From: Wright, Richard
Sent: 28 December 2016 12:36
To: Boyce, Tracey
Subject: RE: Meeting on Friday with AOB

OK. Could anyone else do the clinics? We re meeting him at 10am Friday Regards Richard

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

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

From: Boyce, Tracey
Sent: 28 December 2016 12:50
To: Wright, Richard
Subject: RE: Meeting on Friday with AOB

Hi
They have the clinic on Tuesday afternoon covered okay without needing to contact those patients but they are going to have to contact the day case patients due on Tuesday morning to move them to other lists as they don't have anyone free to operate that morning.

Martina said that a new locum is starting that morning and he is relatively inexperienced so can't go straight into theatre on his own.

Kind regards

cey

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Director of Pharmacy
Personal Information redacted by the USI

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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: Wright, Richard
Sent: 28 December 2016 13:08
To: Boyce, Tracey
Subject: RE: Meeting on Friday with AOB

OK All we can do. Thanks R

From: Boyce, Tracey
Sent: 28 December 2016 12:50
To: Wright, Richard
Subject: RE: Meeting on Friday with AOB

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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/

Southern Health and Social Care Trust

15 December 2016

Dear Tracey

As you are aware the SAI review and report in relation to Patient 10 reference number Personal Information redacted by the USI 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 Personal Information) chart was not able to be found on Trust property at this time. Personal Information's chart arrived to the Governance office on week commencing 28 November 2016. The look-back exercise was completed on13 December 2016. There is clinical detail within the dictated letter in relation to the Personal Information'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's patient chart could not be found on Trust premises. Personal'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: White, Laura
Sent: 28 December 2016 14:03
To: Gibson, Simon
Subject: Ltr as requested
Attachments: file.pdf

Hi Simon

Letter as requested.

Laura

Laura White
PA to Medical Director
Dr Richard Wright

Direct Line: Personal Information redacted by the USI
Personal Information redacted by the USI

-----Original Message-----
From: laura.white Personal Information redacted by the USI [mailto: Personal Information redacted by the USI]
Sent: 28 December 2016 14:01
To: White, Laura
Subject: Scan from YSoft SafeQ

Scan for the user Laura White (laura.white) from the device CAH - Copy Room (General Office) - Trust HQ C454e

Southern Health
and Social Care Trust

23 March 2016

Mr Aidan O'Brien,
Consultant Urologist
Craigavon Area Hospital

Dear Aidan,

We are fully aware and appreciate all the hard work, dedication and time spent during the course of your week as a Consultant Urologist. However, there are a number of areas of your clinical practice causing governance and patient safety concerns that we feel we need to address with you.

1. **Untriaged outpatient referral letters**

There are currently 253 untriaged letters dating back to December 2014. Lack of triage means we do not know whether the patients are red-flag, urgent or routine. Failure to return the referrals to the Booking Centre means that the patients are only allocated on a chronological basis with no regard to urgency.

2. **Current Review Backlog up to 29 February 2016**

Total in Review backlog = 679

2013	41
2014	293
2015	276
2016	69

We need assurances that there are no patients contained within this backlog that are Cancer Surveillance patients. We are aware that you have a separate oncology waiting list of 286 patients; the longest of whom was to have been seen in September 2013. Without a validation of the backlog we have no assurance that there are not clinically urgent patients on the list. Therefore we need a plan on how these patients will be validated and proposals to address this backlog.

3. **Patient Centre letters and recorded outcomes from Clinics**

Consultant colleagues from not only Urology but also other specialties are frustrated that there is often no record of your consultations/discharges on Patient Centre or in the patients' notes. Validation of waiting lists has also highlighted this issue. If your

Surgical And Elective Division, Acute Directorate, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ Telephone: Personal Information redacted by the USI

patient is reviewed at another Urology Clinic a new appointment slot is required due to the lack of documentation.
This lack of documentation combined with no record of clinic outcomes means further investigations/follow-up may not be organised by admin staff.

4. Patient Notes at home

This has been an ongoing issue for years and needs addressed urgently. We request that all SHSCT charts that are in your home or in your car be brought to the hospital without further delay.

You will appreciate that we must address these governance issues and therefore would request that you respond with a commitment and immediate plan to address the above as soon as possible.

Yours sincerely,

Eamon Mackle
Associate Medical Director

Heather Trouton
Assistant Director

Surgical And Elective Division, Acute Directorate, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ Telephone: Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 28 December 2016 14:40
To: Gibson, Simon; Boyce, Tracey; Wright, Richard
Subject: FW: Audit of charts re AOB

Importance: High

1. Please see Martina's updated RV BL
2. Martina also went into AOB office and there are approx. 75 charts in his office

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

From: Corrigan, Martina
Sent: 28 December 2016 13:42
To: Carroll, Ronan
Subject: RE: Audit of charts re AOB

Ronan

I have rerun this PTL there now and there are 605 patients in the Review BL up until 31 December 2016.

135 patients -2014
181 patients – 2015
289 patients – 2016

Regards

Martina

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

From: Carroll, Ronan
Sent: 28 December 2016 12:15
To: Corrigan, Martina
Subject: FW: Audit of charts re AOB

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

From: Gibson, Simon
Sent: 28 December 2016 12:11

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

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
EURAOB	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
CURWDO	AO Brien Urology cl	0
CURWOB	AOB urology CAH	0
EURAOB	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

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

Ronan

ave 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

Subject: FW: Investigation - AOBrien
Attachments: Letter to AOB - 1st draft 30-12-16.docx; Terms of Reference - SHSCT investigation into Dr A O'Brien - as at 28th December 2016.doc; Appendix 3 - Copy of Backlog Report - no clinic outcomes as per 15.12.16.xlsx; Ltr as requested

From: Gibson, Simon
Sent: 28 December 2016 15:34
To: Hainey, Lynne; Wright, Richard
Subject: Investigation - AOBrien

Dear Lynne

I was drafting correspondence for Richard to pass to Dr O'Brien on Friday. However, having just met Richard, he briefed me on advice from NCAS and that the discussion with Dr O'Brien may be purely verbal, with the information attached used by yourselves only as an aide memoire, pending fuller scoping of the facts.

I have attached all the information, which you may find useful when you do formally communicate with Dr O'Brien – feel free to amend at will.

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 and Social Care Trust

30th December 2016

Dr Aidan O'Brien
Personal Information redacted by the USI

Dear Mr O'Brien

Formal notification of exclusion and investigation under Maintaining High Professional Standards (MHPS)

I am writing to confirm our discussions from our recent meeting and inform you of the Southern Trusts intention to proceed with an investigation under MHPS with regard to a range of issues in relation to your practice.

This investigation should be seen in the context of the letter written to you on 23rd March (copy attached as Appendix 4), in which a number of concerns were raised and a plan was sought from you to address these concerns. No plan was provided and similar concerns have been raised again.

The Terms of Reference of this investigation are attached as Appendix 1 and will focus on 4 areas, as detailed below:

Area 1 – Untriaged letters

As of 22nd December, you had 318 untriaged outpatient referral letters, of which 68 were classified as urgent. The range of the delay is from 4 weeks to 72 weeks. It would appear from an ongoing Serious Adverse Incident (SAI) investigation that a number of patients may have had an adverse clinical outcome caused by this lengthy delay in triaging outpatient referrals.

Area 2 – Patients notes at home

It has been identified that, as at 23rd December, there are 365 notes directly tracked to you on PAS (Appendix 2), and there is continuing concern that a proportion of these notes may be at your home address and may have been there for some time. There is a concern that the urological clinical management plan for these patients is unclear, and may be delayed. There is also concern that when patients have attended other specialties within the Trust for care or treatment, their notes have not been available to assist with their consultation.

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [028] Personal Information redacted by the USI / Email: Personal Information redacted by the USI

One immediate action that I confirmed at our meeting is the expectation of the Trust that all hospital notes at your house are returned to Martina Corrigan, Head of Service for Urology, within 72 hours of the date on this letter.

There are to be no exceptions to this.

Once these charts are returned, they will be recorded and their location tracked on PAS either back to filing, your office or your secretary's office, in line with Trust procedures.

Issue three – Unreported outcomes from clinics

It has been reported that, as at 15th December, you had a backlog of 61 undictated clinics going back to November 2014 (Appendix 3). This means that a significant number of 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.

Issue four – Non-compliance of Trust policy in relation to management of private patients being seen within NHS services

A case has been raised which may indicate that you may have offered an advantage to an NHS patient awaiting an inpatient procedure who had previously attended you in a private outpatient capacity, to the disadvantage of other patients awaiting an inpatient procedure, by not listing patients in chronological order.

These issues were considered by the Southern Trusts Oversight Committee on 22nd December. Given the seriousness of these issues, the Oversight Group further considered if exclusion or any restrictions of practice should be placed upon you during the course of the investigation.

It was agreed by the Oversight Committee that there was the potential that your administrative practices may have led to patients coming to harm. If this was the case, should you return to work, the potential that your administrative practices could continue to harm patients would still exist. Therefore, it was agreed to exclude you for the duration of a formal investigation under the MHPS guidelines. In line with NCAS and DHSSPS guidelines, this decision was discussed and endorsed by NCAS on 23rd December.

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [028] Personal Information redacted by the USI / Email: Personal Information redacted by the USI

Southern Health and Social Care Trust

I very much appreciate that investigations can be particularly stressful and I therefore wish to advise you that the services of Carecall (0808 800 0002) are open to you throughout the course of the investigation to provide help and support.

Under MHPS, it is intended that the Investigation Team will conclude their investigation by 31st January; however, you will be kept informed if this is not achievable.

Yours sincerely

Dr Richard Wright
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [028] Personal Information / Email: Personal Information redacted by the USI

Appendix 1

Southern Health & Social Care Trust
Investigation into Dr Aidan O'Brien

TERMS OF REFERENCE

During the completion of a Serious Adverse Incident investigation, a number of concerns were raised with the Medical Director. The Medical Director, under delegated authority from the Chief Executive, authorised a range of preliminary enquiries to seek to verify the substance and accuracy of issues raised by staff.

Following completion of the Trust's preliminary enquiries, information was presented to an Oversight Group consisting of the Medical Director, the Assistant Director of Acute Services, (acting on behalf of the Acute Services Director) and Director of Human Resources and Organisational Development. This preliminary information led the Oversight Group to agree that a formal investigation under Maintaining High Professional Standards was justified to consider the following issues:

1. **To determine whether there has been unreasonable delays in the triaging of outpatient letters by Dr O'Brien, and whether patients may have come to harm as a result of these delays**

2. **To determine whether patients notes have been stored at home by Dr O'Brien, whether these have been at home for significant periods of time and whether this has affected the clinical management plans for these patients either within Urology or within other clinical specialties**

3. **To determine whether there has been an unreasonable delay by Dr O'Brien in dictating outpatient clinics, and whether there may have been delays in clinical management plans for these patients**

4. **To determine whether Dr O'Brien offered an advantage to NHS patients awaiting a procedure who had previously attended him in a private outpatient capacity, to the disadvantage of other patients awaiting a procedure, by not listing patients in chronological order**

Further to these Terms of Reference, The Oversight Group directed that a Case Manager, Case Investigator and Senior HR advisor should now be appointed, and that Dr O'Brien should be met with to inform him of:

- A formal investigation commencing, and the Terms of Reference
- The membership of the investigating team
- The process of investigation under the Maintaining High Professional Standards Framework
- The initial 4 issues of concern under consideration
- The immediate restrictions being placed upon Dr O'Brien
- A timetable for the progression of the investigation

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	CAOBTDUR
08/04/2016	UROONCOLOGY CLINIC	CAOBUO
15/04/2016	UROONCOLOGY CLINIC	CAOBUO
18/04/2016	ARMAGH CLINIC	AAOBU1
19/04/2016	NEW CLINIC	CAOBTDU
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	CAOBTDUR
06/05/2016	URODYNAMICS CLINIC	CAOBUDS
23/05/2016	REVIEW CLINIC - CAH	CAOBTDUR
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	CAOBTDUR
22/07/2016	UROONCOLOGY CLINIC	CAOBUO
26/07/2016	NEW CLINIC	CAOBTDU
09/08/2016	NEW CLINIC	CAOBTDU
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

Subject: FW: Management of PP's / non chronological listing
Attachments: Personal Information redacted by the USI .pdf

Importance: High

From: Gibson, Simon
Sent: 28 December 2016 15:34
To: Hainey, Lynne; Wright, Richard
Subject: FW: Management of PP's / non chronological listing
Importance: High

Dear both

In relation to previous e-mail.

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 11:15
To: Boyce, Tracey; Wright, Richard; Gibson, Simon
Subject: FW: Management of PP's / non chronological listing
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»

Subject: FW: Confidential - NCAS Letter - AOB
Attachments: leto_161229_advice+letter_18665.pdf

From: Gibson, Simon
Sent: 29 December 2016 11:28
To: Wright, Richard; Hainey, Lynne
Subject: Confidential - NCAS Letter - AOB

Dear Richard and Lynne

Please find attached letter received from NCAS in relation to Mr O'Brien, to support the meeting tomorrow morning.

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

NHS

National Clinical Assessment Service

NCAS
NHS Litigation Authority
2nd Floor, 151 Buckingham Palace Road
London
SW1W 9SZ

Website: www.ncas.nhs.uk

General Enquiries and Advice Line: 020 7811 2600
Direct Fax: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

29 December 2016

SENT VIA EMAIL ONLY

PRIVATE AND CONFIDENTIAL

Dr Richard Wright
Medical Director
Southern Health And Social Care Trust
68 Lurgan Road
Portadown
BT63 5QQ

NCAS ref: 18665 (Please quote in all correspondence)

Dear Dr Wright

Further to our telephone conversation on 28 December 2016, I am writing to summarise the issues which we discussed for both of our records. Please let me know if any of the information is incorrect.

In summary, this case which my colleague Dr Fitzpatrick had previously discussed with Mr Gibson, involves Dr 18665, a senior consultant urologist about whom there have been increasing performance concerns. The allegations are of poor record keeping, and slowness of triaging referrals and arranging reviews. Dr 18665 is also reported to have removed a very substantial numbers of charts from the Trust's premises without bringing them back; despite requests that these be returned many charts remain outstanding. Dr 18665's colleagues have, on occasions, seen patients for whom there have been no notes. Dr 18665 is currently on sick leave, but has indicated that he is returning to work in January 2017.

A recent Serious Adverse Incident (SAI) has caused concern that there is potential for patients to be harmed by the ongoing situation. You are awaiting the report of the SAI but on the information available to date, you feel the Trust will need to undertake a formal investigation of Dr 18665. The Trust is also considering exclusion.

As you are aware, the concerns about Dr 18665 should be managed in line with local policy and the guidance in Maintaining High Professional Standards in the Modern HPSS (MHPS). We discussed that as the information to date - no noted improvement despite the matter having been raised with Dr 18665 - suggests that an informal approach (as per paragraphs 15-17 of Section I of MHPS) is unlikely to resolve the situation, a more formal process is now warranted.

Any formal investigation should be undertaken to robust and specific Terms of Reference (ToR) and in line with the guidance in paragraphs 28-40 of MHPS Section II. The Case Manager should write to Dr 18665 as per paragraph 35 informing him of the name of the Case Investigator and Designated Board Member; any objections by Dr 18665 to the appointment of nominated individuals should be given serious consideration. The investigation should not be an unfocused trawl of Dr 18665's work but we discussed that if there are concerns that patients may not have received appropriate treatment, or that there are patients with inadequate records, then this could be managed separately with an audit/ look back to ensure that patients have received the appropriate standard of care. We noted that further preliminary information (such as from the SAI and taking account of Dr 18665's comments) may be helpful in deciding the scope of the investigation and therefore the ToR.

As well as being outwith the Trust's Information Governance policies, the allegations, if upheld, may mean that the legislation (DPA) has been breached, and once more information is available you may wish to take further advice on this. Paragraphs 20 and 21 of the GMC's Good Medical Practice also set out standards for record keeping including a requirement that records are kept in line with data protection duties.

Dr 18665 is due to attend Occupational Health to ascertain whether he is fit for work; if he is not, we noted that there would be no need at this time to consider exclusion but you may then wish to ask the Occupational Physician whether/when Dr 18665 would be fit to participate in an investigative process.

If Dr 18665 is deemed fit for work, we discussed the criteria for formal exclusion, and the option of an interim immediate exclusion for a maximum of 4 weeks (as per paragraphs 18-27 of Section I MHPS). The latter would allow for further information to be collated and to take account of Dr 18665's comments about the allegations, before deciding whether there are reasonable and proper grounds for formal exclusion such as a concern that the presence of the practitioner in the workplace would be likely to hinder the investigation. I note that there had been a concern expressed previously about a record missing for 2 years inexplicably appearing on a secretary's desk. In line with paragraph 22 of Section II MHPS, there is an obligation to inform other organisations, including the private sector, of any restriction or exclusion of a practitioner and a summary of the reasons for it.

Dr 18665 should be encouraged to contact his defence organisation/ BMA for help and advice. He may also benefit from staff support such as counselling, at what is likely to be a stressful time for him. Dr 18665 should be told of the involvement of NCAS and you are welcome to share this letter with him if you think this would be helpful.

As discussed, and as Dr 18665 may be excluded, NCAS will keep this case open and I will review it with you in approximately 1 month. Please call in the interim if you have any queries.

Relevant regulations/guidance:

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

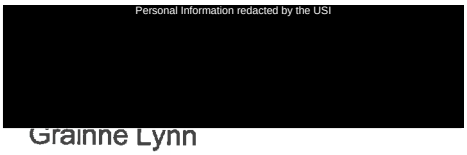
Review date:

27 January 2017

If you have any further issues to discuss, or any difficulty with these arrangements, please contact Case Support on the direct line above.

I hope the process has been helpful to you.

Yours sincerely



Grainne Lynn
NCAS Adviser

cc Case Support Team

From:	Reid, Trudy
Sent:	29 December 2016 12:18
To:	Kerr, Vivienne
Cc:	Boyce, Tracey
Subject:	Strictly Confidential
Attachments:	Copy of Urology Complaints Jan11.Dec16.xlsx

Vivienne would you please check I have the correct patients, I have put in hospital numbers for those without can you get me the hospital numbers

Happy to discuss

Regards,

Trudy

Ref	Date Received (Complaints - All dates)	Name	Consultant	Type Of Complaint	Division	Site	Speciality	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Grade	Consequence	Action taken (investigation)	Replied done (Complaints - All dates)	Response time
Personal Information redacted by the USI	23/04/2012	Personal Information redacted by the USI	18/07/12 -AKHTAR - MY RIP Perso	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Treatment and care quality	Patient who is fed via peg tube unable to be given food provided by family as there was no pump available. Family also concerned that patient was put into wheelchair at 11am, however he did not arrive home to 7.30pm and by this stage was incontinent.	Complainant assured that whilst a pump was not available for the type of peg tube used, patient had appropriate IV fluids. Apology given for the delay in the provision of an ambulance for transport and for the fact that patient arrived home incontinent.	LOWRIS	MINOR	Staff reminded of importance that personal hygiene needs of patients must be fully met	11/05/2012	13
	09/05/2012			FORMAL	SEC	Craigavon Area Hospital	General Surgery	3 South	Treatment and care quality	Personal Information redacted by the USI		LOWRIS	MINOR	No action plan	25/07/2012	52
	06/06/2012		Mr Sureshreferred - 6/10/15 suspected cancer -diagnosis of prostate cancer	INFORM	SEC	Craigavon Area Hospital	General Surgery	3 South	Appointments, delay/cancellation (outpatients)						20/06/2012	10
	24/09/2012			FORMAL	MUC	Craigavon Area Hospital	General Medicine	General Medicine Clinic	Appointments, delay/cancellation (outpatients)			LOWRIS	MINOR	No action plan	05/10/2012	9
	01/11/2012			ENQUIR	SEC	Craigavon Area Hospital	General Surgery		Appointments, delay/cancellation (outpatients)			LOWRIS	MINOR	Consultants Secretary called informed of reason for cancellation, new date for surgery and assured letter in post. Contacted MLA's office and relayed information - reason for cancellation and new date.		0
	26/04/2013		Personal AOB - NO urology pt Centre letters but haematology letter This gentleman who was referred to me initially as an in-patient in Daisy Hill was reviewed at today's Haematology Clinic. Mr Pers was found to have pancytopenia while undergoing investigations for haematuria. Subsequently as you know he has been found to have a transitional cell carcinoma of his bladder and has a cystectomy and is to have follow-up Radiotherapy 3 MDM letters and 4 urology discharge letters	FORMAL	SEC	Craigavon Area Hospital	General Surgery	3 South	Theatre/operation/procedure, delay/cancellation			LOWRIS	MINOR	No action plan	28/05/2013	34
	09/07/2013		Mr O'Donaghue - routine referral -This gentleman's cyst in his right kidney hasn't shown any evidence of recurrence. I don't think the kidney is the cause of his right sided abdominal flank pain. I am not arranging to see him again.	ENQUIR	SEC	Craigavon Area Hospital	Urology and ENT			Caller very unhappy that has waited almost 52 weeks for his surgery, was advised at time of being added that he would wait 'not longer than 30 weeks' but this has now been the case. Caller alleges that even though he was transferred from Mr Connolly's (has now left/SHSCT) list to Mr Glackin's list that if done chronologically he should still have been seen by now. Caller feels let down and very unhappy with his treatment or lack thereof and tells me he is constantly in pain.	Bmo spoke with Elizabeth, Mr Glackin's sec who advises that she herself spoke with Mr Per his morning and advised him of waitin list and the meeting that it to occur with senior mgmt to alleviate those waiting the longest - says Mr Per does not seem to accept this. Bmo emailed Martina Corrigan Hos for Urology to ask her to personally ring Mr Per or pass on a form of words for me to call - Bmo 19072013 M Corrigan spoke to patient morning of 22/7/13 and patient happy.					6
	16/10/2013			FORMAL	SEC	Craigavon Area Hospital	General Surgery	3 South	Discharge/transfer arrangements	Personal Information redacted by the USI		LOWRIS	MINOR	No action plan	30/10/2013	11
	19/11/2013			FORMAL	SEC	Craigavon Area Hospital	General Surgery	3 South	Admission into hospital (delay cancellation) (inpatients)			LORIS	MINOR	Ward staff addressed on the importance of good communication with patients and family.	14/01/2014	37
	10/12/2013			FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Treatment and care quality	Complainant unhappy with the lack of medical care given to her following her operation.	Complainant advised when 3 South is full they use beds in 1 West to accommodate Urology patients. On this occasion it would appear that the patient was note recorded on 3 South's white board, leading to the patient being missed on consultants round. This has now been addressed, when patient is admitted to 1 West staff there informs 3 South of the patient.	LOWRIS	MINOR	No action plan	31/01/2014	35
	1/12/2013		APA MR A PAHUJA &K. Suresh MS.	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Staff attitude/behaviour	Complainant unhappy with the dismissive nature of her consultant so much so she wishes to be removed from his care.	Consultant apologised if the patient felt he was rude and dismissive. Consultant has since left Trust, patients care has been transferred to another consultant.	LOWRIS	MINOR	No action plan	20/01/2014	25

Ref	Date Received (Complaints - All dates)	Name	Consultant	Type Of Complaint	Division	Site	Speciality	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Grade	Consequence	Action taken (Investigation)	Replied done (Complaints - All dates)	Response time
Personal Information redacted by the USI	2/10/2014	Personal Information redacted by the USI	DB - referred 8/10/13 suspected ncer added to WL for RF haem /10/13 - 15/10/13 3S uro - added WL 1/13 RIP Perso — ischarge letter 15/10/13 This Pers entlemen was admitted with frank aematuria and AUR. Required multiple atelet and PRC transfusions during mission due to ongoing haematuria. en by haematology, known to team. no further interventions, ie biopsy but further supportive transfusions. bXed temps and had LRTI during mission, treated with full course of IV xacin. CT showed 3 right sided distal eteric stones. He Underwent right ded ureteric stenting 25/11/13. This s removed on 04/12/13 and multiple lculi were broken by laser. He has en doing well since then. Obs are table, he is eating and drinking, he is yrexic. On discharge his Plts are 28 d Hb is 95. He is medically fit for nsfer to STH for reheb.Many thanks TH diischarge letter Cause as per ath certificate: (a) Sepsis) Urinary tract infection) Acute urinary retention) Pancytopenia	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Quality of Treatment & Care	Patient was a Pers ld gentleman, with a history of cancer and admitted with kidney stones blocking his ureter but otherwise extremely mobile, lucid and well. Family feel that poor care and delayed treatment on the part of nursing and medical staff contributed to his rapid decline and death. Per Personal Family felt the basic nursing needs of toileting and eating were not well attained for and that nursing staff were patronising when issues were pointed out by family. Family concerned at the short notice cancellation of patient's procedures for insertion of a stent on two occasions and for the fact that patient died without the procedure being carried out. In later stages of admission patient lost co-ordination, refused to eat and was confined to bed. Family left with an overwhelming sense of not being heard and a feeling that staff were not kind to their father.	Complainant advised due to the complexity of complaint patient has been invited to a meeting to discuss issues.	LOWRIS	MINOR	no action plan	21/11/2014	24
	3/10/2014		Personal MY - Mrs Pers ttended e Stone Treatment Centre on 4th May d she had ESWL treatment to her ht mid pole 9mm stone. She tolerated full course of therapy. We are booking econd treatment session.	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	4 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Patient admitted in November 2013 for emergency surgery and advised that kidney stones were causing her pain and that further surgery would be arranged in 2014. Surgery arranged for March however cancelled one week before it was due to take place. Patient has been experiencing ongoing pain and is dissatisfied that surgery has not yet been arranged, 1 year after initial surgery.	Complainant advised his constituent has been on a waiting list for 25 weeks, but due to the high demand for urology cancer patients are given priority. At present waiting time for patient is 55 weeks. Patient has been offered a short notice cancellation should this arise if agreeable.	LOWRIS	MOD	no action plan	27/11/2014	25
	9/11/2014		Personal MY- This was admitted to raigavon Area on the 28 January 2016 th left flank pain. He is known to the rology team. He has had a previous ght ureteric stent. He was seen again y the neurologists and following an rasound and urethrogram there is no idence of any obstruction. He was scharged on the 30 January 2016 and r follow-up with the neurologists.	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	Urology Clinic	Waiting List, Delay/Cancellation Planned Admission to Hospital	Patient suffers from chronic pain from a diseased ureter tube. Has had to attend ED 5 times in one year, has had two MRI scans and is awaiting admission for a further procedure. Complainant unhappy with the length of time his constituent has had to wait.	Constituent waiting 20 weeks for surgery but trust giving priority to cancer patients. As constituent not a cancer patient waiting time is 66 weeks but has been offered a short notice cancellation.	LOWRIS	MINOR	No action plan	21/11/2014	11
	3/03/2015		Personal AOB TURP and transmural jection of botulinum	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Staff Attitude/Behaviour	Complainant claims staff spoke to him inappropriately. He alleges he was partially uncovered when he awoke from procedure. Claims a junior doctor gave him incorrect information, and is unhappy with the delay in receiving discharge medications.	Complainant advised after a thorough investigation and after speaking to staff there is two different perceptions of events. Unfortunately the Trust are unable to resolve complaint.	LOWRIS	MOD	No action plan.	22/05/2015	41
	7/04/2015			FORMAL	SEC	Craigavon Area Hospital	General Surgery	3 South	Staff Attitude/Behaviour	Personal Information redacted by the USI		LOWRIS	MOD	Complaint has been anonymised for sharing with staff on wards.	22/06/2015	44
	1/05/2015		Personal AJG - 3/3/15 added to aiting list admitted 26/5/15 transferred AOB discharged 28/5/15 Mr Glackin 4/01/2016 OP letter LUTS, polar TURP, June 2015 – benign rostatic hyperplasia	ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Family of patient is concerned he suffers from prostrate cancer and is on an emergency list for surgery. Patient has been on this list for over 3 month and is in severe pain.	Patient has been given 26 June 2015 for his procedure.				19/06/2015	19
	0/05/2015			INFORM	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Delay/Cancellation for Inpatients	Complainant states her husband was diagnosed 8 weeks ago with cancer and has had his kidney removed. Patient health deteriorated after surgery, was told he has internal bleeding and requires further surgery. Patient was due to have surgery on Monday 20.5.15 but this was cancelled he has now been advised he will receive his surgery on Thursday 21.5.15. Patient feels health is and is very upset.	Consultant has discussed the process and the reason for delay and confirmed surgery would take place on 21.5.15 with both patient and wife.				20/05/2015	0
	3/07/2015		Y - JOD	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Staff Attitude/Behaviour	Complainant unhappy that her brother continually called for the help of a nurse throughout the night and had difficulty in getting someone's attention. Had a long wait to be seen by a doctor and was then discharged without antibiotics which required a readmission. Patient who has spina bifida then soiled his bed and was told off by the doctor for doing so.	Complainant advised her brother was admitted to ward from ED as he had received pain relief in ED the staff were unable to give him more. When patient arrived to 4 North the doctor was unable to attend him due to attending a very ill patient. Patient was given pain relief and antibiotics when seen by doctor. The antibiotics were completed before discharge. Patient second admission to 3 south from ED to side ward due to infection control which is Trust Policy. HoS spoke to staff to say manner patient was spoken to was unacceptable and stressed importance of responding to call bell. Apology given for his stay in hospital not being what he expected.	LOWRIS	MINOR	HoS spoke to staff to say manner patient was spoken to was unacceptable and stressed importance of responding to call bell.	16/10/2015	80
	30/09/2015			ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Patient waiting for surgery has been suffering infections resulting in attending ED at CAH several times. MLA would like to enquire when her constituent will receive his surgery.	14.12.15 - Patient was admitted to hospital on 7.12.15 and had his surgery. he was discharged from ward 3 South on Wednesday 9.142.15. MLA advised waiting times for Urology has increased significantly and the Urology team are giving priority to their cancer patients which is a high demand and current waiting list for non cancer patients is 70 weeks. Patient added to waiting list at end of April 2015 therefore another it will be another 44 weeks before patient gets date. Consultant has written to patient.				23/10/2015	17

Ref	Date Received (Complaints - All dates)	Name	Consultant	Type Of Complaint	Division	Site	Speciality	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Grade	Consequence	Action taken (Investigation)	Replied done (Complaints - All dates)	Response time
Personal Information redacted by the USI	9/10/2015	Personal Information redacted by the USI	Personal MY	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Professional Assessment of Need	Complainant unhappy with delays he has experienced in securing follow up appointments. Also unhappy that he has been refused an appointment on the basis that he did not require it.	Complainant advised of treatment and care given over a 4 year period. (1b) Trust unaware of GP referral for severe left kidney pain. (1c) Consultant was happy that previous CT ruled out any other intra-abdominal problems but still wanted an updated CT scan. (1d) Trust refutes comments made against consultant about medical negligence and age discrimination. (1e) Complainant advised a scan in August 2014 did not confirm any spreading of cancer. (1f) In May 2015 consultant arranged a further CT. Complainant also advised an appointment was made to the Endocrinology in October 2013. Referral was for Chest pain, shortness of breath and intermittent palpitations, patient also referred to cardiology. No indication in GP referral to other symptoms which would have warranted further investigations.	MODRIS	MAJOR	no action plan	04/12/2015	34
	6/02/2016		Personal MY	ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Quality of Treatment & Care	Complainant unhappy with the treatment and care she has received from Craigavon Area Hospital dating back to 2005 until present day.	MLA advised patient cardiology care is under the Belfast Trust and with information available it would not be in the best interest of the patient to start afresh with local cardiology services. Urology consultant has been in contact with consultant in Belfast on 8.2.16. Secretary will be in contact with patient directly to offer a review slot in March or early April.				24/08/2016	130
	2/02/2016		Personal AOB and JOD-see letter - printed - referral 2014 surgery - surgery 2016 CLINIC DATE -05/08/14 DICTATED 11/8/15	FORMAL	SEC	Craigavon Area Hospital	General Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Complainant unhappy with the length of time it is taking for her to be given a date for urology surgery.	Complainant advised she was referred by her GP as routine. The Urology team are giving priority to their cancer patients which there is a high demand for and the current waiting time for non-cancer patients is 121 weeks. Complainant advised waiting times are a regional issue and are currently working with HSCB. Apology given for very long waiting times.	LOWRIS	MINOR	no action plan	20/04/2016	39
	1/03/2016			ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	MLA enquiring when her constituent will receive his surgery.	7.6.16 - MLA advised that it has been recorded on PAS patient on holidays and the staff will endeavour to get patient a date before end of July. MLA advised patient was see in July 2015 and is scheduled to be seen in July 2016. It was also noted patient has been referred back by his GP in February 2016, patient triaged as urgent and therefore it will be at least 13 weeks before patient will be seen.				09/03/2016	6
	7/03/2016		Person Haynes 09/09/15 - discharge letter 21/3/16 open prostatectomy which was performed under GA via a lower midline incision. His presumed benign adenoma was removed in its entirety and the bladder/prostatic capsule closed	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Complainant unhappy at the length of time he has been waiting for surgery.	Complainant advised that the information given on ward was inaccurate. Also advised that waiting time between procedures is generally 6-12 weeks. Patient has received an appointment for late April.	LOWRIS	MINOR	no action plan	11/04/2016	22
	1/03/2016		Personal AJC/MY/Connolly 06/11/12 - referral suspected Cancer discharge letter 18/5/16 Left renal calculus, previously stented	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Quality of Treatment & Care	Complainant unhappy with the level of care given to her. Complainant has noted that observations are not being recorded on her records and that she is having difficulty in accessing pain relief.	Patient received appointment for 13.5.16. Complainant advised that not all NEWS chart information has been documented. This will be addressed at ward level. It is documented that pain relief was given on a regular basis. Complainant also advised as this is a short stay ward that it is very busy. Due to the high volume of patients staff are not always able to answer the phone. It is documented in patients notes of headache medical staff have noted "nil of concern". Apology given for her stay not as being what she expected.	LOWRIS	MINOR	no action plan	25/04/2016	28
	8/03/2016			FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Complainant unhappy with the length of time her father has to wait for an operation.	Complainant reassured patient has not got cancer. Patients with cancer are prioritised and waiting time is 17 weeks. Waiting time for non cancer patients is 65 weeks. Patient has been added to a short notice cancellation list should this arise.	LOWRIS	MINOR	no action plan	26/04/2016	21
	2/03/2016			INFORM	SEC	Craigavon Area Hospital	ENT Surery	3 South	Quality of Treatment & Care	Personal Information redacted by the USI					10/05/2016	32
	2/05/2016		Personal AOB add to waiting list - 14/12/10 3S AOB 23/12/13 ?triaged to urodynamics 18/3/15 AOB referral referral TURP- 4/04/2016 transfer from AOB to JOD for TURP02/08/2016 Discharge letter This 54 year old male was admitted electively for TURP letter 13/06/16 JOD This gentleman I understand was seen by Mr O'Brien several years ago when he had urodynamic studies which showed bladder outlet obstruction and he was booked for a TURP. He hasn't heard anything over that time and so he has come back to see what is happening.	ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	MLA unhappy with the length of time constituent has to wait for Urology appointment and is enquiring when constituent can expect to receive treatment.	7.6.16 - Patient has appointment on 13.6.16 as an outpatient for assessment. Appointment has been arranged for 13.6.16 in CAH. 18.11.16 - Appointment has been arranged in CAH 23.11.16				17/05/2016	133

Ref	Date Received (Complaints - All dates)	Name	Consultant	Type Of Complaint	Division	Site	Speciality	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Grade	Consequence	Action taken (Investigation)	Replied done (Complaints - All dates)	Response time
ENQUIRY	15/05/2016	Personal Information redacted by the USI		ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	MLA enquiring when her constituent will received his surgery.	13.6.16 - Patient scheduled for admission on 13.07.16. MLA advised patient not due appointment until 1 year after surgery which was in July 2015, patient due appointment July 2016.				23/05/2016	5
INFORMAL	08/06/2016	Person - referral to urodynamics 28/7/15 added to waiting list for TURP-AOB 07/09/2015- 25/05/16 - letter to GP from AOB-cystoscopy 08/07/2016 Elective admission for TURP	INFORM	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Communication/Information	Complainant unhappy that after requesting the procedural code his private health insurance needs he has not been given it.	Patient has been advised that he will have his procedure under the NHS. He will attend preoperative assessment on 4.7.16 with him having his procedure on 6.8.16.				13/06/2016	5
INFORMAL	15/06/2016		Personal - 03/06/2015 urgent referral 23/9/15 ward referral MY 23/09/2016 discharge letter Pers old gentlemen admitted for TURP.	INFORM	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Waiting List, Delay/Cancellation Planned Admission to Hospital	Complainant had a pre assessment in October/November 2015 and was told he would be see in January 2016 as his was on the urgent waiting list. Complainant would like to know how much longer he has to wait.	Complainant advised Urology given priority to cancer patients leaving the current urgent non cancer patients waiting 97 weeks. Apology given				21/06/2016	4
Personal Information redacted by the USI	06/08/2016			FORMAL	SEC	Craigavon Area	Urology Surgery	3 South	Quality of Treatment &	Complainant advises that the side effects of a urology procedure were not explained to him and that he felt embarrassed and humiliated by the way in	Head of Urology and Ward Managers to ensure appropriately trained nurses are available to provide stent removal service. Patient due review towards the	LOWRIS	MINOR	No action plan	16/08/2016	27
	26/08/2016		Personal - 22/3/13 urodynamics OPD letter 26/10/16 AOB Intramural injection of Botulinum Toxin. Discharge26/3/16 AOB letter Elective admission for TURB 08/10/15 Sheerh discharge letter Mr Perso was admitted following passage of haematuria with clots approximately 4/52 following TURBT 10/09/15 discharge letter AOD Perso was admitted on 08/09/2015 for TURP/TURBT. This was undertaken on 8/9/15 where hist prostatic urethra was widely patent and therefore TURP was not performed. He had an area of his bladder resected at the left posterolateral aspect which has been sent for histopathology analysis Dishcarge letter 19/02/2013 AOB P year old a/w above. TURBT 18/2/13 - moderately enlarged ?occlusive prostate. area incompletely resected. Resection abandoned before completion for fear of possible perforation. Prostate not resected. Cystogram - no official report but probable bladder leak. Catheter to stay in-situ for 10/7 then return to electives ward for repeat cystogram. Will need repeat TURBT under Mr O'Brien OPD letter 11/3/13 I conveyed the results of his histopathology to Mr and	ENQUIR	SEC	Craigavon Area Hospital	Urology Surgery			Patient reporting debilitating symptoms following surgery in March 2016.	Follow-up appointment arranged for 8 September 2016				05/09/2016	3
	08/09/2016			FORMAL	SEC	Craigavon Area Hospital	General Medicine	3 South	Quality of Treatment & Care	Personal Information redacted by the USI		[redacted]	MOD			0
	20/09/2016		Personal referred 29/01/2016 advice and consultation MY - added to waiting list AOB Mr Gioskin letter 2/2/16 Further to your GP's referral letter of 29th January 2016 I have requested a non-contrast CT of the urinary tract to take place at Daisy Hill Hospital. This scan is to assess for kidney stones. Following this you will be offered an appointment in the outpatient clinic. Dishcarge letter 29/03/16 AOB Elective admission for Right ureteroscopic lithotripsy and ureteric stenting 7/08/16 JOD IP as emergency 14/08/2016 discharge letter CT KUB Right ureteroscopy and febble ureteroscopy with laser lithotripsy 17/08/16 AJG IP discharge letter 24/08/2016 CT KUB - Non-obstructing right renal calculi Persistent right hydronephrosis and hydroureter with perinephric inflammatory stranding. Calcified right renal cystseadded to urgent waiting list 20/12/16 AJG	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Quality of Treatment & Care	Complainant unhappy with standard of communication in relation to his care in dela for insertion of urinary stent. Also concerned at the length of time it took to remove the stent during which he had two severe infections which resulted in two hospital admissions. Complainant suggests that communication between administrative staff and consultants needs improved upon.	Treatment and quality of care explained to patient. he is advised that the urology department are currently working at improving the pathway for patients experiencing similar symptoms. This will involve having a 7 day week stone service with detailed information leaflets for patients with more access to health care professionals if needed. it is hoped through the development of this service it willmean that patients will have their treatment and follow-up done in a timlier manner and hopefully avoid the poor experience that the patient had endured.	LOWRIS	MOD		01/12/2016	52

Ref	Date Received (Complaints - All dates)	Name	Consultant	Type Of Complaint	Division	Site	Speciality	Loc (Exact)	Subjects (Subjects)	Description	Outcome	Grade	Consequence	Action taken (Investigation)	Replied done (Complaints - All dates)	Response time
Personal Information redacted by the USI	27/09/2016	Personal Information redacted by the USI		FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Discharge/Transfer Arrangements	Nursing home unhappy that patient was discharged back to their care without notification. Also concerned that no discharge documentation was provided.	Staff nurse responsible for discharge of patient contacted Nursing home via telephone and handed over any issues relating to his care. It was confirmed that the discharge letter was not available but would be sent out. Also advised that the ambulance was booked for after 1pm. Staff nurse did not take a note of the name of the person they spoke to. Staff have been spoken to about the fact that the patient was sent home in a dressing gown and no clean clothing was requested. Staff also spoken to and reminded of good telephone etiquette and the importance of same.	[redacted]	NEGBLE	no action plan	28/11/2016	44
	06/10/2016		Personal from ED-?triaged to urodynamics Letter from AOB time of clinic 28/7/14 letter dictated 26/10/16 procedure 2/11/16	FORMAL	SEC	Craigavon Area Hospital	Urology and ENT	3 South	Staff Attitude/Behaviour	Complainant unhappy with the length of time she is having to wait for a urology procedure. Also feels that secretary could have handled her repeated telephone call in a more helpful manner.	Patient contacted by Dr and admitted on November 2nd when his procedure was performed that day. Dr has since spoken to patient by phone and has arranged further ultrasound scanning, additional medication and a review in February 2017.	LOWRIS	MINOR		05/12/2016	42
	04/11/2016		Personal 09/07/01 ongoing treatment AOB/MYJOO This Pers old gentleman underwent a cystectomy and ileal conduit 15years ago for neurogenic bladder secondary to cauda equina and degenerative disc disease. Left urostomy in situ, rested from right side in November 2009. last attendance discharge 29/5/15 . 24/03/16 discharge letter -Patient presents on this occasion with a 48hour history of reduced urostomy output. Nil for 24hours on admission. Pt had increasing right and left flank pain from same. No infective symptoms, no vomiting, bowels opening. Bloods NAD	ENQUIR	MUC	Craigavon Area Hospital	Urology and ENT	Urology Clinic	Waiting List, Delay/Cancelation Outpatient Appointments	Patient assured he would be receiving further treatment 3 months ago following a 4 month wait. Patient still has not received appointment and is in pain and finding the issue debilitating.	Planned appointment for ultrasound on 24 November 2016 with a follow up appointment on 9 December 2016 at 15:15. Patient has been advised of same.				18/11/2016	10
	8/11/2016			ENQUIR	SEC			3 South	Waiting List, Delay/Cancelation Planned Admission to Hospital	MLA unhappy with the length of time constituent has to wait for Urology appointment and is enquiring when constituent can expect to receive treatment.	7.6.16 - Patient has appointment on 13.6.16 as an outpatient for assessment. Appointment has been arranged for 13.6.16 in CAH. 16.11.16 - Appointment has been arranged in CAH 23.11.16				18/11/2016	133
	5/12/2016		Personal - AOB RIP 3s Person letter dictated 5/12/2016 originally referred 22/08/14	FORMAL	SEC	Craigavon Area Hospital	Urology Surgery	3 South	Quality of Treatment & Care	Complainant unhappy with the level of assistance given to his father with personal care. Also found it difficult to obtain information from staff in relation to his father's condition and was also surprised with some of the findings noted on his death certificate.		LOWRIS	MINOR			0

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

Dear Martina

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

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

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

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

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

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

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

Happy to discuss if you require any further clarity.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust
Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
DHH: Personal Information redacted by the USI

Subject: FW: Ltr to Dr Michael McBride
Attachments: file.pdf

-----Original Message-----
From: White, Laura
Sent: 30 December 2016 12:37
To: McBride, Michael ([redacted])
Cc: Wright, Richard; Gibson, Simon; Gishkori, Esther; Toal, Vivienne; Hainey, Lynne
Subject: Ltr to Dr Michael McBride

Dear Mr McBride

Please find attached letter from Dr Wright in relation to Mr Aidan O'Brien, original in the post to you today.

Regards, Laura

Laura White
PA to Medical Director
Dr Richard Wright
Southern Health & Social Care Trust
Trust Heqdquarters
College of Nursing
68 Lurgan Road
BT63 5QQ

Direct Line: [redacted]

-----Original Message-----
From: laura.white[redacted] [mailto:[redacted]]
Sent: 30 December 2016 12:32
To: White, Laura
Subject: Scan from YSoft SafeQ

Scan for the user Laura White (laura.white) from the device CAH - Copy Room (General Office) - Trust HQ C454e

Southern Health and Social Care Trust

30th December 2016

Dr Michael McBride
Chief Medical Officer
DHSSPS
C5.15 Castle Buildings,
Stormont Estate,
Belfast,
BT4 3SQ

Dear Dr McBride

Notification of immediate exclusion of Mr Aidan O'Brien GMC No: 1394911 Consultant Urological Surgeon, Southern Health & Social Care Trust

I am writing to inform you that, under the terms of Maintaining High Professional Standards (MHPS), the Southern Trust has today excluded the above doctor.

The reason for the exclusion, taken following advice from NCAS, was to allow a four week period to scope out the scale of potential problems in relation to Mr O'Briens administrative practices, which may have led to patients coming to harm, and form the Terms of Reference of a formal investigation.

The scoping exercise will be considering:

1. Potential delays in triaging GP referral letters
2. Potential delays in recording the clinical outcome of outpatient clinics
3. Potential adverse impact of patients notes being kept at home for unreasonable periods of time

The decision was taken by the Southern Trust's Oversight Committee on the basis that, if Mr O'Brien's administrative practices have potentially led to patients coming to harm, should he return to work, the potential that his administrative practices could continue to harm patients would still exist.

In line with MHPS guidance, this scoping exercise will be completed within four weeks, and I will update you upon its conclusion. If the exercise identifies significant concerns during its progress, I will of course alert you earlier.

Yours si[redacted]

Dr Richard Wright
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [028] [redacted] Email: [redacted]

Subject: FW: Confidential - AOB

Importance: High

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

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

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

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

Dear Martina

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

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

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

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

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

As part of your plan, there will need to be a clinical note review of all charts/referral letters returned by Mr O'Brien to assess whether patients have a clinical management plan or require a clinical review with a Urologist. The follow-up meeting with Mr O'Brien will take place in four weeks, so potentially Friday 27th January to discuss the outcome

of this scoping exercise, of which the outcome of the clinical note review will be a critical factor. Dr Wright is willing to approve any additional costs incurred for this review to be completed within this timescale.

Happy to discuss if you require any further clarity.

Kind regards

Simon

Simon Gibson
Assistant Director – Medical Directors Office
Southern Health & Social Care Trust
Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
DHH: Personal Information redacted by the USI

Subject: FW: Formal Investigation

From: Aidan O'Brien [mailto:[redacted]]
Sent: 31 July 2017 10:06
To: Siobhan.Hynds[redacted]
Subject: Formal Investigation

Siobhan,

In preparation for the interview on 03 August 2017, I would be grateful if you would provide me with the following:

- A copy of the minutes of the meeting in December 2016 of the Oversight Group
- A copy of correspondence and / or communication with NCAS in December 2016
- An amended copy of the Note of the Meeting of 30 December 2016 (previously requested)
- An amended copy of the Note of the Meeting on 24 January 2017 (previously requested)
- A copy of the Trust's Policy and Procedure regarding Triage (previously requested)
- A list of the Witnesses and their statements

Thank you,

Aidan O'Brien

Subject: FW: Return to Work Action Plan - Mr O'Brien

From: Hynds, Siobhan [mailto:[redacted]
Sent: 25 May 2018 17:21
To: Toal, Vivienne
Subject: FW: Return to Work Action Plan - Mr O'Brien

FYI

From: Corrigan, Martina
Sent: 25 May 2018 16:52
To: Khan, Ahmed
Cc: Carroll, Ronan; Hynds, Siobhan
Subject: Return to Work Action Plan - Mr O'Brien

Dear all,

As requested, please see below for this week commencing 21 May 2018

CONCERN 1 –Adhered to
CONCERN 2 – adhered to – no notes are stored off premises nor in his office
CONCERN 3 – adhered to – Mr O'Brien continues to use digital dictation and dictates on all charts after clinics and he has an outcome on all patients including DNA patients
CONCERN 4 – adhered to – no more of Mr O'Brien's patients that had been seen privately as an outpatient has been listed,

Should you require anything further, please do not hesitate to contact me.

Martina

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

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

Subject: FW: RE: Return to Work Action Plan - Mr O'Brien

From: Hynds, Siobhan [mailto: Personal Information redacted by the USI]
Sent: 11 June 2018 21:38
To: Toal, Vivienne
Subject: FW: RE: Return to Work Action Plan - Mr O'Brien

FYI

From: Corrigan, Martina
Sent: 11 June 2018 09:43
To: Khan, Ahmed
Cc: Carroll, Ronan; Hynds, Siobhan
Subject: RE: Return to Work Action Plan - Mr O'Brien

Dear all,

As requested, please see below for this week commencing 4 June 2018

CONCERN 1 –Adhered to
CONCERN 2 – adhered to – no notes are stored off premises nor in his office
CONCERN 3 – adhered to – Mr O'Brien continues to use digital dictation and dictates on all charts after clinics and he has an outcome on all patients including DNA patients
CONCERN 4 – adhered to – no more of Mr O'Brien's patients that had been seen privately as an outpatient has been listed,

Should you require anything further, please do not hesitate to contact me.

Regards

Martina

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

INTERNAL: Personal Information redacted by the USI
EXTERNAL : Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

Martina

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

INTERNAL: EXT Personal Information redacted by the

EXTERNAL A
Mobile: Personal Information redacted by the USI
Personal Information redacted by the USI

Subject: FW: Information Request

From: O'Brien, Aidan [mailto: Personal Information redacted by the USI]
Sent: 21 October 2018 16:16
To: Khan, Ahmed
Cc: Toal, Vivienne; Wilkinson, John
Subject: RE: Information Request

Dear Dr. Khan,

I am disappointed to have not yet received the information that I have previously requested.

I also write to advise you that I have since had the opportunity of discussing my concerns with Dr. Lynn of Practitioner Performance Advice (formerly NCAS).
I have been further concerned to be advised by her that there had been an earlier consultation with and communication from NCAS in September 2016, and about which I had not been advised.

Therefore, in addition to the information previously requested, I now request copies of all communications with and correspondence from NCAS pertaining to me during 2016.

As previously, if you are unable or unprepared to do so in a timely manner, I would be grateful if you would advise of the reason(s), and similarly advise me from whom the information may be obtained,

Aidan O'Brien

From: Khan, Ahmed
Sent: 03 October 2018 10:36
To: O'Brien, Aidan
Cc: Hynds, Siobhan
Subject: RE: Investigation

Dear Mr O'Brien, thank you. I have requested some information & will be in touch soon.

Regards,
Ahmed

Dr Ahmed Khan
Case Manger- MHPS

From: O'Brien, Aidan
Sent: 01 October 2018 22:27
To: Khan, Ahmed
Subject: Investigation

Dear Dr. Khan,

Further to our meeting today, and specifically with regard to information previously requested, I write to clarify that I wrote to Dr. Wright on 14 February 2017, detailing a number of errors and omissions in the Note of the Meeting of

30 December 2016, requesting that amendments be made. On 01 March 2017, I received from Siobhan Hynds an acknowledgement of receipt of my letter to Dr. Wright. She advised that she would arrange for an amended Note to be sent to me, taking into consideration my suggested amendments. No amended Note was sent to me. On 19 April 2017, I sent an email to Siobhan Hynds, advising that I still awaited an amended Note. I did not receive any response, reply or amended Note. A further request was submitted on 31 July 2017. Again, I did not receive a response or an amended Note. An amended Note was included in the Investigator's report.

On 28 March 2017, I submitted to Siobhan Hynds a list of amendments to be made to the Note of the Meeting with her and with Mr. Weir, and which took place on 24 January 2017. I requested that she return a copy of the amended Note. I received no reply or response. On 31 July 2017, I again requested an amended Note of the Meeting, without response. The original Note of the Meeting was included in the Investigator's report, without amendments having been made.

On 31 July 2017, I submitted to Siobhan Hynds, by email, a request for a copy of the minutes of the meeting of the Oversight Group and which took place in December 2016. I have still not been provided with a copy of the minutes.

On 31 July 2017, I submitted to Siobhan Hynds, by email, a request for a copy of a record of communication and correspondence with NCAS in December 2016. I have still not been provided with a copy.

On 31 July 2017, I also requested a copy of the Southern Trust's Policy & Procedure on Triage, and which I had previously requested. I still have not been provided with a copy.

On 10 June 2018, I again sent an email to Siobhan Hynds requesting responses to the requests made previously, as detailed above. As before, I still await the information.

Therefore, I would be grateful, even at this late juncture, if you would have the requested information sent to me, and specifically, lest there be any doubt:

- A copy of the Record of Communication and / or Correspondence with NCAS in December 2016, and subsequently.
- A copy of the Minutes or Note of the Meeting of the Oversight Group in December 2016
- A copy of Southern Trust's Policy & Procedure for Triage

Most importantly, if you are unable or unprepared to provide me with these requested documents, or have them provided to me, in a timely manner, I would be grateful if you would advise me of the reasons why, and of whom I may request the information,

Aidan.

Subject: FW: AOB update

From: Hynds, Siobhan [mailto Personal Information redacted by the USI
Sent: 21 October 2018 16:41
To: Toal, Vivienne
Subject: FW: AOB update

FYI – I'll get a full update to you including triage tomorrow.

Siobhan

From: Clayton, Wendy
Sent: 19 October 2018 16:13
To: Carroll, Ronan; Khan, Ahmed; Hynds, Siobhan
Cc: Corrigan, Martina
Subject: AOB update

Update on AOB action plan as requested:

Triage:

- Spoke with Vicki Graham – no issues with triage of RF referrals
- We can confirm that AOB was Urologist between June – Oct 18; 4 times. Booking centre are running a triage BOXI report and will have an updated position by Monday

Private Patients:
A BOXI theatre report was ran of all AOB patients who have had surgery from 1/6/18 to date.

- 61 patients had surgery in CAH
- With information available on NIECR, PAS and TMS these patients were not PPs

Charts in office:

- 68 charts in AOB office. Maria went up this afternoon but AOB was in the office unfortunately.

Dictation:
91 patient charts still be dictated (oldest 15/6/18)

Above also discussed with Martina

Wendy Clayton
Acting HOS for G Surg, Breast & Oral Services
SEC
Ext: Personal Information
External number: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

EXT Personal Information redacted by the ***if dialling from Avaya phone.***
If dialling from old phone please dial Personal Information redacted by the USI

External No. (028) Personal Information redacted by the USI

Subject: FW: Investigation
Attachments: Action note - 22nd December - AOB.docx; Appendix 27 IEAP Executive Summary April 08.doc; leto_161229_advice+letter_18665.pdf

Importance: High

From: Hynds, Siobhan [mailto: Personal Information redacted by the USI
Sent: 21 October 2018 20:00
To: Toal, Vivienne
Subject: FW: Investigation
Importance: High

FYI

From: Hynds, Siobhan
Sent: 21 October 2018 19:57
To: Khan, Ahmed
Subject: RE: Investigation
Importance: High

Dr Khan

Further to the information request below from Mr O'Brien, please find my comments below and attached documents as requested.

- In respect of the note of the meeting on 30 December 2016. This meeting was attended by Mr O'Brien, his wife, Dr Richard Wright and Lynne Hainey, HR Manager. The information I have from that early stage of the process outlines that a note of the meeting was produced and sent to Mr O'Brien at the time. Mr O'Brien wrote to Dr Wright outlining some factual errors with the note of the meeting from his perspective. These comments were considered and Dr Wright responded to Mr O'Brien with an amended note of the meeting. In correspondence to Mr O'Brien, Dr Wright outlined that he was content to amend some aspects of the note, others he felt were reflective of the meeting. As the note of the meeting remained under question by Mr O'Brien, as part of the Case Investigators report to you as the Case Manager, the note of the meeting from Dr Wright was appended to the report along with Mr O'Brien's comments to ensure both positions were known. Both documents are contained within the appendices of the Investigation Report. It has been previously clarified with Mr O'Brien, that the note of this meeting would not be further amended. Mr O'Brien's request for information was discussed with him and dealt with at the meeting of 3 August 2018. Mr O'Brien has been provided with all of the documents referred to above.

- In respect of the note of the meeting on 24 January 2017 – as per above, Colin Weir (then Case Investigator) was satisfied with the content of the note as an accurate reflection of the meeting with Mr O'Brien on 24 January. Mr O'Brien submitted his comments on the note. Both have been appended to the final investigation report to ensure both positions could be considered. Mr O'Brien has been provided with these documents.

- Copy of the minutes of the meeting of the Oversight Group December 2016 attached.

- Copy correspondence with NCAS in December 2016 attached.

- Copy of the Integrated Elective Access Protocol attached. It has been previously clarified with Mr O'Brien that this is the document referred to at the outset of the investigation. It has previously been clarified with Mr O'Brien that there is no separate Southern Trust Policy or Procedure on Triage.

If you require anything further, please let me know.

Regards,

Siobhan

From: Khan, Ahmed
Sent: 11 October 2018 11:34
To: Hynds, Siobhan
Subject: FW: Investigation

Siobhan, Don't know if you send me draft reply to Mr O'Brien's email as discussed last week. Would 19th Oct at 11.30 in DHH meeting still fine?
Thanks
AK

From: Khan, Ahmed
Sent: 02 October 2018 11:28
To: Hynds, Siobhan
Subject: FW: Investigation

Siobhan, see email from Mr O'Brien. We can discuss this at our Thursday meeting.
Thanks
AK

From: O'Brien, Aidan
Sent: 01 October 2018 22:27
To: Khan, Ahmed
Subject: Investigation

Dear Dr. Khan,

Further to our meeting today, and specifically with regard to information previously requested, I write to clarify that I wrote to Dr. Wright on 14 February 2017, detailing a number of errors and omissions in the Note of the Meeting of 30 December 2016, requesting that amendments be made. On 01 March 2017, I received from Siobhan Hynds an acknowledgement of receipt of my letter to Dr. Wright. She advised that she would arrange for an amended Note to be sent to me, taking into consideration my suggested amendments. No amended Note was sent to me. On 19 April 2017, I sent an email to Siobhan Hynds, advising that I still awaited an amended Note. I did not receive any response, reply or amended Note. A further request was submitted on 31 July 2017. Again, I did not receive a response or an amended Note. An amended Note was included in the Investigator's report.

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Most importantly, if you are unable or unprepared to provide me with these requested documents, or have them provided to me, in a timely manner, I would be grateful if you would advise me of the reasons why, and of whom I may request the information,

Aidan.

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'Briens administrative practices have led to the strong possibility that patients may have come to harm. Should Dr O'Brien return to work, the potential that his continuing administrative practices could continue to harm patients would still exist. Therefore, it was agreed to exclude Dr O'Brien for the duration of a formal investigation under the MHPS guidelines using an NCAS approach.

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

The following was agreed:
Case Investigator – Colin Weir
Case Manager – Ahmed Khan

INTEGRATED ELECTIVE ACCESS PROTOCOL

EXECUTIVE SUMMARY

APRIL 2008

SECTION 1 – CONTEXT

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

1.2 The length of time a patient needs to wait for hospital treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust. Ensuring prompt timely and accurate communications with patients is a core responsibility of the hospital and the wider local health community.

11.4 Robust data quality is essential to ensure accurate and reliable data is held on PAS, to facilitate clinical and clerical training and to support the production of operational and management information.

1.5 An Executive Director should have lead responsibility for implementing the protocol.

1.6 There a number of underpinning principles:

- Patients should be treated on the basis of clinical urgency
- Patients with same clinical urgency should be treated in turn
- Patients added to lists must be ready for assessment/treatment
- Inpatient care should be exception and not the norm
- Booking systems will be developed to ensure convenience for patients
- Capacity will be linked to Service and Budget Agreements

1.7 Booking principles have been developed to support all areas across the elective pathway where appointment systems are used. Offering patient's

choice of date and time is essential in agreeing and booking appointments with patients and Trusts should ensure that their booking systems enable patients to choose hospital appointments that are convenient for them.

1.8 Facilitating reasonable offers to patients should be seen within the context of robust booking systems being in place. Booking development work within Trusts should be consistent with regional and local targets and provide a framework for consistent regional booking processes.

1.9 All booking processes should be underpinned with the relevant local policies and procedures to provide clarity to operational staff.

SECTION 2 – MANAGEMENT OF ICATS

2.1 Referrals will be managed through a centralised registration process in the nominated Hospital Registration Offices (HRO's) to receive, register and process all ICATS referrals.

2.2 Where ICATS is in place for a specialty, all referrals should be registered and scanned on the Electronic Referral Management System (ERMS) within 24 hours of receipt. Each ICATS must have a triage rota to ensure every referral is triaged and the next step confirmed within 3 working days of receipt into HRO. Following triage, the outcome will be confirmed by letter to GP and patient within a further 2 working days (5 working days in total from receipt of referral).

2.3 All new patients should be able to book their appointment and the expectation is that follow-up patients should also be able to choose the date and time of appointment. All patients must be offered reasonable notice. A reasonable offer is defined as an offer of appointment, irrespective of provider, that gives the patient a minimum of three weeks' notice and choice of two appointments.

2.4 Patients who have the opportunity to agree the date and time of their appointment, and who DNA, will normally be referred back to the care of their referring clinician. If a patient cancels their appointment, they will be given a second opportunity to attend, which should be within 6 weeks.

2.5 It is essential that leave/absence of ICATS practitioners is organised in line with the Trust's notification of leave protocol. Trusts should have robust policies and procedures that minimise the cancellation/reduction of ICATS clinics.

2.6 It is essential that Trusts have effective clinical management arrangements in place. Changes in patient details must be updated on ERMS and medical records on the date of the clinic. When the assessment has been completed and a clear decision taken on the next step, patient outcomes must be recorded on ERMS.

2.7 Robust clinic templates should be agreed between clinicians and service managers, with clear processes in place for requests to change templates.

2.8 A continuous process of data quality validation should be in place to ensure data accuracy at all times. Trusts should ensure that all relevant data fields are completed in ERMS. This should be undertaken as a minimum on a monthly basis and ideally on a weekly basis as waiting times reduce.

SECTION 3 - MANAGEMENT OF OUTPATIENT SERVICES

3.1 There will be dedicated Hospital Registration Offices (HROs) within Trusts to receive, register and process all outpatient referrals. The HROs will be required to register and scan referrals (where appropriate) onto ERMS and PAS.

3.2 There will be dedicated booking functions within Trusts, developed in line with the booking principles outlined in Section 1.7. The booking processes for non-routine groups of patients, or those with additional needs should be designed to identify and incorporate the specific pathway requirements of these patients.

3.3 To promote and ensure equity for patients, referrals into Trusts should be pooled where possible within specialties. Referrals to a specific consultant by a GP should only be accepted where there are specific clinical requirements or stated patient preference.

3.4 All referrals should be received at the HRO and registered within 1 working day of receipt and able to be tracked through the system. GP priority must be recorded at registration. All outpatient referrals will be prioritised and returned to the HRO within 3 working days. Following prioritisation, referrals must be actioned on PAS and appropriate correspondence issued to patients within 1 working day.

3.5 Where clinics take place, or referrals can be viewed less frequently than weekly, a process must be put in place and agreed with clinicians whereby GP prioritisation is accepted, in order to proceed with booking urgent patients.

3.6 All consultant led outpatients where the patient attends the Trust should be booked. The key requirements are that the patient is directly involved in negotiating the appointment date and time, and that no appointment is made more than six weeks into the future.

3.7 All routine patients must be booked within the maximum waiting time guarantee. Urgent patients must be booked within the maximum wait agreed locally with clinicians, from the date of receipt. It is recognised that there will be occasional exceptions to this, where clinical urgency dictates that the patient is appointed immediately. Trusts should ensure that when accommodating these patients, the appointment process is robust and clinical governance requirements are met.

3.8 All new and review consultant led outpatient clinics should be able to book their appointment. The use of the Patient Choice field on PAS is mandatory. For non-ISOFT and manual administration systems, Trusts should ensure that they are able to record and report patients who have been booked.

3.9 Patients who have chosen the date and time of their appointment, and who DNA, will normally be referred back to the referring clinician. Where a fixed appointment has been issued, patients will have 2 opportunities to attend.

3.10 If a patient cancels their appointment, they will be given a second opportunity, which should be within 6 weeks.

3.11 it is essential that planned medical and other clinical leave or absence is organised in line with agreed Trust Human Resources (HR) protocol. Trusts must have robust policies and procedures that minimise the cancellation/reduction of outpatient clinics or diagnostic sessions and the

work associated with the rebooking of appointments. There should be clear medical and clinical agreement and commitment to this HR policy. Where cancelling and rebooking is unavoidable the procedures used must be equitable, efficient and comply with clinical governance principles and ensure that maximum waiting times for patients are not compromised.

3.11 It is essential that Trusts have effective clinical management arrangements in place. Clinic outcomes must be recorded on the day of the clinic. Follow-up appointments must be made within a time-frame specified by the clinician.

3.12 Clinic templates should be agreed between clinicians and service managers, with clear processes in place for requests to change templates. Templates should reflect commissioned volumes.

3.13 A continuous process of data quality validation should be in place to ensure data accuracy at all times and robust / accurate PTLs. This should be undertaken as a minimum on a monthly basis and ideally on a weekly basis as waiting times reduce.

3.14 Outpatient transfers to alternative providers must always be with the consent of the patient and receiving consultant. Administrative speed and good communication are very important to ensure this process runs smoothly. The Technical Guidance for Handling Patient Transfers must be fully complied with.

SECTION 4 – MANAGEMENT OF DIAGNOSTIC SERVICES

4.1 There will be a centralised registration process within Trust to receive, register and process all diagnostic referrals. It is expected that this will be in a single location, where possible.

4.2 The Trust should work towards introducing choice of the date and time of tests to all patients. The Booking Principles outlined in Section 1 of the IEAP should be considered in the development of this strategy.

4.3 Trust must have in place arrangements for pooling all referrals unless there is specific clinical information which determines that the patient should be seen by a particular consultant with sub-specialty interest.

4.4 All referrals will be registered on PAS / relevant IT systems within one working day of receipt. All diagnostic requests, appointments and waiting lists should be managed according to clinical priority. All referrals and requests must be prioritised and clinical urgency clearly identified. Clinicians will be responsible for ensuring that cover is provided for referrals to be read and prioritised during their absence.

4.5 Referrals and requests will be prioritised and returned to the central registration point within three working days.

4.6 Session or clinic templates should be constructed to ensure enough capacity is available to treat each stream within the maximum waiting time guarantees. Maximum waiting times for urgent patients should be agreed locally with clinicians.

4.7 Patients of equal clinical priority will be selected for appointment in chronological order and Trusts must ensure that regional standards and

targets in relation to waiting times and booking requirements are met. The process of selecting patients for diagnostic investigations is a complex activity and entails balancing the needs and priorities of the patient and the Trust against the available resources.

4.8 Booking will enable patients to have an opportunity to contact the hospital and agree a convenient time for their appointment. Booking strategies should be developed in line with the booking principles outlined in Section 1.7. In the interim, while fixed appointments are being issued, Trusts should ensure that the regional guidance is followed in the management of patients.

4.9 Where a patient has had an opportunity to agree the date and time of their appointment, and they DNA, they will normally be referred back to the care of their referring clinician. If a patient cancels their appointment, they will be given a second opportunity to attend, which should be within 6 weeks.

4.10 Transfers to alternative providers must always be with the consent of the patient and receiving consultant. Administrative speed and good communication are very important to ensure this process runs smoothly.

4.11 It is essential that leave / absence is organised in line with the Trust's Human Resources leave protocol. It is necessary for Trusts to have robust policies and procedures that minimise the cancellation / reduction of diagnostic sessions and the work associated with re-booking appointments. Where cancelling and re-booking is unavoidable the procedures used must be equitable and comply with clinical governance.

4.12 When the consultation has been completed and where there is clear decision made on the next step, patient outcomes must be recorded on

the date of the clinic. The outcome of the diagnostic test must be available to the referrer without undue delay. A standard for reporting of tests will be introduced in 2008 and Trusts will be expected to monitor and audit compliance to the standards.

4.13 Clinic templates should be agreed between clinicians and service managers, with clear processes in place for requests to change templates. Templates should reflect commissioned volumes.

4.14 A continuous process of data quality validation should be in place to ensure data accuracy at all times. This should be undertaken as a minimum on a monthly basis and ideally on a weekly basis as waiting times reduce.

4.15 The management of planned patients should be in line with the guidance outlined in Section 6 – Elective Admissions. Trusts should be able to demonstrate consistency in the way planned patients are treated and that patients are being treated in line with the clinical constraints.

4.16 Where more than one diagnostic test is required to assist with clinical decision making, the first test should be added to the waiting list with additional tests noted.

SECTION 5 – MANAGEMENT OF AHP SERVICES

5.1 All AHP referrals must be date stamped on the day of receipt and registered onto the relevant information system within 1 working day of receipt.

5.2 Trusts should work towards a system whereby all AHP referrals are received at a dedicated registration function (s).

5.3 All referrals must be triaged or assessment to make a clear decision on the next step of a referral and clinical urgency (urgent or routine) clearly identified and recorded. All referrals will be prioritised and returned to the registration point within 3 working days.

5.4 Trusts must ensure that protocols are in place to prevent unnecessary delay from date stamping / logging of referrals to forwarding to the AHP department responsible for referral triage and / or initiation of treatment. It will be the responsibility of the relevant manager to monitor this performance indicator.

5.5 A robust system should be in place to ensure that cover is provided for referrals to be read and prioritised during practitioners' absence. A designated officer should oversee this and a protocol will be required for each service.

5.6 Where referrals can be reviewed less frequently than weekly, a process must be put in place and agreed with AHPs whereby the referrer's prioritisation is accepted in order to proceed with booking urgent patients.

5.7 If at the referral stage the patient / client is identified as being clinically or socially unfit to receive the necessary service, the referral should not be

accepted (not added to a waiting list) and returned to the originating referrer with a request that they re-refer the patient / client when they are clinically or socially fit to be seen.

5.8 Urgent patients must be booked within locally agreed maximum waits from the date of receipt. All routine patients should be appointed within the maximum waiting time guarantee. Local booking processes should be developed and based upon the principles outlined in Section 1.7 of the IEAP.

5.9 A minimum of 3 weeks notice should be provided for all routine patients. This does not prevent patients being offered an earlier appointment. Patients refusing short notice appointments (i.e. less than 3 weeks notice) will not have their waiting time clock reset, in line with guidance on reasonable offers outlined in Appendix 3.

5.10 Patients, within each clinical priority category, should be selected for booking in chronological order, i.e. based on the date the referral was received. Trusts should ensure that local administrative systems have the capability and functionality to effectively operate a referral management and booking system that is chronologically based.

5.11 Trusts should ensure that robust prospective planning arrangements are in place, with clear escalation procedures to facilitate capacity gaps to be identified and solutions found in a timely manger to support operational booking processes and delivery of the targets.

5.12 No patient should have his or her appointment cancelled. If Trusts cancel a patient's appointment, the waiting time clock will not be reset and the patient will be offered an alternative reasonable appointment date, ideally at the time of cancellation and no more than 6 weeks in advance. The

Trust must ensure that the new appointment date is within the maximum waiting time guarantee.

5.13 It is essential that AHP practitioners and other clinical planned leave or absence is organised in line with an agreed Trust Human Resources (HR) protocol, to minimise the cancellation / reduction of AHP clinics and the work associated with rebooking patients. The protocol should require a minimum of 6 weeks notice of planned leave and there should be clear practitioner agreement and commitment to this. Where cancelling and rebooking is avoidable, the procedures used must be equitable, efficient and comply with clinical governance principles.

5.14 All patients will have their attendance recorded or registered on arrival for their appointment. When the assessment / treatment has been completed and where there is a clear decision made on the next step, the patient outcomes must be recorded on the date of clinic.

5.15 All review appointments must be made within the timeframe specified by the practitioner. Where there are linked interventions, discussions on a suitable review date should be discussed and agreed with the practitioner.

5.16 Clinic templates should be developed and agreed between the practitioner and service manager which should reflect commissioning volumes. Templates will identify the number of slots available for new urgent, new routine and follow up appointments; specify the time each clinic is scheduled to start and finish; and identify the time allocated for each appointment slot. A relevant senior manager should have responsibility for this process.

5.17 A continuous process of data quality validation should be in place to ensure data accuracy at all times.

SECTION 6 – MANAGEMENT OF ELECTIVE ADMISSIONS

6.1 All patients must be added to either an active or planned waiting list within 2 working days of the decision to admit being made, indicating as a minimum a 3 digit OPCS code. Clinical priority should be identified as urgent or routine. Where a decision to admit depends on the outcome of diagnostic tests, patients should not be added until results are known.

6.2 Trusts should develop booking systems to support patients having a choice of date and time for their elective procedure, which is line with reasonable guidance. Notification of leave policies must be adhered to.

6.3 Patients on planned lists must have an indicative month of treatment, which is regularly monitored, to ensure that planned patients are receiving treatment when it is clinically required.

6.4 Patients who cancel a reasonable offer will be given a second opportunity to book an admission, which should be within 6 weeks of the original admission date. If a patient DNAs, a second date should not normally be offered if the patient has had an opportunity to agree the date and time of their admission. If the hospital initiates a cancellation then the patient's waiting time will not be reset and the patient will be offered an alterative reasonable date within a maximum of 28 days.

6.5 Periods of suspension should not exceed 3 months. Suspended patients must have a review date, which must be 1st of the month.

6.6 All patients requiring an elective procedure must undergo a preoperative assessment, which should involve an anaesthetic assessment and can be provided using a variety of methods, including telephone, postal or face to face.

National Clinical Assessment Service

NCAS
NHS Litigation Authority
2nd Floor, 151 Buckingham Palace Road
London
SW1W 9SZ

Website: www.ncas.nhs.uk

General Enquiries and Advice Line: 020 7811 2600
Direct Fax: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

29 December 2016

SENT VIA EMAIL ONLY

PRIVATE AND CONFIDENTIAL

Dr Richard Wright
Medical Director
Southern Health And Social Care Trust
68 Lurgan Road
Portadown
BT63 5QQ

NCAS ref: 18665 (Please quote in all correspondence)

Dear Dr Wright

Further to our telephone conversation on 28 December 2016, I am writing to summarise the issues which we discussed for both of our records. Please let me know if any of the information is incorrect.

In summary, this case which my colleague Dr Fitzpatrick had previously discussed with Mr Gibson, involves Dr 18665, a senior consultant urologist about whom there have been increasing performance concerns. The allegations are of poor record keeping, and slowness of triaging referrals and arranging reviews. Dr 18665 is also reported to have removed a very substantial numbers of charts from the Trust's premises without bringing them back; despite requests that these be returned many charts remain outstanding. Dr 18665's colleagues have, on occasions, seen patients for whom there have been no notes. Dr 18665 is currently on sick leave, but has indicated that he is returning to work in January 2017.

A recent Serious Adverse Incident (SAI) has caused concern that there is potential for patients to be harmed by the ongoing situation. You are awaiting the report of the SAI but on the information available to date, you feel the Trust will need to undertake a formal investigation of Dr 18665. The Trust is also considering exclusion.

As you are aware, the concerns about Dr 18665 should be managed in line with local policy and the guidance in Maintaining High Professional Standards in the Modern HPSS (MHPS). We discussed that as the information to date - no noted improvement despite the matter having been raised with Dr 18665 - suggests that an informal approach (as per paragraphs 15-17 of Section I of MHPS) is unlikely to resolve the situation, a more formal process is now warranted.

Any formal investigation should be undertaken to robust and specific Terms of Reference (ToR) and in line with the guidance in paragraphs 28-40 of MHPS Section II. The Case Manager should write to Dr 18665 as per paragraph 35 informing him of the name of the Case Investigator and Designated Board Member; any objections by Dr 18665 to the appointment of nominated individuals should be given serious consideration. The investigation should not be an unfocused trawl of Dr 18665's work but we discussed that if there are concerns that patients may not have received appropriate treatment, or that there are patients with inadequate records, then this could be managed separately with an audit/ look back to ensure that patients have received the appropriate standard of care. We noted that further preliminary information (such as from the SAI and taking account of Dr 18665's comments) may be helpful in deciding the scope of the investigation and therefore the ToR.

As well as being outwith the Trust's Information Governance policies, the allegations, if upheld, may mean that the legislation (DPA) has been breached, and once more information is available you may wish to take further advice on this. Paragraphs 20 and 21 of the GMC's Good Medical Practice also set out standards for record keeping including a requirement that records are kept in line with data protection duties.

Dr 18665 is due to attend Occupational Health to ascertain whether he is fit for work; if he is not, we noted that there would be no need at this time to consider exclusion but you may then wish to ask the Occupational Physician whether/when Dr 18665 would be fit to participate in an investigative process.

If Dr 18665 is deemed fit for work, we discussed the criteria for formal exclusion, and the option of an interim immediate exclusion for a maximum of 4 weeks (as per paragraphs 18-27 of Section I MHPS). The latter would allow for further information to be collated and to take account of Dr 18665's comments about the allegations, before deciding whether there are reasonable and proper grounds for formal exclusion such as a concern that the presence of the practitioner in the workplace would be likely to hinder the investigation. I note that there had been a concern expressed previously about a record missing for 2 years inexplicably appearing on a secretary's desk. In line with paragraph 22 of Section II MHPS, there is an obligation to inform other organisations, including the private sector, of any restriction or exclusion of a practitioner and a summary of the reasons for it.

Dr 18665 should be encouraged to contact his defence organisation/ BMA for help and advice. He may also benefit from staff support such as counselling, at what is likely to be a stressful time for him. Dr 18665 should be told of the involvement of NCAS and you are welcome to share this letter with him if you think this would be helpful.

As discussed, and as Dr 18665 may be excluded, NCAS will keep this case open and I will review it with you in approximately 1 month. Please call in the interim if you have any queries.

Relevant regulations/guidance:

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

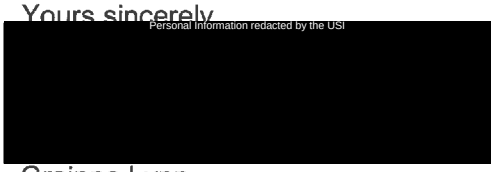
Review date:

27 January 2017

If you have any further issues to discuss, or any difficulty with these arrangements, please contact Case Support on the direct line above.

I hope the process has been helpful to you.

Yours sincerely



Grainne Lynn
NCAS Adviser

cc Case Support Team

Subject: FW: Information Request

From: O'Brien, Aidan [mailto: Personal Information redacted by the USI
Sent: 02 November 2018 07:54
To: Khan, Ahmed
Cc: Wilkinson, John; Toal, Vivienne
Subject: RE: Information Request

Dear Dr Khan,

Thank you for your email of 23 October 2018.

I have taken note of the comments of Siobhan Hynds included in your email. I take issue with a number of the assertions contained therein. I will address those issues in a separate email in coming days.

I also note your enquiry as to my adherence to the Return to Work Plan. I will also address your enquiry in a separate email in coming days.

I do so as I wish to avail of this opportunity to advise you of my alarm to discover the nature of the activities and conduct of senior Trust management in 2016 related to concerns pertaining to my administrative practice. Having now received the Action Note emanating from the meeting of the Oversight Committee of the 22 December 2016, it is evident that there were earlier meetings of the Oversight Committee on 13 September 2016 and on 12 October 2016. It is stated that, at the meeting of 13 September 2016, the Oversight Committee had recommended a Formal Investigation at that time, and that subsequently a 'different approach was to be taken', as reported to the meeting of the Oversight Committee on 12 October 2016. I have never been made aware of these meetings, or of the decisions made at them, before receipt of your email, two years later. It would appear that none of these matters have been disclosed to the Investigation, or investigated by the Investigation, despite falling squarely within Term of Reference 5 of the Investigation.

It is now of the utmost importance that all correspondence and Minutes are shared as a matter of urgency. Accordingly, I request that you provide me with the following documents within seven days of the date hereof:

1. The Minutes of the meeting of the Oversight Committee of 13 September 2016
2. The Minutes of the meeting of the Oversight Committee of 12 October 2016

In addition, I request the following be provided to me within 14 days of the date hereof:

1. All minutes, notes or records pertaining to any and all meetings or case conferences of the Oversight Committee relating to my practice from 2015 to date.
2. All minutes, notes or records of the meeting held by Ms. Heather Trouton and the Medical Director on 11 January 2016 at 10.00 am, and to which Ms. Trouton referred in her unsigned, undated witness statement.
3. The correspondence from Mr. A. Glackin to Mr. R. Carroll and to Ms. E. Gishkori relating to my practice, and to which Mr. Carroll referred at Paragraph 9 of his witness statement of 17 August 2017.
4. The email sent from Mr. M. Haynes, received by Mr. R. Carroll and relating to concerns regarding my private practice, and to which Mr. Carroll referred at Paragraph 11 of his witness statement of 17 August 2017.
5. All correspondence about my practice sent between and amongst management in 2016.
6. All minutes, notes or records of any meetings or discussions by management regarding me and my practice in 2016.

Lastly, I request that you acknowledge receipt of this email, and confirm that the sought documentation will be provided within the time periods stated above, and further and in the alternative (if they cannot be provided) full and precise reasons why this is the case.

Yours Sincerely,

Aidan O'Brien.

From: Khan, Ahmed
Sent: 23 October 2018 16:57
To: O'Brien, Aidan
Cc: Wilkinson, John; Hynds, Siobhan
Subject: RE: Information Request

Dear Mr O'Brien,

Further to your request, please find comments from Ms Siobhan Hynds below and attached documents as requested. I have also attached copy of September 2016 NCAS correspondence.

- **In respect of the note of the meeting on 30 December 2016. This meeting was attended by Mr O'Brien, his wife, Dr Richard Wright and Lynne Hainey, HR Manager. The information I have from that early stage of the process outlines that a note of the meeting was produced and sent to Mr O'Brien at the time. Mr O'Brien wrote to Dr Wright outlining some factual errors with the note of the meeting from his perspective. These comments were considered and Dr Wright responded to Mr O'Brien with an amended note of the meeting. In correspondence to Mr O'Brien, Dr Wright outlined that he was content to amend some aspects of the note, others he felt were reflective of the meeting. As the note of the meeting remained under question by Mr O'Brien, as part of the Case Investigators report to you as the Case Manager, the note of the meeting from Dr Wright was appended to the report along with Mr O'Brien's comments to ensure both positions were known. Both documents are contained within the appendices of the Investigation Report. It has been previously clarified with Mr O'Brien, that the note of this meeting would not be further amended. Mr O'Brien's request for information was discussed with him and dealt with at the meeting of 3 August 2018. Mr O'Brien has been provided with all of the documents referred to above.**

- **In respect of the note of the meeting on 24 January 2017 – as per above, Colin Weir (then Case Investigator) was satisfied with the content of the note as an accurate reflection of the meeting with Mr O'Brien on 24 January. Mr O'Brien submitted his comments on the note. Both have been appended to the final investigation report to ensure both positions could be considered. Mr O'Brien has been provided with these documents.**

- **Copy of the minutes of the meeting of the Oversight Group December 2016 attached.**

- **Copy correspondence with NCAS in September & December 2016 attached.**

- **Copy of the Integrated Elective Access Protocol attached. It has been previously clarified with Mr O'Brien that this is the document referred to at the outset of the investigation. It has previously been clarified with Mr O'Brien that there is no separate Southern Trust Policy or Procedure on Triage.**

Aidan, I take this opportunity to ask if you are adherent to agreed MHPS action plan (attached)?

Regards,
Ahmed

Dr Ahmed Khan

Case Manger

From: O'Brien, Aidan
Sent: 21 October 2018 16:16
To: Khan, Ahmed
Cc: Toal, Vivienne; Wilkinson, John
Subject: RE: Information Request

Dear Dr. Khan,

I am disappointed to have not yet received the information that I have previously requested.

I also write to advise you that I have since had the opportunity of discussing my concerns with Dr. Lynn of Practitioner Performance Advice (formerly NCAS).
I have been further concerned to be advised by her that there had been an earlier consultation with and communication from NCAS in September 2016, and about which I had not been advised.

Therefore, in addition to the information previously requested, I now request copies of all communications with and correspondence from NCAS pertaining to me during 2016.

As previously, if you are unable or unprepared to do so in a timely manner, I would be grateful if you would advise of the reason(s), and similarly advise me from whom the information may be obtained,

Aidan O'Brien

From: Khan, Ahmed
Sent: 03 October 2018 10:36
To: O'Brien, Aidan
Cc: Hynds, Siobhan
Subject: RE: Investigation

Dear Mr O'Brien, thank you. I have requested some information & will be in touch soon.

Regards,
Ahmed

Dr Ahmed Khan
Case Manger- MHPS

From: O'Brien, Aidan
Sent: 01 October 2018 22:27
To: Khan, Ahmed
Subject: Investigation

Dear Dr. Khan,

Further to our meeting today, and specifically with regard to information previously requested, I write to clarify that I wrote to Dr. Wright on 14 February 2017, detailing a number of errors and omissions in the Note of the Meeting of 30 December 2016, requesting that amendments be made. On 01 March 2017, I received from Siobhan Hynds an acknowledgement of receipt of my letter to Dr. Wright. She advised that she would arrange for an amended Note to be sent to me, taking into consideration my suggested amendments. No amended Note was sent to me. On 19 April 2017, I sent an email to Siobhan Hynds, advising that I still awaited an amended Note. I did not receive any

response, reply or amended Note. A further request was submitted on 31 July 2017. Again, I did not receive a response or an amended Note. An amended Note was included in the Investigator's report.

On 28 March 2017, I submitted to Siobhan Hynds a list of amendments to be made to the Note of the Meeting with her and with Mr. Weir, and which took place on 24 January 2017. I requested that she return a copy of the amended Note. I received no reply or response. On 31 July 2017, I again requested an amended Note of the Meeting, without response. The original Note of the Meeting was included in the Investigator's report, without amendments having been made.

On 31 July 2017, I submitted to Siobhan Hynds, by email, a request for a copy of the minutes of the meeting of the Oversight Group and which took place in December 2016. I have still not been provided with a copy of the minutes.

On 31 July 2017, I submitted to Siobhan Hynds, by email, a request for a copy of a record of communication and correspondence with NCAS in December 2016. I have still not been provided with a copy.

On 31 July 2017, I also requested a copy of the Southern Trust's Policy & Procedure on Triage, and which I had previously requested. I still have not been provided with a copy.

On 10 June 2018, I again sent an email to Siobhan Hynds requesting responses to the requests made previously, as detailed above. As before, I still await the information.

Therefore, I would be grateful, even at this late juncture, if you would have the requested information sent to me, and specifically, lest there be any doubt:

- A copy of the Record of Communication and / or Correspondence with NCAS in December 2016, and subsequently.
- A copy of the Minutes or Note of the Meeting of the Oversight Group in December 2016
- A copy of Southern Trust's Policy & Procedure for Triage

Most importantly, if you are unable or unprepared to provide me with these requested documents, or have them provided to me, in a timely manner, I would be grateful if you would advise me of the reasons why, and of whom I may request the information,

Aidan.

Subject: FW: Information Request

From: Khan, Ahmed [mailto:[redacted]
Personal Information redacted by the USI
Sent: 02 November 2018 09:06
To: Hynds, Siobhan
Cc: Toal, Vivienne
Subject: FW: Information Request

Siobhan, please see email from Mr OBrien. Can we discuss this please later, I will be available after 3pm on my mobile.
Thanks
AK

From: O'Brien, Aidan
Sent: 02 November 2018 07:54
To: Khan, Ahmed
Cc: Wilkinson, John; Toal, Vivienne
Subject: RE: Information Request

Dear Dr Khan,

Thank you for your email of 23 October 2018.

I have taken note of the comments of Siobhan Hynds included in your email. I take issue with a number of the assertions contained therein. I will address those issues in a separate email in coming days.

I also note your enquiry as to my adherence to the Return to Work Plan. I will also address your enquiry in a separate email in coming days.

I do so as I wish to avail of this opportunity to advise you of my alarm to discover the nature of the activities and nduct of senior Trust management in 2016 related to concerns pertaining to my administrative practice. Having now received the Action Note emanating from the meeting of the Oversight Committee of the 22 December 2016, it is evident that there were earlier meetings of the Oversight Committee on 13 September 2016 and on 12 October 2016. It is stated that, at the meeting of 13 September 2016, the Oversight Committee had recommended a Formal Investigation at that time, and that subsequently a 'different approach was to be taken', as reported to the meeting of the Oversight Committee on 12 October 2016. I have never been made aware of these meetings, or of the decisions made at them, before receipt of your email, two years later. It would appear that none of these matters have been disclosed to the Investigation, or investigated by the Investigation, despite falling squarely within Term of Reference 5 of the Investigation.

It is now of the utmost importance that all correspondence and Minutes are shared as a matter of urgency. Accordingly, I request that you provide me with the following documents within seven days of the date hereof:

1. The Minutes of the meeting of the Oversight Committee of 13 September 2016
2. The Minutes of the meeting of the Oversight Committee of 12 October 2016

In addition, I request the following be provided to me within 14 days of the date hereof:

1. All minutes, notes or records pertaining to any and all meetings or case conferences of the Oversight Committee relating to my practice from 2015 to date.
2. All minutes, notes or records of the meeting held by Ms. Heather Trouton and the Medical Director on 11 January 2016 at 10.00 am, and to which Ms. Trouton referred in her unsigned, undated witness statement.
3. The correspondence from Mr. A. Glackin to Mr. R. Carroll and to Ms. E. Gishkori relating to my practice, and to which Mr. Carroll referred at Paragraph 9 of his witness statement of 17 August 2017.
4. The email sent from Mr. M. Haynes, received by Mr. R. Carroll and relating to concerns regarding my private practice, and to which Mr. Carroll referred at Paragraph 11 of his witness statement of 17 August 2017.
5. All correspondence about my practice sent between and amongst management in 2016.
6. All minutes, notes or records of any meetings or discussions by management regarding me and my practice in 2016.

Lastly, I request that you acknowledge receipt of this email, and confirm that the sought documentation will be provided within the time periods stated above, and further and in the alternative (if they cannot be provided) full and precise reasons why this is the case.

Yours Sincerely,

Aidan O'Brien.

From: Khan, Ahmed
Sent: 23 October 2018 16:57
To: O'Brien, Aidan
Cc: Wilkinson, John; Hynds, Siobhan
Subject: RE: Information Request

Dear Mr O'Brien,

Further to your request, please find comments from Ms Siobhan Hynds below and attached documents as requested. I have also attached copy of September 2016 NCAS correspondence.

- **In respect of the note of the meeting on 30 December 2016. This meeting was attended by Mr O'Brien, his wife, Dr Richard Wright and Lynne Hainey, HR Manager. The information I have from that early stage of the process outlines that a note of the meeting was produced and sent to Mr O'Brien at the time. Mr O'Brien wrote to Dr Wright outlining some factual errors with the note of the meeting from his perspective. These comments were considered and Dr Wright responded to Mr O'Brien with an amended note of the meeting. In correspondence to Mr O'Brien, Dr Wright outlined that he was content to amend some aspects of the note, others he felt were reflective of the meeting. As the note of the meeting remained under question by Mr O'Brien, as part of the Case Investigators report to you as the Case Manager, the note of the meeting from Dr Wright was appended to the report along with Mr O'Brien's comments to ensure both positions were known. Both documents are contained within the appendices of the Investigation Report. It has been previously clarified with Mr O'Brien, that the note of this meeting would not be further amended. Mr O'Brien's request for information was discussed with him and dealt with at the meeting of 3 August 2018. Mr O'Brien has been provided with all of the documents referred to above.**

- **In respect of the note of the meeting on 24 January 2017 – as per above, Colin Weir (then Case Investigator) was satisfied with the content of the note as an accurate reflection of the meeting with Mr O'Brien on 24 January. Mr O'Brien submitted his comments on the note. Both have been appended to the final investigation report to ensure both positions could be considered. Mr O'Brien has been provided with these documents.**

- **Copy of the minutes of the meeting of the Oversight Group December 2016 attached.**

- **Copy correspondence with NCAS in September & December 2016 attached.**

- **Copy of the Integrated Elective Access Protocol attached. It has been previously clarified with Mr O'Brien that this is the document referred to at the outset of the investigation. It has previously been clarified with Mr O'Brien that there is no separate Southern Trust Policy or Procedure on Triage.**

Aidan, I take this opportunity to ask if you are adherent to agreed MHPS action plan (attached)?

Regards,
Ahmed

Dr Ahmed Khan
Case Manger

From: O'Brien, Aidan
Sent: 21 October 2018 16:16
To: Khan, Ahmed
Cc: Toal, Vivienne; Wilkinson, John
Subject: RE: Information Request

Dear Dr. Khan,

I am disappointed to have not yet received the information that I have previously requested.

I also write to advise you that I have since had the opportunity of discussing my concerns with Dr. Lynn of Practitioner Performance Advice (formerly NCAS).
I have been further concerned to be advised by her that there had been an earlier consultation with and communication from NCAS in September 2016, and about which I had not been advised.

Therefore, in addition to the information previously requested, I now request copies of all communications with and correspondence from NCAS pertaining to me during 2016.

As previously, if you are unable or unprepared to do so in a timely manner, I would be grateful if you would advise of the reason(s), and similarly advise me from whom the information may be obtained,

Dan O'Brien

From: Khan, Ahmed
Sent: 03 October 2018 10:36
To: O'Brien, Aidan
Cc: Hynds, Siobhan
Subject: RE: Investigation

Dear Mr O'Brien, thank you. I have requested some information & will be in touch soon.

Regards,
Ahmed

Dr Ahmed Khan
Case Manger- MHPS

From: O'Brien, Aidan
Sent: 01 October 2018 22:27
To: Khan, Ahmed
Subject: Investigation

Dear Dr. Khan,

Further to our meeting today, and specifically with regard to information previously requested, I write to clarify that I wrote to Dr. Wright on 14 February 2017, detailing a number of errors and omissions in the Note of the Meeting of 30 December 2016, requesting that amendments be made. On 01 March 2017, I received from Siobhan Hynds an acknowledgement of receipt of my letter to Dr. Wright. She advised that she would arrange for an amended Note to be sent to me, taking into consideration my suggested amendments. No amended Note was sent to me. On 19 April 2017, I sent an email to Siobhan Hynds, advising that I still awaited an amended Note. I did not receive any response, reply or amended Note. A further request was submitted on 31 July 2017. Again, I did not receive a response or an amended Note. An amended Note was included in the Investigator's report.

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Therefore, I would be grateful, even at this late juncture, if you would have the requested information sent to me, and specifically, lest there be any doubt:

- A copy of the Record of Communication and / or Correspondence with NCAS in December 2016, and subsequently.
- A copy of the Minutes or Note of the Meeting of the Oversight Group in December 2016
- A copy of Southern Trust's Policy & Procedure for Triage

Most importantly, if you are unable or unprepared to provide me with these requested documents, or have them provided to me, in a timely manner, I would be grateful if you would advise me of the reasons why, and of whom I may request the information,

Aidan.

Subject: FW: URGENT: INFORMATION REQUEST
Attachments: AOB

From: Wright, Elaine
Sent: 20 December 2018 09:30
To: Hynds, Siobhan
Cc: Neves, Joana
Subject: URGENT: INFORMATION REQUEST

Dear Siobhan
I have been trying to contact you regarding your email below.
Edith Doyle has completed an archive search and I have attached her response as above – however, there is currently an issue with the archive retrieval.
In relation to points 1, 2 and 3 we do not hold this information in the Chief Executive's Office.
Happy to discuss with you Siobhan.
Many thanks.
Kind regards, Elaine

From: Hynds, Siobhan
Sent: 14 December 2018 14:17
To: Wright, Elaine
Cc: Neves, Joana
Subject: URGENT: INFORMATION REQUEST
Importance: High

Hi Elaine

The Trust has received an information request from Mr Aidan O'Brien – a response is to be provided to Mr O'Brien on all matters by 21 December 2018.

I am therefore requesting copies of the following documents from you as a matter of urgency, as requested by Mr O'Brien:

1. The minutes of the meeting of the Oversight Committee of 13 September 2016.
2. The minutes of the meetings of the Oversight Committee of 12 October 2016.
3. All minutes, notes or records pertaining to any and all meetings or case conferences of the Oversight Committee relating to my practice from 2015 to date.
4. All correspondence sent about Mr O'Brien's practice between and amongst management in 2016.
5. All minutes, notes or records of any meetings or discussions by management regarding Mr O'Brien and his practice in 2016.

If there are documents you do hold can you please indicate that.

I am sending this request to you as there may be relevant documents in records within the Chief Executive's office, some of which may be held in closed systems.

Joana Neves in Employee Relations is assisting me in collating this information and therefore I would be grateful if you could get a paper copy of this information to Joana no later than close of business on Wednesday 19 November 2018.

If you have any queries please let me know.

Regards,

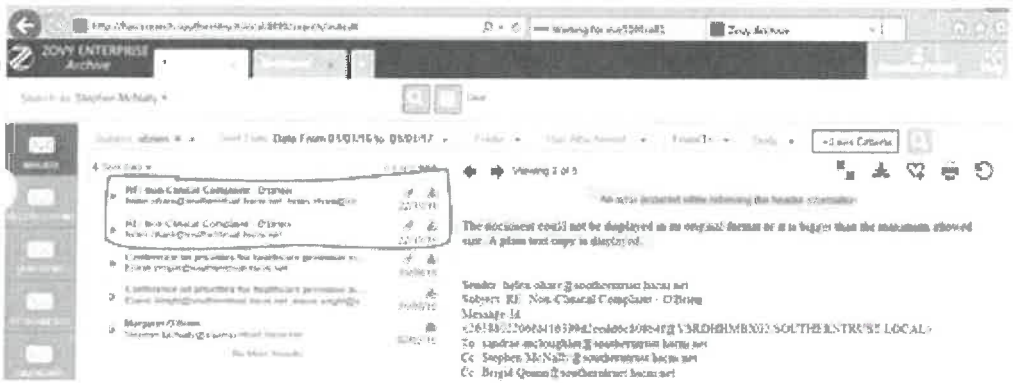
Siobhan

Mrs Siobhan Hynds
Head of Employee Relations
Human Resources & Organisational Development Directorate
Hill Building, St Luke's Hospital Site
Armagh, BT61 7NQ
Tel: Personal Information redacted by the USI Mobile: Personal Information redacted by the USI Fax: Personal Information redacted by the USI

From: Doyle, Edith
Sent: 19 December 2018 16:44
To: Wright, Elaine
Subject: AOB

Elaine

As discussed current issue with the archive retrieval has been logged with supplier, however emails marked may be relevant.



Let me know if any further required

Thanks

Regards
Edith

IT System Support and Operations | IT Department | Southern Health and Social Care Trust
T Personal Information redacted by the USI | DD Personal Information redacted by the USI | M Personal Information redacted by the USI

Subject: FW: AOB

From: Doyle, Edith
Sent: 28 December 2018 11:43
To: Wright, Elaine
Cc: Hynds, Siobhan
Subject: RE: AOB

Elaine

Emails were retrieved following archive resolve and found not to be relevant/related.

Regards
Edith

System Support and Operations | IT Department | Southern Health and Social Care Trust
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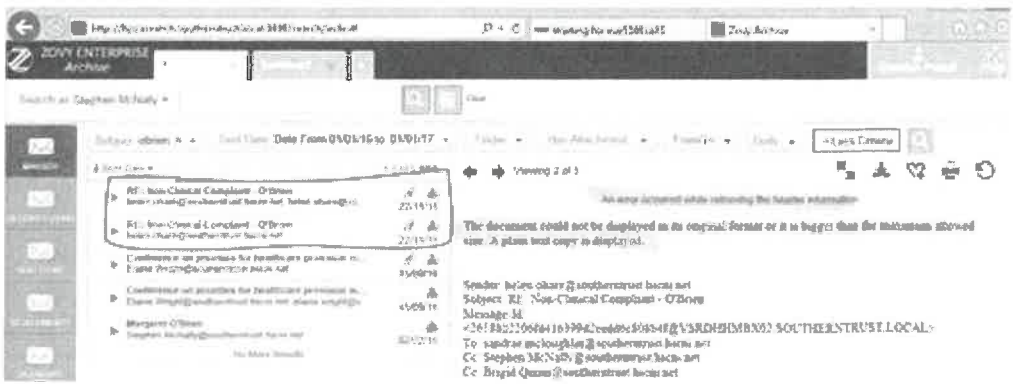
From: Wright, Elaine
Sent: 28 December 2018 11:40
To: Doyle, Edith
Cc: Hynds, Siobhan
Subject: AOB

Dear Edith
Would you please be able to retrieve the emails below for Siobhan.
Many thanks.
Kind regards, Elaine

From: Doyle, Edith
Sent: 19 December 2018 16:44
To: Wright, Elaine
Subject: AOB

Elaine

As discussed current issue with the archive retrieval has been logged with supplier, however emails marked may be relevant.



Let me know if any further required

Thanks

Regards
Edith

IT System Support and Operations | IT Department | Southern Health and Social Care Trust
T Personal Information redacted by the USI | DD Personal Information redacted by the USi | M Personal Information redacted by the USi

From: Boyce, Tracey
Subject: FW: URGENT: INFORMATION REQUEST
Attachments: AOB SAI; Confidential - AOB; Confidential - AOB; CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ; CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ; Confidential re AOB; Copy of Urology - AOB missing triage.xlsx; FW: Audit of charts re AOB; FW: Audit of charts re AOB; FW: Audit of charts re AOB; FW: Backlog report - no clinic outcomes ; FW: Complaint - ?SAI ; FW: Copy of Urology - AOB missing triage.xlsx; FW: Emailing: Personal of partial SAI; FW: Level 2 HSC RCA Report Patient 10 Draft Six; FW: Management of PP's / non chronological listing; Meeting on Friday with AOB; RE: Audit of charts re AOB; RE: Audit of charts re AOB; RE: Audit of charts re AOB; RE: Confidential - AOB; RE: Confidential - AOB; RE: CONFIDENTIAL - Confirmation of further oversight meeting re: Dr AOB - 10th January 1pm, Trust HQ; RE: Meeting on Friday with AOB; RE: Meeting on Friday with AOB; RE: Meeting on Friday with AOB; RE: Meeting on Friday with AOB; SAI panels concerns AOB.pdf; Strictly Confidential

From: Boyce, Tracey
Sent: 20 December 2018 16:09
To: Hynds, Siobhan
Cc: Neves, Joana
Subject: RE: URGENT: INFORMATION REQUEST

Hi
Please find attached all my emails from the Trust archive and a copy of the letter I received from an SAI panel raising the initial concern.

The letter attached looks as though a page is missing – but that is how it was received in Acute – it wasn't signed or named.

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: ClientLiaison, AcutePatient
Sent: 22 December 2016 11:08
To: Reid, Trudy; Connolly, Connie
Subject: Complaint - ?SAI

Hi Trudy and Connie, I am sending this out for investigation as a complaint but copying to you also to see if it needs screened as an SAI.

Kind Regards

David.

Subject: FW: Restored Email
Attachments: Action note - 22nd December - AOB.docx

From: Kelly, Paul
Sent: 11 January 2019 15:48
To: Toal, Vivienne
Subject: Restored Email

Dear Lynne

Document attached for context.

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: Hainey, Lynne
Sent: 28 December 2016 09:54
To: Toal, Vivienne
Cc: Hynds, Siobhan; Wright, Richard; Gibson, Simon
Subject: RE: Urgent MHPS case - Mr Aidan O'Brien

Thanks Vivienne, will give Dr Wright a ring. There was no attachment to e-mail.

Regards

Lynne

From: Toal, Vivienne
Sent: 28 December 2016 09:51
To: Hainey, Lynne
Cc: Hynds, Siobhan; 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 of 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 oh 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 #humerous,) 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 <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

Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

DHH: Personal Information redacted by the USI

IT Infrastructure Team

Southern Trust Health and Social Care Trust
Tel: (+44) Personal Information redacted by the USI or ext 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'Briens administrative practices have led to the strong possibility that patients may have come to harm. Should Dr O'Brien return to work, the potential that his continuing administrative practices could continue to harm patients would still exist. Therefore, it was agreed to exclude Dr O'Brien for the duration of a formal investigation under the MHPS guidelines using an NCAS approach.

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

The following was agreed:
Case Investigator – Colin Weir
Case Manager – Ahmed Khan

Toal, Vivienne

From: Parks, Zoe <[redacted]>
Sent: 13 November 2019 10:00
To: Toal, Vivienne; OKane, Maria; Gibson, Simon
Subject: RE: Just for Info - Doctors in Difficulty in Northern Trust

They did seem fairly engaged to me and I mentioned the fact to Seamus at the end of the meeting after everyone had gone. He commented that these were a particularly good bunch of clinical managers. Whilst I didn't see the documents they had produced, in one of the cases they were talking about how they had submitted their screening of concern document to the MD office and were recommending formal action against one of their consultants. I also asked Seamus if they had all been trained and he indicated they had.

From: Toal, Vivienne
Sent: 13 November 2019 09:54
To: Parks, Zoe; OKane, Maria; Gibson, Simon
Subject: RE: Just for Info - Doctors in Difficulty in Northern Trust

Thanks Zoe – how proactive, engaged, involved etc were their medics at these meetings – how different was their approach in terms of ownership of their doctors in difficulty?

Vivienne

From: Parks, Zoe
Sent: 13 November 2019 09:36
To: OKane, Maria; Gibson, Simon; Toal, Vivienne
Subject: Just for Info - Doctors in Difficulty in Northern Trust

Hi all,

I just wanted to feed back that I attended the Doctors and Dentists in Difficulty Meeting in the Northern Trust on Monday morning. Seamus O'Reilly had invited me along to observe so I thought it would be a good opportunity to see how it was done there. It is not dissimilar to our method however their meetings do happen more frequently – every month. The meeting was attended by the Medical Director, (his PA to take formal minutes), June Turkington from DLS, Grainne Tosh, Senior Manager from MD office and Una Burns Senior Manager from HR. They worked through their list of doctors who have been added to their 'Medical/dental Performance Review Panel' (so essentially all the doctors we have on our live spreadsheet).

They are grouped under each service division. So the first group of doctors were all surgical, so at the beginning of the meeting the AMD for Surgery and his AD Service Lead attended the meeting to go over their doctors. They then left and the next AMD came into the meeting to cover the ED Doctors and after he left, their Paediatrics Clinical Lead came to talk through their doctors in difficulty. The Medical

Director would hear from each Clinical Lead on how the cases were being managed and then decide if the doctor should be kept on the panel for review or of they could be removed from the panel and the case closed or the clinical manager to manage locally. It also acted as an opportunity for them to raise any other issues they were aware of to see if this needed to be added to the Panel for review. The fact these meetings are monthly and already in the diaries meant they can deal with all ongoing queries and processes around the management of cases – similar to what we cover in our Oversight meetings. They would also cover any doctors currently on exclusions, restrictions and also this time they had one consultant going out on ill health retirement (who had been involved in a case prior to leaving).

They were planning to write up a simplified document on MHPS so they were grateful that I was able to share with them our local MHPS guidance document.

Personal Information redacted by the USI

Zoë Parks
Head of Medical HR
The Brackens, Craigavon Area Hospital
Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

Toal, Vivienne

From: Parks, Zoe <BAD_b3d32d06b422751f509b623d665331ee@bogus.address>
Sent: 17 December 2012 17:34
To: Simpson, John
Cc: Donaghy, Kieran; Walker, Helen; Clegg, Malcolm
Subject: RE: Revised MHPS

Dr Simpson,

RE: Revision of MHPS

Through my experience of working through MHPS, I think this revised version is very helpful in many areas. I would add the following comments:

· Referring to a Doctor's entitlement to be accompanied by a companion, who may be legally qualified but he/she will not be acting in a legal capacity. In reality my experience is that as soon as an investigation is launched the doctor will contact the MDU (often directed by the BMA). The MDU will almost always engage with solicitors who will immediately start a chain of correspondence directly with the Trust HR Manager on the case. Although the doctor will be accompanied at hearing by the MDU, the representative is simply presenting the case on behalf of the solicitors. Therefore in reality the doctor is legally represented from the outset, with solicitors generating a lot of correspondence directly with the HR Managers throughout the investigation. As Trust's don't generally involve their own legal advisors at an early stage in cases (unless warranted), this correspondence often has to be responded to by (non legal) HR Manager working with the case investigator on the case.

· The entitlement for the doctor to be accompanied by a Friend – is there any further guidance around the definition of "friend" as this is fairly vague/broad and could cover just about anyone provided they were not being paid for their assistance. If there was any further clarification on this, even confirming they cannot be paid would be helpful.

· Timescales - My experience of our MHPS investigations is that they are generally much longer than the suggested 4 weeks, given often the complexity and necessity to gather suitable evidence including patient records and seeking witness statements. I wonder if there is anything that can add flexibility here whilst maintaining the importance of completing it as quickly as possible – to avoid Trusts running the risk of possibly being criticised for taking much longer than 4 weeks?

· Para 137 – Termination of employment with procedures incomplete - I feel it is important that this section is clear on the Trust responsibilities. We have recently experienced a number of doctors who left during a formal investigation under MHPS, reasons included temporary contract; resignation; rotational junior doctor. In our experience, we completed the investigation but felt that it wasn't appropriate for the Trust to take any further action beyond this i.e. take to a clinical performance hearing or refer formally to NCAS given the doctor was no longer employed. In these cases, we had to consider the case and make a decision on referring the information to the appropriate body (I.e. GMC where doctor had left UK or moved to another Trust in UK and NIMDTA for doctor in training). Our legal advisors agreed that it would be very difficult for the Trust to take any different action in these cases. Undoubtedly Trusts should deal with all the concerns and complete the investigation wherever possible but I think it should be clear about the expectations of taking it further and reaching a final decision?/conclusion after they have left employment.

· Disciplinary and Clinical Performance Hearings - Some of the case law around doctors and MHPS makes reference to independence of panels and I am wondering if there should be further guidance around this to protect Trusts?

· Disciplinary and Clinical Performance Hearings – Again some of the case law talks about legal representation in limited circumstances for doctors/dentists as the outcome of the case is argued to substantially influence an

employee's right to work in their chosen career – will the revised MHPS provide any guidance on the application of case law on this issue.? http://www.medical-journals.com/index.php?option=com_content&view=article&id=219&Itemid=111.

· The document written by Paul Epstein from Cloisters is useful to consider in terms of the failings they see in the current MHPS document. http://www.cloisters.com/news-pdf-downloads/maintaining-high-professional-standards-in-modern-nhs-2.pdf. He refers to for example the lack of definition to be followed in pure conduct cases (which can vary between employers particularly for gross misconduct) and how case law has therefore drawn comparisons with Part IV (clinical performance hearings) .

Hope this is helpful

Zoe

Mrs Zoe Parks
Medical Staffing Manager
Southern Health & Social Care Trust
Craigavon Area Hospital
68 Lurgan Road, Portadown

Phone: Personal Information redacted by the USI
Blackberry: Personal Information redacted by the USI
Fax: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Simpson, John
Sent: 17 December 2012 15:50
To: Donaghy, Kieran; Parks, Zoe; Brennan, Anne
Subject: FW: Revised MHPS

Would welcome your views,
John

From: Kilgallen Anne Western H.S.C. Trust [mailto: Personal Information redacted by the USI]
Sent: 16 December 2012 10:46
To: Simpson, John; peter.flanagan Personal Information redacted by the USI ; charlie.martyn Personal Information redacted by the USI ; tony.stevens Personal Information redacted by the USI
Cc: Kelly, SharonA (sharona.kelly Personal Information redacted by the USI); dorothy.killough Personal Information redacted by the USI ; Quinn Leona - PA to Medical Director
Subject: FW: Revised MHPS

This e-mail is covered by the disclaimer found at the end of the message..

Dear All

I suggest we discuss this at our next meeting. I was your nominee on the group that worked on this, so I would appreciate your comments and feedback.

Anne

From: Lindsay, Jane [mailto: Personal Information redacted by the USI]
Sent: 13 December 2012 14:12
To: Barkley, Mervyn; Margot Roberts; Reid, Simon; Kilgallen Anne Western H.S.C. Trust; Paddy.Woods Personal Information redacted by the USI
Cc: Davey, Noreen; Pauline Dardis; Beck Lorraine; Garrett, Elizabeth; Hutchison, Ruth

Subject: Revised MHPS

Colleagues

Please find attached the most recent version of MHPS. This contains revisions suggested following our last meeting, thanks to all who emailed/provided written comments. There are a number of additional comments that require further clarification and discussion; I will table these and forward to you and suggest we focus on these at our next meeting.

We intend to send a 'clean' copy of this version to members of our Revalidation Delivery Board for their views ahead of its next meeting on the 19th December.

Kind Regards

Jane

Jane Lindsay
Programme Manager-Confidence in Care
DHSSPS,
C3.20,Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Personal Information redacted by the USI Mobile Personal Information redacted by the USI

Maintaining High Professional Standards

Comments from Southern Health & Social Care

Having had experience of working with the MHPS Framework the Southern Trust would be keen for the following comments to be considered as part of the review.

- **Ability to take quick, effective action**

It seems a reasonable expectation that Trusts should be able to take quick effective action where there are serious concerns about the misconduct or capability of medical staff. However the nature and complexity of the existing MHPS framework make this extremely difficult. One would expect a "framework" document to be a high level list of principles to guide local policies. However the fact that MHPS is almost 50 pages long makes the document far too prescriptive to act as a framework. In reality it often leads to many legal challenges and consequently cases derailed meaning they can sometimes take years to conclude. Trusts can also often fall foul of the procedures due to the many complexities contained regarding what needs to be done when, by whom - all within very tight deadlines.

The ability of the Trust to take certain decisions is also very limited in some cases. For example it is impossible to take a doctor to a clinical performance hearing unless is if first considered by NCAS and they (normally after having completed a lengthy NCAS assessment) have determined that the doctors performance is "so fundamentally flawed that no educational and/or organisation action plan has a realistic chance of success". We have had experience of a doctor who clearly fell into this category and was subsequently dismissed from their post – however the case took us years to complete.

The ability to deal fairly but quickly and effectively with a clear case of an underperforming doctor is thus severely hampered by this requirement – particularly when issues arise early in employment given probationary periods are not a common feature in medical/dental contracts. MHPS also includes a recommendation of dealing with mixed conduct and capability issues via the capability route. This is not always helpful as we feel strongly that misconduct is clearly best dealt with through a misconduct route.

- **Achievable Timescales**

Despite extensive procedural requirements, MHPS sets timescales that Trusts can very rarely comply with. Timescales are dotted throughout the document in the context of investigations, exclusions and panels which require line by line attention and often are totally unachievable. This is also problematic when it is set within the context of the enormous list of senior officers required to participate, particularly on

capability and appeal panels with multiple external members required. The inclusion of legal representation throughout the process is also out-with what is afforded to all other NHS employees. Again the entitlement to professional legal representation throughout leads to many cases being delayed and disrupted by solicitor letters and legal argument.

It is important that Trusts can take quick, effective and appropriate action when there are serious concerns about a doctors' performance or conduct. Confidence and trust in the capability and conduct of our medical staff must be at the heart of everything that we do. The recent findings of Mr Justice O'Hara's report only serve to emphasise this. MHPS therefore needs to be reviewed urgently to ensure this remains an absolute priority and the aim should be for a procedure that is succinct, easy to interpret and proportionate to encourage frequent use for quick, early corrective or conclusive action. The Southern Trust has developed their own internal document to clarify and promote the informal stage – which is appended to this document for your information.

Toal, Vivienne

From: Toal, Vivienne [redacted]
Sent: 15 March 2018 13:52
To: Parks, Zoe; 'Hynes, Liz' [redacted]
Cc: Walker, Helen; Hynds, Siobhan; Mallagh-Cassells, Heather
Subject: Re: Review of Maintaining High Professional Standards Policy.

Liz

Can I also add to this that I have some difficulty with the role of the NED in MHPS cases - the document is not clear and at times we have got completely muddled as to what their role actually is and how far they can go when contacted by a doctor going through a process. I think this needs explored as part of any review.

Vivienne

Sent from my Samsung Galaxy smartphone.

-------- Original message --------
From: "Parks, Zoe" [redacted]
Date: 15/03/2018 13:24 (GMT+00:00)
To: "'Hynes, Liz' [redacted] " [redacted]
Cc: "Walker, Helen" [redacted] "Toal, Vivienne" [redacted], "Hynds, Siobhan" [redacted], "Mallagh-Cassells, Heather" [redacted]
Subject: Review of Maintaining High Professional Standards Policy.

Liz,

Please find attached some comments from the Southern Trust. Please do not hesitate to contact me if you have any queries.

Many thanks

[redacted]

Zoe Parks
Head of Medical Staffing HROD
Southern Health & Social Care Trust
[redacted]
My working days are Tuesday-Friday

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

You can follow us on:

From: Ferguson, Katherine [mailto: Personal Information redacted by the USI]
Sent: 08 March 2018 13:31
To: jacqui.kennedy Personal Information redacted by the USI ; Toal, Vivienne; Weir, Myra; 'McConnell Ann'; NIAS - Michelle Lemon; Paula Smyth
Cc: angela.muldoon Personal Information redacted by the USI ; Mallagh-Cassells, Heather; PA to Eamon Molloy; Lorimer, Joelle; HR Secretary; Hana Russell; Dawson, Andrew; Bailie, Marc; Hynes, Liz; Wallace, Doreen
Subject: Review of Maintaining High Professional Standards Policy.

All

Following discussions at the last HRD Forum on the 12th February, the Department agreed to write to HSC Trusts to seek their comments and views on the issues and barriers arising from the above policy document.

I would be grateful of you could send these to me (Personal Information redacted by the USI) for collation prior to the details being forwarded to the CMO's office for consideration by CoP Friday 16th March.

Kind regards

Personal Information redacted by the USI

_____

Liz Hynes
HR Business Partner (Medical and Dental)
Pay and Employment Unit, Workforce Policy Directorate, Department of Health and The Board Liaison Group, (BLG), HSC Board
Tel: Personal Information redacted by the USI
email: Personal Information redacted by the USI
email Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

Please note that I usually work for the DoH Monday - Thursday and BLG on Fridays.

Toal, Vivienne

From: Parks, Zoe <Personal Information redacted by the USI>
Sent: 15 March 2018 13:25
To: 'Hynes, Liz' (Personal Information redacted by the USI)
Cc: Walker, Helen; Toal, Vivienne; Hynds, Siobhan; Mallagh-Cassells, Heather
Subject: Review of Maintaining High Professional Standards Policy.
Attachments: Maintaining High Professional Standards in the Modern HPSS.DOC; SHSCT - Review of MHPS Comments 15.3.18.docx; DRAFT SHSCT - Trust Guideline for Handling Concerns about Doctors Denti....doc

Liz,

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Many thanks

Personal Information redacted by the USI

Zoe Parks
Head of Medical Staffing HROD
Southern Health & Social Care Trust
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☎ (028) Personal Information redacted by the USI (Internal: Personal Information redacted by – prefix by Personal Information redacted if dialling from legacy telephone)
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Liz Hynes
HR Business Partner (Medical and Dental)
Pay and Employment Unit, Workforce Policy Directorate, Department of Health and The Board Liaison Group, (BLG), HSC Board
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