achieved?
To continue CME activities	To attend national Urology meetings To obtain membership of European association of Urology	Yes
Surgical training	Training in performing PCNL	Assisted the procedures whenever possible

Name: *K. S. W. R. E. S. H.* GMC Number: *4579997* Appraisal Period : Jan – Dec 2015 Page 11

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PERSONAL DEVELOPMENT PLAN for the year ahead		
Development needs	Actions agreed	Target dates
Update teaching requirements	To attend Trust and Deanery courses	2017
Maintain Urology knowledge	To attend Urology meetings and courses	2016
Advance open surgical training	To attend external courses	2016/2017
Refresh training in HoLEP	To attend workshop	2017
		Personal Information redacted by the USI

[CLICK HERE](#) for further CPD/PDP guidance. To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Name: *K Suresh*

GMC Number: *4579997* Appraisal Period : Jan – Dec 2015 Page 13

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 5- HEALTH AND PROBITY STATEMENTS**HEALTH DECLARATION**

To navigate to the relevant section in the Aide Memoire and Checklist in Appendix 4 of this document, click [here](#).

Professional Obligations

The GMC's guidance *Good Medical Practice* (2006) states that;

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of *Good Medical Practice* and where they apply am taking the appropriate action.

Signature: _____

Date: _____

Name in Capitals: _____

NB: Additional Health and Probity forms are on the Southern Docs website – click [here](#)

Regulatory and Voluntary Proceedings [Please check relevant box by clicking on it and then sign below]

Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

OR



If I have been subject to either of the above, I have discussed these with my appraiser.

Signature: _____

Date: _____

Name in Capitals: _____

Name: K SURESH

GMC Number: 4579997

Appraisal Period: Jan-Dec 2015 Page 14

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

PROBITY DECLARATION

Professional obligations

I accept the professional obligations place upon me in paragraphs 56 to 76 of *Good Medical Practice (2006)*.

Signature: _____

Date: _____

Name in Capitals: _____

KOTHANJARAMAN SURESH

Convictions, findings against you and disciplinary action [Please check relevant box by clicking on it and then sign below]



Since my last appraisal/revalidation I **have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

OR



If I have been subject to any of the above, I have discussed this with my appraiser.

Signature: _____

Date: _____

Name in Capitals: _____

KOTHANJARAMAN SURESH

INDEMNITY DECLARATION

I confirm that I have the relevant indemnity as per the GMC's Guidance – click [here](#)

Signature: _____

Date: _____

Name in Capitals: _____

KOTHANJARAMAN SURESH

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 6 - SIGN OFF

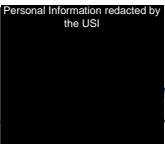
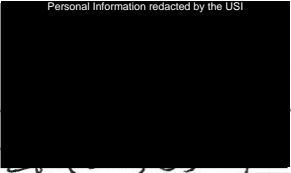

Please ensure this section is fully completed, signed and dated by both Appraisee and Appraiser.

CIRCUMSTANCES MITIGATING AGAINST ACHIEVING FULL REQUIREMENTS	APPRAISER SIGNATURE	DATE

When you have completed the appraisal, the appraiser should check and sign the following:

GMC REQUIRED INFORMATION			PRESENT
Continuing professional development			yes.
Quality improvement activity			yes.
Significant events review			yes.
Review of complaints and compliments			yes.
Feedback from colleagues	Year undertaken OR Planned Year:	/	
Feedback from patients (where applicable)	Year undertaken OR Planned Year:	/	

APPRAISAL CHECKLIST	COMPLETED
Check that all sections of the documentation have been completed.	
Ensure the previous year's Personal Development Plan has been reviewed.	
Forward required Forms according to the organisation's appraisal policy.	

APPRAISAL COMPLETION	
We confirm that this summary is an accurate record of the appraisal discussion, the key documents used, and of the agreed personal development plan:	
APPRAISEE Signature of Appraisee: 	Date: 15/9/2016.
APPRAISER Signature of Appraiser: 	Date: 22.9.16
GMC Number: 	
CO-APPRAISER (if applicable) Signature of Co-Appraiser: _____ Name of Co-Appraiser: _____ GMC Number: _____ Organisation: _____	

Name: K SURESH

GMC Number: 457 9997 Appraisal Period : Jan – Dec 2015 Page 16

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

FORM 7- REVALIDATION PROGRESS

Ensure these sections are fully completed to indicate where the appraiser is in their 5 Year Revalidation Cycle.

Year 1

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year 2015 has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

Year 2

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

Year 3

I confirm that I have reviewed all the supporting information required by the GMC and that the appraisal for the year _____ has been satisfactorily completed.

Current Outstanding Issues:	Action Required	Resolution

Signature of Appraiser:

Name of Appraiser:

GMC Number:

Date:

HSCNI CAREER GRADE MEDICAL STAFF APPRAISAL DOCUMENTATION

Waste Management	SHSCT E-Learning Module Click Here	Optional	
Modules proposed for E-Learning	Method	Core / Optional	Date Completed
Better Communication/Complaint Handling	Face to face	Optional	
Incident Reporting	Face to face	Optional	
Clinical Negligence	Not currently available	Optional	

Your training record will be updated following this submission, a copy of which can be obtained from the Revalidation Support Team, medical.revalidation@southerntrust.hscni.net

Please note that when you complete a training module either face-to-face or via elearning, you need to email the Revalidation Support Team in order that your training passport can be updated as the Team are not automatically informed.

TRAINING DECLARATION

I understand that it is my responsibility to make the necessary arrangements to allow me to complete the Trust's Mandatory Training Core Modules and those Optional Modules as agreed between myself and my Appraiser that are necessary for me to undertake my role within the Southern Health and Social Care Trust.

APPRAISEE

Signature of Appraisee:

Personal Information redacted by the USI

Name of Appraisee:

K SURESH

GMC Number:

457 9997

Date:

15/8/16

APPRAISER

Signature of Appraiser:

Personal Information redacted by the USI

Name of Appraiser:

M-Yousif

GMC Number:

2846588

Date:

22.9.16

See Training Passport

Southern Health and Social Care Trust.

This job plan started 01 August 2016 and ended 27 October 2016.

Job plan for Dr Suresh, Kothandaraman in Urology

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	Rolling cycle - 6 weeks
Start Week	1
Report date	19 Oct 2021
Expected number of weeks in attendance	42 weeks
Usual place of work	Craigavon Area Hospital
Alternate employer	None Specified
Contract	2008
Private practice	No

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		15 May 2014	Mrs Zoe Parks
In 'Discussion' stage - awaiting 1st sign-off agreement		27 May 2016	Dr Kothandaraman Suresh
In 'Discussion' stage - sign-off not agreed	Hi Suresh, can we have a face to face meeting before sign off	3 Aug 2016	Mr Colin Weir
In 'Discussion' stage - awaiting 1st sign-off agreement		9 Aug 2016	Dr Kothandaraman Suresh
1st sign-off agreed - awaiting 2nd sign-off agreement		16 Aug 2016	Mr Colin Weir
2nd sign-off agreed - awaiting 3rd sign-off agreement		26 Aug 2016	Dr Charles McAllister
In 'Discussion' stage		30 Aug 2016	Mr Malcolm Clegg
In 'Discussion' stage - 3rd sign-off not agreed	Dr McAllister has requested this, to allow date of job plan to be changed	30 Aug 2016	Mr Malcolm Clegg
In 'Discussion' stage - awaiting doctor agreement		31 Aug 2016	Mr Colin Weir
In 'Discussion' stage - sign-off not agreed	I have been working on the above job plan since 1Jan 2015 and I feel I should be paid in accordance with my job plan from 1Jan 2015. Though last year, I made a few enquiries about the pending approval of my job plan I was not made aware that I need to sign off first, causing substantial delay in acting on it. I request you to take my points into consideration and kindly reassess it. Thanks	1 Sep 2016	Dr Kothandaraman Suresh
In 'Discussion' stage - awaiting		14 Sep 2016	Dr Kothandaraman