

Section II Exclusion contd

The practitioner and their companion should be informed that

- they may make representations about the exclusion
- to the designated Board member
- at any time after receipt of the letter confirming the exclusion

Section II Exclusion contd

The Board

- must be informed about an exclusion at the earliest opportunity
- must ensure that the Trust's internal procedures are followed
- Should receive a monthly statistical return of all exclusions

Section II Exclusion contd

The Board

- Should receive assurance from CE and designated Board member that agreed mechanisms followed
- Details of individual exclusions should not be discussed at Board level



Directorate
of Legal
Services

Section III Guidance on Conduct Hearings and Disciplinary Procedures

- Where the outcome of investigation is case of misconduct which should be put to a conduct panel
- Covers both personal and professional misconduct
- Must be resolved locally under normal procedures
- **If a case covers both misconduct and clinical performance issues it should usually be addressed through clinical performance procedure**

Section III Guidance on Conduct Hearings and Disciplinary Procedures

If dr considers a case is wrongly classified as misconduct, can

- use grievance procedure
- and/or make representations to the designated Board member

Section V – Clinical Performance Procedures

- Case must be referred to NCAS before performance hearing
- Board members may be required to sit on clinical performance panel or appeal panel – must not have been previously involved in the case

Toal, Vivienne

From: Parks, Zoe <[redacted]>
Sent: 15 October 2020 16:47
To: Hynds, Siobhan; Diamond, Aisling; OKane, Maria; Toal, Vivienne
Subject: Follow up: MHPS – a refresher and look at recent case law - 30 Sept with recording link

Here is the link to the really useful recorded webinar on MHPS and case law.

Zoe

----- Forwarded message -----

From: Hempsons <mail:[redacted]>
Date: 15 Oct 2020 15:59
Subject: Follow up: MHPS – a refresher and look at recent case law - 30 Sept with recording link
To: "Parks, Zoe" <[redacted]>
Cc:

HEMPSONS



Follow up: MHPS – a refresher and look at recent case law

Thank you for registering for our webinar on **MHPS – a refresher and look at recent case law** on **30th September**.

Please see the slides from the session here:

- [Presentation slides](#)

If you would [please click here](#) to see the webinar recording.

Date:

30 September 2020

[Webinar recording](#)



Andrew Davidson

Partner

e: Personal Information redacted by the USI
t: Personal Information redacted by the USI

Hempsons

100 Wood Street, London EC2V 7AN
The Exchange, Station Parade, Harrogate HG1 1TS
City Tower, Piccadilly Plaza, Manchester M1 4BT
West One, Forth Banks, Newcastle-Upon-Tyne NE1 3PA

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[Unsubscribe](#)

Toal, Vivienne

From: Toal, Vivienne <[Personal Information redacted by the USI]>
Sent: 06 September 2016 21:44
To: Gishkori, Esther; Wright, Richard
Cc: Clegg, Malcolm; Mallagh-Cassells, Heather; White, Laura; Stinson, Emma M
Subject: Oversight Meeting - medical cases

Esther / Richard

There are a number of issues which would be good to touch base on – could we meet for an hour or so after Governance Committee on Thursday by any chance?

- 1) Dr Coral Trainor – long term locum in General Medicine DHH (previous disciplinary investigation in Mental Health)
- 2) Mr Aidan O'Brien – potential MHPS case
- 3) Dr Seamus Murphy – deregistration issue with GMC
- 4) Update on Dr Morsy and Dr McClure cases
- 5) Email from Mick McCann re advertising ED consultants
- 6) Approval of escalated rates / consistency of rates / acting down to cover registrar rotas

Could you let Heather know if it suits to meet on Thursday?

Thanks
Vivienne

Vivienne Toal
Acting Director of HR & OD
SHSCT

Mob: [Personal Information redacted by the USI]

Toal, Vivienne

From: White, Laura [Personal Information redacted by the USI]
Sent: 07 September 2016 10:41
To: Toal, Vivienne; Gishkori, Esther; Wright, Richard
Cc: Clegg, Malcolm; Mallagh-Cassells, Heather; Stinson, Emma M; Gibson, Simon
Subject: RE: Oversight Meeting - medical cases

Vivienne

I can confirm that Dr Wright will be available after Governance Committee meeting on Thursday for the above meeting.

Regards, Laura

*Laura White
PA to Medical Director
Dr Richard Wright*



Direct Line:

[Personal Information redacted by the USI]



[Personal Information redacted by the USI]



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Sent: 06 September 2016 21:44
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Vivienne

Vivienne Toal
Acting Director of HR & OD
SHSCT

Mob: Personal Information redacted
by the USI

Toal, Vivienne

From: Stinson, Emma M <[Personal Information redacted by the USI]>
Sent: 07 September 2016 10:44
To: Toal, Vivienne; Gishkori, Esther; Wright, Richard
Cc: Clegg, Malcolm; Mallagh-Cassells, Heather; White, Laura
Subject: RE: Oversight Meeting - medical cases

Vivienne

Unfortunately Esther has to attend a NEDs workshop after Governance Committee. It may be finished by 4pm if that would suit?

Many Thanks
Emma

Emma Stinson

PA to Mrs Esther Gishkori
Director of Acute Services
SHSCT, Admin Floor, Craigavon Area Hospital



Direct Line:

[Personal Information redacted by the USI]

Direct Fax:

[Personal Information redacted by the USI]



[Personal Information redacted by the USI]



Please consider the environment before printing this email

Click on the link to access the [Acute Services Page](#)



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Thanks
Vivienne

Vivienne Toal
Acting Director of HR & OD
SHSCT

Mob: Personal Information redacted
by the USI

Toal, Vivienne

From: Toal, Vivienne <[REDACTED]>
Sent: 07 September 2016 16:55
To: White, Laura
Cc: Mallagh-Cassells, Heather
Subject: RE: Oversight Meeting - medical cases - Thursday 8th at 12 noon ?? - please confirm

Laura – As per Emma’s email earlier – Esther cannot make it.

We need to go back to drawing board.

Heather – can you see what else is available – Esther, Malcolm, Simon Richard and me

Vivienne

From: White, Laura
Sent: 07 September 2016 16:01
To: Toal, Vivienne
Cc: Mallagh-Cassells, Heather
Subject: Oversight Meeting - medical cases - Thursday 8th at 12 noon ?? - please confirm

Vivienne

Can't get hold of Heather, can you confirm if this is going ahead so that I can confirm in Dr Wright's diary.

Thanks, Laura

From: White, Laura
Sent: 07 September 2016 10:46
To: Toal, Vivienne
Cc: Mallagh-Cassells, Heather
Subject: FW: Oversight Meeting - medical cases

Vivienne

Dr Wright would only be available from 12noon – 1pm directly after Gov Comm mtg as he is heading to Belfast in the afternoon.

Regards, Laura

From: White, Laura
Sent: 07 September 2016 10:41
To: Toal, Vivienne; Gishkori, Esther; Wright, Richard
Cc: Clegg, Malcolm; Mallagh-Cassells, Heather; Stinson, Emma M; Gibson, Simon
Subject: RE: Oversight Meeting - medical cases

Vivienne

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Regards, Laura

Laura White
PA to Medical Director
Dr Richard Wright



Direct Line:

Personal Information redacted by the USI



Personal Information redacted by the USI



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Cc: Clegg, Malcolm; Mallagh-Cassells, Heather; White, Laura; Stinson, Emma M
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Thanks
Vivienne

Vivienne Toal
Acting Director of HR & OD
SHSCT

Mob: Personal Information redacted by the USI

Toal, Vivienne

From: Mallagh-Cassells, Heather <[redacted]>
Sent: 08 September 2016 11:01
To: Toal, Vivienne; Gishkori, Esther; Wright, Richard; Gibson, Simon
Cc: Clegg, Malcolm; White, Laura; Stinson, Emma M
Subject: RE: Oversight Meeting - medical cases
Attachments: Oversight Meeting - medical cases (9.03 KB)

8 September 2016

Dear All,

Further to Vivienne's attached e-mail, I can confirm that a meeting has been arranged as follows:

Tuesday 13th September 2016
10.00 – 11.00 am
Boardroom, Trust HQ

Regards,

Heather

Heather Mallagh-Cassells
Personal Assistant to Vivienne Toal
Deputy Director of Human Resources & Organisational Development
Southern Health & Social Care Trust



[redacted]
Personal Information redacted by the USI



(028) [redacted]
Personal Information redacted by the USI

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Toal, Vivienne

From: Gibson, Simon
Sent: 06 June 2022 11:27
To: Toal, Vivienne
Subject: RE: S21: for response please
Attachments: 20160928 - Email - letter from NCAS.pdf; 20160928 - Email - letter from NCAS - Attachment - leto_160913_to+rb_advice+letter_18665 (002).pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: UPI

Dear Viv

Please find email where I forwarded NCAS letter to Richard, copying in others. Of note, I didn't copy you in – I can't recall why, must have been an oversight on my part.

Anything else, let me know.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office

Personal Information redacted by the USI

Personal Information redacted by the USI



From: Toal, Vivienne <[redacted]>
Sent: 06 June 2022 11:07
To: Gibson, Simon <[redacted]>
Subject: RE: S21: for response please

Thanks Simon.

So this came in after the oversight meeting, as it was at 10am on 13th.

Can you check if you forwarded the NCAS letter on to anyone after receiving it please?

Thanks
Vivienne

From: Gibson, Simon <[REDACTED]>
Sent: 06 June 2022 08:28
To: Toal, Vivienne <[REDACTED]>
Subject: RE: S21: for response please

Dear Viv

Please find attached the email from NCAS. It was not a standard email with attachment but a link to allow the letter to be retrieved. You will note it came through at 4.30pm.

In case it is useful, I have also attached a relevant email from 12/9/16, which contained the screening report for the Oversight Committee at 10am on 13/9/16.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office

[REDACTED]
Personal Information redacted by the USI

[REDACTED]
Personal Information redacted by the USI



From: Toal, Vivienne <[REDACTED]>
Sent: 05 June 2022 18:28
To: Gibson, Simon <[REDACTED]>
Subject: S21: for response please

Simon

I am responding to my section 21 notice.

I have a copy of the NCAS letter dated 13th September 2016. Could you send me please the email accompanying that report please? I need to know if the report was available to us in time for the Oversight Meeting which took place at 10am that morning.

Thanks
Vivienne

Vivienne Toal

Director of Human Resources & Organisational Development
SHSCT, Trust Headquarters

DDL: [Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]

Email: [Personal Information redacted by the USI]

Toal, Vivienne

From: Hynds, Siobhan <[REDACTED]>
Sent: 07 September 2020 12:16
To: Toal, Vivienne
Subject: NCAS
Attachments: Document2 [Compatibility Mode].docx

13 September 2016

PRIVATE AND CONFIDENTIAL

Mr Simon Gibson
Assistant Director
Southern Health And Social Care Trust
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon
BT63 5QQ

NCAS ref: 18665 (Please quote in all correspondence)

Dear Mr Gibson,

I am writing following our telephone discussion on 7 September. Please let me know if I have misunderstood anything as it may affect my advice.

You call to discuss a consultant urologist who has been in post for a number of years. You described a number of problems. He has a backlog of about 700 review patients. This is different to his consultant colleagues who have largely managed to clear their backlog.

You said that he is very slow to triage referrals. It can take him up to 18 weeks to triage a referral, whereas the standard required is less than two days.

You told me that he often takes patient charts home and does not return them promptly. This often leads to patients arriving for outpatient appointments with no records available.

You told me that his notetaking has been reported as very poor and on occasions there are no records of consultations.

To date you are not aware of any actual patient harm from this behaviour, but there are anecdotal reports of delayed referral to oncology.

The doctor has been spoken to on a number of occasions about this behaviour, but unfortunately no records were kept of these discussions. He was written to in March of this year seeking an action plan to remedy these deficiencies, but to date there has been no obvious improvement.

We discussed possible options open to you. The trust has a policy on removing charts from the premises and it would appear that this doctor is in breach of this policy. This could lead to disciplinary action. He was warned about this behaviour in the letter sent to him on March so it would be open to you to take immediate disciplinary action. However, I would suggest that he is asked to comply immediately with the policy.

With regard to the poor notetaking it would be useful to conduct an audit. If there is evidence of a substantial number of consultations for either inpatients or outpatients with no record in the notes this is a serious matter which may merit disciplinary action and possible referral to the GMC. If after the audit, it appears that the concern is more about the quality of the notes rather than whether there are any notes at all, a notes review by NCAS may be appropriate. If you wish us to consider that please get back to me.

The problems with the review patients and the triage could best be addressed by meeting with the doctor and agreeing a way forward. We discussed the possibility of relieving him of theatre

duties in order to allow him the time to clear this backlog. Such a significant backlog will be difficult to clear and he will require significant support. I would be happy to attend such a meeting if this was considered helpful.

Relevant regulations/guidance:

Local procedures
General Medical Council Guide to Good Medical Practice
Maintaining High Professional Standards in the Modern HPSS (MHPS)

Review date:

07/10/2016

As it seems likely that further NCAS input will be required we will keep this case file open and review the situation in about one month. If you require further advice in the meantime, please do not hesitate to contact me.

Colin Fitzpatrick
NCAS Adviser

cc: (Advice Service Caseworker)

Gibson, Simon

From: Gibson, Simon <[REDACTED]>
Sent: 28 September 2016 16:03
To: Wright, Richard
Cc: Gishkori, Esther; Stinson, Emma M; McAllister, Charlie
Subject: Dr A O'Brien
Attachments: leto_160913_to+rb_advice+letter_18665.pdf

Dear Richard/Esther

You will recall that as part of the collation of evidence in relation to the above, I sought advice from NCAS which was discussed when the Oversight Committee met.

The written advice from NCAS has now come in and is attached. Whilst the informal work is underway with Dr O'Brien, this NCAS advice will be placed on file for reference should we need it at the end of the informal piece of work.

I hope this is useful

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

[REDACTED]

Mobile: [REDACTED]

DHH: [REDACTED] Ext [REDACTED]

From: Gibson, Simon
Sent: 28 September 2016 15:53
To: Gibson, Simon
Subject:

Corrigan, Martina

From: McAllister, Charlie <[Personal Information redacted by the USI]>
Sent: 21 September 2016 11:55
To: Gishkori, Esther; Weir, Colin; Carroll, Ronan
Subject: RE: meeting re Mr O'Brien.

Hi Colin

Thank you very much for this. Apart from the fact that you spelt my name wrong (!) this is absolutely excellent and I agree completely. It would be important to do this in a positive/constructive/supportive role and that Mr O'Brien would be aware of this. I think that this approach will give the best chance to achieve this. And for improving the current situation.

Since I can't improve on this I am forwarding in toto.

Thanks

Charlie

From: Weir, Colin
Sent: 16 September 2016 14:41
To: McAllister, Charlie
Subject: Action Plan

Charlie

These are my initial thoughts. Anything to add? Change?

Dear Dr McCallister

Further to discussions I propose that I as CD and you as AMD implement the following action plan in relation to outstanding issues in respect of Mr O'Brien

1. That I (initially) have a series of face to face meetings with Mr O'Brien and aim to have resolution or plan for resolution in next 3 months. That is by mid December. I propose the first meeting would involve you me and Mr O'Brien
2. To implement a clear plan to clear triage backlog.
3. Make arrangements to validate the review backlog and adapt clinic new to review ratios to reduce this
4. All correspondence to GPs and copies for patient centre /ECR to be done at time of consultation
5. All patient notes to be return from home without exception
6. These meetings will report back regularly to Dr McCallister as AMD and he will be involved in some further meeting to assist me and provide support when needed
7. Throughout the process we want to encourage full engagement and have Mr O'Brien understand that if we achieve these aims through these processes that will satisfy the Trust and no further actions would be taken
8. That monitoring would continue to ensure there is no drift with an understanding that if this happened further investigations would take place.

Colin Weir FRCSEd, FRCSEng, FFSTEd
Consultant Surgeon | Honorary Lecturer in Surgery | AMD Education and Training | Clinical Director SEC
Southern Health and Social Care Trust

Secretary Jennifer <[Personal Information redacted by the USI]>

From: Gishkori, Esther
Sent: 15 September 2016 14:59
To: Weir, Colin; McAllister, Charlie; Carroll, Ronan
Subject: FW: meeting re Mr O'Brien.

FYI below.

.....and my response will be?

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust



Office

Personal Information redacted by the
USI

Mobile

Personal Information redacted by the
USI



Personal Information redacted by the USI



From: Wright, Richard
Sent: 15 September 2016 14:52
To: Gishkori, Esther
Cc: Toal, Vivienne
Subject: Re: meeting re Mr O'Brien.

Hi Esther. As director of the service naturally we have to listen to your opinion. Before I would consider conceding to any delay in moving forward with what was our agreed position after the oversight meeting I would need to see what plans are in place to deal with the issues and understand how progress would be monitored over the three month period.

Perhaps when we have seen these we could meet again to consider. regards Richard

Sent from my iPad

On 15 Sep 2016, at 14:40, Gishkori, Esther <[redacted]> wrote:

Dear Richard and Vivienne,

Following our oversight committee on Tuesday 13th September I had a meeting with Charlie McAllister and Ronan Carroll, my AMD and AD for surgery.

I mentioned the case that was brought to the oversight meeting in relation to Mr O'Brien and the plan of action.

Actually, Charlie and Colin Weir already have plans to deal with the urology backlog in general and Mr O'Brien's performance was of course, part of that.

Now that they both work locally with him, they have plenty of ideas to try out and since they are both relatively new into post, I would like try their strategy first.

I am therefore respectfully requesting that the local team be given 3 more calendar months to resolve the issues raised in relation to Mr O'Brien's performance.

I appreciate you highlighting the fact that this long running issue has not yet been resolved. However, given the trust and respect that Mr O'Brien has won over the years, not to mention his life-long commitment to the urology service which he built up singlehandedly, I would like to give

my new team the chance to resolve this in context and for good. This I feel would be the best outcome all round.

Happy to discuss any time and I will of course brief the oversight committee of any progress we make.

Many thanks
Best
Esther.

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust

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<image002.png> Personal Information redacted by the USI

<image003.png><image004.png><image005.png>

Corrigan, Martina

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Consultant Surgeon | Honorary Lecturer in Surgery | AMD Education and Training | Clinical Director SEC
Southern Health and Social Care Trust

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Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust



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Many thanks
Best
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Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust

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<image002.png> Personal Information redacted by the USI

<image003.png><image004.png><image005.png>

Corrigan, Martina

From: Carroll, Ronan <[redacted] >
Sent: 22 September 2016 15:41
To: McAllister, Charlie; Gishkori, Esther; Weir, Colin
Subject: RE: meeting re Mr O'Brien.

Importance: High

Charlie/Colin

So can I ask and offer some suggestions/solutions as to how we may monitor progress against the action listed below. The clock is ticking now toward December
 Come back to me if you wish me to action anything/all

1. That I (initially) have a series of face to face meetings with Mr O'Brien and aim to have resolution or plan for resolution in next 3 months. That is by mid December. I propose the first meeting would involve you me and Mr O'Brien – *At the first meeting obviously after the context of the meeting being explained the proposed plan/actions need to be shared with AOB and agreed*
2. To implement a clear plan to clear triage backlog. – *is this the outpatient referral letters, including RF's? How are you planning to monitor that this is cleared? I would propose with regard to the RF's that I would ask the cancer team to monitor the triage turnaround, with regard to outpatients I would ask Anita to put a process in place to monitor*
3. Make arrangements to validate the review backlog and adapt clinic new to review ratios to reduce this – *RBL validation – are we offering additional Pas for this to be done? If not, then something in his job plan will have to stop for this clinical validation to happen. Then when this task has been completed the remaining on the RBL can only be dealt by as your suggestion the template being adjusted, this has a lead in time of 6 weeks due to partial booking process. When this is implemented we will monitor the progress of AOBs RBL (I can have this run at anytime)*
4. All correspondence to GPs and copies for patient centre /ECR to be done at time of consultation – *I will speak to Anita to ensure AOBs secretary receives digital dictation following any consultation*
5. All patient notes to be return from home without exception *NA*
6. These meetings will report back regularly to Dr McCallister as AMD and he will be involved in some further meeting to assist me and provide support when needed *absolutely*
7. Throughout the process we want to encourage full engagement and have Mr O'Brien understand that if we achieve these aims through these processes that will satisfy the Trust and no further actions would be taken
8. That monitoring would continue to ensure there is no drift with an understanding that if this happened further investigations would take place.

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

Personal Information
redacted by the USI

From: McAllister, Charlie
Sent: 21 September 2016 11:55
To: Gishkori, Esther; Weir, Colin; Carroll, Ronan
Subject: RE: meeting re Mr O'Brien.

Hi Colin

Thank you very much for this. Apart from the fact that you spelt my name wrong (!) this is absolutely excellent and I agree completely. It would be important to do this in a positive/constructive/supportive role and that Mr O'Brien would be aware of this. I think that this approach will give the best chance to achieve this. And for improving the current situation.

Since I can't improve on this I am forwarding in toto.

Thanks

Charlie

From: Weir, Colin
Sent: 16 September 2016 14:41
To: McAllister, Charlie
Subject: Action Plan

Charlie
These are my initial thoughts. Anything to add? Change?

Dear Dr McCallister

Further to discussions I propose that I as CD and you as AMD implement the following action plan in relation to outstanding issues in respect of Mr O'Brien

1. That I (initially) have a series of face to face meetings with Mr O'Brien and aim to have resolution or plan for resolution in next 3 months. That is by mid December. I propose the first meeting would involve you me and Mr O'Brien
2. To implement a clear plan to clear triage backlog.
3. Make arrangements to validate the review backlog and adapt clinic new to review ratios to reduce this
4. All correspondence to GPs and copies for patient centre /ECR to be done at time of consultation
5. All patient notes to be return from home without exception
6. These meetings will report back regularly to Dr McCallister as AMD and he will be involved in some further meeting to assist me and provide support when needed
7. Throughout the process we want to encourage full engagement and have Mr O'Brien understand that if we achieve these aims through these processes that will satisfy the Trust and no further actions would be taken
8. That monitoring would continue to ensure there is no drift with an understanding that if this happened further investigations would take place.

Colin Weir FRCSEd, FRCSEng, FFSTEd
Consultant Surgeon | Honorary Lecturer in Surgery | AMD Education and Training | Clinical Director SEC
Southern Health and Social Care Trust

Secretary Jennifer Personal Information redacted by the USI

From: Gishkori, Esther
Sent: 15 September 2016 14:59
To: Weir, Colin; McAllister, Charlie; Carroll, Ronan
Subject: FW: meeting re Mr O'Brien.

FYI below.
.....and my response will be?

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust



Office

Personal Information redacted by the USI

Mobile

Personal Information redacted by the USI



Personal Information redacted by the USI



From: Wright, Richard
Sent: 15 September 2016 14:52
To: Gishkori, Esther
Cc: Toal, Vivienne
Subject: Re: meeting re Mr O'Brien.

Hi Esther. As director of the service naturally we have to listen to your opinion. Before I would consider conceding to any delay in moving forward with what was our agreed position after the oversight meeting I would need to see what plans are in place to deal with the issues and understand how progress would be monitored over the three month period.

Perhaps when we have seen these we could meet again to consider. regards Richard

Sent from my iPad

On 15 Sep 2016, at 14:40, Gishkori, Esther <Personal Information redacted by the USI> wrote:

Dear Richard and Vivienne,
Following our oversight committee on Tuesday 13th September I had a meeting with Charlie McAllister and Ronan Carroll, my AMD and AD for surgery.
I mentioned the case that was brought to the oversight meeting in relation to Mr O'Brien and the plan of action.

Actually, Charlie and Colin Weir already have plans to deal with the urology backlog in general and Mr O'Brien's performance was of course, part of that.
Now that they both work locally with him, they have plenty of ideas to try out and since they are both relatively new into post, I would like try their strategy first.

I am therefore respectfully requesting that the local team be given 3 more calendar months to resolve the issues raised in relation to Mr O'Brien's performance.

I appreciate you highlighting the fact that this long running issue has not yet been resolved. However, given the trust and respect that Mr O'Brien has won over the years, not to mention his life-long commitment to the urology service which he built up singlehandedly, I would like to give my new team the chance to resolve this in context and for good. This I feel would be the best outcome all round.

Happy to discuss any time and I will of course brief the oversight committee of any progress we make.

Many thanks
Best
Esther.

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust

<image001.png>

Office

Personal Information redacted by the
USI

Mobile

Personal Information redacted by the
USI

<image002.png>

Personal Information redacted by the USI

<image003.png><image004.png><image005.png>

Toal, Vivienne

From: Richard.Wright [Personal Information redacted by the USI]
Sent: 30 November 2016 09:36
To: Esther.Gishkor [Personal Information redacted by the USI]
Cc: Vivienne.Toal [Personal Information redacted by the USI]
Subject: Confidential

Hi Esther.

Thank you for keeping me informed of some of the issues that have come to light from an ongoing SAI investigation re Mr OBrien.

I'm sure you are as disappointed as I am that there seem to be outstanding issues with regard to his behaviour. Can your team provide reassurance that the immediate issues re patients notes have been rectified and update me as to the state of the SAI investigation as at first glance it appears there may have been a patient data breach to be considered?

Clearly In my role as data guardian I need to be informed if there has indeed been a breach.

Have we clearly established why Mr OBrien is on leave? if he is on leave has a sick line be submitted? If not can we refer him to occupational health to establish his current status?

Regards Richard

Sent from my iPad

Toal, Vivienne

From: Gibson, Simon <[Personal Information redacted by USI]>
Sent: 21 December 2016 12:11
To: Toal, Vivienne
Subject: FW: AOB

See below for context

Kind regards

Simon

Simon Gibson
Assistant Director - Medical Directors Office Southern Health & Social Care Trust

[Personal Information redacted by USI]
Mobile: [Personal Information redacted by USI]
DHH: [Personal Information redacted by USI] **Ext** [Personal Information redacted by USI]

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

From: Gibson, Simon
Sent: 21 December 2016 11:45
To: Wright, Richard
Subject: RE: AOB

Dear Richard

Yes. I will come in to DHH and web-cam in; I think we should involve Viv, she is in CAH and free all day.

2.30pm?

Kind regards

Simon

Simon Gibson
Assistant Director - Medical Directors Office Southern Health & Social Care Trust

[Personal Information redacted by USI]
Mobile: [Personal Information redacted by USI]
DHH: [Personal Information redacted by USI] **Ext** [Personal Information redacted by USI]

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

From: Wright, Richard
Sent: 21 December 2016 11:26
To: Gibson, Simon
Subject: AOB

Hi Simon. Esther rang me re worrying developments re AOB and lost notes. Ronan is to report tomorrow with preliminary findings. I will come in tomorrow. If you are about could we set up a meeting with Ronan and if possible

Mark Haynes to consider findings (Esther is off) and next steps. I don't think we can wait for the formal completion of SAI . Regards Richard

Sent from my iPad

Toal, Vivienne

From: Wallace, Stephen <[Redacted]>
Sent: 17 August 2020 12:02
To: OKane, Maria; Corrigan, Martina; McClements, Melanie; Carroll, Ronan; Haynes, Mark; Hynds, Siobhan; Toal, Vivienne
Subject: RE: General Medical Council - Mr O'Brien
Attachments: Appendix 2 Report to HSCB 29.5.2020.pdf; Appendix 3 (i) The Northern Ireland Cancer Network.pdf; Appendix 3 (ii) Revised Prostate Diagnostic Pathway December 2019.pdf; Appendix 4 (i) Service User A Notes.pdf; Appendix 4 (ii) Service User B Notes.pdf; Appendix 5 (i) [Redacted].pdf; Appendix 5 (ii) [Redacted].pdf; Appendix 5 (iii) [Redacted].pdf; Appendix 5 (vi) [Redacted].pdf; 2020817_LtrGENERAL MEDICAL COUNCIL - MR AIDAN O'BRIEN GMC NO. 1394911.doc; Appendix 1 (i) Job_Plan_View_-_Mr_O'Brien,_Aidan_-_01_Apr_2018.pdf; Appendix 1 (ii) Job_Plan_View_-_Mr_O'Brien,_Aidan_-_01_Apr_2013.pdf

Dear all,

Please see attached draft response for comment / review

Regards
 Stephen

From: "Chris Brammall" <[Redacted]>
 Date: Jul 27, 2020 2:45 PM
 Subject: General Medical Council - Mr O'Brien
 To: "OKane, Maria" <[Redacted]>
 Cc: "Joanne Donnelly" <[Redacted]>, "David Horkin" <[Redacted]>
 <[Redacted]>, "Syed Ahmed" <[Redacted]>

Dear Dr O'Kane, after some discussions about Mr O'Brien and the information that you have already sent to us I have been asked to contact you again to obtain some additional information. I do appreciate that this is a lot of information that we are requesting and can confirm that we would be happy to receive this 'piecemeal' if this makes it easier to collate the information.

Please would it be possible for you to send me:

- A copy of Mr O'Brien's job plan
- Any update that you may have about contacting the RCS for advice on the parameters of a possible lookback / patient recall exercise and information that may have arisen out of any review
- An update about the new MHPS investigation that was being considered due to the additional concerns about Mr O'Brien that arose recently
- Any updates concerning the SAI reviews for the following patients identified in the information originally sent to the GMC (if SAIs have been completed, please could you provide copies of these?):
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
- Any updates concerning the SAI reviews for service user A and service user B as identified in the new concerns that were recently sent to the GMC
- Any data that you may hold for comparison purposes regarding the triage process and Mr O'Brien's peers (for example, any audit data / data gathered in relation to other urology consultants) in relation to patients who may have been mistriaged

- The outcome (or a copy of) the independent review into the administrative procedures that is due to be concluded by September 2020 (when this becomes available)
- Any guidance or protocols that were put in place for the urology department in terms of triaging incoming referrals using the three tier system and how this was shared with the urology consultants including Mr O'Brien
- The relevant medical records for service user A and service user B as identified in the more recent concerns. I do understand that these are currently subject to screening for advancement as potential Serious Adverse Incidents but, please would it be possible to provide copies of the records to me by **17 August**?
- The relevant medical records for the following patients as identified in the concerns originally sent to the GMC. Please could these be sent to me by **17 August**?
 - Patient 10 (Personal Information redacted by the USI)
 - Patient 14 (Personal Information redacted by the USI)
 - Patient 7 (Personal Information redacted by the USI)
 - Patient 13 (Personal Information redacted by the USI)
 - Patient 12 (Personal Information redacted by the USI)
- Please could you provide details of the circumstances of the cancellation of the meeting in September 2018 and the lack of senior management availability in December 2018 including details of any plans that were put in place for Mr O'Brien / other consultants to raise their concerns to senior management (this relates to Mr O'Brien's statement that: *'In 2018, following discussion amongst our colleagues, it was agreed that we would set aside a whole day, Monday 24 September 2018, to meet with senior management to discuss this very issue, among others. We were requested to submit those issues which we wanted to have discussed (I have separately attached my submission). No clinical commitments were arranged for that day. The meeting was cancelled, with loss of all clinical activity that could have been scheduled. The meeting was rescheduled for Monday 03 December 2018, again with no clinical commitments scheduled. No senior management personnel could attend.'*

Please could you send me the information that is currently available by **17 August 2020**, in particular the medical records for the patients listed above? I am on leave from 31 July and return to the office on 17 August so if you are able to send any responses during this time, please could you also send these to Joanne Donnelly

(Personal Information redacted by the USI), David Horkin (Personal Information redacted by the USI) and Syed Ahmed (Personal Information redacted by the USI)

Many thanks for your continued help Dr O'Kane

Chris Brammall
Investigation Officer
General Medical Council
3 Hardman Street, Manchester, M3 3AW

Email: (Personal Information redacted by the USI)

Website: www.gmc-uk.org

Telephone: (Personal Information redacted by the USI)

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Personal Information redacted by the USI

Mrs Martina Corrigan
Head of ENT, Urology, Ophthalmology and Outpatients
Craigavon Area Hospital,
Craigavon.
BT63 5QQ

07 November 2019.

Dear Martina,

I write in response to your request that I meet with you and Mr. McNaboe tomorrow, Friday 08 November 2019, to discuss deviations from a Return to Work Plan. I am happy to meet with both of you to discuss any issues, though I do find it inappropriate and stressful to do so in the midst of a Cancer Review Clinic.

When I met with the Investigation Case Manager on 09 February 2017, I was advised, in writing, of 'the action plan for Mr. O'Brien's return to work pending conclusion of the formal investigation process under Maintaining High Professional Standards Framework'. The Case Manager concluded the investigation with his Determination of 28 September 2018, and which he presented to me on 01 October 2018. In his Determination, the Case Manager wrote that the 'purpose of this plan was to ensue risks to patients were mitigated during the course of the formal investigation process'.

In the Determination, the Case Manager also recommended that a further 'action plan should be put in place with the input of Practitioner Performance Advice (NCAS), the Trust and Mr. O'Brien for a period of time agreed by the parties'. It was recommended that this 'action plan must address any issues with regard to patient related admin duties and there must be an accompanying agreed balanced job plan to include appropriate levels of administrative time and an enhanced appraisal programme'. The Trust has failed to implement this recommendation to date.

It is evident that the issues that you wish to discuss, cannot be considered deviations from a Return to Work Plan which expired in September 2018.

Yours sincerely,

Personal Information redacted by the USI

Aidan O'Brien

Toal, Vivienne

From: Toal, Vivienne
Sent: 26 June 2022 23:57
To: Parks, Zoe (Personal Information redacted by the USI)
Subject: notes of HR / Medical Directorate meetings

Hi Zoe- would you be able to forward me notes of the HR / Med Directorate meetings on 20th June 2017 and 2nd May 2018, if you have them?

Thanks
Vivienne

Vivienne Toal
Director of Human Resources & Organisational Development
SHSCT, Trust Headquarters

DDL: (Personal Information redacted by the USI)
Mobile: (Personal Information redacted by the USI)
Email: (Personal Information redacted by the USI)

Toal, Vivienne

From: Brownlee, Roberta <[REDACTED] Personal Information redacted by the USI >
Sent: 09 January 2017 18:06
To: Wilkinson, John
Cc: Comac, Jennifer; Toal, Vivienne
Subject: RE: CONFIDENTIAL: Designated NED under MHPS

Thanks John will call you. Will let Vivienne know.

Also would you be free next 16th after 11am or Tuesday 17th afternoon. I would like you to meet with the Director and I who has expressed an interest to act up during [REDACTED] Personal Information redacted by USI .

Roberta

From: Wilkinson, John
Sent: 09 January 2017 16:16
To: Brownlee, Roberta
Subject: Re: CONFIDENTIAL: Designated NED under MHPS

Hi Roberta
No issue.
We would need to chat.
Let me know when or ring me on my mobile.
John

Sent from my iPad

On 6 Jan 2017, at 20:14, Brownlee, Roberta <[REDACTED] Personal Information redacted by the USI > wrote:

John

Hope you had a quiet and lovely family Christmas. Happy New Year.
Would you do this for me? I would want to explain re Mr A O'Brien can you let me know and then can we chat first. Roberta

Sent from my iPad

Begin forwarded message:

From: "Toal, Vivienne" <[REDACTED] Personal Information redacted by the USI >
Date: 6 January 2017 at 16:41:22 GMT
To: "Brownlee, Roberta" <[REDACTED] Personal Information redacted by the USI >
Cc: "Rice, Francis" <[REDACTED] Personal Information redacted by the USI >, "Wright, Richard" <[REDACTED] Personal Information redacted by the USI >
Subject: CONFIDENTIAL: Designated NED under MHPS

Roberta

I am aware that Dr Wright has spoken to you regarding the immediate exclusion under MHPS of Mr A O'Brien and the need for a formal investigation.

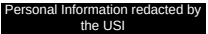
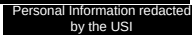
I would be grateful if a recently MHPS trained NED could be identified as soon as possible to enable this to be communicated to Mr O'Brien in accordance with the framework.

I will then arrange to meet with the designated NED to brief them on the case.

Many thanks

Vivienne

Vivienne Toal (Mrs)
Director of Human Resources & Organisational Development
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Tel: 
Mob: 

Personal Information redacted by the USI

21 February 2017.

Dr. Richard Wright,
Medical Director,
Southern Health & Social Care Trust,
Trust Headquarters,
Craigavon Area Hospital,
68 Lurgan Road,
Portadown,
BT63 5QQ.

Dear Dr. Wright,

Re: Note of Meeting with Mr. Aidan O'Brien on 30 December 2016.

Thank you for your letter of 18th January 2017, enclosing a Note of the Meeting of 30th December 2016. I wish to take this opportunity to advise of a number of factual errors and omissions:

1. In the first paragraph, the Note states that 'Dr. Wright noted that some of these concerns had been raised with Mr. O'Brien previously and attempts had been made to resolve the matters informally, with no success'.

This statement is incorrect and should have read 'Dr. Wright noted that some of these issues had been highlighted with Mr. O'Brien in March'. You did not state that attempts had been made to resolve the matters informally, with no success.

2. Again, in the third paragraph, the Note states that 'Dr. Wright advised that nevertheless concerns had been raised with him in relation to Mr. O'Brien's administrative practices and because of the seriousness of these, and the fact that informal steps had been unable to resolve the issues previously, a decision had been taken to investigate the matter formally in accordance with the Maintaining High Professional Standards Framework and associated local guidance'.

This statement is incorrect, as you did not make reference to 'informal steps having been unable to resolve the issues previously'.

3. In the sixth paragraph, the Note states that Mr. O'Brien, referring to the inequity of waiting lists, advised that 'he had previously asked through his Clinical Director that this situation be addressed'.

This statement is incorrect, and should have read that 'he had previously asked that this situation be addressed.'

4. The Note records that 'both Mr. and Mrs. O'Brien stated that the Job Plan was OK'.

This statement is incorrect. In fact, I stressed that the Job Plan was an inadequate provision for the amount of work done.

5. The Note records that Mrs. O'Brien stated that she and her children had sacrificed their family life for her husband's job and 'this is how we are repaid' referring to the discussion taking place.

This statement is incorrect as Mrs. O'Brien, referring to the sacrifice made over so many years, found it most 'hurtful that it should be reduced to this moment and that it was grossly unfair'. She did not make any reference to being 'repaid'.

With regard to omissions:

- The Note did not include any record of my being advised of immediate exclusion. The only reference to exclusion is in the second last paragraph when 'Mr. O'Brien was made aware of the paragraphs in the MHPS documentation relating to exclusion', and the query regarding private practice.
- The Note did not include any record of Mrs. O'Brien's concerns regarding one of the signatories of the letter of 23rd March 2016 having caused problems previously.

I would be grateful if you would have the Note amended and a copy of the amended Note returned to me, at your convenience.

Yours sincerely,

What is the status of
this now?
Was the note amended?

Aidan O'Brien.

Toal, Vivienne

From: Toal, Vivienne <[REDACTED]>
Sent: 07 March 2017 20:52
To: Wright, Richard
Cc: Hynds, Siobhan; Hainey, Lynne
Subject: A case
Attachments: file.pdf

Richard

John.Wilkinson asked to meet with me this morning re above case. He provided me with a copy if the attached letter and was looking to know what had been done with it. Can we pick up tomorrow please?

Lynne - can you please check your notes?

Thanks

Vivienne

Sent from my BlackBerry 10 smartphone.

Original Message

From: vivienne.toal <[REDACTED]>

Sent: Tuesday, 7 March 2017 11:02

To: Toal, Vivienne

Subject: Scan from YSoft SafeQ

Scan for the user Vivienne Toal (vivienne.toal) from the device CAH - Reception Area - Trust HQ - C308

Toal, Vivienne

From: Hainey, Lynne <[REDACTED]>
Sent: 09 March 2017 16:32
To: Toal, Vivienne
Subject: RE: A case

Hi Vivienne

Re the matters highlighted in yellow - I had a preparatory note for going into meeting re what had to be covered, and as either Dr Wright or I covered the issues, I ticked them. This preparatory note referenced informal but I have not recorded the word informal, so am happy to concede if Dr Wright happy to do so

I note there are other issues raised by Mr A disputing the content of the discussion - a number of these things which I did note during the meeting, but again am happy to concede in the interests of progressing the matter

Happy to amend notes, if you are in agreement. Just let me know and I will get these to you asap Thanks

Lynne

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

From: Toal, Vivienne
Sent: 07 March 2017 20:52
To: Wright, Richard
Cc: Hynds, Siobhan; Hainey, Lynne
Subject: A case

Richard

John.Wilkinson asked to meet with me this morning re above case. He provided me with a copy if the attached letter and was looking to know what had been done with it. Can we pick up tomorrow please?

Lynne - can you please check your notes?

Thanks

Vivienne

Sent from my BlackBerry 10 smartphone.

Original Message

From: vivienne.toal <[REDACTED]>
Sent: Tuesday, 7 March 2017 11:02
To: Toal, Vivienne
Subject: Scan from YSoft SafeQ

Scan for the user Vivienne Toal (vivienne.toal) from the device CAH - Reception Area - Trust HQ - C308

Toal, Vivienne

From: Toal, Vivienne <[REDACTED] Personal Information redacted by the USI >
Sent: 10 March 2017 08:03
To: Hailey, Lynne; Wright, Richard
Cc: Hynds, Siobhan
Subject: RE: A case

Lynne

I would be really grateful if you could work with Dr Wright to agree the amendments where appropriate, and draft a response to Mr O'Brien.

Thanks

Vivienne

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

From: Hailey, Lynne
Sent: 09 March 2017 16:32
To: Toal, Vivienne
Subject: RE: A case

Hi Vivienne

Re the matters highlighted in yellow - I had a preparatory note for going into meeting re what had to be covered, and as either Dr Wright or I covered the issues, I ticked them. This preparatory note referenced informal but I have not recorded the word informal, so am happy to concede if Dr Wright happy to do so

I note there are other issues raised by Mr A disputing the content of the discussion - a number of these things which I did note during the meeting, but again am happy to concede in the interests of progressing the matter

Happy to amend notes, if you are in agreement. Just let me know and I will get these to you asap Thanks

Lynne

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

From: Toal, Vivienne
Sent: 07 March 2017 20:52
To: Wright, Richard
Cc: Hynds, Siobhan; Hailey, Lynne
Subject: A case

Richard

John.Wilkinson asked to meet with me this morning re above case. He provided me with a copy of the attached letter and was looking to know what had been done with it. Can we pick up tomorrow please?

Lynne - can you please check your notes?

Thanks

Vivienne

Sent from my BlackBerry 10 smartphone.

Original Message

From: vivienne.toal <[REDACTED] Personal Information redacted by the USI >
Sent: Tuesday, 7 March 2017 11:02

To: Toal, Vivienne
Subject: Scan from YSoft SafeQ

Scan for the user Vivienne Toal (vivienne.toal) from the device CAH - Reception Area - Trust HQ - C308

Mallagh-Cassells, Heather

From: Mallagh-Cassells, Heather <[redacted]>
Sent: 11 January 2019 17:00
To: O'Brien, Aidan
Subject: Private & Confidential: Information Request
Attachments: File 1.pdf; File 2.pdf; File 3.pdf; File 4.pdf; File 5.pdf; File 6.pdf; File 7.pdf; File 8.pdf; File 9.pdf; File 10.pdf
Importance: High

11 January 2019

Dear Mr O'Brien

Please find attached information as per your request/s and the Trust's response on 21 December 2018.

Regards,

Heather Mallagh-Cassells

Personal Assistant to Vivienne Toal
Director of Human Resources & Organisational Development
Southern Health & Social Care Trust



[redacted]
Personal Information redacted by the USI



[redacted]
Personal Information redacted by the USI

(Internal: [redacted] prefix by [redacted] if dialling from legacy telephone)

Hours of Work: Monday & Friday 9.30am – 1.00pm and Tuesday – Thursday 9.30am – 5.30pm

You can follow us on:



11 January 2019

INFORMATION REQUEST 1

Point 1 and 2

Responded - 21 December 2018

Point 3

Email from A O'Brien to S Hynds 31 July 2018 and discussion at meeting on 3 August 2017.

Point 4

On review, copy of Mr O'Brien amendments not included in the investigators report.

Point 5

Refer to letter from Dr R Wright of 13 March 2017

Point 6

Reference should refer to 3 August 2017 not 2018.

Point 7

Noted.

Point 8

- a. No date documented.
- b. No record or note on file.

Point 9

Clarified verbally at 6 November 2017 meeting by Siobhan Hynds.

INFORMATION REQUEST 2

- Points 1, 2 and 3

Responded to on 21 December 2018

- Point 4

No further relevant correspondence identified.

- Point 5

Responded to on 21 December 2018

- Point 6

Mr Carroll is continuing to source the information requested. Part of this is not available.

- Point 7

Attached

- Point 8

Attached

From: Boyce, Tracey
Sent: 09 November 2016 15:39
To: Gishkori, Esther
Cc: Stinson, Emma M
Subject: FW: Emailing: [redacted] of partial SAI
Attachments: [redacted] of partial SAI.pdf

Importance: High
Sensitivity: Confidential

Hi Esther

I had my weekly update with the governance leads today and they shared a draft of an SAI that is nearing completion as they are concerned about its implications - I have attached the first page to give you the gist. I think we may need to discuss this one with Richard as the cause seems to be directly attributable to one of the consultants (AOB)?

Basically this lady's GP sent in a referral in relation to an incidental finding on a CT in relation to her kidneys - it came in as routine.

The urologist consultant of the week collected that week's letters to do triage, as per the urology arrangements but from what the investigation team has found out that letter was never seen again and no instruction were received re triage appointment booking.

Apparently this had happened before with this consultant so the booking team's way of dealing with these type of 'lost letters' was to book them a routine appointment (because letters were lost before they had started keeping copies to work from). As a result there was a 16 month delay in diagnosing this ladies renal carcinoma. The triage consultant is meant to look at the CT as part of triage process but the SAI team found that it hadn't been looked at. The urologist on the SAI team has said if it had been reviewed at triage it would have been immediately obvious it was a tumour. (there was also an issue in relation to the reporting of a subsequent MRI back in 2014 that meant the GP or breast team did not pick up that it was potentially a red-flag or urgent referral was needed)

Although this was an SAI about a single case it has come to light that the other 7 urology referral letters received that week are also missing - as an initial action I have asked Trudy and Connie to try and track them via PAS to check they have been seen and pull their notes if necessary. I haven't asked the question yet whether we know if any more of that consultants weeks triage letters have been lost - but it is probably something we need to discuss.

I am conscious that I haven't spoken to Ronan about this yet as AOB's AD - but I wanted to get your take on it before I shared it with anyone else.

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

Personal information redacted by
the USI

Wendy Clayton
Operational Support Lead
ATICS/SEC

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

From: Clayton, Wendy
Sent: 23 December 2016 11:59
To: Carroll, Ronan; Corrigan, Martina
Subject: Audit of charts re AOB

Ronan

I have undertaken an audit of 11 SWAH clinics

There were 183 patients attended, I did a random audit on 98 charts and 55 were tracked to AOB = 56%

Do you want me to do anymore?

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC

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



Root Cause Analysis report on the review of a Serious Adverse Incident

Organisation's Unique Case Identifier: ID

Personal Information
redacted by the USI

Date of Incident/Event:

Personal Information redacted by the USI

HSCB Unique Case Identifier:

Service User Details:

D.O.B:

Personal Information redacted by
the USI

Gender: F

Age: yrs

Personal
Information
redacted by
the USI

Responsible Lead Officer: Connie Connolly

Designation: Lead Nurse Acute Governance

Report Author: Review Team

Date report signed off:

Date submitted to HSCB:



1.0 EXECUTIVE SUMMARY

Patient 10 is a [redacted] old lady with a past medical history of colon cancer () and breast cancer ().

While under review and follow up by the Breast Surgeons, Patient 10 had a Computer Tomography Scan (CT Scan) of the abdomen and pelvis on 24 June 2014. This CT scan reported a number of cysts in both kidneys. On the right side, there was a large upper pole cyst, a small lower pole cyst and a cyst on the anterior aspect of the right lower pole which had increased in size with increased complexity from scans done in 2010. An Ultra Sound Scan (USS) of kidneys was recommended and this was done 24 July 2014. A Magnetic Resonance Image with contrast (MRI) was advised, and this was done on 26 September 2014. The MRI report did not comment on cyst about which concerns were raised, but did confirm a cyst with no abnormal enhancement.

On the basis of this incomplete MRI report, Patient 10's GP made routine referral to the Urology Team in Craigavon Area Hospital (CAH). This GP letter was received by the CAH Booking Centre on 29 October 2014. This letter was given to the Urology Surgeon of the week on 30 September 2014 to triage. There is no evidence that this GP referral letter was triaged or returned to the Booking Centre for processing. As a direct result of triage omission, Patient 10 was managed as a 'New Routine' patient, and waited until 6 January 2016 to be seen by a Consultant Urologist. A wait of 64 weeks.

Patient 10 was diagnosed with a possible cystic renal tumour. Surgery was scheduled for 25 January 2106 but this was postponed due to the recurrence of breast cancer at this same time. Right partial nephrectomy has been rescheduled for 31 October 2016.

The Review Panel agree that the root cause of Patient 10's delay in diagnoses is that her GP referral letter was not triaged by the Urology Consultant on call. As a direct result, Patient 10 waited 16 months to be assessed by the Urology Team.

The MRI report dated on the 29 September 2014 was isolated as a significant contributory factor to Patient 10's delay in diagnoses. The wording of the report was appears truncated and does not reference the main clinical focus which was on the right kidney. The Reporter did not grade the cyst. As a result, the Breast Surgeon and the GP reading this report, did not appreciate there was growth in size of the right cyst. This was a significant missed opportunity for clinicians to upgrade Patient 10's referral to Urology as urgent or Red Flag.



Southern Health and Social Care Trust

2.0 THE REVIEW TEAM

Mr Anthony Glackin Consultant Urologist

Dr Aaron Milligan Consultant Radiologist

Christine Rankin Acting Booking Manager

Connie Connolly Lead Nurse Acute Governance

3.0 SAI REVIEW TERMS OF REFERENCE

The terms of reference for this review will be finally approved by the Chair and review team members at the initial SAI review meeting.

Terms of Reference for the Serious Adverse Incident Investigation are as follows:

- To carry out a review into the care provided to Patient 10 in Craigavon Area Hospital, from 24 June 2014 until 6 January 2016
- To carry out this review into the care provided to Patient 10 using the National Patient Safety Agency Root Cause Analysis methodology
- To use a multidisciplinary team approach to the review
- To provide an agreed chronology based on documented evidence and staff accounts of events
- To identify the key contributory factors which may have had an influence or contributed to Patient 10's delay in treatment.
- To ensure that recommendations are made in line with evidence based practice.
- To set out the findings, recommendations, actions and lessons learnt in an anonymous report
- To adhere to the principles of confidentiality throughout the review.
- To report the findings and recommendations of the review through the Director of Acute Services SHSCT, to the relatives of Patient 10 and the staff associated with Patient 10's management



4.0 REVIEW METHODOLOGY

- To carry out a review into the care provided to Patient 10 within the SHSCT from 8 April 2014 until 1 March 2016. Records electronic records available on the Patient Administration System (PAS), Northern Ireland Electronic Care Record (NIECR) the Northern Ireland Picture Archiving and Communication System (NIPACS) will be examined in conjunction with all Clinical and Nursing documentation.
- To carry out this review into the care provided to Patient 10 using the National Patient Safety Agency Root Cause Analysis methodology
- To use a multidisciplinary team approach to the review
- To provide an agreed chronology based on documented evidence and staff accounts of events
- To identify the key contributory factors which may have had an influence or contributed to the timing of Patient 10's clinical management.
- To ensure that recommendations are made in line with evidence based practice. Accompanying appendices to the report will provide evidence of recent researched-based management of
- To set out the findings, recommendations, actions and lessons learnt in an anonymous report
- To adhere to the principles of confidentiality throughout the review.
- To report the findings and recommendations of the review through the Director of Acute Services SHSCT, to Patient 10 and the staff associated with Patient 10's care

This list is not exhaustive

From: Boyce, Tracey
Sent: 02 December 2016 11:52
To: Wright, Richard
Subject: Confidential re AOB

Hi Richard

For info – I got a chance to ask Esther about the AOB SAI this morning.

She said that she had some assurances from the urology team that notes had been returned – however she asked me to get the acute governance team to go through the spreadsheet the secretaries had been keeping to make sure every patient has been triaged and that all missing notes are now accounted for.

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

Personal Information redacted by
the USI



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

15 December 2016

Dear Tracey

As you are aware the SAI review and report in relation to Patient 10 reference number [redacted] is complete.

The remit of Patient 10's Serious Adverse Incident was to fully investigate the circumstances which contributed to her clinical incident. The Review Team was comprised Mr Anthony Glackin Consultant Urologist, Dr Aaron Milligan Consultant Radiologist, Mrs Katherine Robinson Booking and Contact Centre Manager, and Mrs Christine Rankin Booking Manager. To provide context, part of the work included a look-back exercise for 7 Urology patients who managed in the same manner as Patient 10 in October 2014. This was to satisfy the panel that there was a management plan in place and no harm had come to the other 7 patient (letters) which were not triaged on the week ending 30 October 2014. The manual look-back was done using the 6 available patient charts on 14 November 2016. These 6 patients all have been discharged or management plans in place. The 7th (patient initials [redacted]) chart was not able to be found on Trust property at this time. [redacted]'s chart arrived to the Governance office on week commencing 28 November 2016. The look-back exercise was completed on 13 December 2016. There is clinical detail within the dictated letter in relation to the [redacted]'s consultation which requires clinical validation. This has been given to Mr Anthony Glackin to review on 15 December 2016.

Upon conclusion, the Review Team agree there are a number of relevant and related issues/themes causing concern for the panel which have been exposed during the SAI investigation. The Panel would like to clarify that all relevant enquiries made while undertaking this report have been solely limited to the information which were independently provided by members of the Review panel in conjunction with Mrs Andrea Cunningham, Service Administrator. There have not been any approaches made directly to the Urology Clerical team, the Urology Head of Service or the Assistant Director of Surgery and Elective Care for any information or evidence of communication.

Issues and Themes of concern include:

- In May 2014, there was an informal process was implemented to monitor/manage Urology letters which had not been returned with management advice (not triaged). It appears that this process was created in an effort to limit risk of harm to the patient. The presence of this process implies that it was accepted that triage non-compliance was to be expected by a minority of consultants within the Urology specialty. On 6 November 2015, an email from the AD of Functional Service formally implementing this process. The Review Panel are anxious that the current process does not have a clear escalation plan which evidences inclusion of the Consultant involved. In addition, this process has not been effective in addressing triage non-compliance. From 28 July 2015 until 5 October 2016, there are 318 patient letters which were not triaged. Currently the Trust cannot provide assurance that the Urology non-triaged patient cohort are not being exposed to harm while waiting 74 weeks for a Routine appointment or 37 weeks for an urgent appointment.
- During the manual look-back exercise on 14 November 2016, [Personal Information]'s patient chart could not be found on Trust premises. [Personal Information]'s chart did appear in the Acute Governance office the week commencing 28 November 2016. After informal queries, it is understood that patient notes are not transported via Trust vehicles to or from Dr 6's outlying clinics (inc SWAH). This could compound efforts to establish any chart location or outstanding dictation. The Review panel acknowledge that processes should not be drafted to address one issue with one specialist team. On balance, the Review team agree there is sufficient cause for concern that Trust documentation may be leaving Trust facilities and the process of record transportation for this Specialty does need urgently addressed.
- There is clear evidence that this patient [Personal Information]'s letter was not triaged by week ending 30 October 2014. [Personal Information] was seen in SWAH by Dr 6 in January 2015. The outpatient letter was dictated 11 November 2016 and typed 15 November 2016. The Review panel have grave concerns that there are other Urology patient letters not being dictated in a timely manner. Upon further investigation, the Panel have found that the Trust does monitor the number charts needing audio-typing of dictation but there does not appear to be a robust process to monitor if post-consultation patient dictation has been completed. This has the potential to be compounded if patient charts are leaving the Trust facilities. The SAI Panel are anxious that assurance is sought that there is reasonable compliance in relation to the timely dictation letters by Dr 6.

From: Connolly, Connie
Sent: 20 December 2016 17:08
To: Boyce, Tracey
Cc: Reid, Trudy
Subject: Copy of Urology - AOB missing triage.xlsx
Attachments: Copy of Urology - AOB missing triage.xlsx

Tracey- as discussed
Connie

UROLOGY

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Telephone Mobile	Spec Code	Cons Code	Priority	Referral Source	Reason for Referral	Referral Date Only	Current Date	Date Booked (Y/N)	Appt Date	Non Clinical Comments	Clinic Identifier/Code	WL Code	WL Cnc Code	Weeks Waiting
CAH	Personal Information redacted by the USI								URO	AOB	ROUTINE	OC	ADV	28/07/2015	28/07/2015	N		AC 300318 *MTNL - AOB ONLY - LTR IN FOLDER		CU2N		72
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CAH									URO	GURO	ROUTINE	OC	ADV	27/08/2015	27/08/2015	N		AC 300318 *MTNL*		EURONR		68
CAH									URO	AOB	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N		AC 300318 *MTNL*		CU2N		68
CAH									URO	AOB	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N		AC 300318 *MTNL*		CU2N		68
CAH									URO	AOB	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N		AC 310318 *MTNL*		CU2N		67
CAH									URO	AOB	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N		AC 310318 *MTNL*		CU2N		67
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CAH									URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N		AC 310318 *MTNL*		EURONR		67
CAH									URO	AOB	ROUTINE	GPR	ADV	02/09/2015	02/09/2015	N		AC 310318 *MTNL*		CU2N		67
CAH									URO	AOB	ROUTINE	OC	ADV	10/09/2015	10/09/2015	N		AC 310318 - AOB ONLY - MTNL*		CU2N		68

CAH	Personal Information redacted by the USI										URO	AOB	ROUTINE	CC	ADV	11/08/2015	11/08/2015	N		AC 310316 "MTNL - AOB ONLY" LTR IN FOLDER		CU2N		60
CAH											URO	AOB	ROUTINE	CC	ADV	23/08/2015	23/08/2015	N		AC 310316 "MTNL - AOB ONLY"		CU2N		64
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CAH						URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N		AC 140418 "MTNL"		CU2N		43

CAH	Personal information redacted by the USI					URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N		AC 140418 "MTNL"		CU2N		43
CAH						URO	AOB	URGENT	GPU	ADV	15/02/2018	15/02/2018	N		AC 1407418 "MTNL"		CU2NU		43
CAH						URO	AOB	URGENT	GPU	ADV	15/02/2018	15/02/2018	N		AC 140418 "MTNL"		CU2NU		43
CAH						URO	AOB	ROUTINE	GPR	ADV	18/02/2018	18/02/2018	N		AC 140418 "MTNL"		CU2N		43
CAH						URO	AOB	ROUTINE	GPR	ADV	18/02/2018	18/02/2018	N		AC 100218 "MTNL"		CU2N		43
CAH						URO	AOB	ROUTINE	GPR	ADV	18/02/2018	18/02/2018	N		AC 140418 "MTNL"		CU2N		43
CAH						URO	AOB	ROUTINE	GPR	ADV	18/02/2018	18/02/2018	N		AC 140418 "MTNL"		CU2N		43
CAH						URO	AOB	URGENT	OH	ADV	18/02/2018	18/02/2018	N		AC 140418 "MTNL"		CU2NU		43
CAH						URO	AOB	URGENT	GPR	ADV	18/02/2018	18/02/2018	N		AC 140418 "MTNL"		CU2NU		43
CAH						URO	AOB	URGENT	GPU	ADV	18/02/2018	18/02/2018	N		AC 140418 "MTNL"		CU2NU		43
CAH						URO	GURO	URGENT	OC	ADV	07/03/2018	07/03/2018	N		AC 090618 MTNL		EURONU		40
DHH						URO	AOB	URGENT	OC	ADV	18/03/2018	18/03/2018	N		AC 040618 MTNL *SEE AOB		CU2NU		39
CAH						URO	AOB	URGENT	GPU	ADV	21/03/2018	21/03/2018	N		AC 240518 MTNL SEE AOB		CU2NU		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 080918 MTNL		CU2N		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 080918 MTNL		CU2N		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 040618 MTNL		CU2N		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 040618 MTNL		CU2N		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 080618 MTNL		CU2N		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 040618 MTNL		CU2N		38
CAH						URO	AOB	ROUTINE	GPR	ADV	24/03/2018	24/03/2018	N		AC 040618 MTNL		CU2N		38

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CAH	URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH	URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH	URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH	URO	AOB	URGENT	GPU	ADV	24/03/2016	24/03/2016	N		AC 080616 MTNL		CU2NU		38
CAH	URO	AOB	URGENT	GPU	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2NU		38
CAH	URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 180616 MTNL		CU2N		38
CAH	URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		CU2N		38
CAH	URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		CU2N		38
CAH	URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		CU2N		38
CAH	URO	GURO	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		EURONR		38
CAH	URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 080616 MTNL		CU2N		37
CAH	URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 180616 MTNL		CU2N		37
CAH	URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 180616 MTNL		CU2N		37
CAH	URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 080616 MTNL		CU2N		37
CAH	URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 180616 "MTNL"		CU2N		37
CAH	URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 180616 MTNL		CU2NU		37
CAH	URO	AOB	URGENT	GPR	ADV	30/03/2016	30/03/2016	N		AC 080616 MTNL**NEW REF 250716 URGENT** **DNS NCCT**		CU2NU		37
CAH	URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 180616 MTNL		CU2NU		37
CAH	URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 180616 "MTNL"		CU2NU		37
CAH	URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 180616 "MTNL"		CU2NU		37

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CAH	URO	AOB	ROUTINE	OC	ADV	19/04/2018	19/04/2018	N		AC 250518 NAMED AOB "MTNL"		CU2N		34
CAH	URO	AOB	ROUTINE	GPR	ADV	21/04/2018	21/04/2018	N		AC 250518 "MTNL" SEE AOB		CU2N		34
CAH	URO	AOB	ROUTINE	GPR	ADV	25/04/2018	25/04/2018	N		AC 250518 SEE AOB "MTNL"		CU2N		33
CAH	URO	AOB	ROUTINE	OC	ADV	25/04/2018	25/04/2018	N		AC 090818 "MTNL" SEE AOB		CU2N		33
CAH	URO	GURO	ROUTINE	GPR	ADV	04/05/2018	04/05/2018	N		AC 090818 "MTNL"		EURONR		32
CAH	URO	AOB	ROUTINE	GPR	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	GPR	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	OC	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL" ANY CONS		CU2N		32
CAH	URO	AOB	URGENT	GPU	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL"		CU2NU		32
CAH	URO	AOB	URGENT	GPU	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL"		CU2NU		32
CAH	URO	AOB	URGENT	GPU	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL"		CU2NU		32
CAH	URO	GURO	ROUTINE	GPR	ADV	05/05/2018	05/05/2018	N		AC 090818 "MTNL"		EURONR		32
CAH	URO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	AE	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2NU		32
CAH	URO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2NU		32
CAH	URO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2NU		32

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CAH	URO	GURO	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		EURONR		32
CAH	URO	GURO	URGENT	GPR	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL" - 2ND LTR 251118 URGENT		EURONU		32
CAH	URO	AOB	ROUTINE	AE	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	AE	ADV	08/05/2018	08/05/2018	N		AC 090818 "MTNL"		CU2N		32
CAH	URO	AOB	ROUTINE	GPR	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL" "WILLING TO TAKE CANCELLATION"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	URGENT	GPU	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		CU2NU		31
CAH	URO	GURO	ROUTINE	GPR	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		EURONR		31
CAH	URO	GURO	URGENT	GPU	ADV	09/05/2018	09/05/2018	N		AC 090818 "MTNL"		EURONU		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N		AC 090818 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N		AC 090818 "MTNL"		CU2N		31

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CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	URGENT	GPU	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		CU2NU		31
CAH	URO	GURO	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 *MTNL*		EURONR		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 *MTNL*		CU2N		31
CAH	URO	AOB	URGENT	GPU	ADV	11/05/2016	11/05/2016	N		AC 090816 *MTNL*		CU2NU		31
CAH	URO	AOB	ROUTINE	GPR	ADV	28/05/2016	28/05/2016	N		AC 090816 *MTNL* CHILD SEE AOB		CU2N		29
CAH	URO	GURO	URGENT	GPU	ADV	01/06/2016	01/06/2016	N		AC 090816 *MTNL*		EURONU		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 *MTNL*		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 *MTNL*		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 *MTNL*		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 *MTNL*		CU2N		28

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CAH	URO	AOB	URGENT	AE	ADV	02/08/2018	02/08/2018	N		AC 090818 "MTNL"		CU2NU		28
CAH	URO	GURO	ROUTINE	GPR	ADV	02/08/2018	02/08/2018	N		AC 090818 "MTNL"		EURONR		28
CAH	URO	AOB	ROUTINE	AE	ADV	03/08/2018	03/08/2018	N		AC 090818 "MTNL"		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	03/08/2018	03/08/2018	N		AC 090818 "MTNL"		CU2N		28
CAH	URO	GURO	ROUTINE	GPR	ADV	03/08/2018	03/08/2018	N		AC 090818 "MTNL"		EURONR		28
CAH	URO	AOB	ROUTINE	GPR	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2N		27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	AOB	URGENT	AE	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	AOB	URGENT	AE	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	AOB	URGENT	GPR	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		CU2NU		27
CAH	URO	GURO	ROUTINE	GPR	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		EURONR		27
CAH	URO	GURO	ROUTINE	GPR	ADV	06/06/2018	06/06/2018	N		AC 090818 "MTNL"		EURONR		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2018	07/06/2018	N		AC 090818 "MTNL"		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2018	07/06/2018	N		AC 090818 "MTNL"		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2018	07/06/2018	N		AC 090818 "MTNL"		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2018	07/06/2018	N		AC 090818 "MTNL"		CU2N		27

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CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	URGENT	GPU	ADV	07/06/2016	07/06/2016	N		AC 060816 *MTNL*		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	07/06/2016	07/06/2016	N		AC 060816 *MTNL*		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	07/06/2016	07/06/2016	N		AC 060816 *MTNL*		CU2NU		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2N		27
CAH	URO	AOB	URGENT	GPU	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		CU2NU		27
CAH	URO	GURO	ROUTINE	GPR	ADV	08/06/2016	08/06/2016	N		AC 060816 *MTNL*		EURONR		27
CAH	URO	AOB	ROUTINE	OC	ADV	28/06/2016	28/06/2016	N		AC 130616 MTNL SEE AOB		CU2N		24
CAH	URO	GURO	URGENT	GPR	ADV	18/07/2016	18/07/2016	N		AC 300616 *MTNL*		EURONU		21
CAH	URO	GURO	URGENT	OH	ADV	25/07/2016	25/07/2016	N		AC 011016 *MTNL*		EURONU		20
CAH	URO	AOB	URGENT	GPU	ADV	26/07/2016	26/07/2016	N		AC 020816 *MTNL* - SEE AOB		CU2NU		20
CAH	URO	AOB	ROUTINE	GPR	ADV	28/07/2016	28/07/2016	N		AC 300616 *MTNL*		CU2N		20

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CAH	URO	AOB	ROUTINE	GPR	ADV	28/07/2016	28/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	28/07/2016	28/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	28/07/2016	28/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	28/07/2016	28/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	URGENT	AE	ADV	28/07/2016	28/07/2016	N		AC 300916 "MTNL"		CU2NU		20
CAH	URO	AOB	URGENT	GPU	ADV	28/07/2016	28/07/2016	N		AC 300916 "MTNL"		CU2NU		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 011016 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 300916 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	GPR	ADV	29/07/2016	29/07/2016	N		AC 011016 "MTNL"		CU2N		20
CAH	URO	AOB	ROUTINE	AE	ADV	29/07/2016	29/07/2016	N		AC 011016 "MTNL"		CU2N		20
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Personal Information redacted by the USI

CAH	URO	AOB	ROUTINE	GPR	ADV	01/08/2016	01/08/2016	N		AC 011016 "MTNL"		CU2N		19
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CAH	URO	AOB	URGENT	GPU	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2NU		19
CAH	URO	AOB	ROUTINE	GPR	ADV	03/08/2016	03/08/2016	N		AC 300916 "MTNL"		CU2N		19
CAH	URO	AOB	ROUTINE	GPR	ADV	03/08/2016	03/08/2016	N		AC 300916 "MTNL"		CU2N		19
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CAH	Personal Information redacted by the USI													
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CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		CU2N		14
CAH	URO	AOB	URGENT	GPU	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		CU2NU		14
CAH	URO	AOB	URGENT	GPU	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		CU2NU		14
CAH	URO	GURO	ROUTINE	GPR	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		EURONR		14
CAH	URO	GURO	URGENT	GPU	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		EURONU		14
CAH	URO	GURO	URGENT	GPU	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		EURONU		14
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CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2016	09/09/2016	N		AC 201016 "MTNL"		CU2N		14
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CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2016	09/09/2016	N		AC 201016 "MTNL"		CU2N		14
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CAH	URO	AOB	URGENT	GPU	ADV	09/09/2016	09/09/2016	N		AC 201016 "MTNL"		CU2NU		14

CAH	Personal Information redacted by the USI					URO	AOB	URGENT	GPU	ADV	08/09/2016	09/09/2016	N		AC 201016 "MTNL"		CU2NU		14
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CAH						URO	GURO	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		EURONR		13
CAH						URO	GURO	URGENT	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		EURONU		13
CAH						URO	AOB	ROUTINE	GPR	ADV	05/10/2016	05/10/2016	N		AC 201016 "MTNL" SEE AOB		CU2N		10
CAH						URO	AOB	ROUTINE	GPR	ADV	02/08/2016	17/11/2016	N		CNA 17.11.16 - UNWELL - "MTNL"	CRJBTDU	CU2N		4

From: Boyce, Tracey
Sent: 22 December 2016 10:31
To: Carroll, Ronan; Gishkori, Esther; Wright, Richard
Subject: FW: Copy of Urology - AOB missing triage.xlsx
Attachments: Copy of Urology - AOB missing triage.xlsx; Level 2 HSC RCA Report Patient 10 Draft Six for litigation.docx; Timeline in preparation for screening Patient 10 Personal Information redacted by the docx; Summary of key points of concern Patient 10.docx

Hi
Please find attached the final draft SAI report for our discussions today and also the spreadsheet of outstanding triage as created by the secretarial team.

I have also created a shortened summary of the letter sent to myself and Esther by the SAI review team – attached

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

Personal Information redacted by the USI



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

From: Connolly, Connie
Sent: 20 December 2016 17:08
To: Boyce, Tracey
Cc: Reid, Trudy
Subject: Copy of Urology - AOB missing triage.xlsx

Tracey- as discussed
Connie



Root Cause Analysis report on the review of a Serious Adverse Incident

Organisation's Unique Case Identifier: ID

Personal Information
redacted by the USI

Date of Incident/Event:

Personal Information redacted by the USI

HSCB Unique Case Identifier:

Service User Details:

D.O.B:

Personal Information redacted by
the USI

Gender: F

Age:

Personal
Information
redacted
by the USI

yrs

Responsible Lead Officer: Connie Connolly

Designation: Lead Nurse Acute Governance

Report Author: Review Team

Date report signed off:

Date submitted to HSCB:



1.0 EXECUTIVE SUMMARY

Patient 10 is a ^{Personal Information redacted by the US} old lady with a past medical history of colon cancer () and breast cancer (^{Personal Information redacted by the US}).

While under review and follow up by the Breast Surgeons, Patient 10 had a Computer Tomography Scan (CT Scan) of the abdomen and pelvis on 24 June 2014. This CT scan reported a number of cysts in both kidneys. On the right side, there was a large upper pole cyst, a small lower pole cyst and a cyst on the anterior aspect of the right lower pole which had increased in size with increased complexity from scans done in 2010. An Ultra Sound Scan (USS) of kidneys was recommended and this was done 24 July 2014. A Magnetic Resonance Image with contrast (MRI) was advised, and this was done on 26 September 2014. The MRI report did not comment on cyst about which concerns were raised, but did confirm a cyst with no abnormal enhancement.

On the basis of this incomplete MRI report, Patient 10's GP made routine referral to the Urology Team in Craigavon Area Hospital (CAH). This GP letter was received by the CAH Booking Centre on 29 October 2014. This letter was given to the Urology Surgeon of the week on 30 September 2014 to triage. There is no evidence that this GP referral letter was triaged or returned to the Booking Centre for processing. As a direct result of triage omission, Patient 10 was managed as a 'New Routine' patient, and waited until 6 January 2016 to be seen by a Consultant Urologist. A wait of 64 weeks.

Patient 10 was diagnosed with a possible cystic renal tumour. Surgery was scheduled for 25 January 2016 but this was postponed due to the recurrence of breast cancer at this same time. Right partial nephrectomy has been rescheduled for 31 October 2016.

The Review Panel agree that the root cause of Patient 10's delay in diagnoses is that her GP referral letter was not triaged by the Urology Consultant on call. As a direct result, Patient 10 waited 16 months to be assessed by the Urology Team.

The MRI report dated on the 29 September 2014 was isolated as a significant contributory factor to Patient 10's delay in diagnoses. The wording of the report was appears truncated and does not reference the main clinical focus which was on the right kidney. The Reporter did not grade the cyst. As a result, the Breast Surgeon and the GP reading this report, did not appreciate there was growth in size of the right cyst. This was a significant missed opportunity for clinicians to upgrade Patient 10's referral to Urology as urgent or Red Flag.

Date/Time	Source	Time Line	Comments
March 2010		Invasive bowel tumour resected	
21/12/11		Review CTCAP NAD	
21/12/12		Review CTCAP	
08/04/14	PAS/SECTRA	Admitted under D1. CTAP with contrast ordered	?day procedure ? findings tbc
24/06/14	X-ray Report	CTAP done on 24/06/14 Reported on 07/07/14	Report by Dr 2 concluded: no evidence of disease recurrence seen. A cyst on the anterior aspect on the right lower pole appears minimally larger and complex with high density in its medial aspect. The appearances may represent a haemorrhagic or proteinacious cyst. Localised ultrasound is recommended to ensure there is no soft tissue component
24/07/14	X-ray report	USS of urinary tract ordered by Dr 1. USS done on 27/07/14 and reported on 30/07/14	Report by Dr 2 concluded: Right lower pole complex renal cyst? Solid component. Advise MRI of kidneys with i/v contrast to determine if the solid component enhances.

Date/Time	Source	Time Line	Comments
26/09/14	X-ray report	MRI of Renal both requested by Dr 1. MRI done on 26/09/14 and reported on 29/09/14	Report by Dr 2 concluded:(Comparison to previous ultrasound dated 24/07/14 and CT dated 24/06/14.) There is a large well-defined ovoid cystic mass, arising from the upper pole cortex of the right kidney, measuring 8.7 cm x 5.3cm in size. This lesion is T2 hyperintense, T1 hyponintense, and demonstrates no abnormal enhancement. The MR appearances are consistent with a cyst.
23/09/14	Outpatient letter	Patient 10 seen by Dr 3. CT CA requested	
29/10/14	Sectra	Scan done on 29/10/14 Reported: 01/11/14	Report by Dr 4 concluded: (CT chest and abdomen performed following oral and i/v contrast. Comparison made with previous CT Scan examination fof 20/06/14) No lung mass lesion seen. There is no hilar or mediastinal lymphadenopathy. Liver shows no focal lesion. Gallbladder, spleen and pancreas appear normal. 3.6 cm exophytic complex cyst is seen in the lower pole of the left kidney anteriorly containing solid and cystic component. Simple cyst seen in the upper pole measuring 7cm. Left kidney show no focal lesion. Complex cyst right kidney

Date/Time	Source	Time Line	Comments
29/10/14	GP referral letter	GP Routine referral sent 29/10/14 and received 29/10/14. Routine referral sent re large renal cyst 8.7cm x 5.3 cm and recent breast cancer. Previous history of bowel cancer. Had MRI scan done in relation to persistent Right renal angle pain. MRI showed a well-defined ovoid cystic mass, arising from upper pole of cortex of the right kidney. I would be grateful for you assessment and advice.	OP reg was done by Booking centre on 30/10/14 Triage indicates that Dr 6 was the consultant on the rota for triage. The triage outcome table is blank. Patient 10 is one of the patients within the table. 'Triage details stamp' on the front of the letter is blank.
7/11/14	Letter from Dr 3 to Patient 10		Letter sent to Patient 10 stating 'the recent CTAP had shown no worrying abnormality. The cyst on the right kidney was remarked upon again. You will be reviewed routinely in surgical outpatients.'
06/01/16	Letter from Dr 8 to Dr 5	The letter details that the MRI done on 26/09/14 does not cross reference findings of a cyst on the right anterior aspect of right lower pole which had increased in size from 2010. The subsequent routine GP referral was reasonable given the MRI had suggested a benign. The error in the MRI reporting in relation to the lesion of concern, has resulted in a significant time delay in Outpatient Review.	Dr 8 reviewed images prior to Patient 10 presentation to OPD. Dr 8 spoke to Dr 7 in relation to the assessment gap relating to the the right anterior aspect of right lower pole. Dr 7 reviewed Patient 10's images and found that the complex cyst on the right kidney had solid nodules with one area of enhancement with contrast.
15/01/16	Letter from Dr 9 to Dr 5	Recent core biopsy revealed lobular carcinoma. Renal surgery had been planned for 16/01/16. Patient 10 to have axillary node clearance and radiotherapy	References that the index of suspicion in relation to the renal cyst is low.* update from Dr 8 pending

Screened 15/03/16

Date/Time	Source	Time Line	Comments
10/02/16	Letter from Dr 9 to Dr 5	Chest CT clear, to proceed with breast surgery 15/02/16	

UROLOGY

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Telephone Mobile	Spec Code	Cons Code	Priority	Referral Source	Reason for Referral	Referral Date Only	Current Date	Date Booked (Y/N)	Appt Date	Non Clinical Comments	Clinic Identifier/Code	WL Code	WL Onc Code	Weeks Waiting
CAH	Personal Information redacted by the USI								URO	AOB	ROUTINE	CC	ADV	28/07/2015	28/07/2015	N		AC 300316 *MTNL - AOB ONLY* LTR IN FOLDER		CU2N		72
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CAH									URO	AOB	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N		AC 300316 *MTNL*		CU2N		68
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CAH									URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N		AC 310316 *MTNL*		EURONR		67
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CAH	Personal Information redacted by the USI										URO	AOB	ROUTINE	OC	ADV	11/09/2015	11/09/2015	N		AC 310316 "MTNL" - AOB ONLY" LTR IN FOLDER		CU2N		68
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CAH											URO	AOB	ROUTINE	GPR	ADV	06/10/2015	06/10/2015	N		AC 310316 "MTNL"		CU2N		62
CAH											URO	AOB	ROUTINE	GPR	ADV	06/10/2015	06/10/2015	N		AC 310316 "MTNL"		CU2N		62

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CAH	URO	AOB	ROUTINE	GPR	ADV	07/10/2015	07/10/2015	N		AC 310818 "MTNL"		CU2N		62
CAH	URO	AOB	ROUTINE	OH	ADV	07/10/2015	07/10/2015	N		AC 310818 "MTNL - ANY CONS"		CU2N		62
CAH	URO	AOB	ROUTINE	OH	ADV	23/10/2015	23/10/2015	N		AC 310818 "MTNL - SEE AOB" LTR IN FOLDER		CU2N		60
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	AE	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	RJB	ROUTINE	OC	ADV	12/11/2015	12/11/2015	N		AC 140418 "MTNL"		CRJBUN		57
CAH	URO	AOB	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	AOB	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N		AC 140418 "MTNL"		CU2N		57
CAH	URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N		AC 140418 "MTNL"		EURONR		57
CAH	URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N		AC 140418 "MTNL"		EURONR		57
CAH	URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N		AC 140418 "MTNL"		EURONR		57

CAH	Personal Information redacted by the USI															RO	RJB	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N		AC 140418 *MTNL*		CRJBUN		57
CAH																RO	AOB	ROUTINE	OC	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL* ANY CONS		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	RJB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CRJBUN		56
CAH																RO	RJB	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N		AC 140418 *MTNL*		CRJBUN		56
CAH																RO	AOB	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	AOB	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N		AC 140418 *MTNL*		EURONR		56
CAH																RO	RJB	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N		AC 140418 *MTNL*		CRJBUN		56
CAH																RO	AOB	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N		AC 140418 *MTNL*		CU2N		56
CAH																RO	RJB	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N		AC 140418 *MTNL*		CRJBUN		56
CAH																RO	GURO	ROUTINE	OC	ADV	04/02/2016	04/02/2016	N		AC 240518 *MTNL*		EURONR		45
CAH																RO	GURO	URGENT	GPU	ADV	09/02/2016	09/02/2016	N		AC 110219 NEW LTR 250316 MTNL		EURONU		44
CAH																RO	AOB	ROUTINE	GPR	ADV	11/02/2016	11/02/2016	N		AC 140418 *MTNL*		CU2N		44
CAH																RO	AOB	ROUTINE	GPR	ADV	11/02/2016	11/02/2016	N		AC 140418 *MTNL*		CU2N		44

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CAH	URO	AOB	ROUTINE	GPR	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL"	CU2N	44
CAH	URO	AOB	ROUTINE	GPR	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL"	CU2N	44
CAH	URO	AOB	URGENT	OH	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL" ANY CONS	CU2NU	44
CAH	URO	AOB	URGENT	GPU	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL"	CU2NU	44
CAH	URO	GURO	ROUTINE	GPR	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL"	EURONR	44
CAH	URO	GURO	URGENT	GPU	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL"	EURONU	44
CAH	URO	GURO	URGENT	GPU	ADV	11/02/2018	11/02/2018	N	AC 140418 "MTNL"	EURONU	44
CAH	URO	AOB	ROUTINE	GPR	ADV	12/02/2018	12/02/2018	N	AC 140418 "MTNL"	CU2N	44
CAH	URO	AOB	ROUTINE	OC	ADV	12/02/2018	12/02/2018	N	AC 140418 "MTNL" SEE AOB	CU2N	44
CAH	URO	AOB	ROUTINE	GPR	ADV	12/02/2018	12/02/2018	N	AC 140418 "MTNL"	CU2N	44
CAH	URO	AOB	URGENT	GPU	ADV	12/02/2018	12/02/2018	N	AC 140418 "MTNL"	CU2NU	44
CAH	URO	AOB	URGENT	GPU	ADV	12/02/2018	12/02/2018	N	AC 140418 "MTNL"	CU2NU	44
CAH	URO	AOB	URGENT	GPU	ADV	12/02/2018	12/02/2018	N	AC 140418 "MTNL"	CU2NU	44
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43
CAH	URO	AOB	ROUTINE	GPR	ADV	15/02/2018	15/02/2018	N	AC 140418 "MTNL"	CU2N	43

CAH	Personal Information redacted by the USI										URO	AOB	ROUTINE	GPR	ADV	15/02/2016	15/02/2016	N		AC 140416 *MTNL*		CU2N		43
CAH											URO	AOB	URGENT	GPU	ADV	15/02/2016	15/02/2016	N		AC 1407416 *MTNL*		CU2NU		43
CAH											URO	AOB	URGENT	GPU	ADV	15/02/2016	15/02/2016	N		AC 140416 *MTNL*		CU2NU		43
CAH											URO	AOB	ROUTINE	GPR	ADV	16/02/2016	16/02/2016	N		AC 140416 *MTNL*		CU2N		43
CAH											URO	AOB	ROUTINE	GPR	ADV	16/02/2016	16/02/2016	N		AC 165216 *MTNL*		CU2N		43
CAH											URO	AOB	ROUTINE	GPR	ADV	16/02/2016	16/02/2016	N		AC 140416 *MTNL*		CU2N		43
CAH											URO	AOB	ROUTINE	GPR	ADV	16/02/2016	16/02/2016	N		AC 140416 *MTNL*		CU2N		43
CAH											URO	AOB	URGENT	OH	ADV	16/02/2016	16/02/2016	N		AC 140416 *MTNL*		CU2NU		43
CAH											URO	AOB	URGENT	GPR	ADV	16/02/2016	16/02/2016	N		AC 140416 *MTNL*		CU2NU		43
CAH											URO	AOB	URGENT	GPU	ADV	16/02/2016	16/02/2016	N		AC 140416 *MTNL*		CU2NU		43
CAH											URO	GURO	URGENT	OC	ADV	07/03/2016	07/03/2016	N		AC 080616 MTNL		EURONU		40
DHH											URO	AOB	URGENT	OC	ADV	16/03/2016	16/03/2016	N		AC 040616 MTNL *SEE AOB		CU2NU		39
CAH											URO	AOB	URGENT	GPU	ADV	21/03/2016	21/03/2016	N		AC 240516 MTNL SEE AOB		CU2NU		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 080616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 080616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 080616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38

CAH	Personal information redacted by the USI										URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	URGENT	GPU	ADV	24/03/2016	24/03/2016	N		AC 080616 MTNL		CU2NU		38
CAH											URO	AOB	URGENT	GPU	ADV	24/03/2016	24/03/2016	N		AC 040616 MTNL		CU2NU		38
CAH											URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 160616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	AOB	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		CU2N		38
CAH											URO	GURO	ROUTINE	GPR	ADV	25/03/2016	25/03/2016	N		AC 040616 MTNL		EURONR		38
CAH											URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 080616 MTNL		CU2N		37
CAH											URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 160616 MTNL		CU2N		37
CAH											URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 160616 MTNL		CU2N		37
CAH											URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 080616 MTNL		CU2N		37
CAH											URO	AOB	ROUTINE	GPR	ADV	30/03/2016	30/03/2016	N		AC 160616 "MTNL"		CU2N		37
CAH											URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 160616 MTNL		CU2NU		37
CAH											URO	AOB	URGENT	GPR	ADV	30/03/2016	30/03/2016	N		AC 080616 MTNL "NEW REF 250716 URGENT" "ONS NGCT"		CU2NU		37
CAH											URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 160616 MTNL		CU2NU		37
CAH											URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 160616 "MTNL"		CU2NU		37
CAH											URO	AOB	URGENT	GPU	ADV	30/03/2016	30/03/2016	N		AC 160616 "MTNL"		CU2NU		37

CAH	Personal Information redacted by the USI										URO	AOB	ROUTINE	OC	ADV	19/04/2016	19/04/2016	N		AC 250516 NAMED AOB "MTNL"		CU2N		34
CAH											URO	AOB	ROUTINE	GPR	ADV	21/04/2016	21/04/2016	N		AC 250516 "MTNL" SEE AOB		CU2N		34
CAH											URO	AOB	ROUTINE	GPR	ADV	25/04/2016	25/04/2016	N		AC 250516 SEE AOB "MTNL"		CU2N		33
CAH											URO	AOB	ROUTINE	OC	ADV	25/04/2016	25/04/2016	N		AC 090816 "MTNL" SEE AOB		CU2N		33
CAH											URO	GURO	ROUTINE	GPR	ADV	04/05/2016	04/05/2016	N		AC 090816 "MTNL"		EURONR		32
CAH											URO	AOB	ROUTINE	GPR	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	ROUTINE	GPR	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	ROUTINE	OC	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL" ANY CONS		CU2N		32
CAH											URO	AOB	URGENT	GPU	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL"		CU2NU		32
CAH											URO	AOB	URGENT	GPU	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL"		CU2NU		32
CAH											URO	AOB	URGENT	GPU	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL"		CU2NU		32
CAH											URO	GURO	ROUTINE	GPR	ADV	05/05/2016	05/05/2016	N		AC 090816 "MTNL"		EURONR		32
CAH											URO	AOB	ROUTINE	GPR	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	ROUTINE	GPR	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	ROUTINE	AE	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	ROUTINE	GPR	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	ROUTINE	GPR	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2N		32
CAH											URO	AOB	URGENT	GPU	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2NU		32
CAH											URO	AOB	URGENT	GPU	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2NU		32
CAH											URO	AOB	URGENT	GPU	ADV	06/05/2016	06/05/2016	N		AC 090816 "MTNL"		CU2NU		32

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CAH	JRO	GURO	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	EURONR	32
CAH	JRO	GURO	URGENT	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL" - 2ND LTR 251118 URGENT	EURONU	32
CAH	JRO	AOB	ROUTINE	AE	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2N	32
CAH	JRO	AOB	ROUTINE	AE	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2N	32
CAH	JRO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL" **WILLING TO TAKE CANCELLATION	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2NU	31
CAH	JRO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2NU	31
CAH	JRO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2NU	31
CAH	JRO	AOB	URGENT	GPU	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	CU2NU	31
CAH	JRO	GURO	ROUTINE	GPR	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	EURONR	31
CAH	JRO	GURO	URGENT	GPU	ADV	08/05/2018	08/05/2018	N	AC 080818 "MTNL"	EURONU	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N	AC 080818 "MTNL"	CU2N	31
CAH	JRO	AOB	ROUTINE	GPR	ADV	10/05/2018	10/05/2018	N	AC 080818 "MTNL"	CU2N	31

Personal Information redacted by the USI														
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	URGENT	GPU	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2NU		31
CAH	URO	AOB	URGENT	GPU	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		CU2NU		31
CAH	URO	GURO	ROUTINE	GPR	ADV	10/05/2016	10/05/2016	N		AC 090816 "MTNL"		EURONR		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	ROUTINE	GPR	ADV	11/05/2016	11/05/2016	N		AC 090816 "MTNL"		CU2N		31
CAH	URO	AOB	URGENT	GPU	ADV	11/05/2016	11/05/2016	N		AC 090816 "MTNL"		CU2NU		31
CAH	URO	AOB	ROUTINE	GPR	ADV	26/05/2016	26/05/2016	N		AC 090816 "MTNL" CHILD SEE AOB		CU2N		29
CAH	URO	GURO	URGENT	GPU	ADV	01/06/2016	01/06/2016	N		AC 090816 "MTNL"		EURONU		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 "MTNL"		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 "MTNL"		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 "MTNL"		CU2N		28
CAH	URO	AOB	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N		AC 090816 "MTNL"		CU2N		28

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CAH	URO	AOB	URGENT	AE	ADV	02/06/2016	02/06/2016	N	AC 060816 "MTNL"	CU2NU	28
CAH	URO	GURO	ROUTINE	GPR	ADV	02/06/2016	02/06/2016	N	AC 060816 "MTNL"	EURONR	28
CAH	URO	AOB	ROUTINE	AE	ADV	03/06/2016	03/06/2016	N	AC 060816 "MTNL"	CU2N	28
CAH	URO	AOB	ROUTINE	GPR	ADV	03/06/2016	03/06/2016	N	AC 060816 "MTNL"	CU2N	28
CAH	URO	GURO	ROUTINE	GPR	ADV	03/06/2016	03/06/2016	N	AC 060816 "MTNL"	EURONR	28
CAH	URO	AOB	ROUTINE	GPR	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2N	27
CAH	URO	AOB	ROUTINE	GPR	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2N	27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	AOB	URGENT	AE	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	AOB	URGENT	AE	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	AOB	URGENT	GPU	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	AOB	URGENT	GPR	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	CU2NU	27
CAH	URO	GURO	ROUTINE	GPR	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	EURONR	27
CAH	URO	GURO	ROUTINE	GPR	ADV	06/06/2016	06/06/2016	N	AC 060816 "MTNL"	EURONR	27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N	AC 060816 "MTNL"	CU2N	27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N	AC 060816 "MTNL"	CU2N	27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N	AC 060816 "MTNL"	CU2N	27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/06/2016	07/06/2016	N	AC 060816 "MTNL"	CU2N	27

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CAH	URO	AOB	ROUTINE	GPR	ADV	07/08/2016	07/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/08/2016	07/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	07/08/2016	07/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	URGENT	GPU	ADV	07/08/2016	07/08/2016	N		AC 090816 *MTNL*		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	07/08/2016	07/08/2016	N		AC 090816 *MTNL*		CU2NU		27
CAH	URO	AOB	URGENT	GPU	ADV	07/08/2016	07/08/2016	N		AC 090816 *MTNL*		CU2NU		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2N		27
CAH	URO	AOB	URGENT	GPU	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		CU2NU		27
CAH	URO	GURO	ROUTINE	GPR	ADV	08/08/2016	08/08/2016	N		AC 090816 *MTNL*		EURONR		27
CAH	URO	AOB	ROUTINE	OC	ADV	28/08/2016	28/08/2016	N		AC 190916 MTNL SEE AOB		CU2N		24
CAH	URO	GURO	URGENT	GPR	ADV	18/07/2016	18/07/2016	N		AC 300816 *MTNL*		EURONU		21
CAH	URO	GURO	URGENT	OH	ADV	25/07/2016	25/07/2016	N		AC 011016 *MTNL*		EURONU		20
CAH	URO	AOB	URGENT	GPU	ADV	28/07/2016	28/07/2016	N		AC 020816 *MTNL* *SEE AOB		CU2NU		20
CAH	URO	AOB	ROUTINE	GPR	ADV	28/07/2016	28/07/2016	N		AC 300916 *MTNL*		CU2N		20

CAH	Personal Information redacted by the USI					URO	AOB	ROUTINE	GPR	ADV	28/07/2018	28/07/2018	N		AC 300618 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	28/07/2018	28/07/2018	N		AC 300618 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	28/07/2018	28/07/2018	N		AC 800618 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	28/07/2018	28/07/2018	N		AC 300918 "MTNL"		CU2N		20
CAH						URO	AOB	URGENT	AE	ADV	28/07/2018	28/07/2018	N		AC 300918 "MTNL"		CU2NU		20
CAH						URO	AOB	URGENT	GPU	ADV	28/07/2018	28/07/2018	N		AC 300918 "MTNL"		CU2NU		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 300618 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 300618 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 011018 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 300918 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 300918 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 300918 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 011018 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	AE	ADV	29/07/2018	29/07/2018	N		AC 011018 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	29/07/2018	29/07/2018	N		AC 011018 "MTNL"		CU2N		20
CAH						URO	AOB	URGENT	GPU	ADV	29/07/2018	29/07/2018	N		AC 011018 "MTNL"		CU2NU		20
CAH						URO	AOB	ROUTINE	AE	ADV	30/07/2018	30/07/2018	N		AC 011018 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	AE	ADV	31/07/2018	31/07/2018	N		AC 300618 "MTNL"		CU2N		20
CAH						URO	AOB	ROUTINE	GPR	ADV	01/08/2018	01/08/2018	N		AC 011018 "MTNL"		CU2N		19
CAH						URO	AOB	ROUTINE	GPR	ADV	01/08/2018	01/08/2018	N		AC 011018 "MTNL"		CU2N		19

CAH	Personal Information redacted by the USI										JRO	AOB	ROUTINE	GPR	ADV	01/08/2016	01/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	OC	ADV	01/08/2016	01/08/2016	N		AC 300916 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	01/08/2016	01/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	URGENT	GPU	ADV	01/08/2016	01/08/2016	N		AC 011016 "MTNL"		CU2NU		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 300916 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 300916 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2N		19
CAH											JRO	AOB	URGENT	GPU	ADV	02/08/2016	02/08/2016	N		AC 011016 "MTNL"		CU2NU		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	03/08/2016	03/08/2016	N		AC 300916 "MTNL"		CU2N		19
CAH											JRO	AOB	ROUTINE	GPR	ADV	03/08/2016	03/08/2016	N		AC 300916 "MTNL"		CU2N		19
CAH											JRO	AOB	URGENT	OC	ADV	02/09/2016	02/09/2016	N		AC 111016 "MTNL" NAMED AOB		CU2NU		15
CAH											JRO	GURO	ROUTINE	OC	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		EURONR		14
CAH											JRO	AOB	ROUTINE	GPR	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		CU2N		14
CAH											JRO	AOB	ROUTINE	GPR	ADV	08/09/2016	08/09/2016	N		AC 201016 "MTNL"		CU2N		14

CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	OC	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	URGENT	GPU	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2NU		14
CAH	URO	AOB	URGENT	GPU	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		CU2NU		14
CAH	URO	GURO	ROUTINE	GPR	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		EURONR		14
CAH	URO	GURO	URGENT	GPU	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		EURONU		14
CAH	URO	GURO	URGENT	GPU	ADV	08/09/2018	08/09/2018	N		AC 201018 "MTNL"		EURONU		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	ROUTINE	GPR	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2N		14
CAH	URO	AOB	URGENT	GPU	ADV	09/09/2018	09/09/2018	N		AC 201018 "MTNL"		CU2NU		14

CAH	Personal Information redacted by the USI										JRO	AOB	URGENT	GPU	ADV	09/09/2016	09/09/2016	N		AC 201016 "MTNL"		CU2NU		14
CAH											JRO	GURO	ROUTINE	GPR	ADV	09/09/2016	09/09/2016	N		AC 201016 "MTNL"		EURONR		14
CAH											JRO	AOB	ROUTINE	GPR	ADV	12/09/2016	12/09/2016	N		AC 201016 MTNL		CU2N		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	12/09/2016	12/09/2016	N		AC 201016 "MTNL"		CU2N		13
CAH											JRO	AOB	URGENT	GPU	ADV	12/09/2016	12/09/2016	N		AC 201016 "MTNL"		CU2NU		13
CAH											JRO	AOB	URGENT	GPU	ADV	12/09/2016	12/09/2016	N		AC 201016 "MTNL"		CU2NU		13
CAH											JRO	GURO	ROUTINE	GPR	ADV	12/09/2016	12/09/2016	N		AC 201016 MTNL		EURONR		13
CAH											JRO	GURO	URGENT	GPU	ADV	12/09/2016	12/09/2016	N		AC 201016 "MTNL"		EURONU		13
CAH											JRO	GURO	URGENT	GPU	ADV	12/09/2016	12/09/2016	N		AC 201016 "MTNL"		EURONU		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		CU2N		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 281016 "MTNL"		CU2N		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 281016 "MTNL"		CU2N		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		CU2N		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		CU2N		13
CAH											JRO	AOB	URGENT	GPU	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		CU2NU		13
CAH											JRO	AOB	URGENT	GPU	ADV	13/09/2016	13/09/2016	N		AC 281016 "MTNL"		CU2NU		13
CAH											JRO	GURO	ROUTINE	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		EURONR		13
CAH											JRO	GURO	URGENT	GPR	ADV	13/09/2016	13/09/2016	N		AC 201016 "MTNL"		EURONU		13
CAH											JRO	AOB	ROUTINE	GPR	ADV	05/10/2016	05/10/2016	N		AC 251016 "MTNL" SEE AOB		CU2N		10
CAH											JRO	AOB	ROUTINE	GPR	ADV	02/08/2016	17/11/2016	N		CNA 17.11.16 - UNWELL - "MTNL"	CRJBDU	CU2N		4

From: Carroll, Ronan
Sent: 23 December 2016 10:25
To: Wright, Richard; Kerr, Vivienne; Gishkori, Esther; Gibson, Simon; Boyce, Tracey
Subject: FW: Backlog report - no clinic outcomes
Attachments: Backlog Report - no clinic outcomes as per 15.12.16.xlsx

Importance: High

Please see updated position re AoB backlog of undictated clinics

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

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From: Carroll, Anita
Sent: 22 December 2016 13:59
To: Carroll, Ronan
Subject: FW: Backlog report - no clinic outcomes
Importance: High

Maybe we can get a chat about this

From: Robinson, Katherine
Sent: 20 December 2016 17:07
To: Carroll, Anita
Subject: FW: Backlog report - no clinic outcomes
Importance: High

See attached list. This is a list of clinics that Mr O'Brien has not dictated on and hence no outcome for some of these patients. There is a risk that something could be missed so I am escalating to you, although I know that a lot of the time Mr O'Brien knows himself what is to happen with patients. Unfortunately this was not highlighted on the backlog report. The secretary assumed we knew because there have always been issues with this particular consultant's admin work from our perspective.

As learning from this discovery I have asked all secretaries to provide this information on the backlog report so that we fully understand the whole picture of what is outstanding in each specialty. The secretary also advises that at present Mr O'Brien is working on some of his backlogged admin work as he is off sick recovering.

Regards

K

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

t: [Personal Information redacted by the USI]

e: [Personal Information redacted by the USI]

From: Cunningham, Andrea
Sent: 19 December 2016 13:09
To: Robinson, Katherine
Subject: FW: Backlog report - no clinic outcomes
Importance: High

Update as discussed.

Regards
Andrea

Andrea Cunningham
Service Administrator
Ground Floor
Ramone Building
CAH

E: [Personal Information redacted by the USI]

T: [Personal Information redacted by the USI]

From: Elliott, Noleen
Sent: 15 December 2016 14:04
To: Cunningham, Andrea
Subject: Backlog report - no clinic outcomes

Andrea,

Please find attached list of clinics with no outcomes completed as per 15th December 2016.

Noleen

Mrs Noleen Elliott
Mr O'Brien's Secretary
Level 2
CRAIGAVON AREA HOSPITAL
Tel No: [Personal Information redacted by the USI]

DATE	CLINIC	CLINIC CODE
24/11/2014	SWAH	EUROAOB
22/12/2014	SWAH	EUROAOB
12/01/2015	SWAH	EUROAOB
23/02/2015	SWAH	EUROAOB
09/03/2015	SWAH	EUROAOB
13/04/2015	SWAH	EUROAOB
11/05/2015	SWAH	EUROAOB
22/06/2015	SWAH	EUROAOB
06/07/2015	SWAH	EUROAOB
28/09/2015	SWAH	EUROAOB
19/10/2015	SWAH	EUROAOB
02/11/2015	ARMAGH CLINIC	AAOBU1
06/11/2015	URODYNAMICS CLINIC	CAOBUDS
24/11/2015	NEW CLINIC	CAOBTDU
30/11/2015	SWAH	EUROAOB
04/12/2015	URODYNAMICS CLINIC	CAOBUDS
07/12/2015	ARMAGH CLINIC	AAOBU1
22/12/2015	NEW CLINIC	CAOBTDU
08/01/2016	UROONCOLOGY CLINIC	CAOBUO
11/01/2016	SWAH	EUROAOB
15/01/2016	UROONCOLOGY CLINIC	CAOBUO
08/02/2016	SWAH	EUROAOB
07/03/2016	SWAH	EUROAOB
21/03/2016	ARMAGH CLINIC	AAOBU1
01/04/2016	UROONCOLOGY CLINIC	CAOBUO
04/04/2016	REVIEW CLINIC - CAH	CAOBT DUR
08/04/2016	UROONCOLOGY CLINIC	CAOBUO
15/04/2016	UROONCOLOGY CLINIC	CAOBUO
18/04/2016	ARMAGH CLINIC	AAOBU1
19/04/2016	NEW CLINIC	CAOBT DU
22/04/2016	UROONCOLOGY CLINIC	CAOBUO
22/04/2016	URODYNAMICS CLINIC	CAOBUDS
29/04/2016	UROONCOLOGY CLINIC	CAOBUO
29/04/2016	URODYNAMICS CLINIC	CAOBUDS
03/05/2016	REVIEW CLINIC - CAH	CAOBT DUR
06/05/2016	URODYNAMICS CLINIC	CAOBUDS
23/05/2016	REVIEW CLINIC - CAH	CAOBT DUR
27/05/2016	UROONCOLOGY CLINIC	CAOBUO
27/05/2016	URODYNAMICS CLINIC	CAOBUDS
03/06/2016	URODYNAMICS CLINIC	CAOBUDS
10/06/2016	UROONCOLOGY CLINIC	CAOBUO
13/06/2016	ARMAGH CLINIC	AAOBU1
20/06/2016	SWAH	EUROAOB
04/07/2016	REVIEW CLINIC - CAH	CAOBT DUR
22/07/2016	UROONCOLOGY CLINIC	CAOBUO
26/07/2016	NEW CLINIC	CAOBT DU
09/08/2016	NEW CLINIC	CAOBT DU
12/08/2016	UROONCOLOGY CLINIC	CAOBUO
19/08/2016	UROONCOLOGY CLINIC	CAOBUO

DATE	CLINIC	CLINIC CODE
19/08/2016	URODYNAMICS CLINIC	CAOBUDS
22/08/2016	SWAH	EUROAOB
19/09/2016	SWAH	EUROAOB
07/10/2016	URODYNAMICS CLINIC	CAOBUDS
11/10/2016	NEW CLINIC	CAOBTDU
14/10/2016	URODYNAMICS CLINIC	CABOUDS
14/10/2016	UROONCOLOGY CLINIC	CAOBUO
21/10/2016	URODYNAMICS CLINIC	CAOBUDS
28/10/2016	URODYNAMICS CLINIC	CAOBUDS
28/10/2016	UROONCOLOGY CLINIC	CAOBUO
04/11/2016	URODYNAMICS CLINIC	CAOBUDS
04/11/2016	UROONCOLOGY CLINIC	CAOBUO

From: Gibson, Simon
Sent: 23 December 2016 11:27
To: Gishkori, Esther; Toal, Vivienne; Wright, Richard
Cc: Carroll, Ronan; Boyce, Tracey; Clegg, Malcolm; Stinson, Emma M; Mallagh-Cassells, Heather; White, Laura; Montgomery, Ruth
Subject: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ
Attachments: Action note - 22nd December - AOB.docx

Dear Richard, Esther and Viv

I am writing to confirm a follow-up meeting in relation to Dr A O'Brien on

Tuesday 10th January at 1pm – 2pm, Dr Wrights office, Trust HQ

I have included the action note from yesterdays meeting, detailing actions required.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

DHH: Personal Information redacted by the USI

Southern Health & Social Care Trust**Oversight Committee****22nd December 2016****Present:**

Dr Richard Wright, Medical Director (Chair)

Vivienne Toal, Director of HROD

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

In attendance:

Simon Gibson, Assistant Director, Medical Director's Office

Malcolm Clegg, Medical Staffing Manager

Tracey Boyce, Director of Pharmacy, Acute Services Directorate

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

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

Dr O'Brien was scheduled to return to work on 2nd January following a period of 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 10th 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 10th 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 10th 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 30th December to inform him of this decision, and follow this decision up in writing.

Action: Dr Wright/Simon Gibson

The following was agreed:

Case Investigator – Colin Weir

Case Manager – Ahmed Khan

From: Boyce, Tracey
Sent: 23 December 2016 11:50
To: Gibson, Simon
Subject: RE: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ

Simon
Thanks

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

Personal Information redacted by the USI



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

From: Gibson, Simon
Sent: 23 December 2016 11:27
To: Gishkori, Esther; Toal, Vivienne; Wright, Richard
Cc: Carroll, Ronan; Boyce, Tracey; Clegg, Malcolm; Stinson, Emma M; Mallagh-Cassells, Heather; White, Laura; Montgomery, Ruth
Subject: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ

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Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

DHH: Personal Information redacted by the USI

From: Boyce, Tracey
Sent: 23 December 2016 12:30
To: Carroll, Ronan
Subject: FW: Complaint - ?SAI
Attachments: file.pdf; [Personal Information redacted by the USI].doc; file [Personal Information redacted by the USI].pdf
Importance: High

Hi Ronan

See below - David Escalated this complaint to Trudy yesterday for an opinion as to whether it might need to be considered under the SAI process. (David doesn't know anything about our other AOB concerns).

What do you think?

Would the delay in the stent issue be down to the urologist or is that a process under radiology's control?

Kind regards

Tracey

Dr Tracey Boyce
 Director of Pharmacy

Personal Information redacted by the USI

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

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

From: Reid, Trudy
Sent: 22 December 2016 16:05
To: Boyce, Tracey
Subject: FW: Complaint - ?SAI

Tracey please see attached and below -, David has asked is this a potential SAI?

Episode Enquiry

Select Episode 22/12/16 13:56 CA

Name

Patient 16

MRSA

Personal Information redacted by the USI

Casenote

Personal Information redacted by the USI

No Status Date Cons Spec Hosp Ward Cat Casenote WL-Cd A/P P

- 1 IP ADM 09/12/16 JYG GSUR DHH FS NHS Personal Information redacted by the USI
ZB001 RHSCB
- 2 DSCH INCPT 08/12/16 AOB URO CAH TDU NHS Personal Information redacted by the USI CURWL
ZB001 RHSCB
- 3 WL ACTV 02/12/16 AOB URO CAH 1WEA NHS Personal Information redacted by the USI CURWL
ZB001 RHSCB
- 4 DSCH CMPLT 01/09/16 AJG URO CAH 1WEA NHS Personal Information redacted by the USI CAJG
ZB001 RHSCB
- 5 DSCH CMPLT 12/08/16 AOB URO CAH 3ESU NHS Personal Information redacted by the USI CURWL
ZB001 RHSCB

Episode Enquiry

Select Episode 22/12/16 13:56 CAH

Name

Patient 16

MRSA

Personal Information redacted by the USI

Casenote

Personal Information redacted by the USI

No Status Date Cons Spec Hosp Ward Cat Casenote WL-Cd A/P PD

- 1 DSCH CMPLT 10/07/16 AOB URO CAH 3ESU NHS Personal Information redacted by the USI CURWL
ZB001 RHSCB
- 2 OP DSCH 24/06/16 PREAS NPOA CAH NHS Personal Information redacted by the USI
- 3 OP DSCH 09/05/16 JOD URO CAH NHS Personal Information redacted by the USI (CJODNU
ZB001 RHSCB
- 4 WL CANC 29/10/15 RAH RT CAH CMU NHS Personal Information redacted by the USI CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS
- 5 DSCH CMPLT 08/10/15 RAH RT CAH CMU NHS Personal Information redacted by the USI CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS

Episode Enquiry

Select Episode 22/12/16 13:56 CAH

Name

Patient 16

MRSA

Personal Information redacted by the USI

Casenote

Personal Information redacted by the USI

No Status Date Cons Spec Hosp Ward Cat Casenote WL-Cd A/P PD

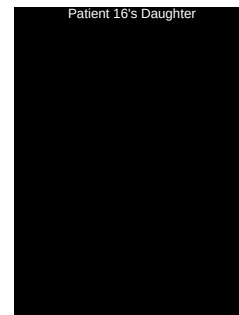
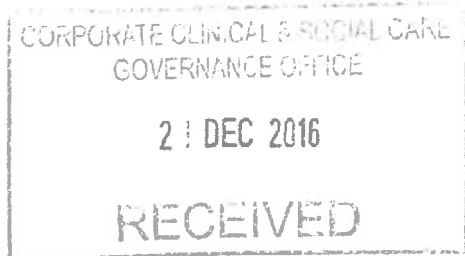
- 1 DSCH CMPLT 17/09/15 RAH RT CAH CMU NHS Personal Information redacted by the USI CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS
- 2 DSCH CMPLT 27/08/15 RAH RT CAH CMU NHS CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS
- 3 DSCH CMPLT 19/08/15 RAH RT CAH CMU NHS CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS
- 4 DSCH CMPLT 30/07/15 RAH RT CAH CMU NHS CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS
- 5 DSCH CMPLT 02/07/15 RAH RT CAH CMU NHS CRTRAH
CSRT6 CAHGT-SHSSB-R THERAPY-ALL EPS

<More available>

Select/Continue :

Regards,

Trudy



05/12/16

REF: Patient 16 Personal Information

Personal information redacted by the USI

H&C: Personal Information redacted by the USI

To whom it may concern,

I am making this complaint, on behalf of my father, after much consideration and having discussed our concerns with involved personnel. It centres on the poor response to communication between the Oncology and Urology departments in Craigavon Hospital and the consequences of this which include; unnecessary suffering and denied access to a treatment option for cancer.

My father was diagnosed with bowel cancer in July 2012. He was referred to Oncology and in 2014 Chemotherapy was identified as a treatment option. Prior to the commencement of this treatment a stent was inserted into the left kidney in March 2015. We were informed at this point in time that the stent would be due for removal directly after the treatment ended as it's life span was 6 -9 months. Chemotherapy finished in November 2015 and my father was advised that arrangements would be made with Urology to have the stent removed. However, this did not happen and during follow-up reviews with the oncologists and surgical consultants the need for it to be removed was acknowledged and assurances given that letters would be written to various personnel in the Urology department. Meanwhile, for the next 6 months, my father suffered from a range of complications synonymous with a stent in place too long including; significant pain and persistent urinary tract infections. We continued to advise oncology personnel, our GP and the local Macmillan nurse of the increasing difficulties he was experiencing and again we were assured that these concerns had been passed on to Urology. In increasing desperation we began to ring Mr O'Brien's secretary in an effort to have the procedure completed.

In April 2016 during a review appointment in oncology the option of a short course of radiotherapy was raised. My father agreed to proceed with this but was made aware that first the stent would

need to be removed. In June 2016 dad received a phone call from the oncologist stating that he had viewed the latest scan results and radiotherapy was definitely a way forward. On the same day dad received a phone call from the urologist informing him of the arrangements for the removal of the stent three days later. We were bewildered about the apparent urgency, after such a long wait and wondered had something shown up on the scan. Dad attended Craigavon on the 28th June 2016 for the procedure; at this point the stent was in place for 15 months.

The procedure, which we understand generally takes about 30 minutes, took over two hours. The kidney was significantly distended and the stent was encrusted and dislocated. Indeed I am aware that research suggests that the amount of stent encrustment is directly related to how long it has been in place. The aftermath was horrendous. Dad was very ill due to septicaemia and had to remain in hospital for 12 days. We were extremely upset and discussed our concerns with personnel in urology. We decided not to proceed with a formal complaint at the time, as we hoped that communication between the two departments would improve. Three weeks later there was further telephone correspondence from another oncologist advising dad that he was about to make arrangements for him to attend the radiology department in the City Hospital to have initial measurements taken. It seems that this course of action was to be delayed for a short period, following consultation between the urologist and the oncologist, as a new stent would first have to be inserted. This happened in August 2016 and we immediately advised oncology that the stent was in place and we were on course again for radiotherapy. The next meeting with oncology was in September 2016. Dad was advised that it was deemed appropriate for a further scan to take place and he agreed to the deferral of the treatment until this was secured. It was with utter dismay at the next meeting on 1st December (13 weeks later) we learnt that this course of treatment was no longer an option as the disease had progressed. At that meeting I asked why the radiotherapy did not take place as planned in June, when the scan at that time indicated that it was feasible. I do not believe that I was given any clarification on this issue. In addition, when the oncologist was asked about the time delay between the scan and the review appointment he apologised but said it was 'out of his control'.

In summary, I believe that the delay in the removal of the original ureteral stent is undeniably linked to the removal of cancer treatment options for my father. I know that he has suffered unnecessarily as a result of the lack of response to communication from various sources to urology. Finally as a family we had the unenviable experience of dealing with a mother and father diagnosed and undergoing treatment for cancer at the same time. Ironically the experience of both parents is startlingly different. My mother Personal Information redacted by the USI and was under the care of the South Eastern Trust. There were a number of departments involved in her surgery and aftercare, both within the trust and outside it. The co-ordination of services was seamless and communication between departments immediate and transparent. She receives regular follow up review appointments where both oncology and her surgical consultant are present and she has access to a superb advocacy service provided by the Head and Neck nurse.

The expected outcomes of this complaint are as follows;

- a) Details of all correspondence to the Urology department from all sources regarding the removal of the stent.
- b) A review of protocols for communication between two departments in the same hospital. It seems incredulous, that there is a reliance on the social etiquette of writing to a colleague in the same hospital rather than emailing or using another system on the intranet.
- c) Provision of a clear explanation for the delay in carrying out the procedure of removing the ureteral stent, clarification on the Urology department's policy for the time frame of insertion and removal of kidney stents, the name of the manufacture of the stent and their guidelines regarding the length of time the stent can safely remain in place.
- d) Consideration of the cost to the National Health Service of dealing with the aftermath of not completing a procedure within a reasonable time frame.
- e) An examination of the review arrangements for patients with cancer which is deemed to be progressive. Cancer does not wait for scans or lengthy periods between appointments!
- f) A direct explanation as to why radiotherapy did not proceed as planned in June 2016.
- g) Reflection on examples of good practice in other trusts.
- h) Consideration given to setting up an advocacy service for patients who are undergoing treatment for cancer. Within the Southern trust this is ad hoc and seems to be left to the local Macmillan nurses, who cannot cope with the demands placed on their service.

In essence, we are a family who are dismayed and disillusioned! We are requesting answers to questions posed, seeking recognition of the unnecessary suffering endured by my father due to neglect and the subsequent lack of ability to access an appropriate cancer treatment; which may have increased his life span a little and given us more time to spend with a wonderful man!

Yours faithfully,



Southern Health
and Social Care Trust

Quality Care - for you, with you

NEXT OF KIN CONSENT FORM

Full name of patient/client:

Patient 16

Address:

Personal Information redacted by the USI

Date of birth:

Connection to person
making the complaint:

FATHER

I hereby authorise:

Name of person making
the complaint:

Patient 16's Daughter

Address of person :
(if different from above)

to act on my behalf and to receive any and all such information as may be relevant to the complaint.

I understand that any information given is limited to that which is relevant to the investigation of the complaint and only disclosed to those people who have a need to know it in order to investigate the complaint.

Signature of next of kin:

Patient 16

Date:

11.12.16

**CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ****UROLOGY DEPARTMENT****Telephone:** [Redacted]**E mail:** [Redacted]**Secretary: Mrs N. Elliott**

[Redacted]

Dear DR. [Redacted]

Re: Name:
D.O.B:
Address:
Hospital No:

[Redacted]

[Redacted]

Date of Admission: 06/12/16	Method of Admission WAITING LIST
Date of Discharge: 08/12/16	

Procedure: Exchange of left nephrostomy tube – 6th December 2016
Flexible cystoscopy, dilation of urethral stricture and removal of left ureteric stent – 6th December 2016

This gentleman was admitted electively as planned by Mr O'Brien. This morning he had his nephrostomy exchanged by Dr McConville. This procedure was uncomplicated. Later this afternoon he had his ureteric stent removed. I found that he had stricturing of his urethra which required dilatation from 10 French to 18 French. Following the stent was removed without difficulty. I will make arrangements for Mr [Redacted] to have a further change of nephrostomy tube in 3 months. I will copy this letter to Mr O'Brien for his information.

Yours sincerely

*Dictated but not signed by***Mr AJ Glackin, MD FRCSI (Urol)**
Consultant Urologist**CC. MR A OBRIEN, CONSULTANT UROLOGIST, CRAIGAVON AREA HOSPITAL
(EMAILED 14/12/16)**

[Redacted]

DOB:

[Redacted]

H+C:

[Redacted]

CC. MRS N ELLIOTT, SECRETARY TO MR A O'BRIEN, CRAIGAVON AREA
HOSPITAL (EMAILED 14/12/16)

Date Dictated: 06/12/16

Date Typed: 14/12/16 - SM

Archived Unverified from January 01 2012

Lower GI MDM @ The Southern Trust

Personal Information redacted by the USI

RE:

Patient 16

Personal Information redacted by the USI

Dear Dr

Personal Information redacted by the USI

This patient was discussed at the Lower GI MDM @ The Southern Trust
On 26/07/2012.

Diagnosis: Carcinoma of sigmoid colon

MDM Update:

CONSULTANT MR BROWN - Personal Information redacted by the USI man, admitted via A&E with constipation for 1 week & tender abdomen.

CT Abd/Pel - 02/07/12 - Conclusion: Short segment wall thickening in the sigmoid region with proximal large bowel dilatation.

CEA - 13/07/12 - 1.6.

CT Chest/Abd/Pel - 20/07/12 - No pulmonary focal metastasis detected. Minor chronic linear atelectatic changes at both lower lobes. No pathologically in size mediastinal adenopathy. Pectus excavatum. Degenerative changes and spondylosis at thoracic spines. No detectable focal metastasis in the parenchymatous abdominal organs. Few small to border-line lymphadenopathy within the mesentrium and in the pelvis. No skeletal destruction as of metastasis detected at lumbosacral spines or pelvis skeleton.

Sigmoid Colectomy - 02/07/12.

MDM Plan:

Discussed @ Colorectal MDM 26/07/12. Pathology has confirmed a Dukes C1 pT4b N1 R0 tumour with 1/14 nodes positive. For Surgical follow-up, Mr Neill to review patient.

Date Surgery 02/07/2012

Main procedure Sigmoid colectomy

Archived Unverified from January 01 2012

Archived Unverified from January 01 2012
Lower GI MDM @ The Southern Trust

Personal Information redacted by the USI

Patient 16

RE:

Personal Information redacted by the USI

If you have any queries or require further information, please do not hesitate to contact us.

Yours sincerely,

Mr Muhammed Yousaf
Consultant Surgeon



Southern Health
and Social Care Trust

CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT

Telephone: [Redacted]

Personal Information redacted by the USI

E mail: [Redacted]

Personal Information redacted by the USI

Secretary: Mrs N. Elliott

Personal Information redacted by the USI

Dear DR. [Redacted]

Personal Information redacted by the USI

Re: Name: [Redacted]

Patient 16

D.O.B: [Redacted]

Personal Information redacted by the USI

Address: [Redacted]

Hospital No: [Redacted]

Date of Admission: 06/12/16	Method of Admission
Date of Discharge: 08/12/16	WAITING LIST

Procedure: Exchange of left nephrostomy tube – 6th December 2016
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Yours sincerely

Dictated but not signed by

Mr AJ Glackin, MD FRCSI (Urol)
Consultant Urologist

CC. MR A OBRIEN, CONSULTANT UROLOGIST, CRAIGAVON AREA HOSPITAL
(EMAILED 14/12/16)

Patient 16

DOB: [Redacted]

Personal Information redacted by the USI

H+C: [Redacted]

Personal Information redacted by the USI

CC. MRS N ELLIOTT, SECRETARY TO MR A O'BRIEN, CRAIGAVON AREA
HOSPITAL (EMAILED 14/12/16)

Date Dictated: 06/12/16

Date Typed: 14/12/16 - SM

Patient 16

DOB:

Personal Information
redacted by the USI

H+C:

Personal Information
redacted by the USI

Page 2 of 2

Southern Health
and Social Care Trust

Craigavon Area Hospital, Lurgan Road, Portadown, Craigavon, County Armagh, BT63 5QQ

Tel: Personal Information
redacted by the USI

Ward Tel:

DR: Personal Information
redacted by the USI

Personal Information redacted by the USI

ECR Copy

Date: 12/08/2016 11:38

Discharge Id: Personal
Information
Version: 13Dear Personal Information
redacted by the USI

DISCHARGE NOTIFICATION

The patient was admitted under the care of MR A O'BRIEN (specialty: UROLOGY(C)) into 3 SOUTH ELECTIVE WARD Ward at CRAIGAVON AREA HOSPITAL on 10/08/2016 12:00:00 and discharged on 12/08/2016.

Forenames: Patient 16 Address: Personal Information redacted
by the USI
Surname: Personal Information
redacted by the USI
D.O.B: Personal Information
redacted by the USI
Hospital No:
NHS No:
Gender: Male
Ward: 3 SOUTH ELECTIVE WARD

Admission Reason

Elective admission for Uteroscopy +/- stenting/dilation- Mr O'Brien

Patient Receiving Palliative Care? No

Principle Discharge Diagnosis

Operations/Procedures/Radiology

Uteroscopy and ureteric stenting

Additional Information for GP

Changes to Medications - Start/Stop

Nil

Clinical Information/Comments

Patient was admitted for elective uteroscopy and stenting.

Neph drain was clamped the following day on ward.

Patient well on discharge.

Many thanks for your continued care of this gentleman.

Did the patient receive a blood transfusion?

No

Allergies

Patient has no known allergies

Discharge Date

12/08/2016

Discharge Time

Arrangements For Follow-Up

Neph tube removal in 2/52

Stents changed in 6/12- Mr O'Brien

Further Detailed Discharge Letter To Follow: No

Awaiting Further Results: No

Patient Aware Of Diagnosis: Yes

Other Management Information For GP

Discharge Prescription:

(POD = Patient's Own Drugs, PODH = Patient's Own Drugs at Home)

Drug	Dose	Frequency	Days	Route	GP Continue?
Admission drugs (unamended)					
LANSOPRAZOLE Capsules	15mg	Twice Daily	-	Oral	Yes
SIMVASTATIN Tablets	40mg	Each Night	-	Oral	Yes
Ditropan	5mg	Each Morning	-	Oral	Review
Ditropan	2.5mg	Each Night	-	Oral	Review
LEVOMEPRMAZINE	6mg	At Night When Req.	-	Oral	Yes
LACTULOSE Solution	10ml	Twice Daily When Req	-	Oral	Yes
Drugs prescribed since admission					
Admission drugs (amended)					

Stopped Medication:

(POD = Patient's Own Drugs, PODH = Patient's Own Drugs at Home)

Drug	Dose	Frequency	Days	Route
Admission drugs (stopped)				

Authorised Forms

Form

Adult Clinical Details (Elective-CMPM)

Authorised By

Lauren Lavery Jr Doctor

Prescribing Clinician:

Lauren Lavery Jr Doctor

Bleep No:

Personal
Information
redacted by

Southern Health
and Social Care Trust

Craigavon Area Hospital, Lurgan Road, Portadown, Craigavon, County Antrim, BT63 5QQ

Tel: Personal Information
redacted by the USI

Ward Tel:

Personal Information redacted by the USI

ECR Copy

Date: 10/07/2016 15:17

Discharge Id: Personal

Version: 42

Dear Dr Personal
Information redacted by the

DISCHARGE NOTIFICATION

The patient was admitted under the care of MR A O'BRIEN (specialty: UROLOGY(C)) into 3 SOUTH ELECTIVE WARD Ward at CRAIGAVON AREA HOSPITAL on 29/06/2016 08:00:00 and discharged on 09/07/2016.

Forenames: Patient 16 Address: Personal Information redacted by the USI
Surname: Personal Information redacted by the USI
D.O.B: Personal Information redacted by the USI
Hospital No: Personal Information redacted by the USI
NHS No: Personal Information redacted by the USI
Gender: Male
Ward: 3 SOUTH ELECTIVE WARD

Admission Reason

Elective admission for optical urethrotomy, left sided stent removal and laser to encrustation to distal end and left ureteroscopy

Patient Receiving Palliative Care? No

Principle Discharge Diagnosis

Elective admission for optical urethrotomy, left sided stent removal and laser to encrustation to distal end and left ureteroscopy.
Left nephrostomy insertion.
Urosepsis.

Operations/Procedures/Radiology

see clinical info

Additional Information for GP

Past Medical/Surgical History

Personal Information redacted by the USI GORD, MRSA 2012, Metastatic Bowel Ca - colostomy, Extrinsic compression L ureter.

Changes to Medications - Start/Stop

see kardex
metronidazole oral 5 days.
Oxybutynin increased dose.
ondansetron new.

Clinical Information/Comments

Personal Information redacted by the USI Old gentleman admitted on 29/06/16 for elective optical urethrotomy, left sided stent removal and laser to encrustation to distal end and left ureteroscopy. Procedure performed on 29/06/16 - stenting failed. Pt commenced on taz and gentamicin post procedure, due to pt devolving Urosepsis. Patient had Left nephrostomy tube inserted on 30/06/16.

Bacteriodes on Blood Culture. Discussed with microbiologist who advised 5 days of IV metronidazole and the further 5 days oral.

O/P nephrogram requested.

Did the patient receive a blood transfusion?

No

Allergies Patient has no known allergies

Discharge Date 09/07/2016 Discharge Time

Arrangements For Follow-Up

Mr O'Brien, Nephrogram as o/p scan requested.

Please CC discharge letter to Mr O'Brien's secretary to arranged follow up appointment once nephrogram performed.

Further Detailed Discharge Letter To Follow: No

Awaiting Further Results: No

Patient Aware Of Diagnosis: Yes

Other Management Information For GP

many thanks for ongoing care.

cc KD 09.07.16

Discharge Prescription:

(POD = Patient's Own Drugs, PODH = Patient's Own Drugs at Home)

Drug	Dose	Frequency	Days	Route	GP Continue?
Admission drugs (unamended)					
TEMAZEPAM 10 mg Tablets	10mg	Each Night	-	Oral	Yes
SIMVASTATIN Tablets	40mg	Each Night	-	Oral	Yes
LACTULOSE Solution	10mls	Twice Daily	-	Oral	Yes

Drug	Dose	Frequency	Days	Route	GP Continue?
LANSOPRAZOLE Capsules	15mg	Twice Daily	-	Oral	Yes
Drugs prescribed since admission					
PARACETAMOL 500 mg Tablets	1gram	4-6 Hourly When Req.	-	Oral	Yes
METRONIDAZOLE Tablets	400mg	Three Times Daily	5	Oral	Yes
ONDANSETRON Tablets	4mg	6 Hourly When Req.	5	Oral	Yes
Admission drugs (amended)					
OXYBUTYNIN HYDROCHLORIDE Tablets	5mg	Twice Daily	-	Oral	Yes
(Change Reason: increased dose)					

Stopped Medication:

(POD = Patient's Own Drugs, POOH = Patient's Own Drugs at Home)

Drug	Dose	Frequency	Days	Route
Admission drugs (stopped)				

Authorised Forms

Form

Adult Clinical Details (Elective-CMPM)

Authorised By

MATTHEW SULLIVAN

Prescribing Clinician:

MATTHEW SULLIVAN

Sleep No:

Personal Information

Nephrostomy catheter exchange

Patient ID	Personal Information redacted by the USI	Patient Name	Patient 16
Sex	Male	Date Of Birth	Personal Information redacted by the USI
Time Performed	06-Dec-2016 09:00	Time Reported	06-Dec-2016 15:57
Requested by	Aidan O'Brien	Requested from	Ward 1 West Elective Admission Craigavon
Order Number	NIRSCR0022782819	Status	Final

Report

Final

06/12/2016 11:16 Nephrostomy catheter exchange

Left nephrostomy tube was placed in the usual fashion.
No immediate complications.

Clinical Info From Order

Final

This man has progressive, metastatic, colonic adenocarcinoma causing left upper tract obstruction. He had a left nephrostomy drain inserted on 01 September 2016. It may have become somewhat dislodged in recent days. Dr. McConville has agreed to replace the nephrostomy drain on morning of Tuesday 06 December 2016. Patient will be admitted to Ward 1 West, Elective Admissions, that morning at 08.00 am.

Priority: Planned

Method of transport: Bed

Is the patient female and of child bearing age (11-55)? No

Irradiated area between diaphragm / upper femora?: Yes

Does the patient have a known infection status?: No

Is the patient diabetic?: No

Referral status: NHS

Referrer name: Aidan O'Brien

Referrer grade: Consultant

Referrer contact / bleep detail:

Personal Information redacted by the USI

CT Chest & abdo & pelvis with contrast

Patient ID	Personal Information redacted by the USI	Patient Name	Patient 16
Sex	Male	Date Of Birth	Personal Information redacted by the USI
Time Performed	13-Oct-2016 10:30	Time Reported	03-Nov-2016 13:47
Requested by	Robert Harte	Requested from	Mandeville Unit (OP) Craigavon
Order Number	NIRSDH0022443042	Status	Final

Report

Final

13/10/2016 11:01 CT Chest and abdo and pelvis with contrast

Radiology Report

Report Date: 03/11/2016 11:28

Patient Name: Patient 16

D.O.B: Personal Information redacted by the USI

NHS No. /Unique Identifier: Personal Information redacted by the USI

Referring Hospital: SDHCT

Date: 13/10/2016 10:54

Title: CT thorax, abdomen and pelvis.

Clinical indication: Traumatic paraplegia. Sigmoid colectomy in 2012 for carcinoma complicated by recurrence in 2014. Palliative chemotherapy with fall in CEA. Left ureteric obstruction due to mass, problems with recurrent urosepsis. Consideration of pelvic radiotherapy.

Technique: CT scans have been performed through the thorax, abdomen and pelvis with intravenous contrast.

Findings: Comparison is made with the examination of 13/06/2016.

In the thorax there is no evidence of mediastinal lymphadenopathy.

There is a subpleural nodule located peripherally in the right upper lobe (image 20) which measures 9 mm in diameter. This is an increase compared with previously when it measured any 6 mm in size. A further subpleural nodule is identified in the lateral segment of the middle lobe (image 47) which measures 5 mm in diameter compared with 3 mm previously.

A focus of spiculated opacification towards the left lung apex is now smaller and no further lung nodules are identified elsewhere.

Below the diaphragm the liver contains a new low-density lesion in its right lobe (image 109) measuring 15 mm in diameter and consistent with a metastasis. There is also a new low-density lesion in segment 4A (image 36) which measures 12 mm in diameter.

The spleen and pancreas appear normal. The right kidney appears essentially normal apart from some benign cysts.

There is significant improvement in the left hydronephrosis and a left ureteric stent is noted. There is also a left nephrostomy. However the left pelvic lymph node mass is thought to be larger measuring 28 x 30 mm in diameter compared with 27 x 24 mm previously.

No new sites of lymphadenopathy are identified in the retroperitoneum or elsewhere in the pelvis.

No obvious new bowel related mass lesion is identified on this unprepared examination.

Patient ID

Personal Information redacted by the USI

Patient Name

Personal Information redacted by the USI

Sex

Male

Date Of Birth

Time Performed

13-Oct-2016 10:30

Time Reported

03-Nov-2016 13:47

Requested by

Robert Harte

Requested from

Mandeville Unit (OP)

Order Number

NIRSDH0022443042

Status

Craigavon

Final

Degenerative changes are noted in the spine but no features to suggest bony metastatic disease have been identified.

Conclusion: There are features of disease progression with an increase in size of the left pelvic lymph node mass and the development of liver metastases. An increase in the size of two nodules in the right lung is also considered suspicious for metastatic disease.

Recommendations: MDT discussion is advised.

Reporting Consultant:
Mark Graham Cowling - GMC 3296170
Consultant Radiologist
4 Ways Healthcare

If you have any queries regarding this report, please contact Helpline: 0844 736 0306

Final

Clinical Info From Order

Complicated history Sigmoid colectomy in 2012 for pT4bN1M0 adenocarcinoma, complicated by recurrence in 2014 (L pelvic mass causing ureteric obstruction and lung nodule). Palliative chemotherapy with fall in CEA. Problems with recurrent urosepsis (now having both L ureteric stent and L nephrostomy). Consideration being given to pelvic RT.

Can this be completed in mid October, please?

Priority: Urgent

Is the patient female and of child bearing age (11-55)? No

Irradiated area between diaphragm / upper femora? Yes

Does patient have any of the following contrast risk factors; Over 70 years of age, renal impairment, diabetes, CHF, myeloma, chemotherapy or nephrotoxic drugs? Yes

Renal function information: eGFR

eGFR value? Failure to provide required information when applicable may cause a delay due to requests being returned: .60

eGFR date: 1/9/2016

Does the patient have a known infection status? No

Does the patient have a disability? Physical

Method of transport: Chair

Referral status: NHS

Referrer name: Robert Harte

Referrer grade: Consultant

Referrer contact / bleep detail:

Personal Information redacted by the USI

Nephrostomy catheter exchange

WIT-41681

NIPACS-Craigavon

Patient ID	Personal information redacted by the USI	Patient Name	Patient 16
Sex	Male	Date Of Birth	Personal information redacted by the USI
Time Performed	01-Sep-2016 09:20	Time Reported	01-Sep-2016 16:09
Requested by	Anthony Glackin	Requested from	Urology Outpatients Craigavon
Order Number	NIRSCR0022299923	Status	Final

Report

Final

01/09/2016 13:00 Nephrostomy catheter exchange

Nephrostomy tube was exchanged in the usual fashion.
No immediate complications.

Clinical Info From Order

Final

removal of nephrostomy under screening
obstructed left kidney due to extrinsic compression
now stented with clamped nephrostomy.
For removal of nephrostomy under xray guidance please in 2-3 weeks

emailed: Stephanie Donnelly
Thanks

Priority: Planned
Does the patient have a known infection status?: No
Referral status: NHS
Referrer name: curry
Referrer grade: ST 3-6

Nephrostomy Lt

WIT-41682

NIPACS-Craigavon

Patient ID	Personal Information redacted by the USI	Patient Name	Patient 16
Sex	Male	Date Of Birth	Personal Information redacted by the USI
Time Performed	30-Jun-2016 11:00	Time Reported	01-Jul-2016 13:39
Requested by	Aidan O'Brien	Requested from	Ward 3 South Craigavon
Order Number	NIRSCR0022120921	Status	Final

Report

Final

30/06/2016 17:06 Nephrostomy Lt

Left sided nephrostomy tube placed without immediate complication.

Clinical Info From Order

Final

This man has left upper urinary tract obstruction due to extrinsic left ureteric compression by metastatic colonic carcinoma.

Has been managed to date by indwelling ureteric stenting.

Encrusted stent removed today.

It was not possible to replace stent.

Dr. McConville has agreed to insert left nephrostomy drain.

Priority: Urgent

Method of transport: Bed

Is the patient female and of child bearing age (11-55)?: No

Irradiated area between diaphragm / upper femora?: Yes

Does the patient have a known infection status?: No

Does the patient have a disability?: Physical

Is the patient diabetic?: No

Referral status: NHS

Referrer name: Aidan O'Brien

Referrer grade: Consultant

Referrer contact / bleep detail:

Personal Information redacted by the USI

Patient ID	Personal Information redacted by the USI	Patient Name	Personal Information redacted by the USI
Sex	Male	Date Of Birth	Personal Information redacted by the USI
Time Performed	13-Jun-2016 14:45	Time Reported	14-Jun-2016 21:42
Requested by	Richard Park	Requested from	Mandeville Unit (OP) Craigavon
Order Number	NIRSCR0022001680	Status	Final

Report

Final

13/06/2016 14:48 CT Chest and abdo and pelvis with contrast

Technique

Arterial chest and portal venous phase abdomena and pelvis with intravenous and oral contrast.
Comparison made with previous CT scan examination of 08/02/2016.

Findings

Lung emphysema.

8mm irregular nodule seen in the right upper lobe laterally.

14 mm irregular nodule seen in the left upper lobe.

Band opacities seen in the lung bases.

There is no hilar or mediastinal lymphadenopathy.

Liver show no focal lesion. Gallbladder, spleen and pancreas appear normal.

Right kidney show prominent renal pelvis.

Left ureteric stent seen. There is gross left sided hydronphrosis and hydroureter. Soft tissue density mass seen along the left pelvic wall encasing the ureter and measure 3cm in AP diameter.

No normal urinary bladder

Degenerative changes in the spine.

Conclusion

8mm nodule in the right upper lobe (previous 6mm)

14mm nodule in the left upper lobe. (previous 10mm)

Left ueteric stent in situ with gross hydronephrosis and hydro-ureter.

Irregular soft tissue density mass along the left pelvic wall encasing the ureter and measure 30mm in AP diameter on sagittal images compared to previous measurement of 18mm.

Clinical Info From Order

Final

hx of metastatic small bowel adenoca, known left hydoureter and hydronephrosis awaiting urology input, rising CEA(29 from 18) for consideration of chemo in August.

Priority: Urgent

Is the patient female and of child bearing age (11-55)?: No

Irradiated area between diaphragm / upper femora?: No

Does patient have any of the following contrast risk factors; Over 70 years of age, renal impairment, diabetes, CHF, myeloma, chemotherapy or nephrotoxic drugs?: Yes

Renal function information: eGFR

eGFR value? Failure to provide required information when applicable may cause a delay due to requests being returned: 52

eGFR date: 9/5/16

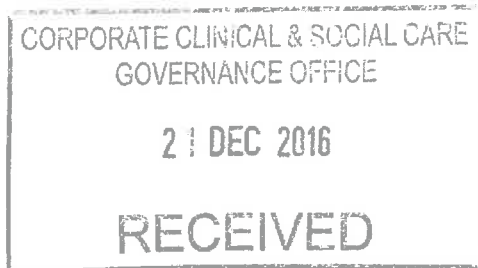
Does the patient have a known infection status?: No

Method of transport: Chair

Referral status: NHS

Referrer name: AIDAN COLE

Referrer grade: ST 3-6



05/12/16

REF:

Patient 16

Personal Information redacted by the USI

To whom it may concern,

I am making this complaint, on behalf of my father, after much consideration and having discussed our concerns with involved personnel. It centres on the poor response to communication between the Oncology and Urology departments in Craigavon Hospital and the consequences of this which include; unnecessary suffering and denied access to a treatment option for cancer.

My father was diagnosed with bowel cancer in July 2012. He was referred to Oncology and in 2014 Chemotherapy was identified as a treatment option. Prior to the commencement of this treatment a stent was inserted into the left kidney in March 2015. We were informed at this point in time that the stent would be due for removal directly after the treatment ended as it's life span was 6 -9 months. Chemotherapy finished in November 2015 and my father was advised that arrangements would be made with Urology to have the stent removed. However, this did not happen and during follow-up reviews with the oncologists and surgical consultants the need for it to be removed was acknowledged and assurances given that letters would be written to various personnel in the Urology department. Meanwhile, for the next 6 months, my father suffered from a range of complications synonymous with a stent in place too long including; significant pain and persistent urinary tract infections. We continued to advise oncology personnel, our GP and the local Macmillian nurse of the increasing difficulties he was experiencing and again we were assured that these concerns had been passed on to Urology. In increasing desperation we began to ring Mr O'Brien's secretary in an effort to have the procedure completed.

In April 2016 during a review appointment in oncology the option of a short course of radiotherapy was raised. My father agreed to proceed with this but was made aware that first the stent would

need to be removed. In June 2016 dad received a phone call from the oncologist stating that he had viewed the latest scan results and radiotherapy was definitely a way forward. On the same day dad received a phone call from the urologist informing him of the arrangements for the removal of the stent three days later. We were bewildered about the apparent urgency, after such a long wait and wondered had something shown up on the scan. Dad attended Craigavon on the 28th June 2016 for the procedure; at this point the stent was in place for 15 months.

The procedure, which we understand generally takes about 30 minutes, took over two hours. The kidney was significantly distended and the stent was encrusted and dislocated. Indeed I am aware that research suggests that the amount of stent encrustment is directly related to how long it has been in place. The aftermath was horrendous. Dad was very ill due to septicaemia and had to remain in hospital for 12 days. We were extremely upset and discussed our concerns with personnel in urology. We decided not to proceed with a formal complaint at the time, as we hoped that communication between the two departments would improve. Three weeks later there was further telephone correspondence from another oncologist advising dad that he was about to make arrangements for him to attend the radiology department in the City Hospital to have initial measurements taken. It seems that this course of action was to be delayed for a short period, following consultation between the urologist and the oncologist, as a new stent would first have to be inserted. This happened in August 2016 and we immediately advised oncology that the stent was in place and we were on course again for radiotherapy. The next meeting with oncology was in September 2016. Dad was advised that it was deemed appropriate for a further scan to take place and he agreed to the deferral of the treatment until this was secured. It was with utter dismay at the next meeting on 1st December (13 weeks later) we learnt that this course of treatment was no longer an option as the disease had progressed. At that meeting I asked why the radiotherapy did not take place as planned in June, when the scan at that time indicated that it was feasible. I do not believe that I was given any clarification on this issue. In addition, when the oncologist was asked about the time delay between the scan and the review appointment he apologised but said it was 'out of his control'.

In summary, I believe that the delay in the removal of the original ureteral stent is undeniably linked to the removal of cancer treatment options for my father. I know that he has suffered unnecessarily as a result of the lack of response to communication from various sources to urology. Finally as a family we had the unenviable experience of dealing with a mother and father diagnosed and undergoing treatment for cancer at the same time. Ironically the experience of both parents is startlingly different. My mother suffered from mouth cancer and was under the care of the South Eastern Trust. There were a number of departments involved in her surgery and aftercare, both within the trust and outside it. The co-ordination of services was seamless and communication between departments immediate and transparent. She receives regular follow up review appointments where both oncology and her surgical consultant are present and she has access to a superb advocacy service provided by the Head and Neck nurse.

The expected outcomes of this complaint are as follows;

- a) Details of all correspondence to the Urology department from all sources regarding the removal of the stent.
- b) A review of protocols for communication between two departments in the same hospital. It seems incredulous, that there is a reliance on the social etiquette of writing to a colleague in the same hospital rather than emailing or using another system on the intranet.
- c) Provision of a clear explanation for the delay in carrying out the procedure of removing the ureteral stent, clarification on the Urology department's policy for the time frame of insertion and removal of kidney stents, the name of the manufacture of the stent and their guidelines regarding the length of time the stent can safely remain in place.
- d) Consideration of the cost to the National Health Service of dealing with the aftermath of not completing a procedure within a reasonable time frame.
- e) An examination of the review arrangements for patients with cancer which is deemed to be progressive. Cancer does not wait for scans or lengthy periods between appointments!
- f) A direct explanation as to why radiotherapy did not proceed as planned in June 2016.
- g) Reflection on examples of good practice in other trusts.
- h) Consideration given to setting up an advocacy service for patients who are undergoing treatment for cancer. Within the Southern trust this is ad hoc and seems to be left to the local Macmillan nurses, who cannot cope with the demands placed on their service.

In essence, we are a family who are dismayed and disillusioned! We are requesting answers to questions posed, seeking recognition of the unnecessary suffering endured by my father due to neglect and the subsequent lack of ability to access an appropriate cancer treatment; which may have increased his life span a little and given us more time to spend with a wonderful man!

Yours faithfully,



Southern Health
and Social Care Trust

Quality Care - for you, with you

NEXT OF KIN CONSENT FORM

Full name of patient/client: _____

Patient 16

Address: _____

Personal Information redacted by the USI

Date of birth: _____

Connection to person
making the complaint: _____

FATHER

I hereby authorise:

Name of person making
the complaint: _____

Patient 16's Daughter

Address of person :
(if different from above) _____

to act on my behalf and to receive any and all such information as may be relevant to the complaint.

I understand that any information given is limited to that which is relevant to the investigation of the complaint and only disclosed to those people who have a need to know it in order to investigate the complaint.

Signature of next of kin: _____

Patient 16

Date: _____

11.12.16

Subject:

FW: Urgent MHPS case - Mr Aidan O'Brien

From: Vivienne Toal [Personal Information redacted by the USI] **mailto:** [Personal Information redacted by the USI]
Sent: 28 December 2016 09:51
To: Hainey, Lynne
Cc: Siobhan Hynds; Wright, Richard; Gibson, Simon
Subject: Urgent MHPS case - Mr Aidan O'Brien

Lynne

Hope you had a lovely Christmas.

Unfortunately we have now another MHPS case which will require some action this week. See attached copy of note from oversight last Thursday re Mr O'Brien, a long serving consultant urologist. The history is more or less contained in the attached.

Mr O'Brien has been on sick leave due to surgery however is indicating he is coming back on 3rd Jan. Malcolm was checking if there was ever any involvement of indeed if he was ever recorded as being on sick leave.

Irrespective based on oversight decision he needs to be excluded to allow investigation to run and to ensure patient safety.

Richard is hoping to meet with him this week to advise if issues and to advise him of exclusion, possibly Friday. Would you please accompany him? (Richard - when contact is being made with him he should be advised of being able to bring work colleague or BMA rep if he chooses)

Mr Colin Weir is the identified case investigator (although I understand he has a #humorous,) however in work to a degree we think.

As there is currently no AMD for surgery Ahmed Khan from Paeds will act as case manager.

Richard spoke to NCAS on Friday, I understand.

Mr O'Brien should be advised of nature of investigation; exact terms of reference can follow next week - priority is telling him basis for exclusion as per attached i.e. SAI patient, potential second patient, 318 untriaged and 600 indicated notes. He should be asked if he has case notes / dictation at home that these are returned without delay. The report from the case note tracking system which Ronan is running should identify which notes are tracked out to him.

In terms of an identified NED we can action after new year when Chair returns and notify him of who this is.

Sorry Lynne to leave this with you. Richard's mobile number is [Personal Information redacted by the USI] Simon's number is [Personal Information redacted by the USI]

Richard - Lynne's number is [Personal Information redacted by the USI]

My mobile is on if you need me.

Thanks Lynne

Vivienne

Sent from my BlackBerry 10 smartphone.

From: Gibson, Simon <[REDACTED]>
Personal Information redacted by the USI
Sent: Friday, 23 December 2016 11:27
To: Gishkori, Esther; Toal, Vivienne; Wright, Richard
Cc: Carroll, Ronan; Boyce, Tracey; Clegg, Malcolm; Stinson, Emma M; Mallagh-Cassells, Heather; White, Laura; Montgomery, Ruth
Subject: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ

Dear Richard, Esther and Viv

I am writing to confirm a follow-up meeting in relation to Dr A O'Brien on

Tuesday 10th January at 1pm – 2pm, Dr Wrights office, Trust HQ

I have included the action note from yesterdays meeting, detailing actions required.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

[REDACTED]
Personal Information redacted by the USI
Mobile: [REDACTED]
Personal Information redacted by the USI
DHH: [REDACTED]
Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 28 December 2016 11:05
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Audit of charts re AOB

Please see outcome of charts tracking exercise

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery

Personal Information
redacted by the USI

From: Clayton, Wendy
Sent: 23 December 2016 13:10
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Audit of charts re AOB

I have included longest date as requested that the chart has been tracked to the borrower:

Tracking code	Description	Longest date tracked to borrower	No. of charts tracked to AOB
CU2	Mr AOB O'Brien	August 2006	8
CAOBO	AOB office	June 2003	210
CURWDO	AO Brien Urology cl		0
CURWOB	AOB urology CAH		0
EUROB	Enniskillen AOB urology	June 2014	147
Totals			365 charts

From: Clayton, Wendy
Sent: 23 December 2016 13:02
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Audit of charts re AOB

Ronan / Martina

I have ran a PAS query to see how many charts are tracked out to Mr O'Brien. I believe this will be useful for your meeting next Friday:

Tracking code	Description	No. of charts tracked to AOB
CU2	Mr AOB O'Brien	8
COABO	AOB office	210
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CURWOB	AOB urology CAH	0
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Totals		365 charts

Happy to talk through.

Wendy

Wendy Clayton
Operational Support Lead
ATICS/SEC

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

From: Clayton, Wendy
Sent: 23 December 2016 11:59
To: Carroll, Ronan; Corrigan, Martina
Subject: Audit of charts re AOB

Ronan

I have undertaken an audit of 11 SWAH clinics

There were 183 patients attended, I did a random audit on 98 charts and 55 were tracked to AOB = 56%

Do you want me to do anymore?

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC

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

From: Gibson, Simon
Sent: 28 December 2016 11:09
To: Carroll, Ronan; Boyce, Tracey; Wright, Richard
Subject: RE: Audit of charts re AOB

Dear Ronan

This is very useful information; I assume a physical count of how many are actually in his CAH office would give a reasonable estimation of how many are likely to then be at his house?

Is that possible to be done discreetly?

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

DHH: Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 28 December 2016 11:05
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Audit of charts re AOB

Please see outcome of charts tracking exercise

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery

Personal Information redacted by the USI

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To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Audit of charts re AOB

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CURWOB	AOB urology CAH	0
EUROB	Enniskillen AOB urology	147
Totals		365 charts

Happy to talk through.

Wendy

Wendy Clayton
Operational Support Lead
ATICS/SEC

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

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Sent: 23 December 2016 11:59
To: Carroll, Ronan; Corrigan, Martina
Subject: Audit of charts re AOB

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Do you want me to do anymore?

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC

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

From: Carroll, Ronan
Sent: 28 December 2016 11:15
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Management of PP's / non chronological listing
Attachments: Personal Information redacted by the USI pdf
Importance: High

Please see email received from Mr Haynes which is self-explanatory. Mr Haynes came across this letter as a result of reviewing this pt with AOB being off sick & pulled this letter off NIECR
AOB Waiting time for routine – 149wks & urgent 139wks for TURPs
I have asked Wendy to run a report on all AOB TURP's completed (which is what this man had) to see are there others who have been listed the same way.
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery

Personal Information redacted by the USI

From: Haynes, Mark
Sent: 23 December 2016 10:39
To: Carroll, Ronan
Subject: Management of PP's / non chronological listing

Morning Ronan

I mentioned in discussion the management of PP's by Mr O'Brien. I suspect that he is not the only individual who brings patients into the NHS and onto NHS theatre lists. However, given recent events I feel this practice should also be looked into.

Attached is a PP letter from Mr O'Brien. This patient was seen by Mr O'Brien on 5th September privately (given the headed paper the letter is on) and placed on his NHS theatre list on weds 21st September, waiting a total of 16 days. His actual NHS waiting list has many other patients awaiting a routine TURP (which this man had) waiting significant lengths of time. I believe, if his theatre lists were scrutinised over the past year a significant number of similar patient admissions would be identified. This practice has a negative impact on our overall waiting times and is in my view totally unacceptable.

Do you think this should be fed into the overall investigation?

Mark

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

5th September 2016

Personal Information redacted by the USI

Dear Dr

Personal Information redacted by the USI

Patient 119

Personal Information redacted by the USI

I write to you regarding this Personal Information redacted by the USI old man whom you referred to Kathy Travers, Continence Nurse Specialist in 2015 for assessment of severe, lower urinary tract symptoms which he had had for several years, and which had not been significantly improved as a consequence of having remained on Tamsulosin for some time. When assessed by Kathy in May 2015, he reported a poor and intermittent urinary flow usually followed by a sensation of inadequate voiding, post micturitional incontinence and severe nocturia, having to rise at least 3 times each night to pass urine and not unfrequently having to rise up to 5 times. She found him to have a poor, maximum flow rate of 6 mls/sec and to have a post micturitional, residual urine volume of 170mls. He had then been recently prescribed Finasteride in addition to Tamsulosin. She initiated clean, intermittent, self catheterisation.

When I met Patient 119 as an outpatient in July 2015, his urinary symptoms had improved since the addition of Finasteride. His flow remained reduced, he still did have a sensation of unsatisfactory voiding following micturition, but the nocturia was less severe, he having to rise once or twice each night to pass urine. On clinical examination I found him to have a moderately enlarged and clinically benign prostate gland, in keeping with very normal serum total PSA levels of 1.1 ng/ml in 2013 and 1.4 ng/ml in 2015. I was also pleased to note that his biochemical renal function was normal in April 2015.

Patient 119 had ultrasound scanning of his urinary tract performed on 20th July 2015 when both upper urinary tracts were found to be normal and when bladder voiding was found to be much improved and normal with a residual volume of 14mls only.

I advised Patient 119 in July 2015 that he would be better served by having his prostate gland resected. As you may be aware from recent correspondence from Kathy Travers, she has found his flow rate to remain very poor, even though bladder voiding has remained satisfactory. I have therefore arranged for Patient 119 to be admitted to our Department on Wednesday 21st September 2016 for endoscopic resection of his prostate gland later that day.

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 5th September 2016
 Date typed: 5th September 2016/LH

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

Page 1 of 1

From: Boyce, Tracey
Sent: 28 December 2016 11:45
To: Gibson, Simon; Carroll, Ronan; Wright, Richard; Toal, Vivienne
Subject: AOB SAI

Hi

As promised at our meeting – I checked the Acute Governance records and the patient at the centre of the SAI has been informed that the Trust is carrying out an SAI in relation to her care.

Kind regards

Tracey

Dr Tracey Boyce

Director of Pharmacy

Personal Information redacted
by the USI



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

From: Gibson, Simon
Sent: 28 December 2016 11:09
To: Carroll, Ronan; Boyce, Tracey; Wright, Richard
Subject: RE: Audit of charts re AOB

Dear Ronan

This is very useful information; I assume a physical count of how many are actually in his CAH office would give a reasonable estimation of how many are likely to then be at his house?

Is that possible to be done discreetly?

Kind regards

Simon

Simon Gibson

Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile:

Personal Information redacted
by the USI

DHH:

Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 28 December 2016 11:05
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Audit of charts re AOB

Please see outcome of charts tracking exercise

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery

Personal Information
redacted by the USI

From: Clayton, Wendy
Sent: 23 December 2016 13:10
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Audit of charts re AOB

I have included longest date as requested that the chart has been tracked to the borrower:

Tracking code	Description	Longest date tracked to borrower	No. of charts tracked to AOB
CU2	Mr AOB O'Brien	August 2006	8
CAOBO	AOB office	June 2003	210
CURWDO	AO Brien Urology cl		0
CURWOB	AOB urology CAH		0
EUROB	Enniskillen AOB urology	June 2014	147
Totals			365 charts

From: Clayton, Wendy
Sent: 23 December 2016 13:02
To: Carroll, Ronan; Corrigan, Martina
Subject: RE: Audit of charts re AOB

Ronan / Martina

I have ran a PAS query to see how many charts are tracked out to Mr O'Brien. I believe this will be useful for your meeting next Friday:

Tracking code	Description	No. of charts tracked to AOB
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COABO	AOB office	210
CURWDO	AO Brien Urology cl	0
CURWOB	AOB urology CAH	0
EUROB	Enniskillen AOB urology	147
Totals		365 charts

Happy to talk through.

Wendy

From: Gibson, Simon
Sent: 28 December 2016 12:12
To: Carroll, Ronan; Boyce, Tracey; Wright, Richard
Subject: RE: Audit of charts re AOB

Der Ronan

In September, the following information was provided in relation to Outpatient Review Backlog:

As at 31st August 2016, you had 658 patients on your outpatient review backlog, including 229 going back to 2014.

Would you have updated information in relation to this area of his practice?

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust

Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

DHH: Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 28 December 2016 11:05
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Audit of charts re AOB

Please see outcome of charts tracking exercise

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery

Personal Information redacted by the USI

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Totals		365 charts

Happy to talk through.

Wendy

Wendy Clayton
Operational Support Lead
ATICS/SEC
Tel: [Personal Information redacted by the USI]
Mob: [Personal Information redacted by the USI]

From: Clayton, Wendy
Sent: 23 December 2016 11:59
To: Carroll, Ronan; Corrigan, Martina
Subject: Audit of charts re AOB

Ronan

I have undertaken an audit of 11 SWAH clinics

There were 183 patients attended, I did a random audit on 98 charts and 55 were tracked to AOB = 56%

Do you want me to do anymore?

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC
Tel: [Personal Information redacted by the USI]
Mob: [Personal Information redacted by the USI]

From: Boyce, Tracey
Sent: 28 December 2016 12:27
To: Wright, Richard
Cc: Gibson, Simon
Subject: Meeting on Friday with AOB

Hi Richard

Once you have met AOB on Friday morning would you let Ronan and Martina know that you have spoken to him - so that they can start to make the necessary arrangements in relation to clinics and lists next week?

He has a day case list planned for Tuesday morning and outpatient clinic in the afternoon – but Martina can't start cancelling/rearranging patients until you have met him - if they start to do it now, they know that the patients will phone AOB to find out what is going on.

Thanks

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

Personal Information redacted
by the USI



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