

SHSCT LOCAL AGREEMENT

SECTION 1: PRIOR APPROVAL - TO BE AUTHORISED BEFORE WAITING LIST WORK UNDERTAKEN

Prior Approval Signatures are required from the Director/Assistant Director AND the AMD to confirm the WLI activity has been agreed in advance and that it will be undertaken in accordance with the SHSCT Local Agreement. Forms cannot be processed for Payment without appropriate authorisation.

Personal Information redacted by the USI

Additional comments from Director /AMD including any explicit agreements, agreement to displacement of SPA activities or any additional information including instructions regarding Payment:

Personal Information redacted by the USI

SECTION 2: TO BE COMPLETED AFTER WAITING LIST WORK IS UNDERTAKEN**DECLARATION:**

I am familiar with the SHSCT Principles for undertaking WLI work and I declare that the entries detailed on this form are a true record of the work undertaken and I claim for WLI payments as detailed in Section One. If there has been any change to the WLI work that was approved in advance with the AMD/Director in section one to that which was 'actually' undertaken I confirm these changes have also been clearly noted and authorised on the form to ensure appropriate payment.

Personal Information redacted by the USI

Signed:

Print Name: Marc Williams

VERIFICATION TO BE OBTAINED FOLLOWING COMPLETION OF WAITING LIST WORK

Please forward this completed form to your Director for verification of actual WLI work undertaken:

Director: I can confirm that the work detailed in Section One has been completed and can be processed for Payment:

Signed:

Print Name:

Personal Information redacted by the USI

To ensure payment, the original claim form, once authorised and verified must be sent to Karen Haugh in The Office of Medical Executive, Administration Floor, Craigavon Area Hospital, BT63 5QQ.

For Office Use Only: Unique Ref:

Date Processed to Payroll:

APPROVAL & CLAIM FORM FOR WAITING LIST INITIATIVE PAYMENTS (MEDICAL STAFF)

Personal Information redacted by the USI

paid twice for the same period of time - please confirm the following:

TOTAL PA's in your existing job plan (DCC, ON-CALL, SPA, External PA's): 10.5

Does any of the extra contractual work in the table above take place at a time you are paid for by the Trust in your existing Job Plan?

No

during normal paid hours and when the paid work will be redelivered:

If any of the above work displaces an SPA session, Please state the nature of the SPA activity and how and when this will be redelivered. The alternative time and method of delivery of the work within this SPA must be endorsed by the AMD/Director.

Section 1: EWTD DECLARATION:

1. Please confirm, considering all your Trust and non HPSS commitments, if by undertaking the extra contractual work outlined above, you will be working above an average of 48 hours per week (averaged over a 52 week period)? (Please circle)
 2. If Yes - Will you be working greater than 56 hours in this working week? (Please circle)
- Are you over 48?** - A signed derogation form must be completed and forwarded to the Medical Staffing Manager, confirming your agreement to opt out of the EWTD maximum 48 hours per week (averaged over a 52 week reference period). A copy of the opt out form can be obtained from the Trust Intranet: <http://shsctintranet.hps.nhs.uk/HTML/HR/Information.html>
- Are you over 56?** - In addition to the above, The Director of Service/AMD must give explicit approval - so the form must be signed and their comments included in section 2.

1. NO

2.
YES/NO

6/6/16

SECTION 1: PRIOR APPROVAL - TO BE AUTHORISED BEFORE WAITING LIST WORK UNDERTAKEN

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Personal information redacted by the USI

Additional comments from Director/AMD including any explicit agreements, agreement to displacement or other activities or any additional information including instructions regarding Payment:

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DECLARATION:

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Personal information redacted by the USI

VERIFICATION TO BE OBTAINED FOLLOWING COMPLETION OF WAITING LIST WORK

Please forward this completed form to your Director for verification of actual WLI work undertaken:

Director: I can confirm that the work detailed in Section One has been completed and can be processed for Payment:

Signed:

Print Name:

Personal information redacted by the USI

To ensure payment, the original claim form, once authorised and verified must be sent to Karen Haugh in The Office of Medical Executive, Administration Floor, Craigavon Area Hospital, BT63 5QQ.

For Office Use Only: Unique Ref:

Date Processed to Payroll:

APPROVAL & CLAIM FORM FOR WAITING LIST INITIATIVE PAYMENTS (MEDICAL STAFF)

Section 1: Personal details:

Personal Information redacted by the USI

As waiting list payments are paid in accordance with the principle that a consultant cannot be paid twice for the same period of time - please confirm the following:
TOTAL PA's in your existing job plan: **10.5**

If YES, you must provide full details what the extra contractual work displaces, why it is undertaken during normal paid hours and when the paid work will be redelivered:
[Add Here:](#)

Does any of the extra contractual work in the table above take place at a time you are paid for by the Trust in your existing Job Plan? Yes ☐ No ☒

If any of the above work displaces an SPA session, Please state the nature of the SPA activity and how and when this will be redelivered. The alternative time and method of delivery of the work within this SPA must be endorsed by the AMD/Director.
[Add Here:](#)

Section 1: EWTD DECLARATION:

1. Please confirm, considering all your Trust and non HPSS commitments, if by undertaking the extra contractual work outlined above, you will be working above an average of 48 hours per week (averaged over a 52 week period)? (Please choose Yes or No)

1. Please choose: No

2. If Yes - Will you be working greater than 56 hours in this working week? (Please choose Yes or No)

Are you over 48? - A signed derogation form must be completed and forwarded to the Medical Staffing Manager, confirming your agreement to opt out of the EWTD maximum 48 hours per week (averaged over a 52 week reference period). A copy of the opt out form can be obtained from the Trust Intranet: <http://shsclintranet.hpss.ni.nhs.uk/HTML/HR/Information.html>. **Are you over 56?** - In addition to the above, The Director of Service/AMD must give explicit approval - so the form must be signed with their explicit comments

2. Please choose: Yes/No

31/5/16.

SECTION 1: PRIOR APPROVAL - TO BE AUTHORISED BEFORE WAITING LIST WORK UNDERTAKEN

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Personal Information redacted by the USI

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Personal Information redacted by the USI

Signed:
 Print Name: **Marc Williams**

VERIFICATION TO BE OBTAINED FOLLOWING COMPLETION OF WAITING LIST WORK

Please forward this completed form to your Director for verification of actual WLI work undertaken.

Personal Information redacted by the USI

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For Office Use Only: Unique Ref: . Date Processed to Payroll: **Add Date.**

SHSCT LOCAL AGREEMENT

APPROVAL & CLAIM FORM FOR WAITING LIST INITIATIVE PAYMENTS (MEDICAL STAFF)

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paid twice for the same period of time - please confirm the following:

TOTAL PA's in your existing job plan (DCC, ON-CALL, SPA, External PA's): 10.5

Does any of the extra contractual work in the table above take place at a time you are paid for by the Trust in your existing Job Plan?

No

during normal paid hours and when the paid work will be redelivered:

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Section 1: EWTB DECLARATION:

1. Please confirm, considering all your Trust and non HPSS commitments, if by undertaking the extra contractual work outlined above, you will be working above an average of 48 hours per week (averaged over a 52 week period)? (Please circle)

1. NO

2. If Yes - Will you be working greater than 56 hours in this working week? (Please circle)

Are you over 48? - A signed derogation form must be completed and forwarded to the Medical Staffing Manager, confirming your agreement to opt out of the EWTB maximum 48 hours per week (averaged over a 52 week reference period). A copy of the opt out form can be obtained from the Trust Intranet: <http://shsctintranet.hpss.n-i.nhs.uk/HTML/HR/Information.html>

2.
YES/NO

Are you over 56? - In addition to the above, The Director of Service/AMD must give explicit approval - so the form must be signed and their comments included in section 2.

31/01/16

SHSCT LOCAL AGREEMENT

SECTION 1: PRIOR APPROVAL - TO BE AUTHORISED BEFORE WAITING LIST WORK UNDERTAKEN

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For Office Use Only: Unique Ref: Date Processed to Payroll:

HUMAN RESOURCES DIRECTORATE
MEDICAL – TERMS AND CONDITIONS



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

To: Chief Executives of HSC Trusts

For information:

Director of Human Resources and
Director of Finance

Room D4.7
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

Tel:
Fax:
Email

Personal Information redacted by the USI

Ref No. HSC (TC8) 10/2013
Date 6th December 2013

Dear Colleague

**GUIDING PRINCIPLES FOR WAITING LIST INITIATIVE WORK FOR MEDICAL
STAFF**

1. Recent discussions at the Human Resources Directors' Forum have led to agreement of a set of principles in relation to the Waiting List Initiative (WLI).
2. The payment rate will continue to be agreed locally by HSC Trusts and should include payment for associated administration and pre and post operative work. The rate is non-pensionable.
3. The rate must only be paid to permanent staff employed in a Trust and non-permanent fixed term staff on the Trust's pay roll. ***The rates must only be paid for work outside normal job plans undertaken to ensure the achievement or maintenance of target access times.***
4. ***WLI work does not form part of the doctor's job plan and does not require a job plan review or notice to cease.*** However, the work must be undertaken out with the existing job plan timetable (for which payment is already made) or in exceptional agreed circumstances through the temporary displacing of job plan commitments to outside the job plan schedule.
5. It is recognised that Trusts have different reporting lines/titles and therefore it is the responsibility of each Trust to ensure appropriate governance in relation to all relevant arrangements inclusive of payments to be made.

Action

6. HSC Trusts should adopt the attached documentation into their current WLI processes with effect from 1 November 2013 and on foot of the attached guidance review their current policies governing WLI working for and the associated monitoring and accountability arrangements.

Review

7. This regional agreement will be reviewed as required.

Enquiries

8. **Employees** should direct personal enquires about the contents of this Circular to their Human Resources Department.
9. **Employers** should direct enquires about the contents of this Circular to the above address or telephone [REDACTED], e-mail HRDMedical@dhsspsni.gov.uk.

Further Copies

10. Copies of this circular can be obtained from the Department's internet site at [http://www.dhsspsni.gov.uk/index/hrd/guidance circulars.htm](http://www.dhsspsni.gov.uk/index/hrd/guidance%20circulars.htm).

Yours sincerely

Personal Information redacted by the USI

Joyce Cairns
Acting Director of Human Resources

GUIDING PRINCIPLES FOR WAITING LIST INITIATIVE (WLI) WORK FOR MEDICAL STAFF

1. Doctors should work with their clinical and general managerial colleagues to consider how their contracted job plan can help bridge any gaps identified in demand and capacity. Doctors will be expected to make attempts to re-profile the extant job plan on a short term basis to accommodate additional clinical activity, for example, within surgical specialties this may be deliverable in the context of a planned theatre cancellation which allows the doctor to be available to undertake an additional outpatient clinic. Only where this is not possible and a service gap remains should a WLI be considered.
2. No doctor should be paid twice for the same period of time and therefore WLI work should not be undertaken in time that has been contracted for and already paid for by the Trust. In exceptional agreed circumstances WLI work may be accommodated through the temporary displacing of job plan commitments to outside of the job plan schedule. (See paragraph 6 below).
3. An up to date job plan (inclusive of current weekly timetable) which reflects a typical week's work and the Programmed Activities (PAs) currently paid to the doctor MUST be submitted to the Associate Medical Director (AMD) and Assistant Director/Co-Director (AD/CD) for verification that the WLI work is not undertaken during job plan time. WLI work and subsequent payment cannot be authorised in the absence of an agreed job plan. Ideally this should be attached to the claim form.
4. Managers should ensure there are appropriate and robust systems in place to approve all WLI work prior to it being undertaken, and to ensure that payments are made in line with these principles.
5. Doctors must therefore complete Section 1 of the approval/claim form in advance of undertaking WLI work and obtain the relevant approval authorisation from the AD/CD/AMD. Following completion of the WLI work, section 2 should then be completed and submitted for verification to the

AD/CD. The AD/CD should then ensure that the authorised form is sent to the designated officer in Human Resources or Finance who will arrange onward processing to payroll.

6. A WLI session SHOULD NOT normally be undertaken by a doctor during their normal job planned hours. With explicit approval from AD/AMD a doctor may displace no more than one SPA session each week but the nature of the SPA activity and how and when this will be rescheduled must be prospectively agreed.
7. Part time doctors or doctors working less than 10 PAs in their existing job plan are ineligible for WLI work unless they first work additional session(s) at basic PA rate up to and including 10 PAs per week.
8. Any full-time doctor (i.e. 10 PAs in their job plan) who has less than 11 PAs in their extant job plan must first work an additional session at basic PA rate per week to bring their job plan up to the level of 11 PAs before they will be eligible to be paid the WLI rate.
9. A Doctor who is working in excess of 48 hours per week should not ordinarily undertake additional sessions at the WLI rate, while the total hours worked in any one week should ordinarily not exceed 56 hours.
10. The locally agreed WLI payment is payable for a clinical session of 4 hours duration and also will cover all administration and/or pre and post operative care associated with the session. A Trust may agree a pro rata WLI rate to recognise part/extended sessions where these are required for the service, but this must have explicit Director approval on the claim form with clear instructions for Payroll to process payment.
11. Payment is dependent on the Doctor ensuring the level of activity (i.e. number of cases, points etc.) and the likely time commitment for the WLI session is agreed in advance with the service Director/AMD prior to undertaking the session. The activity must be recorded on the claim form in Section 1.

12. The WLI work should not normally be undertaken during annual/planned leave unless explicitly approved by the Director in exceptional circumstances and noted on the form.
13. Due to EWTD Health and Safety legislation, it is expected that doctors should not work in excess of 48 hours on average over a 17 week reference period. On a week by week basis however and to encourage safe working hours, WLI work should not be authorised where this would cause the doctor to exceed a 56 hour working week. Only in exceptional circumstances can additional work be undertaken if it is authorised by the Director of Service/AMD in advance of the work being carried out and noted on the claim form.
14. It is the responsibility of the doctor undertaking the work to submit claims using the WLI claim form (Appendix 1) for reimbursement. Please note that payment for additional work, which is to be paid at the weekly PA rate, must be submitted on the separate claim form for this purpose.
15. It is expected that claims for extra contractual WLI work will be submitted to payroll within 3 months of the work being completed. Claims submitted after this period will not be processed for payment.
16. Any variation outside of the agreed WLI principles must have explicit approval from the HR Directors' forum.
17. All claims will be subject to routine audit.

Independent Sector Principle

In accordance with the Consultant Contract Terms and Conditions of Service (Schedule 6), doctors will be offered to work an 11th PA to meet Trust needs prior to taking any private work (inclusive of any independent sector waiting list initiative work).

Stinson, Emma M

From: Gracey, David
Sent: 03 July 2016 23:50
To: Wright, Richard
Subject: RE: Job plan

Personal Information redacted by the USI

Richard

Sorry, just catching up. As per our conversation on Friday, Marc has sent email's resigning as urology lead (a title, not a formal position) and threatened to leave on more than one occasion. Martina has agreed to his demands which will continue the ill feeling of disparity in the Radiology department. A condensed week is unfair in the allocation of leave and is not beneficial to the acute needs of the department. I have three colleagues with condensed job plans and I am no longer in a position to insist that others do not seek to do the same.

Thanks for your input

David

From: Wright, Richard
Sent: 27 June 2016 14:51
To: Gracey, David
Subject: Fwd: Job plan

Hi David. I'd be interested in your comments? on a happier note. 4 consultants appointed today. All high quality. (3 surgeons and 1 radiologist)

Sent from my iPad

Begin forwarded message:

From: "Williams, Marc"
Date: 25 June 2016 at 08:20:39 BST
To: "Hogan, Martina"
Cc: "Gracey, David" >, "Wright, Richard"
"Trouton, Heather"
Subject: Job plan

Martina,

I am having some trouble with my job plan and I need a resolution either way, as a matter of urgency.

I undertake waiting list work which consists almost solely of GU MRI reporting (mainly prostate MRI and renal). In so doing, I believe that this keeps a service afloat. I like to think that my reports are of a high standard (ask the urologists) and if I report these examinations, I am familiar with them for MDT purposes (speeding up the preparation time needed in my job plans as a result). When examinations are outsourced, which is the alternative and as we know from experience, the quality of reports can be low and many do not answer the clinical question and are vague. This is of particular relevance in regard to our plans to dramatically alter the prostate cancer pathway with a marked improvement in the speed which patients are diagnosed and treated. This would represent

a radical change to patient care and is done nowhere else in NI. Doing so requires a radiologist's input (which cannot be provided by outsourcing). A radiologist is needed to describe the location of possible tumours and mark images for targeted biopsy – this will not happen with outsourced reporting. If there is any doubt in any of this whatsoever, please ask any or all of the urologists.

I have now stopped WLI reporting as a result of being on a 10.5 PA job plan. The result will be that some examinations that only I report will build up and the situation will be irretrievable and outsourcing will be the only way to retrieve it, with the issues outlined above. The consequences of me not being able to do WLI reporting are wide reaching.

An alternative is to recruit another consultant GU radiologist which I suspect for various reasons is impossible. Being in competition with trusts on the mainland that offer a financial reward and 3 SPAs cannot be helpful.

As I know you will appreciate, in order to recruit and retain staff, the trust needs to be flexible in job planning arrangements. We have already lost at least one radiologist due to inflexibility and one would hope that the trust doesn't wish to lose anymore? I have asked for 11 PAs over 4 days to enable me to undertake WLI and because of my personal circumstances. As you know, my family and friends live in England and having Friday off is helpful. In addition to this, there are issues at home around childcare (in addition to a child who is being assessed by psychologists and psychiatrists) that make having a Friday off helpful.

If the trust does not feel able to increase my job plan from 10.5 to 11 PAs over 4 days then I understand but the outcome will be either be me leaving the trust or asking for reduced sessions/part time.

Please feel free to come by my office to discuss further if you like. As we both know from a prior experience, communication in person can help resolve issues.

Marc

Stinson, Emma M

From: Williams, Marc [Personal Information redacted by the USI]
Sent: 06 January 2017 09:52
To: Gracey, David; Ahmad, Munir; Carson, Anne; Conlan, Enda; James, Barry; Jamison, Michael; Johnston, Dr Linda; McConville, Richard; McGarry, Philip; Milligan, Aaron; McSherry, Pauleen; Porter, Simon; Rice, Paul; Yarr, Julie; Yousuf, Imran
Subject: RE: WL

Negotiations could drag on and on. There is no limit as to how long it could take to resolve this and in the meantime, patients will suffer.
Let's cut to the chase here: WLI is one of the reasons people come to work in CAH and one of the reasons holding me here. Stopping them, even temporarily, should be done with extreme caution/consideration. If imposed by management, you have my word that my resignation will follow.
In regard to urology MRI, there is MUCH more MRI than I can ever get through in my reporting session.

From: Gracey, David
Sent: 06 January 2017 09:50
To: Williams, Marc; Ahmad, Munir; Carson, Anne; Conlan, Enda; James, Barry; Jamison, Michael; Johnston, Dr Linda; McConville, Richard; McGarry, Philip; Milligan, Aaron; McSherry, Pauleen; Porter, Simon; Rice, Paul; Yarr, Julie; Yousuf, Imran
Subject: RE: WL

This is a question from me but I think the middle management may impose.

In the interests of patient care we can prioritise modalities/examinations for in house reporting within our routine working time.

From: Williams, Marc
Sent: 05 January 2017 18:06
To: Gracey, David; Ahmad, Munir; Carson, Anne; Conlan, Enda; James, Barry; Jamison, Michael; Johnston, Dr Linda; McConville, Richard; McGarry, Philip; Milligan, Aaron; McSherry, Pauleen; Porter, Simon; Rice, Paul; Yarr, Julie; Yousuf, Imran
Subject: RE: WL

Worrying.

If I stop reporting urology MR as WLI the following will happen:

The examinations are outsourced.
The outsourced reports are of reduced quality (already seen examples of them) regularly wrong or not detailed enough to allow patient management without further input from me (not going to happen) or telephone calls to the outsourcing company from consultant urologists with specific questions (should annoy/frustrate no end).
The reports won't be trusted anyway (ask the urologists) meaning that there will be delays in management until I am at MDT to review each MRI (I will be asking for more time in my job plan for this. Preparation for this week's MDT took ALL of yesterday afternoon such that I could not do any MRI reporting which I will make up in MY OWN time).

I appreciate that this MAY concentrate the mind but I don't think so. The managers/MD are more than happy to outsource. Costs are not important.

There are patients at the end of all this. Just because they don't care about quality doesn't mean I don't.

Is this a question or are you telling us to stop reporting WLIs?

From: Gracey, David

Sent: 05 January 2017 17:25

To: Ahmad, Munir; Carson, Anne; Conlan, Enda; Gracey, David; James, Barry; Jamison, Michael; Johnston, Dr Linda; McConville, Richard; McGarry, Philip; Milligan, Aaron; McSherry, Pauleen; Porter, Simon; Rice, Paul; Williams, Marc; Yarr, Julie; Yousuf, Imran

Subject: WL

Would you all be willing to put a hold on WL until a more formal resolution is raised in regard to time versus productivity? This may lead to a more rapid resolution. Lists sent will stand and US could continue as it is time managed?

Thanks.

From: Milligan, Aaron

Sent: 05 January 2017 14:40

To: Ahmad, Munir; Carson, Anne; Conlan, Enda; Gracey, David; James, Barry; Jamison, Michael; Johnston, Dr Linda; McConville, Richard; McGarry, Philip; McSherry, Pauleen; Porter, Simon; Rice, Paul; Williams, Marc; Yarr, Julie; Yousuf, Imran

Subject: Expected Reporting Numbers from Senior Management

For your information, the official audit into WLI reporting for 2015/16 has made numerous references to Royal College of Radiologists recommendations for expected reporting figures.

In particular the audit states we should actually be reporting the following number in a 4 hour WLI session:

- CT / MRI **12-24** cases.
- Complex CT / MRI **4-8** cases.
- Ultrasound **12-24** cases.

What is more, the audit continually makes extrapolations of what could have been reporting if the maximum amount of cases were done in WLIs.

The actual guidance is attached, and although it does give figures "estimated on 1 hour of uninterrupted time with no confounding factors", it also states very clearly the figures "are not to be considered as a suitable rate of activity over longer periods as this would not be sustainable" (section 8.6).

Personally I consider it a very serious development, that our college guidelines are being misinterpreted by senior management, and if we do not act as a group to discredit such a policy I have no doubt the expectation will be continued into every day practice.

Please read for yourself. The Ready Reckoner in Appendix 2 of the guidance is the only aspect of this document which gives information on average reporting figures during a normal working year. This table quotes figures of 2.5 CT/MRI or US cases per hour in job plan year. i.e. 10 cases per session (not 24).

Perhaps we should meet as a group to discuss further.

Thoughts welcome.

Aaron Milligan
Consultant Radiologist
Southern HSCT

Stinson, Emma M

From: Glenny, Sharon [Personal Information redacted by the USJ]
Sent: 16 February 2017 10:42
To: Gracey, David
Cc: Robinson, Jeanette; Trouton, Heather
Subject: FW: Reporting of MRI'S

Importance: High

Hi David

Please see below from Shauna, urology cancer tracker.

She refers to a particular urology patient in the first email who is waiting from 02.01.17 for red flag MRI prostate to be reported – 6 weeks ago which is delaying the patient on the cancer pathway. This is the second escalation regarding delays in report for this patient and she has been asked to send no further escalations for this report or any other patients. Part of the cancer trackers role is to escalate when there are delays with patient pathways and it is important for us to understand why these delays are occurring so I have asked her to continue to do this – hopefully you support this.

I know we are constrained by the fact that we only have one consultant reporting urology MRI prostates and as such do not have an outlet in IS currently for these patients – is there anything else we could do in the meantime?

Kind regards

Sharon

From: McVeigh, Shauna
Sent: 16 February 2017 10:28
To: Glenny, Sharon
Cc: Graham, Vicki
Subject: Reporting of MRI'S
Importance: High

Hi Sharon

Please see below email from Ruth - Dr Williams secretary about reporting of MRI prostate's. I am not to request any more to be reported, we will have a problem with these as there are quite a number of patients awaiting these to be reported on. It will impact on their pathway and will lead to a lot of breaches.

Thanks

Shauna

From: Xrays, Allocation
Sent: 16 February 2017 10:08
To: McVeigh, Shauna
Subject: RE: [Personal Information redacted by the USJ]

Shauna hi

This has already been sent to Dr Williams for reporting.
As per his previous instructions - I am not to message him regarding these requests.
We are waiting for a Consultant in IS to be interviewed with regards to reporting MRI prostates.

Thanks

Ruth

From: McVeigh, Shauna
Sent: 15 February 2017 11:07
To: Xrays, Allocation
Subject: Personal Information redacted by the USI

Hi

Can I request a RF MRI to be reported, which was performed 02.01.17.

Thanks

Shauna

Shauna Mcveigh
Cancer Tracker / MDT Co-ordinator
Ext [REDACTED]

Stinson, Emma M

From: Carroll, Ronan [Personal Information redacted by the USI]
Sent: 20 February 2017 09:53
To: Robinson, Jeanette
Cc: Trouton, Heather; Gracey, David; Glenny, Sharon; Corrigan, Martina; Clayton, Wendy
Subject: RE: RE: TRUS Biopsy lists / MRI reports

Jeanette

Tks for this update & I appreciate your operational pressures.
Martina can you share Jeanette's email with the urology team pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery

[Personal Information redacted by the USI]

From: Robinson, Jeanette
Sent: 17 February 2017 16:44
To: Carroll, Ronan
Cc: Trouton, Heather; Gracey, David; Glenny, Sharon; Corrigan, Martina
Subject: RE: RE: TRUS Biopsy lists / MRI reports

Ronan

We have been trying to secure additional capacity with the IS providers for a number of months for this particular examination. We had some initial success but this was short-lived and unfortunately we no longer have an IS option for MRI prostate. We have ongoing medical staffing shortages and there is just one consultant in the Trust who reports MRI prostate who is not currently undertaking additionality sessions and therefore we have no current outlet for this reporting other than what can be done during core reporting hours for Dr Williamson.

We continue to escalate the longer waiting MRI prostate examinations on a regular basis and are aware that a few patients are waiting longer than we would like under normal circumstances. Quite a few of the patients listed below have only recently had their MRI prostate and therefore not at escalation stage for reporting just yet.

The core capacity we have for MRI reporting is focused on in-patients at the moment, given the unscheduled care pressures. Dr Gracey is continuing to work with his colleagues to find solutions to the gaps in reporting, in particular the areas where we have sole providers of a service.

We intend to explore the alternative options next week and the potential to use International IS Providers.

Kind regards

Jeanette

From: Carroll, Ronan
Sent: 17 February 2017 16:31
To: Glenny, Sharon; Corrigan, Martina; Reddick, Fiona; Graham, Vicki
Cc: Trouton, Heather; O'Neill, Kate; McMahon, Jenny; Gracey, David; Robinson, Jeanette
Subject: RE: RE: TRUS Biopsy lists / MRI reports

Heather/Jeanette
Could we get these reported via IHA or IS?

Ronan

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

Personal Information redacted
by the USI

From: Glenny, Sharon
Sent: 17 February 2017 16:02
To: Carroll, Ronan; Corrigan, Martina; Reddick, Fiona; Graham, Vicki
Cc: Trouton, Heather; O'Neill, Kate; McMahon, Jenny; Gracey, David; Robinson, Jeanette
Subject: RE: RE: TRUS Biopsy lists / MRI reports

Hi Ronan

See below list of all patients on a 62 day pathway waiting an MRI prostate report – this is all patients regardless of wait, some are only waiting 2 days, 18 patients in total.

Kind regards

Sharon

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From: Carroll, Ronan
Sent: 16 February 2017 16:25
To: Corrigan, Martina; Reddick, Fiona; Glenny, Sharon; Graham, Vicki
Cc: Trouton, Heather; O'Neill, Kate; McMahon, Jenny
Subject: RE: RE: TRUS Biopsy lists / MRI reports
Importance: High

Can we have the names of all the pts awaiting MRI results

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

Personal Information
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From: Corrigan, Martina
Sent: 16 February 2017 16:22
To: Reddick, Fiona; Glenny, Sharon; Graham, Vicki
Cc: Carroll, Ronan; Trouton, Heather; O'Neill, Kate; McMahon, Jenny
Subject: FW: RE: TRUS Biopsy lists / MRI reports

Please see below

Can anyone help with this please?

Thanks

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: O'Neill, Kate
Sent: 16 February 2017 16:21
To: Corrigan, Martina
Subject: RE: TRUS Biopsy lists / MRI reports

Hi Martina,

Just wanted to make you aware we are currently unable to fill all the biopsy lists as we are awaiting MRI reports some for over a month now?

Can anything be done to assist with this – patients are phoning in on a daily basis to see if there is any progress. I think there are approx. 20-30

Maybe you could escalate to someone??

Neither Jenny nor I are here tomorrow.

Thanks,
Kate

Stinson, Emma M

From: Trouton, Heather [Personal Information redacted by the USI]
Sent: 25 May 2017 09:23
To: Hogan, Martina; Gracey, David
Subject: Confidential FW: HCN [Personal Information redacted by USI]

Dear Martina and David

I think we need to have a meeting with Marc and I think we need to put in writing the assurances and actions from the Clinical Director at [Irrelevant information redacted by] regarding the quality of the reporting radiologists and the additional monitoring of their work.

I think we need to address the inaccurate terminology of 'prevented' as we are offering him a change of job plan to undertake urology reporting in core time which would completely solve the problem but he refuses to do so and has done so on numerous occasions.

I would appreciate your views .

Heather

From: Williams, Marc
Sent: 25 May 2017 08:19
To: Haynes, Mark; Newell, Denise E
Cc: Gracey, David; Trouton, Heather
Subject: RE: HCN [Personal Information redacted by USI]

I have pointed out the imaging numbering issue on numerous occasions but we remain in the same position and reports with such references (and there are many) are worthless. WHEN we move to TRUS/MRI fusion, this will either require a change to reporting practices such that I will need to review EVERY prostate MRI with a lesion to target (which I used to do before I was prevented and the trust's interests became quantity over quality) or a service that goes even further to improve the quality of care will not be possible.

I suspect the other is an error and reflects the speed at which [Irrelevant information redacted by] are expected to report (I have seen their terms and conditions and rates of pay and they only encourage sloppy practice).

Marc

From: Haynes, Mark
Sent: 25 May 2017 05:41
To: Newell, Denise E
Cc: Williams, Marc
Subject: HCN [Personal Information redacted by USI]

Morning

RE [Personal Information redacted by USI] (Female / 55 years)

This [Personal Information redacted by] has had a follow-up CT for renal cancer.

The report states 'The small nodule previously reported anterior to the tail of the pancreas is changed, image 22 series 5...Conclusion: No CT evidence of recurrent disease.'

I cannot review the image referred to as the numbering doesn't seem to correspond to the numbering on the images I can see.

Could you contact the reporting radiologist for clarification. If the nodule has changed, in what way has it changed and is further imaging recommended? if so what time interval and what modality? If it is an error and meant to read 'unchanged' could the report be amended.

Thanks

Mark

Stinson, Emma M

From: Gracey, David [Personal Information redacted by the USI]
Sent: 05 June 2017 11:18
To: Carroll, Ronan; Trouton, Heather
Subject: RE: Problem with outsourced radiology reports
Attachments: Error 2.pdf; Error.pdf

Context

“Errors and discrepancies in radiology practice are uncomfortably common, with an estimated day-to-day rate of 3–5% of studies reported, and much higher rates reported in many targeted studies.”

This is part of why cases are reviewed at MDMs. Previously urology had only a single opinion with no alternative review.

The 2 [Personal Information redacted] radiologists reporting urology both are members of MDMs in their NHS positions.

I will ask the same for GI.

Cancer MRI cases tend to have the highest “disagreement” in opinion – best if most of these could be kept in house.

David

From: Carroll, Ronan
Sent: 05 June 2017 10:14
To: Trouton, Heather; Gracey, David
Subject: FW: Problem with outsourced radiology reports
Importance: High

From: Clayton, Wendy
Sent: 05 June 2017 10:13
To: Corrigan, Martina; Carroll, Ronan
Cc: Graham, Vicki
Subject: FW: Problem with outsourced radiology reports
Importance: High

Another MDT radiology report discrepancy – this time for urology.

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC
Ext: 61597
External number: [Redacted]
Mob: [Redacted]



EXT [Redacted] **f dialling from Avaya phone.**

If dialling from old phone please dial [REDACTED]

External No. [REDACTED]

Personal Information redacted by the USI

From: Graham, Vicki
Sent: 05 June 2017 10:08
To: Clayton, Wendy
Subject: RE: Problem with outsourced radiology reports
Importance: High

Hi Wendy,

Shauna has just emailed through to say that there also was one listed for discussion but there was a discrepancy with the report. Details are as below.

Personal Information redacted by the USI

– Urology MDM

Regards,

Vicki Graham
Cancer Services Co-ordinator
Red Flag Appointment Office
Tel. No. [REDACTED]

Personal Information redacted by the USI

Internal Ext: [REDACTED] (Note: if dialling from the old system please dial [REDACTED] in front of the extension)



From: Clayton, Wendy
Sent: 04 June 2017 11:18
To: Graham, Vicki
Subject: FW: Problem with outsourced radiology reports

FYI. If you come across anymore discrepancies in MDT radiology reports please escalate through – for any tumour site.

Kind regards

Wendy Clayton
Operational Support Lead
ATICS/SEC
Ext: [REDACTED]
External number: [REDACTED]
Mob: [REDACTED]



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External No. [REDACTED]

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From: Carroll, Ronan
Sent: 04 June 2017 10:37
To: Nelson, Amie; Clayton, Wendy
Subject: RE: Problem with outsourced radiology reports

I have forwarded on heather/David

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

From: Nelson, Amie
Sent: 02 June 2017 16:28
To: Clayton, Wendy; Carroll, Ronan
Subject: RE: Problem with outsourced radiology reports

Thanks. Yes Damian and Adrian came up after MDT yesterday to tell me. Not good.

Amie

From: Clayton, Wendy
Sent: 02 June 2017 15:01
To: Carroll, Ronan; Nelson, Amie
Subject: FW: Problem with outsourced radiology reports
Importance: High

Ronan / Amie

See below from Vicki re GI radiology reports back from IS. There were 3 discrepancies at yesterday's MDT. All these reports were reported by the IS.

Regards

Wendy Clayton
Operational Support Lead
ATICS/SEC
Ext: Personal Information redacted by the USI
External number: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI



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From: Graham, Vicki
Sent: 02 June 2017 11:43
To: Clayton, Wendy
Cc: Reddick, Fiona; Shannon, Hilda

Subject: FW: Problem with outsourced radiology reports
Importance: High

Hi Wendy,

Just want to bring the below email to your attention from Hilda following MDM yesterday. This is really quite worrying that this is happening. Hilda has also advised me that a letter has been sent on behalf of the team addressing these concerns to the AD and Director round 12th April. To date they have not received a response regarding this.

Regards,

Vicki Graham
Cancer Services Co-ordinator
Red Flag Appointment Office

Tel. No. Personal Information redacted by the USI

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From: Shannon, Hilda
Sent: 02 June 2017 11:29
To: Graham, Vicki
Subject: Problem with outsourced radiology reports

Hi Vicki,

The GI MDT are concerned regarding radiology reports that have been outsourced. We had 3 cases yesterday that the MRI's had been reported wrong.

Please see below names,

Personal Information redacted by the USI

Thanks
Hilda

Upper GI & Colorectal Tracker
Cancer Services

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