

Mr. Ronan Carroll
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

5 May 2023

Dear Sir,

**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.

This Notice is issued to you due to your held posts, within the Southern Health and Social Care Trust, relevant to the Inquiry's Terms of Reference. The Inquiry is of the

view that in your roles you will have an in-depth knowledge of matters that fall within our 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 detail 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 may be aware the Trust has 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 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 your 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 an 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 8 of 2023]

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:

**Mr. Ronan Carroll
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 **12th May 2023**.

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 **9th May 2023**.

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 5th May 2023

Signed:

Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry

SCHEDULE**[No 8 of 2023]**

1. Please consider the following extract from your SAI Urology Review discussion with Dr Dermot Hughes and Patricia Kingsnorth on the 18 January 2021 at 13:45 (see **WIT 84342 – 84343**) and address question 1 (a) and (b):

...

DH described the issues regarding the lack of specialised nurse for AOB's patients and the impact this had on the patients and family when trying to access services. He advised that AOB use of ADT was highlighted by the oncologist in Belfast Trust who wrote to AOB to highlight issues. But this wasn't escalated further. DH- asked how did AOB practice this way? RC- believed everyone made excuses for AOB the consensus was that he was a very strong personality who could be spiteful and even vindictive. Many of the CNS were afraid of him. But RC was unaware that the CNS were excluded from seeing AOB's patients.

...

- (a) Please explain the basis on which you stated that many of the CNS were afraid of Mr. O'Brien, to include the source of this information, the circumstances in which you became aware of this and what, if anything, you did in response to this knowledge?
- (b) Please identify by name those among the CNS nurses who fall into the category of being afraid of Mr O'Brien, based on your knowledge and statement to Dr Hughes. If you do not know names, why did you not take steps to ascertain which CNS's fell into this category and the basis for their alleged fear?

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.

SAI Urology Review**Discussion with Ronan Carroll (RC) AD for Surgical and Elective
Care****Dr Dermot Hughes (DH) and Patricia Kingsnorth (PK)****Monday 18 January 2021 @ 13:45**

Dr Hughes provided a summary of where we are regarding the SAI review and summarising the cases involved in the review. He explained that many of the patient's pathway did not follow the recommendations set out by the regional urology pathway. He explained that AOB was the Chair of the regional urology MDM up until 2016. He signed off the guidance for peer review in 2017 but did not adhere to the standards agreed.

DH described the issues regarding the lack of specialised nurse for AOB's patients and the impact this had on the patients and family when trying to access services. He advised that AOB use of ADT was highlighted by the oncologist in Belfast Trust who wrote to AOB to highlight issues. But this wasn't escalated further.

DH- asked how did AOB practice this way?

RC- believed everyone made excuses for AOB the consensus was that he was a very strong personality who could be spiteful and even vindictive. Many of the CNS were afraid of him. But RC was unaware that the CNS were excluded from seeing AOB's patients.

DH explained the SAI process that we are looking at the cancer pathway and benchmarking against the standards regarding diagnosis/ staging/ MDT. He explained that some of the patients were not referred on for palliative care when their disease progressed. AOB was referred to by one of his colleagues as a "holistic physician" who care for the patients in uni-professional manner, but really he was working outside of his scope of practice.

RC speculated about AOB that there was a sense of arrogance/ commanded respect almost "God like" when he walked the corridors.

RC said he wasn't aware of the issues identified by the SAI review and was quite shocked when the issues were identified by PK during the update of early learning from the SAI. He advised that the patients under the care of Mr OB were often elderly and held him in high esteem "the big doctor". He went on to say that staff appeared to be habituated by AOB's behaviour, that they avoided challenge at MDT.

RC went on to describe a previous concern they had which was escalated to an SAI of a man who had a bladder tumour, his red flag referral was put in a drawer resulting in an extensive delay to review him. There was no remorse and AOB seemed to defer to everyone else's problem not his.

DH advised the language will be neutral describing what the standard of care should be and what it was. He advised that all the families found AOB to be very personable but his care fell below standard.

RC advised that AOB was known to be clinically sound and that any issues raised were regarding system and administration processes. He never thought of him as a poor surgeon. He wasn't aware there were any issues with drug prescription or failure to follow up or non-compliance with MDT recommendations.

DH advised the need for assurances through regular audits for all clinicians.

RC advised that the system is not resourced for re- referral to MDT.

DH said it should be and advised the cancer tracker's remit needs to be wider to include follow up of results and investigations.

DH thanked RC for assisting with the review.

UROLOGY SERVICES INQUIRY

USI Ref: Notice 8 of 2023

Date of Notice: 5th May 2023

Witness Statement of: Ronan Carroll

I, Ronan Carroll, will say as follows:-

1. Please consider the following extract from your SAI Urology Review discussion with Dr Dermot Hughes and Patricia Kingsnorth on the 18 January 2021 at 13:45 (see WIT 84342 – 84343) and address question 1 (a) and (b): ...

DH described the issues regarding the lack of specialised nurse for AOB's patients and the impact this had on the patients and family when trying to access services. He advised that AOB use of ADT was highlighted by the oncologist in Belfast Trust who wrote to AOB to highlight issues. But this wasn't escalated further. DH- asked how did AOB practice this way? RC- believed everyone made excuses for AOB the consensus was that he was a very strong personality who could be spiteful and even vindictive. Many of the CNS were afraid of him. But RC was unaware that the CNS were excluded from seeing AOB's patients. ...

(a) Please explain the basis on which you stated that many of the CNS were afraid of Mr. O'Brien, to include the source of this information, the circumstances in which you became aware of this and what, if anything, you did in response to this knowledge?

1.1 In preparation for and in answering the questions asked of me in both my previous Sections 21 replies I have not referenced, referred to or considered my meeting with Dr Hughes and Mrs Kingsnorth.

1.2 I received the email communications with attachments including the notes of the meeting of the 18th January 2021 and Mrs Kingsnorth's hand written notes on Tuesday 9th May and 11th May 2023, I have reviewed the comments I made during this meeting, in particular the comment, "Many of the CNS were afraid of him".

1.3 I believe in the meeting I was attempting to describe to Dr. Hughes my experience of Mr O'Brien and how difficult it had been over many years to deal with him as a difficult colleague in a robust and consistent manner. While I am unable to provide specific evidence to substantiate the comment that "many of the CNS were afraid of him", it was my opinion and view that staff may have become influenced by his unique style which could be overbearing and somewhat intimidating.

1.4 Revisiting my first S21, I referred to the starting dates of the 5 CNSs. Reviewing their commencement dates at the time of my meeting with Dr Hughes, 3 of the 5, namely, in hindsight: Ms McCourt would only have been in post approximately 10.5 months; Ms Thompson and Mr Young approximately 5.5 months and 4.5mths respectively. These were all limited durations of employment as CNSs within the Urology service at a time when the Trust was endeavouring to manage Covid19 with the CNSs (not only urology) being re-deployed to the wards. Therefore their exposure or contact with Mr O'Brien could have been very minimal. The 2 remaining CNSs were longer term staff members.

- a. Jenny McMahon 04.07.2005
- b. Kate O'Neill 04.07.2005
- c. Leanne McCourt 01.03.2019
- d. Patricia Thompson 03.08.2020
- e. Jason Young 31.08.2020

1.5 In addition, at the time of the meeting with Dr Hughes I would have been aware of the four action plan issues identified at the end of 2016 and the start of 2017. I was engaged in the monitoring of this action plan and had been interviewed by Dr Chada in 2017 and was aware of the more recent issues identified by Mr Haynes in June 2020 which precipitated the Trust undertaking a 'look back' exercise. My awareness of the CNSs not undertaking the 'key worker' role was as a result of the SAI review chaired by Dr Hughes. There had to be a reason why the senior CNSs Ms McMahon and Ms O'Neill had not advised their Lead Nurse to whom they reported that they were not permitted to undertake their 'key worker' role for patients tracked and discussed at the urology MDT, which I suggested may have been fear on their part. I believe in the meeting I was attempting to describe to Dr. Hughes my experience of Mr O'Brien and how difficult it had been over many years to deal with him in a robust and consistent manner. I considered that that staff appeared to have come to passively accept AOB's behaviour".

(b) Please identify by name those among the CNS nurses who fall into the category of being afraid of Mr O'Brien, based on your knowledge and statement to Dr Hughes. If you do not know names, why did you not take steps to ascertain which CNS's fell into this category and the basis for their alleged fear?

1.6 I refer to my response to Q1a.

1.7 While none of the CNSs named in response to Q1a above, directly informed me that they were "afraid" of Mr. O'Brien to cause me to take further actions when Mr. O'Brien was employed as a Consultant Urologist, my comments relayed to Dr Hughes were based on my general perception of Mr. O'Brien's manner. He was imperious and had a propensity to instill anxiety and/or fear within the Urology team. Supporting this perception, Mr. Haynes, a fellow Consultant Urologist giving evidence to the Urology Services Inquiry, referred to Mr. O'Brien as "a challenge to challenge" and this is a view I also share.

Statement of Truth

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

Signed: _____
 Personal information redacted by the USI

Date: _____ 11th May 2023 ____