



## UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice Number 2 of 2023

Date of Notice: 24<sup>th</sup> March 2023

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**Addendum Witness Statement of: Patricia Kingsnorth**

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I, Patricia Kingsnorth, will say as follows:-

I wish to make the following amendments to my existing response, dated 3<sup>rd</sup> May 2023, to Section 21 Notice number 2 of 2023.

1. At paragraph 1.5(v) (IWT-92019), I have stated '*There was never any indication of which I was aware that there were concerns regarding Mr O'Brien's clinical practice until he retired in approximately June 2020.*' This should state '*There was never any indication of which I was aware that there were concerns regarding Mr O'Brien's clinical practice until **after he** retired in approximately June 2020.*'

2. At paragraph 1.8 (WIT-92026), I have stated '*I did escalate to my Director (Mrs Gishkori) and my line manager (Dr Boyce) my concerns regarding adequate resources, especially in relation to the resources my counterparts had in their Directorates which I believed were proportionately greater than what I, with a larger service, had.*' This should state '*I did escalate to my Director (Mrs Gishkori) and my line manager (Dr Boyce) my concerns regarding **inadequate** resources, especially in relation to the resources my counterparts had in their Directorates which I believed were proportionately greater than what I, with a larger service, had.*'

3. At paragraph 4.2 (WIT-92033), I have stated '*Any serious concerns would have been escalated to the Director immediately and an Early Alert generated and sent to the HSCB and Department of Health.*' This should state '*Any serious concerns would have been escalated to the Director **of Acute Services** immediately and an Early Alert generated and sent to the HSCB and Department of Health.*'



## Urology Services Inquiry

4. At paragraph 9.2 (WIT-92045), I have stated '*This was the reason the Deputy Medical Director, Dr Gormley, wanted the 2 July 2020 Datix (mentioned above) shared at the screening meeting so as to raise awareness within the Division of SEC that these issues had been discovered.*' This should state '*This was the reason the Deputy Medical Director, Dr Gormley, wanted the two July 2020 Datix (mentioned above) shared at the screening meeting so as to raise awareness within the Division of SEC that these issues had been discovered.*'

5. At paragraph 13.1 (WIT-92048), I have stated '*As previously indicated in my answer to Question 1(i) above, I was aware that the Trust had escalated concerns regarding the practices of Mr O'Brien following his retirement in July 2020.*' This should state '*As previously indicated in my answer to Question 1(i) above, I was aware that the Trust had escalated concerns regarding the practices of Mr O'Brien following his retirement in June 2020.*'

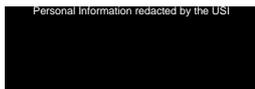
6. I would also like to attach additional documents:-

1. SAI Urology review email dated 25 January 2021
2. MDT staff for meeting with chair email dated 18 January 2021
3. Email from Patricia Kingsnorth to Patricia Thompson dated 30 November 2020
4. Email from Patricia Kingsnorth to Darren Mitchell dated 23 February 2021
5. SAI Urology review MC 1<sup>st</sup> draft
6. Email from Martina Corrigan to Patricia Kingsnorth dated 25 January 2021

### **Statement of Truth**

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

Signed:

Personal Information redacted by the USI  


Date: 2 June 2023

**S21 2 of 2023****Addendum witness statement of: Patricia Kingsnorth****Table of Attachments**

<b>Attachment</b>	<b>Document Name</b>
1	<i>SAI Urology review email dated 25 January 2021</i>
2	<i>MDT staff for meeting with chair email dated 18 January 2021</i>
3	<i>Email from Patricia Kingsnorth to Patricia Thompson dated 30 November 2020</i>
4	<i>Email from Patricia Kingsnorth to Darren Mitchell dated 23 February 2021</i>
5	<i>SAI Urology review MC 1<sup>st</sup> draft</i>
6	<i>Email from Martina Corrigan to Patricia Kingsnorth dated 25 January 2021</i>

**From:** [Corrigan, Martina](#)  
**Sent:** 25 January 2021 12:31  
**To:** [Kingsnorth, Patricia](#)  
**Subject:** FW: SAI Urology Review MC  
**Attachments:** [SAI Urology Review MC.docx](#)

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Hi Patricia

See attached, I have made some amendments and hope that this are ok?

Regards

*Martina*

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**From:** Kingsnorth, Patricia  
**Sent:** 24 January 2021 15:20  
**To:** Corrigan, Martina  
**Subject:** SAI Urology Review MC

Hi Mar na

See draft notes from our mee ng on Monday. Can you review for factual accuracy and ensure you are happy with them.

Regards  
Patricia

**SAI Urology Review****Interview with Mrs Martina Corrigan (MC) Head of Service for Urology****18 January 2021 at 12 Midday via zoom****Dr Dermot Hughes (DH) and Patricia Kingsnorth**

Dr Hughes provided Martina with an update to date – he advised that there are 9 families involved in the process and that there are similar themes; one being that Mr O'Brien worked in isolation despite MDT involvement and being the Chair of the MDT for a number of years. Martina confirmed that Mr O'Brien never involved a specialist nurse and had always been the case from she had started in the Trust.

Martina advised that she worked in SHSCT for 11 years, and confirmed that during that time Mr O'Brien never recognised the role of the Clinical Nurse Specialists. She confirmed that he never involved them in his oncology clinics. She is aware that some of the Clinical Nurse Specialists would have asked to be at the clinics but Mr O'Brien never included them.

Dr Hughes advised that many of the patients that have been reviewed were given hormone therapy off licence and often without their knowledge and that this treatment was in variance to guidance. He also advised that some of the patients were not referred onwards to oncology when their disease progressed and they had no access to coordinated care. This meant that patients had difficulty accessing care and the GPs couldn't help which resulted in patients having no option but to go to the Emergency Department during covid which was not appropriate.

Dr Hughes asked if anyone expressed concerns about excluding nurses from the clinics.

Martina advised that two of the Clinical Nurse Specialists did report that they did regularly challenge Mr O'Brien and asked him if he needed them to be in the clinic to assist with the follow-up of the patients but it got to the stage where staff were getting worn down by no action and they gave up asking as they knew that he wouldn't change.

Martina advised that in her opinion that Mr O'Brien could be quite arrogant and that was a big part of the issues with his practice.

Dr Hughes advised that the Clinical Nurse Specialists are so important on the patient's journey.

Martina agreed and said that this support from the CNS was vital both for oncology and for benign conditions, and advised that Mr O'Brien did include the CNS in

Urodynamics as it was the specialist nurse who performed the test, however he didn't include the CNS when he was consulting with the patient after the test.

Martina advised that in her opinion she felt that one of Mr O'Brien's problems was that he took everything on himself and never involved none of the wider team and then because of this never had the time to see everything through.

Dr Hughes reiterated – “at no stage were specialist nurses allowed to share patient care with Mr O'Brien?

Martina confirmed that yes this was correct. She also confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics.

Dr Hughes – advised that care was excluded to all professionals and that Mr O'Brien was working outside his scope of practice.

Martina advised that during MDT on occasions there were issues raised about Mr O'Brien and at times these were escalated to the AD and AMD but as with other concerns regarding Mr O'Brien these never got anywhere as he either 'promised' that he would sort or else he gave a reason why he couldn't follow through. Martina advised that there was an ethos among many other staff “well sure that's just Aidan”.

Dr Hughes agreed and said that staff appeared to have become habituated by his bad practice.

He asked Martina if she had any questions.

Martina didn't but did say she questions herself had she done the right thing by escalating the concerns?

Dr Hughes assured her - absolutely!

Martina felt reassured by this and also advised she had been involved in the original admin look back of patients and through this piece of work had identified two of the current SAI during this process.

Dr Hughes advised that the review team will go back to families with a draft report and feedback on the learning. He advised any learning for the MDT would be systematic and constructive.

He thanked Martina for her assistance.

**From:** [Kingsnorth, Patricia](#)  
**Sent:** 18 January 2021 10:56  
**To:** [Corrigan, Martina](#); [Carroll, Ronan](#)  
**Cc:** [McClements, Melanie](#); [Stinson, Emma M](#); [Glackin, Anthony](#); [Haynes, Mark](#); [Dermot Hughes](#) (Personal Information redacted by the USI).  
**Subject:** RE: MDT staff for meeting with chair

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Thank you Mar na  
That sounds reasonable. We can reschedule un l after the surge.

Kind regards  
Patricia

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**From:** Corrigan, Martina  
**Sent:** 18 January 2021 10:37  
**To:** Kingsnorth, Patricia; Carroll, Ronan  
**Cc:** McClements, Melanie; Stinson, Emma M; Glackin, Anthony; Haynes, Mark  
**Subject:** RE: MDT staff for meeting with chair

Dear Patricia

I think this will have to be deferred for a few weeks, firstly due to the current pressures with respect to the surge and secondly as all of the five CNS have been redeployed to work on the wards.

These team meetings had been held fortnightly but we had agreed at last week's meeting that we would move these to monthly and therefore the next one had not been planned until 9 February 2021.

I am happy to organise a one sooner than this (the nurses have been redeployed for two weeks initially so let me see how this week goes and see maybe if we could do next Tuesday or else the following Tuesday.

Once agreed I am happy to organise and you can invite Dermot to link in.

I will be in touch before the end of this week.

Regards

*Martina*

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**From:** Kingsnorth, Patricia  
**Sent:** 18 January 2021 10:12  
**To:** Corrigan, Martina; Carroll, Ronan  
**Cc:** McClements, Melanie; Stinson, Emma M; Glackin, Anthony; Haynes, Mark  
**Subject:** RE: MDT staff for meeting with chair

Dear Martina and Ronan

Were you able to advise if we can meet with the MDT tomorrow morning?

Regards

Patricia

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**From:** Kingsnorth, Patricia

**Sent:** 14 January 2021 10:40

**To:** Corrigan, Martina; Carroll, Ronan

**Cc:** McClements, Melanie; Stinson, Emma M [Personal Information redacted by the USI] Glackin, Anthony; Haynes, Mark

**Subject:** MDT staff for meeting with chair

Dear Martina/ Ronan

Dr Dermot Hughes the chair of the SAI review, would also like to provide an update to the members of the MDT to keep them in the loop about the SAI and the learning to date.

Melanie advised that there is a Tuesday morning meeting that the team come to via zoom and that it is not taking place on **Tuesday 19<sup>th</sup> at 08:30.**

**Dermot can make himself available for that time or earlier if required.**

Can we use this slot to update the team and perhaps offer them some reassurances about the process?

I appreciate this is a very busy time and we can reschedule if it is not workable.

If agreeable, I would need the names of the team members so that I can forward a zoom link. Can you advise please

Kind regards

Patricia

Patricia Kingsnorth

Acting Acute Clinical Governance Coordinator

Governance Office

Room 53

The Rowans

Craigavon Area Hospital

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]



**From:** [Thompson, PatriciaA](#)  
**Sent:** 30 November 2020 15:23  
**To:** [Kingsnorth, Patricia](#)  
**Cc:** [Dermot Hughes](#) (Personal Information redacted by the USI)  
**Subject:** RE: question?

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Hi Patricia

There are now 5 Clinical Nurse Specialists in urology. At the time of the SAIs there was 3 band 7 nurses (2 specialising in oncology and 1 nurse Benign). The aim for the 5 specialist nurses will be 3 CNS's in cancer and 2 CNS's specialising in benign conditions.

All the consultants would now engage all the 3 specialist nurses (cancer) as key workers although the 2 nurses who specialise in benign conditions would cross cover ie sick leave, annual leave etc.

The unit also has a Band 6 nurse who is responsible for bladder chemo and 3 band 5 nurses who have been in attendance with consultants at clinics again when Band 7 CNSs are not available. Patients will be given the name and contact details of their key worker.

Many Thanks

Patricia

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**From:** Kingsnorth, Patricia  
**Sent:** 30 November 2020 12:42  
**To:** Thompson, PatriciaA  
**Cc:** Dermot Hughes (Personal Information redacted by the USI)  
**Subject:** question?

Patricia

Can you advise how many specialist nurses are in urology? How many consultants would engage specialist nurses as key workers?

Many thanks  
Patricia

Patricia Kingsnorth  
Acting Acute Clinical Governance Coordinator  
Governance Office  
Room 53  
The Rowans  
Craigavon Area Hospital

Personal Information redacted by the USI

Personal Information redacted by the USI

**From:** [Kingsnorth, Patricia](#)  
**Sent:** 23 February 2021 17:38  
**To:** Darren Mitchell's email address  
**Subject:** meeting with Chair  
**Attachments:** [Notes of Meeting Dr Darren Mitchell 22.02.2021.doc](#)

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Dear Darren

Many thanks for taking the time to meet with us.

Please see the notes of the meeting. I would be grateful if you could review for factual accuracy and please return any comments/ changes back to me.

Kind regards

Patricia

Patricia Kingsnorth

Acting Acute Clinical Governance Coordinator

Governance Office

Room 53

The Rowans

Craigavon Area Hospital

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by the USI

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by the USI





Acute Governance  
Darren Mitchell  
Telephone call  
23.02.2021

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**PRESENT:** Dr Darren Mitchell  
Dr Dermot Hughes  
Mrs P Kingsnorth

Dr Hughes thanked Dr Mitchell for taking time out to talk to him today. Dr Hughes highlighted the reviews concerns identified in the SAI, explaining there was non-adherence to MDT recommendations, non-referral to oncology services for potential curative therapy, prescribing issues. He asked if there was any knowledge regarding the concerns mentioned.

Dr Mitchell advised aware of issues going back decade in relation to immunotherapy prescribing, prescribing outside guidelines, bicalutamide. Dr Mitchell advised he took over as chair of the cancer group in 2015. He advised that they had challenged Mr OB on his use of bicalutamide. He escalated this to his clinical lead (Chris Hagan) and the decision was made to develop a guideline for the use of ADT in the hope this would address the issues. This guideline was presented when Mr OB was chair of the NICAN urology group and he signed off on the guidelines.

Dr Hughes asked Dr Mitchell to share the guidelines mentioned. Dr Hughes advised a number of patients were to be referred to oncology and this was not done.

Dr Mitchell mentioned a radical bladder cancer case in 2016, Chris Hagan and Gillian Traub noted there was a significant delay in treatment, this case was flagged back to SHSCT.

Dr Hughes advised the review was looking at 9 cases, there are significant findings, delays in treatment and care, MDT recommendations were not implemented, referrals to oncology were never made for potential curative treatment, and patients were not brought back to MDT for review. Dr Hughes advised there were systematic issues. The recommendations will include structured review process of MDT processes. NICE guidelines were not adhered to regarding prescribing of bicalutamide. There was very poor oncology support at MDT, oncology attendance at MDT was rare. Dr Mitchell described issues trying to support the MDT in SHSCT it was a busy practice and they had difficult recruiting to cover this role.

Dr Hughes asked if MDT chair had questioned prescribing methods in accordance with NICE guidelines. Patients did not know, there were no onward referrals. One case of penile cancer was not referred to the super regional MDT for discussion following diagnosis.

Dr Mitchell asked about the testicular cancer case that was brought to his attention.

Dr Hughes advised the consultant did not refer, the oncology centre identified this patient and booked him, there was a delay in treatment.

Dr Hughes advised the consultants prescribing was against NICE/ NICE guidance and would be grateful if he could forward a copy of the guidance signed off by the consultant.

Dr Mitchell agreed to forward this. Dr Mitchell advised he emailed the consultant in 2016/2017 about his prescribing outside recommended guidelines and highlighting it was his GMC duty to inform patients they were being treated outside the recommended guidelines. The patients were misled.

Dr Hughes advised recommendations of the SAI will reflect this issue. Discussions should be had with patients if treatment is outside the recommended guidelines and reason explained to them in and signed off by peers at MDT. He suspects that the issues around Mr OB were extensive and wide ranging. Dr Hughes advised families are asking the question why no one else knew.

Dr Hughes thanked Dr Mitchell for talking with him today.

## SAI Urology Review

### Interview with Mrs Martina Corrigan (MC) Head of Service for Urology

18 January 2021 at 12 Midday via zoom

Dr Dermot Hughes (DH) and Patricia Kingsnorth

Dr Hughes provided Martina with an update to date – that there are 9 families involved there are similar themes; that Mr Obrien worked in isolation despite MDT involvement. He never involved a specialist nurse and was that always the case.

MC advised that she worked in SHSCT for 11 years, during that time AOB never give specialist nurses their place. He never involved them in the clinics. Some of the specialised nurses would have pushed to be at the clinics but AOB dismissed them.

DH advised that many of the patients we have reviewed were given hormone therapy off licence and often without their knowledge that the treatment was in variance to guidance. That some of the patients were not referred onwards to oncology when their disease progressed and they had no access to coordinated care. This meant that patient's had difficulty accessing care, the GPs couldn't help resulting in patients going to ED during covid which was not appropriate.

DH asked if anyone expressed concerns about excluding nurses from the clinics.

MC – advised that two of the specialist nurses did challenge AOB but it got to the stage where staff were getting worn down by no action.

She advised that AOB was quite arrogant.

DH advised that specialist nurses are so important on the patient's journey,

MC agreed and said that even for benign conditions, the specialist nurse would only be allowed to be involved in urodynamics. She advised that AOB problem was that he took on everything himself.

**Commented [KP1]:** I can't remember if you clarified what you meant by this.

DH reiterated – “at no stage were specialist nurses allowed to share care with AOB?”

MC – yes that's right. She agreed that the other consultants all see the benefits of using a specialist nurse.

DH – advised that care was excluded to all professionals – That AOB was working outside his scope of practice.

MC advised that during MDM issues were raised and escalated to the AD and AMD but some staff thought “well that's just Aidan”.

DH- said that staff appeared to become habitualised by his bad practice.

He asked if MC had any questions?

MC asked had she done the right thing by escalating the concerns?

DH- absolutely!

MC advised they had done a medical look back and she had identified two of the current Sai during this process.

DH advised the review team will go back to families with a draft report and feedback on the learning. He advised any learning for the MDT would be systematic and constructive.

He thanked MC for her assistance.

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[SAI Urology Review MC 1st.docx](#)

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**SAI Urology Review**

**Interview with Mrs Martina Corrigan (MC) Head of Service for Urology**

**18 January 2021 at 12 Midday via zoom**

**Dr Dermot Hughes (DH) and Patricia Kingsnorth**

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