

**Chloe Williams**

---

**From:** CST-A  
**Sent:** 25 October 2018 13:19  
**To:** Grainne Lynn  
**Cc:** casesupport; CST-B  
**Subject:** ADVICE BRIEF - OPEN CASE 18665

Dear Grainne

Please see below the advice brief for the above mentioned case. Please can you place a call as per the details below:

<b>Date call taken</b>	25 October 2018
<b>Time call taken</b>	12.55
<b>Call back priority</b>	Tuesday
<b>Case Number</b>	18665
<b>Organisation name</b>	Southern Health & Social Care Trust
<b>Referrer name</b>	Dr 18665
<b>Referrer Landline</b>	
<b>Referrer Mobile (if app)</b>	Personal Information redacted by the USI
<b>Referrer e-mail address</b>	
<b>Call requested by</b>	Practitioners wife
<b>Call back date requested</b>	<b>30 October 2018</b>
<b>Call back time requested</b>	<b>11.00am (IT HAS BEEN MADE CLEAR THAT THE CALL CAN BE NO LONGER THAN 40 MINUTES)</b>
<b>Summary of concerns</b>	Dr 18665 would like to discuss case and get further advice.
<b>Linked cases</b>	None
<b>Assigned to</b>	Grainne
<b>Call confirmed with adviser?</b>	Yes
<b>Date/Time call confirmed</b>	Yes
<b>Call confirmed with RB?</b>	Yes
<b>Date/Time call confirmed</b>	Yes
<b>Other notes or comments</b>	None

Please confirm you can make the call

**Paul Thorpe**  
**Case Officer**  
**Practitioner Performance Advice service**  
Personal Information redacted by the USI /NCAS Advice Line: 020 7811 2600

**NHS Resolution**

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<http://bit.ly/ncaseducation>

**Chloe Williams**

---

**From:** Grainne Lynn  
**Sent:** 25 October 2018 08:55  
**To:** CST-B  
**Subject:** case 18665

**Categories:** FOR ACTION - EDYTA

Hi,  
Can this case be reopened please  
Thanks,  
G

## Chloe Williams

---

**From:** Grainne Lynn  
**Sent:** 25 October 2018 09:27  
**To:** CST-B  
**Subject:** RE: case 18665 - reopened

**Categories:** UPLOADS NO ACTION - EDYTA

Many thanks Edyta- I had tried to but it said milestones incomplete  
Thanks,  
G

---

**From:** Edyta Kazior **On Behalf Of** CST-B  
**Sent:** 25 October 2018 09:14  
**To:** Grainne Lynn  
**Subject:** RE: case 18665 - reopened

Hi Grainne,

I have reopened this case.

Kind regards

Personal Information  
redacted by the USI

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**

Personal Information  
redacted by the USI / Advice Line: 020 7811 2600

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**Sent:** 25 October 2018 08:55  
**To:** CST-B  
**Subject:** case 18665

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Can this case be reopened please  
Thanks,  
G



## Chloe Williams

---

**From:** Grainne Lynn  
**Sent:** 25 October 2018 14:07  
**To:** CST-A  
**Subject:** RE: ADVICE BRIEF - OPEN CASE 18665

**Categories:** Uploads with no actions - Paul

Thanks Paul  
G

---

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**Sent:** 25 October 2018 13:19  
**To:** Grainne Lynn  
**Cc:** casesupport; CST-B  
**Subject:** ADVICE BRIEF - OPEN CASE 18665

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<b>Referrer Mobile (if app)</b>	Personal Information redacted by the USI
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<b>Call confirmed with RB?</b>	Yes
<b>Date/Time call confirmed</b>	Yes
<b>Other notes or comments</b>	None

Please confirm you can make the call

**Paul Thorpe**  
**Case Officer**

**Practitioner Performance Advice service**

Personal information redacted  
by the USI

/NCAS Advice Line: 020 7811 2600

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[CST-B@resolution.nhs.uk](mailto:CST-B@resolution.nhs.uk)

**31 October 2018**

**PRIVATE AND CONFIDENTIAL**

Dr Aidan O'Brien  
Consultant Urologist  
Southern Health and Social Care Trust

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr O'Brien,

Further to our follow up telephone conversation of 30 October 2018 in which your son, Mr Michael O'Brien, Personal Information redacted by the USI, also participated, I am writing to summarise the issues we discussed for all of our records. Please let me know if any of the information is incorrect.

You explained that you have now been given by the Trust the letter of 13 September 2016 which was written by my colleague, Dr Colin Fitzpatrick, following his conversation with Mr Simon Gibson. You have also received copies of the minutes of the Trust oversight group which identified that the matter should be subject to formal investigation.

You are not able to understand why the advice in Colin's letter was not followed and how, in December 2016, the situation had escalated to the point that a formal investigation and immediate exclusion was deemed warranted. Your recollection is not compatible with the information in my letter of 28 December 2016, as you say, there was no attempt made by the Trust to resolve the matter informally and you were not made aware of the significance of the issues until 30 December 2016. You were concerned that there had been further contact with NCAS (now Practitioner Performance Advice) in the interim. Additionally, despite being told by Dr Wright that he only became aware of the situation in December 2016, Dr Wright was a member of the oversight group which had met on 13 September 2016 and 12 October 2016.

I told you that the information on the file (and I note you will also receive this information, following your Subject Access Request – SAR) should represent the totality of the communication with Practitioner Performance Advice, and that between October 2016 and December 2016 there is no further information on file other than that which you have been given.

I note that whilst Dr Khan had decided that the matter should be put to a conduct panel, Michael expressed surprise that this would be done before the review into the Trust's handling of the case, which Dr Khan has also recommended should be undertaken.

We discussed that it may be helpful, with the Trust's agreement, for all parties, including Practitioner Performance Advice, to meet. I told you that I would liaise with Dr Khan to ascertain dates, if appropriate.

As before, you are welcome to share this letter with the Trust.

Yours sincerely,

Personal Information redacted by the USI

Dr Grainne Lynn  
**Adviser**  
**Practitioner Performance Advice**

**Chloe Williams**

---

**From:** Aidan O'Brien [Aidan O'Brien's email address]  
**Sent:** 31 October 2018 20:57  
**To:** CST-B  
**Subject:** \*\* Hyperlinks Disabled \*\* Re: Practitioner Performance Advice service Case 18665 - Notification re encrypted email

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** FOR ACTION - Edyta

Dear **Edyta**,

I acknowledge receipt of this email.

I wish to send some correspondence to Dr. Lynn.

Do I send these to the above email address.

Many Thanks,

Aidan O'Brien

-----Original Message-----

**From:** CST-B  
**To:** [Aidan O'Brien's email address]  
**Sent:** Wed, 31 Oct 2018 11:15  
**Subject:** Practitioner Performance Advice service Case 18665 - Notification re encrypted email

Dear Dr O'Brien,

This is just to let you know that I have sent you a separate encrypted email.

**Please let me know as soon as possible if you have any problems accessing the encrypted email.**

Please note the following:

- **Version 11 of Internet Explorer** is now required to access encrypted emails from our service.
- Practitioner Performance Advice encrypted emails need to be accessed within 30 days otherwise they expire and it is then not possible to access the information contained within them.
- All encrypted emails expire after 30 days even if accessed within that period and therefore it will not be possible to access the email or any attachments again after the 30 day period unless a copy is saved onto your own system within the 30 day period.
- If you do not receive a notification from the NHS Resolution Secure Encryption Portal please utilise the below link and click on the "forgotten password" option to activate your account.

[\\*\\*\\*\\*\\*./\\*\\*\\*\\*\\*.\\*\\*\\*\\*\\*.\\*/\\*\\*\\*\\*\\*.\\*\\*\\*\\*\\*?\\*\\*\\*\\*\\*](#)

I would be most grateful if you would acknowledge receipt of this email.

Regards

**Edyta Kazior**

**Case Officer**

**Practitioner Performance Advice (formerly NCAS)**

[Personal Information redacted by the USI] / Advice Line: 020 7811 2600

**NHS Resolution**

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[\\*\\*\\* \\*\\*\\*\\*\\*/\\*\\*\\*\\*\\*](#). To find out how we use personal information visit:

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## Chloe Williams

---

**From:** Edyta Kazior on behalf of CST-B  
**Sent:** 31 October 2018 11:15  
**To:** Aidan O'Brien's email address  
**Cc:** Grainne Lynn  
**Subject:** Confidential: Personal – Case 18665  
**Attachments:** LETO 181031 Advice letter 18665.pdf

Dear Dr O'Brien,

Please find attached the advice letter following your discussion with our Adviser, Dr Grainne Lynn.

Please note that Practitioner Performance Advice does not issue hard copies of advice letters.

Please do not hesitate to contact our office should you have any further queries.

Kind regards,

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**  
Personal Information  
redacted by the USI / Advice Line: 020 7811 2600

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## Resolution

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**31 October 2018**

### PRIVATE AND CONFIDENTIAL

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Consultant Urologist  
Southern Health and Social Care Trust

**Ref: 18665 (Please quote in all correspondence)**

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until 2020





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We discussed that it may be helpful, with the Trust's agreement, for all parties, including Practitioner Performance Advice, to meet. I told you that I would liaise with Dr Khan to ascertain dates, if appropriate.

As before, you are welcome to share this letter with the Trust.

Yours sincerely,

Personal Information redacted by the USI

Dr Grainne Lynn  
**Adviser**  
**Practitioner Performance Advice**

**Chloe Williams**

---

**From:** Grainne Lynn  
**Sent:** 30 October 2018 14:00  
**To:** CST-B  
**Subject:** CONFIDENTIAL: Personal QA of Case 18665

**Categories:** Letter - Edyta

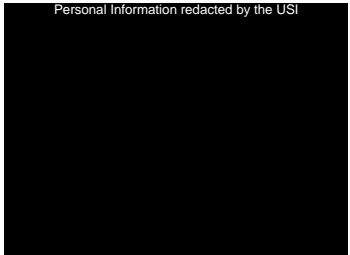
Ready for issue, please send. Please issue **to the practitioner** thanks G

<https://eks2.resolution.nhs.uk/AdviceReportDetails/Index/>

Irrelevant information redacted by the USI

**Private and Confidential**

Personal Information redacted by the USI



Dr. Gráinne Lynn,  
Practitioner Performance Advice,  
2<sup>nd</sup> Floor,  
151 Buckingham Palace Road,  
London.  
SW1W 9SZ.

1<sup>st</sup> November 2018.

**Reference: 18665**

Dear Dr Lynn,

Thank you for your letter of 31<sup>st</sup> October 2018. I write to you because I wish to clarify two matters from our discussion on the 30<sup>th</sup> October 2018.

The first clarification relates to Dr Wright's knowledge of the concerns. Dr Wright is a member of the Oversight Committee and indeed sat on the meeting of the Oversight Committee on the 22<sup>nd</sup> December 2016. The minutes of that meeting confirm that there were two earlier meetings of the Oversight Committee at which these issues were discussed, the 13<sup>th</sup> September 2016 and 12<sup>th</sup> October 2016. However, as I do not have the minutes of those earlier meetings, I cannot state with certainty that Dr Wright was in attendance at those meetings. I attach the minutes of the meeting of the 22<sup>nd</sup> December 2016 to which I refer.

Secondly, the review that Dr Khan has recommended should be undertaken is wider in scope than the Trust's handling of my case. I do not have an electronic copy of Dr Khan's determination, however he has stated as follows:

"In order for the Trust to understand fully the failings in this case, I recommend the Trust carry out an independent review of the relevant administrative processes with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. The review should look at the full system wide problems to understand and learn from the findings."

Thank you once again for the telephone call and your letter. I am deeply appreciative of the time and assistance you have given me to date. With my earnest hope that all these matters can be satisfactorily resolved to the mutual satisfaction of all concerned.

Yours sincerely,

Personal Information redacted by the USI

Aidan O'Brien.

Chloe Williams

---

**From:** Aidan O'Brien Aidan O'Brien's email address  
**Sent:** 01 November 2018 14:46  
**To:** CST-B  
**Subject:** FAO Dr. Lynn REF: 18665  
**Attachments:** Letter to Dr Lynn.docx; Action note - 22nd December - AOB.docx  
  
**Categories:** FOR ACTION - Edyta

Dear Edyta

I enclose 2 attachments for Dr. Lynn's attention.

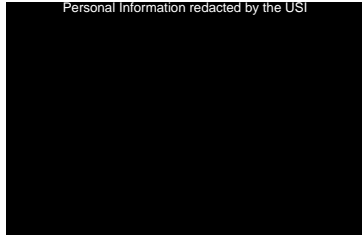
I would be grateful if you could acknowledge receipt of this e-mail.

Many Thanks

Aidan O'Brien.

**Private and Confidential**

Personal Information redacted by the USI



Dr. Gráinne Lynn,  
Practitioner Performance Advice,  
2<sup>nd</sup> Floor,  
151 Buckingham Palace Road,  
London.  
SW1W 9SZ.

1<sup>st</sup> November 2018.

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Yours sincerely,

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Aidan O'Brien.

**Southern Health & Social Care Trust****Oversight Committee****22<sup>nd</sup> December 2016****Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

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

**In attendance:**

Simon Gibson, Assistant Director, Medical Director's Office

Malcolm Clegg, Medical Staffing Manager

Tracey Boyce, Director of Pharmacy, Acute Services Directorate

**Dr A O'Brien****Context**

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

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

**Issue one**

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

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

**Action**

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

**Lead: Ronan Carroll/Colin Weir**



## Issue two

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

## Action

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

**Lead: Ronan Carroll**

## Issue three

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

## Action

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

**Lead: Ronan Carroll/Colin Weir**

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

**Action: Tracey Boyce**

## Consideration of the Oversight Committee

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

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

**Action: Dr Wright/Simon Gibson**

The following was agreed:

Case Investigator – Colin Weir

Case Manager – Ahmed Khan

**Chloe Williams**

---

**From:** Edyta Kazior on behalf of CST-B  
**Sent:** 01 November 2018 10:07  
**To:** 'Aidan O'Brien'  
**Subject:** Practitioner Performance Advice service Case 18665 - responding to adviser

Dear Dr O'Brien,

Thank you for your email.

Yes, you can reply to [Irrelevant information redacted by the USI] and we will forward your email to Dr Lynn.

Kind regards

[Personal Information redacted by the USI]

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**

[Personal Information redacted by the USI] / Advice Line: 020 7811 2600

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**From:** Aidan O'Brien [Aidan O'Brien's email address]  
**Sent:** 31 October 2018 20:57  
**To:** CST-B  
**Subject:** \*\* Hyperlinks Disabled \*\* Re: Practitioner Performance Advice service Case 18665 - Notification re encrypted email

Dear **Edyta**,

I acknowledge receipt of this email.

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Aidan O'Brien

-----Original Message-----

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**To:** [Aidan O'Brien's email address]  
**Sent:** Wed, 31 Oct 2018 11:15  
**Subject:** Practitioner Performance Advice service Case 18665 - Notification re encrypted email

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- If you do not receive a notification from the NHS Resolution Secure Encryption Portal please utilise the below link and click on the "forgotten password" option to activate your account.  
[\\*\\*\\*\\*\\*://\\*\\*\\*\\*\\*.\\*\\*\\*\\*\\*.\\*/\\*\\*\\*\\*\\*.\\*\\*\\*\\*\\*?\\*\\*\\*\\*\\*](*****://*****.*****.*/*****.*****?*****)

I would be most grateful if you would acknowledge receipt of this email.

Regards

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Case Officer  
Practitioner Performance Advice (formerly NCAS)  
Personal Information redacted by the USI / Advice Line: 020 7811 2600

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**Error! Filename not specified.Error! Filename not specified.**

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**Chloe Williams**

---

**From:** Edyta Kazior on behalf of CST-B  
**Sent:** 01 November 2018 16:03  
**To:** 'Aidan O'Brien'  
**Subject:** RE: FAO Dr. Lynn REF: 18665

Dear Dr O'Brien,

I can confirm I received your correspondence and that I have forwarded it to Dr Lynn.

Kind regards

Personal Information  
redacted by the USI

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**

Personal Information  
redacted by the USI / Advice Line: 020 7811 2600

**NHS Resolution**  
2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

**Advise / Resolve / Learn**  
[resolution.nhs.uk](https://resolution.nhs.uk)



**From:** Aidan O'Brien [Aidan O'Brien's email address]  
**Sent:** 01 November 2018 14:46  
**To:** CST-B  
**Subject:** FAO Dr. Lynn REF: 18665

Dear Edyta

I enclose 2 attachments for Dr. Lynn's attention.

I would be grateful if you could acknowledge receipt of this e-mail.

Many Thanks

Aidan O'Brien.

## Chloe Williams

---

**From:** Edyta Kazior on behalf of CST-B  
**Sent:** 01 November 2018 16:02  
**To:** Grainne Lynn  
**Subject:** FAO Dr. Lynn REF: 18665 adv  
**Attachments:** Letter to Dr Lynn.docx; Action note - 22nd December - AOB.docx  
  
**Importance:** High

Dear Grainne,

Please find attached two letters from Dr 18665 for your attention.

I asked Dr to send these to CST-B as I was not sure if you would be happy for me to provide your email address to Dr 18665.

I will acknowledge receiving and forwarding the letters to you and I will upload them to EKS2.

Kind regards

Personal Information  
redacted by the USI

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**

Personal Information  
redacted by the USI

/ Advice Line: 020 7811 2600

### NHS Resolution

2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

**Advise / Resolve / Learn**

[resolution.nhs.uk](https://resolution.nhs.uk)



**From:** Aidan O'Brien Aidan O'Brien's email address

**Sent:** 01 November 2018 14:46

**To:** CST-B

**Subject:** FAO Dr. Lynn REF: 18665

Dear Edyta

I enclose 2 attachments for Dr. Lynn's attention.

I would be grateful if you could acknowledge receipt of this e-mail.

Many Thanks

Aidan O'Brien.

**Southern Health & Social Care Trust****Oversight Committee****22<sup>nd</sup> December 2016****Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

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

**In attendance:**

Simon Gibson, Assistant Director, Medical Director's Office

Malcolm Clegg, Medical Staffing Manager

Tracey Boyce, Director of Pharmacy, Acute Services Directorate

**Dr A O'Brien****Context**

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

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

**Issue one**

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

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

**Action**

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

**Lead: Ronan Carroll/Colin Weir**

## Issue two

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

## Action

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

**Lead: Ronan Carroll**

## Issue three

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

## Action

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

**Lead: Ronan Carroll/Colin Weir**

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

**Action: Tracey Boyce**

## Consideration of the Oversight Committee

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

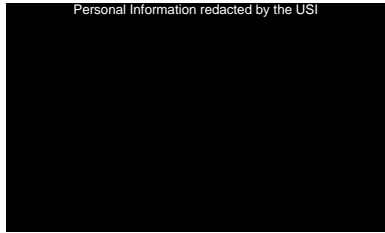
It was agreed for Dr Wright to make contact with NCAS to seek confirmation of this approach and aim to meet Dr O'Brien on Friday 30<sup>th</sup> December to inform him of this decision, and follow this decision up in writing.

**Action: Dr Wright/Simon Gibson**

The following was agreed:

Case Investigator – Colin Weir

Case Manager – Ahmed Khan

**Private and Confidential**Personal Information redacted by the USI  


Dr. Gráinne Lynn,  
Practitioner Performance Advice,  
2<sup>nd</sup> Floor,  
151 Buckingham Palace Road,  
London.  
SW1W 9SZ.

1<sup>st</sup> November 2018.

**Reference: 18665**

Dear Dr Lynn,

Thank you for your letter of 31<sup>st</sup> October 2018. I write to you because I wish to clarify two matters from our discussion on the 30<sup>th</sup> October 2018.

The first clarification relates to Dr Wright's knowledge of the concerns. Dr Wright is a member of the Oversight Committee and indeed sat on the meeting of the Oversight Committee on the 22<sup>nd</sup> December 2016. The minutes of that meeting confirm that there were two earlier meetings of the Oversight Committee at which these issues were discussed, the 13<sup>th</sup> September 2016 and 12<sup>th</sup> October 2016. However, as I do not have the minutes of those earlier meetings, I cannot state with certainty that Dr Wright was in attendance at those meetings. I attach the minutes of the meeting of the 22<sup>nd</sup> December 2016 to which I refer.

Secondly, the review that Dr Khan has recommended should be undertaken is wider in scope than the Trust's handling of my case. I do not have an electronic copy of Dr Khan's determination, however he has stated as follows:

"In order for the Trust to understand fully the failings in this case, I recommend the Trust carry out an independent review of the relevant administrative processes with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. The review should look at the full system wide problems to understand and learn from the findings."



Thank you once again for the telephone call and your letter. I am deeply appreciative of the time and assistance you have given me to date. With my earnest hope that all these matters can be satisfactorily resolved to the mutual satisfaction of all concerned.

Yours sincerely,

Personal Information redacted by the USI

Aidan O'Brien.

**Southern Health & Social Care Trust****Oversight Committee****22<sup>nd</sup> December 2016****Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

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

**In attendance:**

Simon Gibson, Assistant Director, Medical Director's Office

Malcolm Clegg, Medical Staffing Manager

Tracey Boyce, Director of Pharmacy, Acute Services Directorate

**Dr A O'Brien****Context**

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

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

**Issue one**

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

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

**Action**

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

**Lead: Ronan Carroll/Colin Weir**

## Issue two

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

## Action

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

**Lead: Ronan Carroll**

## Issue three

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

## Action

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

**Lead: Ronan Carroll/Colin Weir**

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

**Action: Tracey Boyce**

## Consideration of the Oversight Committee

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

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

**Action: Dr Wright/Simon Gibson**

The following was agreed:

Case Investigator – Colin Weir

Case Manager – Ahmed Khan

## Chloe Williams

---

**From:** Grainne Lynn  
**Sent:** 05 November 2018 15:47  
**To:** Khan, Ahmed  
**Cc:** Hynds, Siobhan; Gibson, Simon; CST-B  
**Subject:** RE: MHPS Investigation case 18665 confidential

**Categories:** UPLOADS NO ACTION - Edyta

Hi Ahmed,

Thank you for this. in the circumstances I am not sure anything further could be achieved by a meeting.

If you are happy for me to, I will let the practitioner know that we have discussed this and that you feel the points which he has raised have already been considered. In any event, I will need to let the practitioner know it will not be going forward to a meeting.

I will write back to you summarising our discussion of last week but reflecting the up to date position as per these further emails. I will review the case with you in 6- 8 weeks but please get in touch in the interim if you have any queries

Kind regards,  
Grainne

---

**From:** Khan, Ahmed [Personal Information redacted by the USI]  
**Sent:** 05 November 2018 11:50  
**To:** Grainne Lynn  
**Cc:** Hynds, Siobhan; Gibson, Simon  
**Subject:** FW: MHPS Investigation  
**Importance:** High

Dear Grainne

Further to our telephone conversation on Wednesday 31 October.

Thank you for advising of your recent telephone conversation/s with Mr A O'Brien and his son regarding the on-going process under MHPS within the Trust. My understanding of the main issue raised by Mr O'Brien and relayed by you, is respect of the commencement of the investigation and the decision to move to a formal investigation process rather than manage the concerns informally. Mr O'Brien has outlined that his workload was significantly impacting on his ability to undertake all required work.

As discussed, this is a concern Mr O'Brien raised at the outset of the investigation process. A full and detailed response was provided to Mr O'Brien by letter on 30 March 2017 addressing this issue and setting out the reasons for the decision to manage the concerns through a formal investigation process. As I understand it, this is a judgement for the employer to make under MHPS. Given the serious nature of the concerns, it was considered to be the appropriate course of action. We are now a significant period of time on and have completed a formal investigation, with Mr O'Brien's participation.

I was encouraged to hear from you that Mr O'Brien and his son are not in dispute of the issues of concern. The findings from the formal investigation further outline that the concerns under investigation, and which are now founded, are very serious in nature. After taking further advise, as a Case Manager I remain satisfied that a formal investigation was and is the appropriate course of action in the circumstances. As previously discussed and agreed with you, the next step in the process is to hold a conduct hearing following conclusion of the formal investigation.

I appreciate your offer of a meeting between the trust and Mr O'Brien with you in attendance. Having considered this, we remain unclear as to the purpose of this meeting at this stage. As always we are very happy to be guided by NCAS and if you feel it is useful to meet, we are happy to do so.

We would be very grateful for your advice on the best course of action in this regard and what you feel could be achieved by such a meeting? Please don't hesitate to contact me if required.

Kind Regards,  
Ahmed

Dr Ahmed Khan  
MHPS Case Manager  
Medical Director (Interim)

Personal Information  
redacted by USI

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Southern Health & Social Care Trust IT Department

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**Practitioner Performance Advice (formerly NCAS)**

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London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

[www.resolution.nhs.uk](http://www.resolution.nhs.uk)

[CST-B@resolution.nhs.uk](mailto:CST-B@resolution.nhs.uk)

**6 November 2018**

**PRIVATE AND CONFIDENTIAL**

Dr Ahmed Khan  
Medical Director  
Southern Health and Social Care Trust  
Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
BT63 5QQ

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr Khan,

Further to our follow up telephone conversation of 31 October 2018 in which Ms Siobhan Hynds and Mr Simon Gibson also participated, and your email of 5 November 2018 to me, I am writing to summarise the issues we discussed and my understanding of the position for all of our records. Please let me know if any of the information is incorrect.

I rang to apprise you of conversations which I had over a period of time with Dr 18665 (and his son), and to ascertain whether you felt that a meeting would be helpful. Dr 18665 had consented that I would share details of our conversations.

I told you that Dr 18665 has recently become aware of correspondence between what was then NCAS – now Practitioner Performance Advice – and the Trust in September 2016. Dr 18665 felt that between September 2016 and December 2016, he was not afforded an opportunity to address the concerns which had been raised, and this may have avoided the need for a formal investigation. Dr 18665 also told me that he was never supported to address the concerns, and that whilst he accepts some of the criticism in the investigative report, he also considers that the management failure identified should be scrutinised before he is subject to a conduct hearing.

You explained that prior to the September 2016 telephone call, Dr 18665 had been made aware of the concerns, and that the situation had not improved. Ms Hynes also queried whether there was always a requirement under MHPS to manage issues first under local informal processes, or whether there were occasions when a matter was so significant that it would proceed directly to formal investigation. I advised that there is scope to move directly to formal processes, if the matter is deemed sufficiently serious, but that this is a judgement call for an employer. In this case, you considered that the threshold had been passed. As Dr 18665 was a consultant, it was considered that he should have been more proactive in raising issues. It was also reported that since February 2017 Dr 18665 has been able to undertake his work satisfactorily without additional support.

The investigative report has upheld concerns about Dr 18665's practice. Whilst it is accepted that there were management failings, the findings are such that the Trust believes the threshold for putting the matter to a hearing has been reached. You pointed to the negative effects of the situation on patients noted in the report, and did not consider it would be appropriate to manage the matter informally. The Trust considered that it would be for any hearing to consider the evidence and the mitigation put forward by Dr 18665.

We discussed whether a meeting with all parties should be convened, and you took some time to think about the issues which I had raised to consider the case again and to think about whether a meeting would be useful. Having reviewed the situation, the Trust considered that the points raised with me by Dr 18665 had already been comprehensively managed, that there were grounds for a formal investigation and for putting the matter to a hearing (notwithstanding some of the criticism made of how the case had been managed). You were unsure of the purpose therefore of any meeting. In these circumstances, I agreed that it was difficult to see what a meeting would add and I will inform Dr 18665 of this.

Dr 18665 should continue to be offered support from the Trust (such as from OH, staff counselling, mentoring) at what is likely to continue to be a stressful time for him.

I will review the case with you again in approximately 6-8 weeks.

**Relevant regulations/guidance:**

- Local procedures
- General Medical Council Guide to Good Medical Practice
- Maintaining High Professional Standards in the Modern NHS (MHPS)
- The Medical Profession (Responsible Officer) Regulations 2010 and Amendment 2013

**Review date:** 31 December 2018

Yours sincerely,

Personal Information redacted by the USI

Grainne Lynn

**Adviser**

**Practitioner Performance Advice**



**Chloe Williams**

---

**From:** Grainne Lynn  
**Sent:** 05 November 2018 15:47  
**To:** Khan, Ahmed  
**Cc:** Hynds, Siobhan; Gibson, Simon; CST-B  
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**Categories:** UPLOADS NO ACTION - Edyta

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Kind regards,  
Grainne

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**Subject:** FW: MHPS Investigation  
**Importance:** High

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As discussed, this is a concern Mr O'Brien raised at the outset of the investigation process. A full and detailed response was provided to Mr O'Brien by letter on 30 March 2017 addressing this issue and setting out the reasons for the decision to manage the concerns through a formal investigation process. As I understand it, this is a judgement for the employer to make under MHPS. Given the serious nature of the concerns, it was considered to be the appropriate course of action. We are now a significant period of time on and have completed a formal investigation, with Mr O'Brien's participation.

I was encouraged to hear from you that Mr O'Brien and his son are not in dispute of the issues of concern. The findings from the formal investigation further outline that the concerns under investigation, and which are now founded, are very serious in nature. After taking further advise, as a Case Manager I remain satisfied that a formal investigation was and is the appropriate course of action in the circumstances. As previously discussed and agreed with you, the next step in the process is to hold a conduct hearing following conclusion of the formal investigation.

I appreciate your offer of a meeting between the trust and Mr O'Brien with you in attendance. Having considered this, we remain unclear as to the purpose of this meeting at this stage. As always we are very happy to be guided by NCAS and if you feel it is useful to meet, we are happy to do so.

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Kind Regards,  
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Dr Ahmed Khan  
MHPS Case Manager  
Medical Director (Interim)

Personal Information  
redacted by the USI

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Southern Health & Social Care Trust IT Department

Irrelevant redacted by the USI

## Chloe Williams

---

**From:** Edyta Kazior on behalf of CST-B  
**Sent:** 06 November 2018 12:39  
**To:** Ahmed Khan's email address  
**Cc:** Grainne Lynn  
**Subject:** Confidential: Personal – Case 18665  
**Attachments:** LETO 181106 Advice letter 18665.pdf

Dear Dr Khan,

Please find attached the advice letter following your discussion with our Adviser, Dr Grainne Lynn.

Please note that Practitioner Performance Advice does not issue hard copies of advice letters.

Please do not hesitate to contact our office should you have any further queries.

Kind regards,

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**  
Personal Information redacted by the USI / Advice Line: 020 7811 2600

**NHS Resolution**  
2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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## Resolution

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2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

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[CST-B@resolution.nhs.uk](mailto:CST-B@resolution.nhs.uk)

**6 November 2018**

### PRIVATE AND CONFIDENTIAL

Dr Ahmed Khan  
Medical Director  
Southern Health and Social Care Trust  
Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
BT63 5QQ

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr Khan,

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You explained that prior to the September 2016 telephone call, Dr 18665 had been made aware of the concerns, and that the situation had not improved. Ms Hynes also queried whether there was always a requirement under MHPS to manage issues first under local informal processes, or whether there were occasions when a matter was so significant that it would proceed directly to formal investigation. I advised that there is scope to move directly to formal processes, if the matter is deemed sufficiently serious, but that this is a judgement call for an employer. In this case, you considered that the threshold had been passed. As Dr 18665 was a consultant, it was considered that he should have been more proactive in raising issues. It was also reported that since February 2017 Dr 18665 has been able to undertake his work satisfactorily without additional support.

The investigative report has upheld concerns about Dr 18665's practice. Whilst it is accepted that there were management failings, the findings are such that the Trust believes the threshold for putting the matter to a hearing has been reached. You pointed to the negative effects of the situation on patients noted in the report, and did not consider it would be appropriate to manage the matter informally. The Trust considered that it would be for any hearing to consider the evidence and the mitigation put forward by Dr 18665.

We discussed whether a meeting with all parties should be convened, and you took some time to think about the issues which I had raised to consider the case again and to think about whether a meeting would be useful. Having reviewed the situation, the Trust considered that the points raised with me by Dr 18665 had already been comprehensively managed, that there were grounds for a formal investigation and for putting the matter to a hearing (notwithstanding some of the criticism made of how the case had been managed). You were unsure of the purpose therefore of any meeting. In these circumstances, I agreed that it was difficult to see what a meeting would add and I will inform Dr 18665 of this.

Dr 18665 should continue to be offered support from the Trust (such as from OH, staff counselling, mentoring) at what is likely to continue to be a stressful time for him.

I will review the case with you again in approximately 6-8 weeks.

**Relevant regulations/guidance:**

- Local procedures
- General Medical Council Guide to Good Medical Practice
- Maintaining High Professional Standards in the Modern NHS (MHPS)
- The Medical Profession (Responsible Officer) Regulations 2010 and Amendment 2013

**Review date:** 31 December 2018

Yours sincerely,

Personal Information redacted by the USI

Grainne Lynn

**Adviser**

**Practitioner Performance Advice**

## Chloe Williams

---

**From:** Grainne Lynn  
**Sent:** 06 November 2018 08:01  
**To:** CST-B  
**Subject:** CONFIDENTIAL: Personal QA of Case 18665

**Categories:** Letter - Edyta

Ready for issue, please send. Thanks G

<https://eks2.resolution.nhs.uk/AdviceReportDetails/Index/>

Irrelevant information redacted by the USI

**Practitioner Performance Advice (formerly NCAS)**

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

[www.resolution.nhs.uk](http://www.resolution.nhs.uk)

[CST-B@resolution.nhs.uk](mailto:CST-B@resolution.nhs.uk)

**9 November 2018**

**PRIVATE AND CONFIDENTIAL**

Dr Aidan O'Brien  
Consultant Urologist  
Southern Health and Social Care Trust

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr O'Brien,

Thank you for your letter dated 1 November 2018 setting out some clarifications to my letter following our discussion on 30 October 2018. Practitioner Performance Advice (formerly NCAS) does not usually reissue letters (unless it would change the advice which has been given) but the letter has been added to the file so that the clarifications are on record.

Following our conversation of 30 October 2018, I contacted the Trust to explore issues further with them and to offer to meet. On the 31 October 2018, I had a telephone conference call with Dr Ahmed, Mr Gibson and Ms Hynds, and we discussed the case. The Trust are of the view that a full and detailed response was provided to you by letter on 30 March 2017 setting out the reasons for the decision to manage the concerns through a formal investigation process. It is also considered that, notwithstanding some of the acknowledged management issues, the evidence in the report warrants putting the matter forward to a hearing. I note that it is also likely, as per earlier correspondence with the Trust, that they will want to support you moving forward.

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Yours sincerely,

Personal information redacted by the USI

Dr Grainne Lynn

**Adviser**

**Practitioner Performance Advice**

**Chloe Williams**

---

**From:** Aidan O'Brien Aidan O'Brien's email address  
**Sent:** 09 November 2018 15:41  
**To:** CST-B  
**Subject:** \*\* Hyperlinks Disabled \*\* Re: Practitioner Performance Advice service Case 18665 - Notification re encrypted email

**Categories:** UPLOADS NO ACTION - Edyta

Email received.  
Thank you.

A. O'Brien

Irrelevant information redacted by the USJ

On Friday, 9 November 2018, CST-B wrote:

Dear Dr O'Brien,

This is just to let you know that I have sent you a separate encrypted email.

**Please let me know as soon as possible if you have any problems accessing the encrypted email.**

Please note the following:

- **Version 11 of Internet Explorer** is now required to access encrypted emails from our service.
- Practitioner Performance Advice encrypted emails need to be accessed within 30 days otherwise they expire and it is then not possible to access the information contained within them.
- All encrypted emails expire after 30 days even if accessed within that period and therefore it will not be possible to access the email or any attachments again after the 30 day period unless a copy is saved onto your own system within the 30 day period.
- If you do not receive a notification from the NHS Resolution Secure Encryption Portal please utilise the below link and click on the "forgotten password" option to activate your account.

[\\*\\*\\*\\*\\*://\\*\\*\\*\\*\\*.\\*\\*\\*\\*\\*.\\*/\\*\\*\\*\\*\\*.\\*\\*\\*\\*\\*?\\*\\*\\*\\*\\*](*****://*****.*****.*/*****.*****?*****)

I would be most grateful if you would acknowledge receipt of this email.

Regards

**Edyta Kazior**

**Case Officer**

**Practitioner Performance Advice (formerly NCAS)**

Personal Information redacted by the USJ / Advice Line: 020 7811 2600

2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

## Advise / Resolve / Learn

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Disclaimer.

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NHS Resolution is the operating name of NHS Litigation Authority. From **2 July 2018**, we are changing to more accurate and consistent service titles. National Clinical Assessment Service (**NCAS**) and Family Health Service Appeals Unit (**FHSAU**) will no longer be used. Our services and how you access them will remain unchanged - some email addresses will be updated, but current email addresses will still reach us. For more visit: [\\*\\*\\*.\\*\\*\\*\\*\\*.\\*\\*\\*.\\*/\\*\\*\\*\\*\\*](#). To find out how we use personal information visit: [\\*\\*\\*.\\*\\*\\*\\*\\*.\\*\\*\\*.\\*/\\*\\*\\*\\*\\*/\\*\\*\\*\\*\\*.\\*\\*\\*](#)

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## Chloe Williams

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**From:** Edyta Kazior on behalf of CST-B  
**Sent:** 09 November 2018 10:20  
**To:** 'Aidan O'Brien'  
**Cc:** Grainne Lynn  
**Subject:** Confidential: Personal – Case 18665  
**Attachments:** LETO 181109 Advice letter 18665.pdf

Dear Dr O'Brien,

Please find attached the advice letter following your discussion with our Adviser, Dr Grainne Lynn.

Please note that Practitioner Performance Advice does not issue hard copies of advice letters.

Please do not hesitate to contact our office should you have any further queries.

Kind regards,

**Edyta Kazior**  
**Case Officer**  
**Practitioner Performance Advice (formerly NCAS)**

Personal Information  
redacted by the USI

/ Advice Line: 020 7811 2600

### NHS Resolution

2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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## Resolution

### Practitioner Performance Advice (formerly NCAS)

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

[www.resolution.nhs.uk](http://www.resolution.nhs.uk)

[CST-B@resolution.nhs.uk](mailto:CST-B@resolution.nhs.uk)

**9 November 2018**

### PRIVATE AND CONFIDENTIAL

Dr Aidan O'Brien  
Consultant Urologist  
Southern Health and Social Care Trust

**Ref: 18665 (Please quote in all correspondence)**

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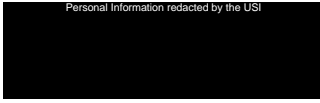


Accredited  
until 2020



Yours sincerely,

Personal Information redacted by the USI

A large black rectangular box redacting the signature of Dr Grainne Lynn.

Dr Grainne Lynn

**Adviser**

**Practitioner Performance Advice**