Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
T: 02890 251005 | E: info@usi.org.uk | W: www.urologyservicesinquiry.org.uk

Shane Devlin
C/O
Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

29 April 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust

Provision of a Section 21 Notice requiring the provision of evidence in the form of a written statement

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

Issued by Urology Services Inquiry on 29 April 2022. Annotated by the Urology Services Inquiry.

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 45 of 2022]

pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Shane Devlin
C/O
Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.

2. The Notice requires you to do the acts set out in the body of the Notice.

3. You should read this Notice carefully and consult a solicitor as soon as possible about it.

4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.

5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 10th June 2022.**

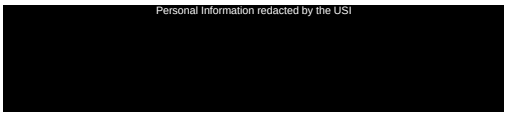
APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 3rd June 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 29th April 2022

Signed: 

Christine Smith QC
Chair of Urology Services Inquiry

Urology Services Inquiry

SCHEDULE
[No 45 of 2022]

General

1. Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, inter alia, 'Maintaining High Professional Standards in the Modern HPSS' ('MHPS Framework') and the Trust's investigation. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.

2. Provide any and all documents within your custody or under your control relating to paragraph (e) of the Terms of Reference except where those documents have been previously provided to the Inquiry by the SHSCT. Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to contact the Trust's legal advisors or, if you prefer, you may contact the Inquiry.

3. Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. When answering the questions set out below you will need to equip yourself with a copy of *Maintaining High Professional Standards in the Modern HPSS' framework ('MHPS')* and the '*Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance' ('Trust Guidelines'),*

Policies and Procedures for Handling Concerns

4. In your role as a Chief Executive what, if any, training or guidance did you receive with regards to:

    I. The MHPS framework;
    II. The Trust Guidelines; and
    III. The handling of performance concerns generally.

5. With regard to Section VI paragraph 1 of MHPS, outline the training, guidance or support provided by the Trust for the handling of concerns and implementation of the MHPS Framework to those with specific roles under MHPS and the 2010 Guidelines during your time as Chief Executive. Your answer should address the training provided to;

    I. Clinical Managers
    II. Case Managers
    III. Case Investigators
    IV. Chief Executives
    V. Designated Board Members
    VI. HR Staff

6. What procedures or processes existed within the SHSCT to ensure that concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines.

7. With regard to Section I paragraph 29 of the MHPS framework, what processes or procedures existed within the Trust to provide a clear audit route for initiating and tracking the progress of investigations, their costs and resulting actions? Who was responsible for ensuring such processes were in place and what role, if any, did you have as the Chief Executive in relation to these matters?

8. Outline how you understood the role of Chief Executive was to relate to and engage with the following individuals under the MHPS Framework and the Trust Guidelines:

    I. Clinical Manager;
    II. Case Manager;
    III. Case Investigator;
    IV. Medical Director;
    V. Service Director;
    VI. HR Director;
    VII. Designated Board member,
    VIII. The clinician who is the subject of the investigation; and
    IX. Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.

Handling of Concerns relating to Mr O'Brien

9. In respect of concerns relating to the practice of Mr Aidan O'Brien which resulted in a formal investigation under MHPS and the Trust Guidelines:

    I. Were you as Chief Executive made aware of the concerns?
    II. If so please confirm when and in what manner the concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines?
    III. On being informed of these concerns, what action did you take?
    IV. If you were not aware of the concerns, outline who in the Trust would have been responsible for bringing this matter to your attention.

10. Section I paragraph 37 of MHPS sets out a series of timescales for the completion of investigations by the Case Investigator and comments from the Practitioner. From your perspective as Case Manager, what is your understanding of the factors which contributed to any delays with regard to the following:

    I. The conduct of the investigation;

II. The preparation of the investigator's report;
III. The provision of comments by Mr O'Brien; and
IV. The making of the determination by the Case Manager.

Outline and provide all documentation relating to any interaction which you had with any of the following individuals with regard to any delays relating to matters (I) – (IV) above, and in so doing, outline any steps taken by you in order to prevent or reduce delay:

A. Case Investigator;
B. Designated Board member;
C. the HR Case Manager;
D. Mr Aidan O'Brien; and
E. Any other relevant person under the MHPS framework and the Trust Guidelines.

11. Outline what steps, if any, you took during the MHPS investigation, and outline the extent to which you were kept appraised of developments during the MHPS investigation?

12. On 28 September 2018, Dr Ahmed Khan, as Case Manager, made a Determination with regard to the MHPS investigation into Mr O'Brien. This Determination, inter alia, stated that the following actions should take place:

I. The implementation of an Action Plan with input from Practitioner Performance Advice, the Trust and Mr O'Brien to provide assurance with monitoring provided by the Clinical Director;
II. That Mr O'Brien's failings be put to a conduct panel hearing; and
III. That the Trust was to carry out an independent review of administrative practices within the Acute Directorate and appropriate escalation processes.

With specific reference to each of the determinations listed at (I) – (III) above address,

A. Who was responsible for the implementation of each of these actions?
B. To the best of your knowledge, outline what steps were taken to ensure that each of these actions were implemented; and
C. If applicable, what factors prevented that implementation.
D. If the Action Plan as per 21(I) was not implemented, fully outline what steps or processes, if any, were put in place to monitor Mr O'Brien's practice, and identify the person(s) who were responsible for these? Did these apply to all aspects of his practice and, if not, why not?

Implementation and Effectiveness of MHPS

13. Having regard to your experience as Chief Executive, in relation to the investigation into the performance of Mr. Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regards the case of Mr. O'Brien?

14. Consider and outline the extent to which you feel you could effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust and what, if anything, could be done to strengthen or enhance that role.

15. Having had the opportunity to reflect, outline whether in your view the MHPS process have been better used in order to address the problems which were found to have existed in connection with the practice of Mr. O'Brien.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Notice 45 of 2022
Date of Notice: 29 April 2022

Witness Statement of: Joseph Shane Devlin

I, Joseph Shane Devlin, will say as follows:-

[1] Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, inter alia, 'Maintaining High Professional Standards in the Modern HPSS' ('MHPS Framework') and the Trust's investigation. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.

1. Having regard to the Terms of Reference of the Urology Services Inquiry, I set out below a narrative account of my involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, *inter alia*, 'Maintaining High Professional Standards in the Modern HPSS' ('MHPS Framework') and the Trust's relevant investigation. I have chosen to answer all questions (from Question 4 onwards) following my account in order to give a fuller understanding of my role.

2. Given that I was appointed to the Southern HSC Trust ('the Trust') in March 2018, and that the MHPS process for Mr O'Brien relating to sub-paragraph (e) of the Terms of Reference, began in very late 2016 / early 2017, my knowledge and involvement is limited, and is confined only to my period of employment.

3. The first that I was involved in the MHPS process with regards to Mr O'Brien was on the 6th September 2018, when Dr Khan, acting Medical Director, made me aware that, in his role as Case Manager for the case of Mr O'Brien, he was engaging with the GMC and the Trust HR function to start disciplinary procedures.

4. I had been made aware of this case by Vivienne Toal, Director or HR, in the months previous and that she had considerable concerns about the performance Mr O'Brien. I asked Vivienne for further information and I was advised of the incidents of 2016/17 whereby 783 untriaged referrals were discovered in Mr O'Brien's office as well as 307 sets of patient notes at his home address. In addition, a further 668 patients had no outcomes from clinics dictated and there was an issue in respect of Mr O'Brien's scheduling of his private patients.

5. When the matter was raised to me in September 2018 by Dr Khan, I asked for an assurance from Esther Gishkori, Director of Acute Services, and Dr Khan that the issues that had been identified two years previous had been addressed. I was advised that an SAI was being carried out to fully understand the learning however, in the interim, control measures had been put in place. This involved monitoring by the service lead, Martina Corrigan, and the Assistant Director for Surgery, Ronan Carroll, which involved weekly monitoring of the agreed actions. Following these conversations, I was assured that the existing issues were being dealt with.

6. My next and last involvement with the case was on the 27th November 2018, when Mr O'Brien asked to speak with me as he wished to submit a grievance against the Trust with regards to his treatment through the MHPS process. I met with him and received his grievance with accompanying supporting information. I passed both the grievance and information to Vivienne Toal, Director of HR.

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7. In addition to the above narrative account, I have answered the questions below in order to provide a more detailed account of relevant matters.

[2] Provide any and all documents within your custody or under your control relating to paragraph (e) of the Terms of Reference except where those documents have been previously provided to the Inquiry by the SHSCT. Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to contact the Trust's legal advisors or, if you prefer, you may contact the Inquiry.

[3] Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. When answering the questions set out below you will need to equip yourself with a copy of *Maintaining High Professional Standards in the Modern HPSS' framework ('MHPS')* and the '*Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance' ('Trust Guidelines'),*

<u>Policies and Procedures for Handling Concerns</u>

[4] In your role as a Chief Executive what, if any, training or guidance did you receive with regards to:

I. The MHPS framework;

II. The Trust Guidelines; and

III. The handling of performance concerns generally.

As Chief Executive there was no formal training received on the MHPS Framework, Trust Guidelines or on the handling of performance concerns generally. It is, however, an expectation that, to operate at this level, the Chief Executive should have the appropriate experience to manage performance. As previously presented in Appendices 1 and 2 of my response to Section 21 No.5 of 2021, I have provided details of my experience. As my CV, *attachment 1 located in S21 45 of 2022 Attachments*, is limited to the last 15 years I have presented a second document, *attachment 2 located in S21 45 of 2022 Attachments*, that goes back further to demonstrate my complete working career. As the Inquiry can see, I have considerable experience of managing and improving performance. In addition, I have 24 years' experience of working with the HSC policy context and have a thorough understanding of HSC policies and procedures.

[5] With regard to Section VI paragraph 1 of MHPS, outline the training, guidance or support provided by the Trust for the handling of concerns and implementation of the MHPS Framework to those with specific roles under MHPS and the 2010 Guidelines during your time as Chief Executive. Your answer should address the training provided to;

I. Clinical Managers
II. Case Managers
III. Case Investigators
IV. Chief Executives
V. Designated Board Members
VI. HR Staff

8. I am not aware of the training that was provided to the various stakeholders that you have listed. The part of the organization that would hold that information would be Medical HR. The individual who would be able to provide that information would be Vivienne Toal, Director of HR.

[6] What procedures or processes existed within the SHSCT to ensure that concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines.

9. There were many possible vehicles used to raise concerns within the Southern Trust; these included but were not limited to:

a. Concerns expressed by other staff;
b. Review of performance against job plans and annual appraisal;
c. Monitoring of data on clinical performance and quality of care;
d. Clinical governance, clinical audit and other quality improvement activities;
e. Complaints about care by patients or relatives of patients;
f. Information from the regulatory bodies;
g. Litigation following allegations of negligence;
h. Information from the police or coroner;
i. Court judgements;
j. Following the report of one or more critical clinical incidents or near misses;
k. Complaints.

10. Identified concerns would then be raised to the clinical manager and a screening process would be undertaken. All the time throughout the process Medical HR services would be available to support managers and clinicians.

11. Depending on the outcome of the screening process, the findings may be that there is no evidence of shortcomings or that there are only minor issues or that there are potential serious shortcomings. A finding of no shortcomings would require no further action; minor issues would be managed at local level through relevant policies and support; and potential serious shortcomings would be raised to the Medical Director for management through their office.

12. In my time as Chief Executive, potential serious issues were managed at Medical Director level and were not regularly raised to me as Chief Executive. I considered that this was in line with Page 8 of the Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance of October 2017, which provides that: "The Medical Director will then appoint a Case Manager, Case Investigator and Designated Board Member (on behalf of the Chief Executive)". I did carry out regular one to one meetings with the Medical Director and, should they have though it appropriate or necessary to raise any MHPS clinical issues (such as Dr Khan did with regards to Mr O'Brien), the opportunity was there for them to do so.

13. Looking back on matters from this vantage point, and considering the MHPS Framework against the October 2017 Trust Guidelines afresh in the context of this Section 21 Notice, I think that the guidance quoted in the preceding paragraph *may* be contrary to intent within Section I paragraph 28 of MHPS which suggests that the Chief Executive, and not the MD, should appoint the Case Manager, Case Investigator and Designated Board Member. That said, the MHPS Framework seems potentially ambiguous in this regard in that it also records, within Section I paragraph 8, that the Chief Executive's role is to 'ensure' that these persons are appointed (rather than to appoint them him or herself). In any event, I have raised this potential contradiction between MHPS Framework and Trust Guidelines with the Director of HR in case further action is required in respect of it.

[7] With regard to Section I paragraph 29 of the MHPS framework, what processes or procedures existed within the Trust to provide a clear audit route for initiating and tracking the progress of investigations, their costs and

resulting actions? Who was responsible for ensuring such processes were in place and what role, if any, did you have as the Chief Executive in relation to these matters?

14. It is my understanding that all MHPS cases are logged and tracked through the medical HR team. This allows the Medical Director and the HR Director to regularly review progress and to take appropriate action. I am aware that the system allows for the monitoring of progress and outcomes but I am not aware of the system regularly monitoring the cost of the investigations. I am also aware that both the 2010 Trust Guidelines (at paragraph 2.10) and the 2017 version of same (at page 19) indicated that the Designated Board Member had a role in ensuring that the momentum of the MHPS process was maintained.

[8] Outline how you understood the role of Chief Executive was to relate to and engage with the following individuals under the MHPS Framework and the Trust Guidelines:

I. Clinical Manager;
II. Case Manager;
III. Case Investigator;
IV. Medical Director;
V. Service Director;
VI. HR Director;
VII. Designated Board member,
VIII. The clinician who is the subject of the investigation; and
IX. Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.

15. My understanding of how I was to relate to persons I to IX was limited to the Case Manager, Medical Director, HR Director and Designated Board Member. I did not

have any other relationship with the other persons listed in this question although I did have a role in respect of the Trust Board and Department of Health.

16. With regards to the Case Manager, he had a role in reporting to me regarding the MHPS subject's exclusion if the subject was excluded for more than the initial 4-week period. If, following the formal investigation, the Case Manager made the decision that there was a case of misconduct that must be referred to a conduct panel, then they had to inform me, as Chief Executive, of this decision.

17. With regards to the Medical and HR Directors they should regularly update me as to the progress of active cases. The Medical Director also had a reporting role (to me) in respect of any exclusions extending beyond the initial period. The HR Director was also there to support me if I required any assistance in respect of my role in the MHPS process.

18. With regards to the Designated Board Member, I delegated the selection process to the Medical Director. However, I was aware who the Delegated Board Members were and the Medical Director would have sought my advice and guidance with regards to the selection on some occasions.

19. In respect of the Board, they had a general role, through me, in ensuring procedures were followed. They also had to be informed promptly in respect of any exclusion and receive assurances from me that procedures were being adhered to in respect of any exclusion.

20. I had a reporting role in respect of the Department regarding exclusions that were reviewed more than a certain number of times (see pages 18-20 of the MHPS Framework).

Handling of Concerns relating to Mr O'Brien

[9] In respect of concerns relating to the practice of Mr Aidan O'Brien which resulted in a formal investigation under MHPS and the Trust Guidelines:

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I. **Were you as Chief Executive made aware of the concerns?**
II. **If so please confirm when and in what manner the concerns were raised, registered or escalated the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines?**
III. **On being informed of these concerns, what action did you take?**
IV. **If you were not aware of the concerns, outline who in the Trust would have been responsible for bringing this matter to your attention.**

21. Please refer to paragraphs 2 to 6 above in this regard.

[10] Section I paragraph 37 of MHPS sets out a series of timescales for the completion of investigations by the Case Investigator and comments from the Practitioner. From your perspective as Case Manager, what is your understanding of the factors which contributed to any delays with regard to the following:

I. **The conduct of the investigation;**
II. **The preparation of the investigator's report;**
III. **The provision of comments by Mr O'Brien; and**
IV. **The making of the determination by the Case Manager.**

Outline and provide all documentation relating to any interaction which you had with any of the following individuals with regard to any delays relating to matters (I) – (IV) above, and in so doing, outline any steps taken by you in order to prevent or reduce delay:

A. **Case Investigator;**

B. **Designated Board member;**
C. **the HR Case Manager;**
D. **Mr Aidan O'Brien; and**
E. **Any other relevant person under the MHPS framework and the Trust Guidelines.**

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22. I was not Chief Executive of the Trust until March 2018 and therefore I do not have knowledge of the cause of the delays nor any documentation relating to the same.

[11] Outline what steps, if any, you took during the MHPS investigation, and outline the extent to which you were kept appraised of developments during the MHPS investigation?

23. As referenced in paragraphs 2 to 6, I took up post as Chief Executive in March 2018 and therefore my involvement in the process was limited to the end of the MHPS timeline. I was, however, appraised by Dr Khan in September 2018 of his determination.

[12] On 28 September 2018, Dr Ahmed Khan, as Case Manager, made a Determination with regard to the MHPS investigation into Mr O'Brien. This Determination, inter alia, stated that the following actions should take place:

I. **The implementation of an Action Plan with input from Practitioner Performance Advice, the Trust and Mr O'Brien to provide assurance with monitoring provided by the Clinical Director;**
II. **That Mr O'Brien's failings be put to a conduct panel hearing; and**
III. **That the Trust was to carry out an independent review of administrative practices within the Acute Directorate and appropriate escalation processes.**

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With specific reference to each of the determinations listed at (I) – (III) above address,

A. Who was responsible for the implementation of each of these actions?

24. To the best of my knowledge the Medical Director was responsible for action (I); action (II) was the responsibility of the HR Director and the Medical Director; and action (III) was the responsibility of the Director of Acute Services.

B. To the best of your knowledge, outline what steps were taken to ensure that each of these actions were implemented; and

C. If applicable, what factors prevented that implementation.

25. Regarding B and C, the intention was that the implementation and monitoring of the action plans were carried out through the Acute, HR and Medical Directorates, coordinated through the medical director's office. However, to the best of my knowledge, following the submission in November 2018 of a grievance from Mr. O'Brien neither action (i) or (ii) progressed.

26. Action (iii) progressed and the review of administration was carried out. The summary report of the actions undertake are presented in *Attachment 3 – 20211122 Admin Review Process located in S21 45 of 2022 Attachments*. The embedded documents are also attached as *Attachment 4 through to Attachment 8 located in S21 45 of 2022 Attachments*. The report;

a. highlights and describes the issues of concern
b. identifies the gaps that led to the concerns raised
c. advises on the policies and processes now in place
d. describes the ongoing risks/ flaws
e. explains the escalation process for non-adherence

D. If the Action Plan as per 21(l) was not implemented, fully outline what steps or processes, if any, were put in place to monitor Mr O'Brien's practice, and identify the person(s) who were responsible for these? Did these apply to all aspects of his practice and, if not, why not?

27. I am now aware that, in the absence of all elements of all the plans being able to be implemented, a regular monitoring of performance was carried out from within the Directorate. This involved monitoring of Mr O'Brien by the Service Lead, Martina Corrigan, and the Assistant Director for Surgery, Ronan Carroll. This involved weekly monitoring of agreed actions.

Implementation and Effectiveness of MHPS

[13] Having regard to your experience as Chief Executive, in relation to the investigation into the performance of Mr. Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regards the case of Mr. O'Brien?

28. Given that the MHPS process involved previous Chief Executives for the majority of the Mr O'Brien case, I do not have any specific comments with regards to that case. However, on reflection I have formed a number of general impressions.

29. Firstly, the process can be subject to long periods of delay and waits. This could be related to difficulties in sourcing evidence, from all parties; it may also be related to the availability of Trust employees to participate in the process in a timely manner, given their considerable operational demands.

30. Secondly, the process is potentially under-resourced with regards to medical HR and the availability of Case Managers, Case Investigators, and non-executive Board members.

31. Thirdly, I was made aware through conversations with non-executive Board members that the lack of guidance with regards to the role that they were to undertake left them without total clarity as to how to fulfil their role.

32. Fourthly, I am now aware of the possible inconsistency between the Trust Guidelines of 2017 and the terms of the MHPS Framework (as described at paragraph 14 above). This leaves me with an impression that the Trust Guidelines may require review and checking for alignment with the regional guidance.

[14] Consider and outline the extent to which you feel you could effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust and what, if anything, could be done to strengthen or enhance that role.

33. Building on the points already made in response to question 13, there are improvement opportunities with regards to the existing process and guidelines.

34. However, accepting the opportunities for improvement, there is a strong and well-managed process with clear guidelines and management through the Medical Director and HR Director. During my tenure, there were seven formal investigations started, each with managers, investigators and non-executive Board members in place. Five were concluded during my tenure, with one on hold and one still ongoing.

35. With regards to the discharge of my responsibilities, it is clear to me that the Chief Executive is to be kept informed of the initiation of an MHPS process for a clinician and also to be kept informed at the conclusion of the process. I was regularly kept informed by the Medical Director at our regular one to one meetings.

36. On reflection, my understanding of the Guidelines was not as clear as it could have been and I delegated the responsibility of informing the Trust Board and identifying non-executive Board representatives to Medical and HR Directors. I did this in good faith and in line with my reading of the Guidelines; with hindsight, I could have been more formally informed of the progress of MHPS cases.

Urology Services Inquiry

[15] Having had the opportunity to reflect, outline whether in your view the MHPS process have been better used in order to address the problems which were found to have existed in connection with the practice of Mr. O'Brien.

37. Given that I only took up post as Chief Executive in March 2018, my knowledge of the full details of the implementation of the MHPS in the Mr O'Brien case is limited to a short timeframe. However, accepting that limitation, I feel that the points reflected in response to question 13 would reflect my understanding of the opportunities to better use MHPS to have addressed the problems.

38. On reflection, it is clear to me that the action planning and delivery process, following the production of the MHPS findings, should also have been stronger and more systematic, to ensure that agreed actions were fully delivered.

Statement of Truth

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

Personal Information redacted by the USI

Signed: __ _____

Date: __24 June 2022_____

S21 45 of 2022

Witness statement of: Shane Devlin

Table of Attachments

Attachment	Document Name
1	Chief Executive CV
2	Chief Executive additional information CV
3	20211122-Admin Review Process
4	Admin Review Process - Consultant to Consultant Referrals SOP
5	Admin Review Process - Guide to Paying Patients
6	Admin Review Process - PAS OP Referral Source Code Private to NHS
7	Admin Review Process - Services not using e-triage
8	Admin Review Process - Triage Process April 21

Curriculum Vitae – Shane Devlin

Name: Mr Joseph Shane Devlin (known as Shane)
Address: Personal Information redacted by the USI
Mobile: + Personal Information redacted by the USI
E Mail: Personal Information redacted by the USI
Twitter: Personal Information redacted by the USI

Career Overview

Detailed below are the roles I have undertaken and my key achievements in the last fifteen years. In summary I have worked in various Chief Executive, Director and other senior management positions within the NHS in Northern Ireland for the last twenty two years. I have had the pleasure of continuously managing change and improvement within integrated health and social care and am very proud of my achievements.

March 2018 – Current - Chief Executive, Southern Health and Social Care Trust

Organisation Background

The Southern Trust is an integrated Trust delivering hospital and community health and social services to a population of approximately 370,000 people. The Trust has an annual budget of circa £800 million and employs approximately 13,500 staff

Roles & Responsibilities

- As accountable officer I am responsible for all elements of service delivery, quality, safety and financial viability.
- Working with the Trust Board to develop a new strategic direction for the Trust to ensure fitness for purpose into the future.
- To create the environment of compassionate leadership to enable new service models to be developed and implemented.

Key Achievements

- Successfully led the organisation through the Covid 19 pandemic. I created a rapid new management structure and process to manage the organisation in a rapid and lean manner. Within a very short period of time I reconfigured our hospital services, creating a covid hospital, and a green clean hospital. We also mobilised a home working revolution allowing hundreds of staff to function from home and created a new model of virtual clinic delivery and virtual hospital visiting.
- Designed and delivered a twelve month Trust Board Development Programme focused on improving accountability and developing a new culture and strategy through the Board.
- I designed and led a process of agreeing the key purpose and objectives for each directorate, and turning these into directorate dashboards and safety thermometers.
- As SRO for the Daisy Hill Pathfinder I lead a co-designed programme of improvement for Daisy Hill Hospital and the wider South Down community. The year 1 targets were achieved on time, and budget, and Daisy Hill Hospital is regularly the top performing hospital with regards to 4hr & 12hr performance, it has the second lowest unit cost of any NI hospital and along with Craigavon, its sister hospital, it has been recognised in the UK Top 40 hospitals award.
- I am part of the HSC Regional Management Board. This group consists of all Trust Chief Executives, DOH Permanent Secretary and Senior Departmental Officials. Collectively we are responsible for the delivery of the cross party agreed 10yr Strategy for Health and the rebuild plans following the Covid19 pandemic.

November 2016 to March 2018 - Chief Executive, Northern Ireland Ambulance Service (NIAS) Trust

Organisation Background

NIAS is the regional provider of all emergency ambulance services to Northern Ireland and the provider of the majority of non emergency ambulance services. It has a budget of approximately £84mil and 1200 employees.

Roles, Responsibilities & Achievements

- As accountable officer I was responsible for all elements of service delivery, quality and financial viability.
- To develop a new strategic direction for the Trust to ensure fitness for purpose into the future.

Curriculum Vitae – Shane Devlin

- Jointly chaired the Helicopter Emergency Medical Service (HEMS) management board which successfully developed the new HEMS service for Northern Ireland.
- Through engagement with leaders I successfully developed and implemented a one year improvement plan

March 2013 to November 2016 - Director of Performance, Planning & Informatics, Belfast HSC Trust

Organisation Background

Belfast Health and Social Care Trust is an integrated Trust delivering hospital and community health and social services to the population of Belfast and providing a range of regional specialities to the whole of Northern Ireland. The Trust has an annual budget of £1.2 billion and employs approximately 22,000 staff

Roles, Responsibilities & Achievements

- Develop and deliver the process and culture to manage and improve performance
- Successfully delivered a new performance management system so that all directorates, departments and teams have a clear planning and improvement process linked to ministerial and organisational improvement targets.
- Negotiate with commissioners and the private sectors to ensure robust elective care services for the population
- Operationally responsible for a directorate of approx. 700 staff covering ICT, Information Services, Contracting, Performance Management, Strategic and Operational Planning, Health Records, Information Governance, Business Improvement & Innovation, Community Development, Health Improvement and Health and Social Inequalities.
- As Senior Responsible Owner I managed the role out of the NI integrated electronic care record into the Trust.

July 2010– March 2013 - Programme Director of Business Transformation , The Business Services Organisation (BSO), Belfast

Organisation Background

Created in April 2009, The Business Services Organisation is the regional provider of shared support services to Health and Social Care (HSC) in Northern Ireland. It is a public sector organisation with the HSC being its sole customer.

Roles & Responsibilities

- To manage a shared services programme of radical change in the provision of Human Resources, Payroll, Travel, Subsistence (HRPTS) and Finance, Procurement and Logistic (FPL) Services to the complete (70000 employees) Health and Social Care.
- Manage a capital budget of £40 million to procure and deliver a new Enterprise Resource Planning (ERP) system for all organisations in HSC.
- To design and implement a new shared services model of delivery for HRPTS and FPL so as to reduce the cost base by 25% and to ensure £100 million savings over the ten years of the programme post go live. This savings target was achieved in 2018
- Managed a major public engagement process to agree the reorganisation of 400 staff from nineteen sites across Northern Ireland to four shared services sites. This involved considerable, and at times difficult and heated, negotiations with Trade Unions, Trust Staff, Local and National Politicians and Senior Civil Servants.

April 2009 – July 2010 - Director of Customer Care and Performance, The Business Services Organisation (BSO), Belfast

Roles, Responsibilities & Achievments

- As part of the new senior management team establish the BSO from the merger of services from six different organisations.
- Develop a performance management culture and implement a new performance management system.
- Develop relationship with all key customers (Trust Directors and Senior Clinicians) to ensure that services are provided in line with requirements.
- Operationally manage, on a regional basis, Internal Audit, Research Ethics, Customer Care, Equality and Diversity Consultancy Services.

Curriculum Vitae – Shane Devlin

October 2007 – April 2009 - Assistant Director Performance and Improvement , The South Eastern Health and Social Care Trust
• As part of the new management team I was responsible for designing and implementing a new performance management and improvement process and culture. • Operationally manage information services, planning and performance management and quality improvement functions.
July 2006 – October 2007 - Seconded to the Department of Health and Social Services, Programme Manager for the Review of Public Administration (RPA)
• Successfully programme managed the changes so that 18 Trusts were reduced to 5 in line with the agreed timeframe. The total savings of phase 1 were £53 million • To develop the business case for change and secure buy in and approval from the Department of Finance and Personnel (NI Treasury)

Education and Learning Overview

I am an avid learner and my preferred learning style is very much through work based learning from experience. I constantly review my learning through regular reviews and have undertaken four 360 degree appraisals over the last seven years to evaluate, from my colleagues points of view, the learning opportunities. In addition to work based learning I have undertaken the following formal learning opportunities.

- BSc(Econ) Honours – Queens University Belfast, 1994
- Postgraduate Certificate in Management – Institute of Management, 1995
- Leaders for Tomorrow Programme – Harvard University, 1996
- Assessor - European Foundation for Quality Management (EFQM), 2001
- PRINCE2 Practitioner – The Projects Group, 2002
- The Horizons Programme, The Beeches Management Centre in Conjunction with the Kings Fund, 2010

Other Interests

In March 2019 the DOH Permanent Secretary asked me to take on the role of the SRO for a new phase of Shared Services within the HSC – Digital Shared Services. This involves the creation of a new single provider for the complete range of digital services including end user computing, hosting, networks, applications, service desk and project management. Having worked in partnership with a range of internal and external stakeholders to develop a robust and agreed blueprint we are now at the end of the development stage and are about to submit the outline business case for approval.

I am Board Member of an organisation called Co-operation and Working Together (CAWT). CAWT was established to transform socially deprived border counties on the island of Ireland through improving health and social wellbeing.

I am the Chair of the Children's and Young Persons Strategic Partnership (CYPSP). CYPSP brings together agencies, children and young people, families and communities across Northern Ireland working together - to improve outcomes for children and young people through integrated planning and commissioning

I am at governor of Personal Information redacted by the USI. This provides an opportunity to give something back to this fabulous school which has been at the forefront of driving integration within what is a socially deprived community coming out of conflict and has been historically under-funded, and under achieving.

I have also recently been appointed to the Board of the Chief Executive Forum. The Chief Executives' Forum is the association of chief executive officers of civil and wider public service bodies in Northern Ireland.

In my spare time I enjoy playing golf, gardening, cooking and walking.

Curriculum Vitae – Shane Devlin

July 2006 – October 2007
Seconded to the Department of Health and Social Services Programme Manager for the Review of Public Administration (RPA)
Organisation Background
The Department of Health and Social Services (DHSSPS) is the Government Department with overall responsibility for the successful delivery of Health and Social Care in Northern Ireland. The Review of Public Administration was a major governmental agenda to rationalise public sector organisations and return maximum resources to front line services.
Roles & Responsibilities
• To programme manage the change process of the 1st phase of RPA and to reduce the number of Trusts in Northern Ireland from 18 to 5. • To develop the business case for change and secure buy in and approval from the Department of Finance and Personnel (NI Treasury) • To manage the design process for phase 2 of the changes, which were to focus on redesigning the commissioning and planning structures for Northern Ireland.
Key Achievements
• Successfully programme managed the changes so that 18 Trusts were reduced to 5 in line with the agreed timeframe. The total savings of phase 1 were £53 million. • Agreed a design for Phase 2 which was approved by the Transformation Programme Board, although the plan was not fully implemented due to a political change and the appointment of a new Health Minister who wished to take the programme in a different direction.

July 2003 – July 2006
Planning and Performance Manager Down Lisburn Health and Social Services Trust
Organisation Background
Down Lisburn Trust was a Health and Social Services Trust providing hospital and community services to a population of approximately 180,000 employing 4000 staff.
Roles & Responsibilities
• As the business partner to Elderly and Community services I was responsible for developing and implementing plans for the improvement of services to older people. • Develop and implement capital and revenue proposals to support the delivery of new services to older people.
Key Achievements
• Successfully implemented changes to the provision of services for elderly people, to include the closure of statutory residential homes and the replacement of the services through supported living options. • Secured, through the business case process, considerable capital for the replacement of health centre provision.

January 2001– July 2003

Curriculum Vitae – Shane Devlin

Person Centred Community Information System Programme Manager (PCIS)
Down Lisburn Health and Social Services Trust

Organisation Background

Down Lisburn Trust was a Health and Social Services Trust providing hospital and community services to a population of approximately 180,000 employing 4000 staff.
PCIS was a regional project to support clinicians in the community through the creation of a single electronic community record.

Roles & Responsibilities

- To manage a multi-disciplinary team to develop the specification for the PCIS team
- To support the regional procurement of the system
- To develop a culture of IT literacy to support the transition to electronic records

Key Achievements

- The creation of an agreed output based specification which was agreed across all professions.
- Ensured considerable multi-disciplinary learning was achieved and over 1000 healthcare professionals develop ICT skills which were utilised in daily business

July 1998 – January 2001

Quality Improvement Manager
Down Lisburn Health and Social Services Trust

Organisation Background

Down Lisburn Trust was a Health and Social Services Trust providing hospital and community services to a population of approximately 180,000 employing 4000 staff.

Roles & Responsibilities

- As business partner to Acute services develop and implement a series of improvement actions to improve the efficiency and effectiveness of the two general hospitals within the Trust.
- As part of the Quality Support team, manage the overall quality improvement journey of the Trust

Key Achievements

- Successfully implemented quality improvements across the acute sector to include improvements in Outpatient Access, Quality and Safety in CSSD, Care Pathways in Stroke Care and the provision of rapid access to community equipment to support timely discharge from hospital.
- In January 2001 Down Lisburn Trust was awarded the Northern Ireland Quality Award. The Trust was the first, and remains the only, Healthcare Organisation to win the premier award for business excellence in Northern Ireland.

April 1995 – July 1998

Quality Award Manager
The Northern Ireland Quality Centre (NIQC), Belfast

Organisation Background

The Northern Ireland Quality Centre was created by Northern Ireland's leading organisations to

promote and develop continuous quality improvement across all sectors.
Roles & Responsibilities
• To develop a programme of international benchmarking to drive improvement within member companies • To develop and manage the Northern Ireland Quality Award Process.
Key Achievements
• Developed and delivered quality improvement training and development to major companies in Northern Ireland • Successfully managed the NI Quality Award Process • Ensured that my name and profile was known to major industry leaders in Northern Ireland

Southern Health and Social Care Trust

Admin Review Processes

Introduction

This review of administrative processes followed a formal investigation into concerns about an individual Consultant under the Maintaining High Professional Standards Framework (MHPS). The main concerns highlighted concern over the Consultant's way of working, their administrative processes and their management of workloads.

The MHPS Case Manager made a number of recommendations one of which was a recommendation that in order for the Trust to understand fully the failings in the case, the Trust should *'carry out an independent review of the relevant administrative processes with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. It recommended that the review should look at the full system wide problems to understand and learn from the findings'.*

The formal MHPS investigation focused on four main areas of concern::

1. Non-triage of GP and other consultant referrals
2. Non-dictation on patients who had attended outpatient clinics
3. Hospital notes being stored off Trust premises, namely the Consultant's home
4. The Consultant was found to have scheduled his private patient's sooner and outside of clinical priority.

The table below:

- highlights and describes the issues of concern
- identifies the gaps that led to the concerns raised
- advises on the policies and processes now in place
- describes the ongoing risks/ flaws
- explains the escalation process for non-adherence

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Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
1. Triage	Pre 2014 Due to the delayed triage of referrals, the decision was taken to add to the OP waiting list the referral at the clinical priority that the GP had assigned. .	2014-2017 For routine and Urgent GP referrals, non-adherence and non-enforcement of the IEAP, resulted in referrals not being returned within the appropriate timeframe, which then resulted in a lost opportunity to either upgrade or downgrade urgent/routine referrals	2017-current The introduction of e-Triage on 27/3/17 enabled referrals to be monitored with respect to the triage process. The revised triage process (draft) detailed in the word document below is based on the current IEAP also addresses these issues of timely and appropriate triaging TRIAGE PROCESS April 21.docx	Current Consultant-to-Consultant referrals (including outside of Trust) are not currently manged through e-Triage so there is still a risk that these could be delayed. Remaining specialties that still do not use e-Triage are being addressed	Consultant to Consultant referrals to be added to e-Triage and the PDF SOP to be updated Consultant to Consultant Referrals. Remaining specialties to be added to e-Triage The triage process continues to be monitored weekly and needs to be complied to and enforced where necessary	After 7 days Non- triage of urgent and routine referrals is escalated by the Referral & Booking Centre to the Operational Support Lead for the Clinical Area After 21 days OSL to escalate to Lead Clinician and HOS and copy Assistant Director of Functional & Support Services After 28 days HOS escalates to AD & AMD to address. After 35 days AD & AMD escalates to Director of Acute

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
2. Undictated Clinics	Some patients not having a letter dictated following an outpatient consultation resulting in no outcome recorded on PAS.	There is no system or process that provides assurance that each outpatient consultation generates an outpatient outcome letter	All Medical staff must understand that a letter is required for every outpatient attendance.	A limitation with the G2 system is that it simply records speech and generates a letter. However G2 is unable to correlate the letter dictated against the outpatient attendance.	The Trust has been working on the G2/PAS interface. This major piece of work required integration with the help of BSO. It is now in 'live' mode and is being piloted by one consultant with positive feedback. This will provide the Trust with more assurance around the dictation of outpatient clinics. A policy and guidance document needs to be developed and circulated to all Medical Staff to reiterate that a letter must be done for all outpatient attendance including for patients who do not attend. Update typing SOP to highlight that when a letters is not dictated for a patient that the secretary raises with	When the secretary is typing the clinics she must escalate to the Consultant by e mail and cc their service administrator if there are any letters missing on Digital Dictation. <u>If no response After 7 days</u> This is escalated to the Service Administrator. <u>After 14 days</u> Service Administrator to escalate to Lead Clinician and HOS <u>After 21 days</u> HOS escalates to AD & AMD to address.

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
2. Undictated Clinics					the consultant and line manager in the first instance. Secretaries need to do a check and balance after every clinic checking that every patient has a letter dictated. Secretaries to stipulate on their backlog reports if they know of any undictated clinics/letters Monthly typing reports require to be produced and shared throughout all divisions At Junior doctor changeover inductions, the importance of timely and accurate dictating of all outpatients they have reviewed must be highlighted to them.	<u>After 28 days</u> AD & AMD escalates to Director of Acute

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
3. Hospital Notes	Patient's hospital records electronically casenote tracked to a consultant and a location.	When patients hospital records were required same not in the tracked location At a time health records did complete IR1 forms but were advised to stop , by the Director at that time.	Current tracking system is a function on Patient Administrative System (PAS) Missing Charts are investigated and an IR1 form is completed if not found	There is currently no system which identifies that a chart is not where it is tracked to other than manual searches.	Any missing notes need to have an IR1 raised to highlight the problem. These should be reported to the respective areas. All staff managing patient notes should be reminded of the need for accuracy on PAS when tracking notes and patient records should be returned to file as soon as possible. All consultants need to be reminded regularly that all charts are tracked in their name and that it is their responsibility to ensure the notes are kept in the location that the notes are tracked to. Business Case for IFit which is an electronic	Service Administrators to do spot-checks of offices and highlight any issues of charts being stored beyond a reasonable time period IR1's to be monitored by the Head of health records and to escalate to the AD FSS Division for repeat 'Borrower' missing notes and any concerns over a particular consultant should be escalated to Clinical Director/AMD and

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
					tracking system using barcode technology (as used in other Trusts in NI) to be considered for funding until the NI Electronic Patient Record replaces paper records under the Encompass Project This had been previously submitted and approved but no funding identified.	AD
4. Private Patients	Patients who had been initially reviewed privately were added to the waiting list in a non-chronological manner	No monitoring of patients seen privately where they are entered onto the waiting list	This is governed by the Private Patient policy	It relies on the integrity of the consultant to comply with the private patient policy.	Revise the policy for paying patients in the Trust and share with all clinical teams. Guide-to-Paying-Patients-Southern-Trust- Data Quality Release notice for recording of	Secretaries have been given the codes to use to add private patients to the waiting list. A report is now on business objects for private patients added to waiting lists the private patient officer reconciles and chases up missing forms . After 7 days the

Issues Identified	Description of issue	Gaps that led to the problems	Policies or processes in place	Ongoing Risks/Flaws	Action Required to address ongoing risks/flaws	Escalation for non-adherence
					private patient activity on PAS to be shared amongst clinical teams.	<u>private patient officer</u> If forms haven't been received by Private Patient Office this is escalated to the HOS/CD. <u>After 14 days</u> HOS escalates to AD & AMD to address. <u>After 21 days</u> AD & AMD escalates to Medical Director

Southern Health and Social Care Trust

Quality Care - for you, with you

ADMINISTRATIVE & CLERICAL Standard Operating Procedure

Title	Consultant to Consultant Referrals	
S.O.P. Section	Referral and Booking Centre	
Version Number	v1.0	**Supersedes:** v0.1
Author	Katherine Robinson	
Page Count	3	
Date of Implementation	January 2011	
Date of Review	January 2012	**To be Reviewed by:** Admin and Clerical Manager's Group
Approved by	Admin and Clerical Manager's Group	

Standard Operating Procedure (S.O.P)
Referral and Booking Centre Procedures

Introduction

This SOP outlines the procedures followed by the Referral and Booking Centre to recognise a referral is in place from one consultant to another.

Implementation

This procedure is already effective and in operation in the Referral and Booking Centre.

Consultant to Consultant Referrals

The secretary for the consultant referring the patient should OP REG the patient on PAS with the OP REG date being the date the decision to refer was made (eg the clinic date)

This is done by using the Function:
DWA – ORE.

The name of the *referring consultant* should be entered into the comment field NOT the name of the consultant being referred to. Referrals should then be directed to the Referral and Booking Centre not to the secretary.

This will ensure that the patient now appears on a PTL and that the booking clerks will know who referred the patient and when.

When doing this the **Referral Source should be OC** (Other Consultant) **and NOT CON.**

Patients registered with a referral source as 'Con' do not appear on a PTL and can be missed.

Although all referrals are date stamped when they are received into the Referral and Booking centre **–** the original referral date will remain and will not be amended.

Southern Health and Social Care Trust

Quality Care - for you, with you

A GUIDE TO PAYING PATIENTS

V.2 [11th February 2016]

DOCUMENT – VERSION CONTROL SHEET	
Title	Title: Guide to Paying Patients Version: 2
Supersedes	Supersedes: Guidelines for Management of Private Patients
Originator	Name of Author: Anne Brennan Title: Senior Manager Medical Directorate
Approval	Referred for approval by: Anne Brennan Date of Referral: 27th March 2014 to: • Trust Senior Management Team • Trust LNC
Circulation	Issue Date: 16th October 2014 Circulated By: Medical Directorate Issued To: As per circulation List: All Medical Staff
Review	Review Date: February 2017 Responsibility of (Name): Norma Thompson Title: Senior Manager Medical Directorate

CONTENTS

1. INTRODUCTION

1.1 The Trust came into existence on 1 April 2007 and is responsible for providing acute care across three sites namely:-

- Craigavon Area Hospital, Portadown
- Daisy Hill Hospital, Newry
- South Tyrone Hospital, Dungannon

1.2 The Trust welcomes additional income that can be generated from the following sources:-

- Private Patients
- Fee Paying Services
- Overseas Visitors

1.3 All income generated from these sources is deemed to make a valued contribution to the running costs of the Trust and will be reinvested to improve our facilities to benefit NHS and private patients alike.

1.4 All policies and procedures in relation to these areas will be carried out in accordance with Trust guidelines.

1.5 For further information please do not hesitate to contact the Paying Patient Office. [email: paying.patients@southerntrust.hscni.net or http://www.southerndocs.hscni.net/paying-patients/

2. OBJECTIVES

2.1 The purpose of this guideline is to:

- Standardise the manner in which all paying patient practice is conducted in the organisation.
- Raise awareness of the duties and responsibilities within the health service of medical staff engaging in private practice and fee paying services within the Trust.
- Raise awareness of the duties and responsibilities of all Trust staff, clinical and non-clinical in relation to the treatment of paying patients and fee paying services within the Trust.
- Ensure fairness to both NHS patients and fee paying patients at all times.
- Clarify for relevant staff the arrangements pertaining to paying patients and to give guidance relating to
  - record keeping
  - charging

- procedures and
- responsibilities for paying patient attendances, admissions and fee paying services.

- Clarify charging arrangements when consultants undertake fee paying services within the Trust.

3. CATEGORIES OF WORK COVERED BY THIS GUIDE

3.1 Fee Paying Services

3.1.1 Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 1).

3.2 Private Professional Services *(also referred to as 'private practice')*

3.2.1 The diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions.

3.2.2 Work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited 'list', e.g. members of the hospital staff).

3.3 Overseas Visitors

3.3.1 The National Health Service provides healthcare free of charge to people who are a permanent resident in the UK/NI. A person does not become an ordinarily resident simply by having British Nationality; holding a British Passport; being registered with a GP, or having an NHS number. People who do not permanently live in NI/UK are not automatically entitled to use the NHS free of charge.

3.3.2 **RESIDENCY** is therefore the main qualifying criterion.

4. POLICY STATEMENT

4.1 Medical consultant staff have the right to undertake Private Practice and Fee paying services within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review and with the approval of the Medical Director.

4.2 This Trust provides the same care to all patients, regardless of whether the cost of their treatment is paid for by HSC Organisations, Private Medical Insurance companies or by the patient.

4.3 Private Practice and Fee Paying services at the Trust will be carried out in accordance with:

- The Code of Conduct for private practice, the recommended standard of practice for NHS consultants as agreed between the BMA and the DHSSPS (Appendix 2).
- Schedule 9 of the Terms and Conditions of the Consultant contract which sets out the provisions governing the relationship between HPSS work and private practice (Appendix 8).
- The receipt of additional fees for Fee Paying services as defined in Schedule 10 of the Terms and Conditions of the Consultant Contract (Appendix 1).
- The principles set out in Schedule 11 of the above contract (Appendix 5).

4.4 All patients treated within the Trust, whether private or NHS should, where possible:

- be allocated a unique hospital identifier
- be recorded on the Patient Administration System and
- have a Southern Health & Social Care Trust chart.

4.5 The Trust shall determine the prices to be charged in respect of all income to which it is entitled as a result of private practice or other fee paying services which take place within the Trust.

5. CONSULTANT MEDICAL STAFF RESPONSIBILITIES

5.1 Private Practice

5.1.1 While Medical consultant staff have the right to undertake Private Practice within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review, it is the responsibility of consultants, prior to the provision of any diagnostic tests or treatment to:

- ensure that their private patients (whether In, Day or Out) are identified and notified to the Paying Patients Officer.

- ensure full compliance with the Code of Conduct for Private Practice (see Appendix 2) in relation to referral to NHS Waiting Lists.
- ensure that patients are aware of and understand the range of costs associated with private treatment including hospital costs and the range of professional fees which the patient is likely to incur, to include Surgeon/Physician, Anaesthetist, Radiologist, Pathologist, hospital charges. Leaflets can be obtained from the Paying Patients Officer or the Paying Patients section of Southern Docs website – click here.
- obtain prior to admission and at each outpatient attendance a signed, witnessed Undertaking to Pay form (Appendix 3) which must then be sent to the Paying Patient Officer for the relevant hospital at least three weeks before the admission date. This document must contain details of all diagnostic tests and treatments prescribed.
- Establish the method of payment at the consultation stage and obtain details of insured patients' private medical insurance policy information. The Trust requires this information to be forwarded to the Paying Patient Officer **prior to admission** so that patients' entitlement to insurance cover can be established. This should be recorded on the Undertaking to Pay form [Appendix 3].
- Ensure that all patients, where appropriate, are referred by the appropriate channels, i.e. GP/other consultant.
- Ensure that private patient services that involve the use of NHS staff or facilities are not undertaken except in emergencies, unless an undertaking to pay for treatment has been obtained from (or on behalf of) the patient, in accordance with the Trust's procedures.
- Ensure that information pertaining to their private patient work is included in their annual whole practice appraisal.

5.2 Fee Paying Services - *see Appendix 1 for examples*

5.2.1 The Consultant job plan review will cover the provision of fee paying services within the Trust. Consultants are required to declare their intention to undertake Fee Paying Services work by forwarding the Paying Patient Declaration form to the Medical Director's office.

5.2.2 A price list for fee paying services is available from the Paying Patients Office or the Paying Patients section of Southern Docs website – click here. It is the responsibility of the Consultant to ensure that the Trust is reimbursed for all costs incurred while facilitating fee paying services work undertaken. These costs could include:

- use of Trust accommodation;
- tests or other diagnostic procedures performed;
- radiological scans.

5.2.3 Consultants who engage in fee paying activities within the Trust are required to remit to the Trust on a quarterly basis the income due.

1.2.4 Consultants should retain details of all patients seen for medical legal purposes. These should be submitted by the consultant on a quarterly basis along with the corresponding payment. See Section 11 for further details.

5.3 Additional Programmed Activities

5.3.1 Consultants should agree to accept an extra paid programmed activity in the Trust, if offered, before doing private work. The following points should be borne in mind:

- If Consultants are already working 11 Programmed Activities (PAs) (or equivalent) there is no requirement to undertake any more work.
- A Consultant could decline an offer of an extra PA and still work privately, but with risk to their pay progression for the year in question.
- Any additional PAs offered must be offered equitably between all Consultants in that specialty; if a colleague takes up those sessions there would be no detriment to pay progression for the other Consultants.

5.3.2 Consultant Medical Staff are governed by The Code of Conduct for Private Practice 2003 (at Appendix 2).

6. RESTRICTIONS ON PRIVATE PRACTICE FOR CONSULTANT MEDICAL STAFF

6.1 New Consultants

6.1.1 Newly appointed consultants (including those who have held consultant posts elsewhere in the NHS, or equivalent posts outside the NHS) may not undertake private practice within the Trust or use the Trusts facilities or equipment for private work, until the arrangements for this have been agreed in writing with the Trust Medical Director. A job plan must also have been agreed. An application to undertake private practice should be made in writing to the Medical Director through completion of the Paying Patient Declaration. New consultants permitted to undertake private work must make themselves known to the Paying Patients Officer.

6.2 Locum Consultants

6.2.1 Locum consultants may not engage in Private Practice within the first three months of appointment and then not until the detailed Job Plan has been agreed with the relevant Clinical Manager and approval has been granted by the Medical Director. This is subject to the agreement of the patient/insurer.

6.3 Non Consultant Grade Medical Staff

6.3.1 Non-consultant medical staff practitioners such as Associate Specialists may undertake Category 2 or private outpatient work, with the approval of the

Medical Director following confirmation that the practitioner undertakes such work outside his/her programmed activities as per their agreed job plan.

6.3.2 Other than in the circumstances described above, staff are required to assist the consultant to whom they are responsible with the treatment of their private patients in the same way as their NHS patients. The charge paid by private patients to the hospital covers the whole cost of the hospital treatment including that of all associated staff.

7. CHANGE OF STATUS BETWEEN PRIVATE AND NHS

7.1 Treatment Episode

7.1.1 A patient who sees a consultant privately shall continue to have private status throughout the entire treatment episode.

7.2 Single Status

7.2.1 An outpatient cannot be both a Private and an NHS patient for the treatment of the one condition during a single visit to an NHS hospital.

7.3 Outpatient Transfer

7.3.1 However a private outpatient at an NHS hospital is legally entitled to change his/her status for any a subsequent visit and seek treatment under the NHS, subject to the terms of any undertaking he/she has made to pay charges.

7.4 Waiting List

7.4.1 A patient seen privately in consulting rooms who then becomes an NHS patient joins the waiting list at the same point as if his/her consultation had taken place as an NHS patient.

7.5 Inpatient Transfer

7.5.1 A private inpatient has a similar legal entitlement to change his/her status. This entitlement can only be exercised when a significant and unforeseen change in circumstances arises e.g. when they enter hospital for a minor operation and they are found to be suffering from a different more serious complaint. He/she remains liable to charges for the period during which he/she was a private patient.

7.6 During Procedure

7.6.1 A patient may request a change of status during a procedure where there has been an unpredictable or unforeseen complexity to the procedure. This can be tested by the range of consent required for the procedure.

7.7 Clinical Priority

7.7.1 A change of status from Private to NHS must be accompanied by an assessment of the patient's clinical priority for treatment as an NHS patient.

7.8 Change of Status Form

7.8.1 Where a change of status is required a 'Change of Status' Form (Appendix 4) must be completed and sent to the Paying Patients Officer. This includes the reason for the change of status which will be subject to audit and must be signed by both the consultant and Paying Patients Officer. The Paying Patients Officer will ensure that the Medical Director approves the 'Change of Status' request.

7.8.2 It is important to note that until the Change of Status form has been approved by the Medical Director the patient's status will remain private and they may well be liable for charges.

8. TRUST STAFF RESPONSIBILITIES RELATING TO PRIVATE PATIENTS AND FEE PAYING SERVICES

8.1 A private patient is one who formally undertakes to pay charges for healthcare services regardless of whether they self-pay or are covered by insurance and all private patients must sign a form to that effect (Undertaking to Pay form at Appendix 3) prior to the provision of any diagnostic tests or treatments. Trust staff are required to have an awareness of this obligation.

8.2 The charge which private patients pay to the Trust covers the total cost of the hospital treatment excluding consultant fees. Trust staff are required to perform their duties in relation to all patients to the same standard. No payment should be made to or accepted by any non-consultant member of Trust staff for carrying out normal duties in relation to any patients of the Trust.

9. OPERATIONAL ARRANGEMENTS

9.1 Each hospital within the Trust has a named officer [Paying Patients Officer] who should be notified in advance of all private patient admissions and day cases. The Paying Patient Officer is responsible for ensuring that the Trust recovers all income due to the Trust arising from the treatment of private patients.

9.2 The Paying Patients Officer, having received the signed and witnessed Undertaking to Pay **Form at least three weeks** before the planned procedure will identify the costs associated with the private patient stay, will confirm entitlement to insurance cover where relevant and will raise invoices on a timely basis. [See Flow Chart 1]

9.3 The Medical Director will advise the Paying Patients Officer when a consultant has been granted approval to undertaken private practice. The Paying Patients Officer will advise the consultant of the procedures involved in undertaking private practice in the Trust.

9.4 Clinical governance is defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

9.5 This framework applies to all patients seen within this Trust. It is therefore a fundamental requirement of Clinical Governance that all patients treated within the Trust must be examined or treated in an appropriate clinical setting.

9.6 Any fee or emolument etc. which may be received by an employee in the course of his or her clinical duties shall, unless the Trust otherwise directs, be surrendered to the Trust. For further information please see Southern Trust Gifts and Hospitality Standards of Conduct policy.

9.7 Record Keeping Systems and Private Patients

9.7.1 All patients regardless of their status should, where possible, be recorded on Hospital Systems and their status classified appropriately. These systems include for example:

- Patient Administration System (PAS)
- Northern Ireland Maternity System (NIMATS)
- Laboratory System
- Radiology System(e.g. Sectra, PACS, NIRADS, RIS etc)

9.8 Health Records of Private Patients

9.8.1 All hospital health records shall remain the property of the Trust and should only be taken outside the Trust to assist treatment elsewhere:

- when this is essential for the safe treatment of the patient
- when an electronic record of the destination of the notes is made using the case note tracking system
- when arrangements can be guaranteed that such notes will be kept securely
- provided that nothing is removed from the notes

9.8.2 Consultants who may have access to notes for private treatment of patients must agree to return the notes without delay. Either originals or copies of the patient's private notes should be held with their NHS notes. Patients' notes should not be removed from Trust premises. Requests for notes for medico-legal purposes should be requested by plaintiff's solicitor through the normal channels.

9.8.3 Since the Trust does not have a right of access to patient notes held in non NHS facilities, when patients are seen privately outside the Trust their first appointment within the Trust, unless with the same consultant, will be treated as a 'new appointment' rather than a 'review appointment'.

9.8.4 In the event of a 'Serious Adverse Incident' or legal proceedings the Trust may require access to private patient medical records which should be held in accordance with GMC Good Record Keeping Guidance.

9.9 Booking Arrangements for Admissions and Appointments

9.9.1 A record of attendance should be maintained, where possible, for all patients seen in the Trust. All private in, day and out patients should as far as possible be pre-booked on to the hospital information systems. Directorates are responsible for ensuring that all relevant information is captured and 'booking in' procedures are followed. Each department should ensure that all such patients are recorded on PAS etc. within an agreed timescale which should not extend beyond month end.

9.10 Walk Ins

9.10.1 A private patient who appears at a clinic and has no record on PAS should be treated for record keeping purposes in exactly the same manner as an NHS patient (walk in) i.e. relevant details should be taken, registry contacted for a number and processed in the usual fashion. A record should be kept of this patient and the Paying Patient Officer informed.

9.11 Radiology

9.11.1 All patients seen in Radiology should be given a Southern Health and Social Care hospital number.

9.12 Private Patient Records

9.12.1 All records associated with the treatment of private patients should be maintained in the same way as for NHS patients. This includes all files, charts, and correspondence with General Practitioners.

9.12.2 Accurate record keeping assists in the collection of income from paying patients.

9.12.3 It should be noted that

- any work associated with private patients who are not treated within this Trust or consultants private diary work and correspondence associated with patients seen elsewhere should not be carried out within staff time which is paid for by the Trust.

9.13 Tests Investigations or Prescriptions for Private Patients

9.13.1 The consultant must ensure that the requests for all laboratory work, ie. radiology, prescriptions, dietetics, physiotherapy etc. are clearly marked as Private.

9.13.2 Consultants should not arrange services, tests investigations or prescriptions until the person has signed an Undertaking to Pay form which will cover the episode of care [Appendix 3]. This must be submitted three weeks before any planned procedure.

9.14 Medical Reports

9.14.1 In certain circumstances Insurance Companies will request a medical report from the consultant. It is the consultant's responsibility to ensure that this report is completed in the timeframe required by the insurance company otherwise the Trust's invoice may remain unpaid in whole or in part until the report has been received and assessed.

10. FINANCIAL ARRANGEMENTS - PRIVATE PATIENTS

10.1 Charges to Patients

10.1.1 Where patients, who are private to a consultant, are admitted to the hospital, or are seen as outpatients, charges for investigations/diagnostics will be levied by the hospital. A full list of charges is available from the Paying Patient Office on request. Patients should be provided with an estimate of the total fee that they will incur **before** the start of their treatment.

10.1.2 Prices are reviewed regularly to ensure that all costs are covered. A calendar of pricing updates will be agreed.

10.2 Charges for Use of Trust Facilities for Outpatients

10.2.1 It is the responsibility of the Doctor to recover the cost from the patient and reimburse the Trust, on a quarterly basis, for any outpatients which have been seen in Trust facilities. [See Flow Chart 2]

10.2.2 A per patient cost for the use of Trust facilities for outpatients is available. This will be reviewed annually.

10.2.3 It is responsibility of the doctor to maintain accurate records of outpatient attendances. It is an audit requirement that the Trust verifies that all income associated with use of Trust facilities for outpatients has been identified and collected. Accordingly, Doctors are required to submit a quarterly return to the Paying Patient office with the names of the patients seen together with details of any treatment or tests undertaken. This information should accompany the payment for the relevant fees as outlined above.

10.2.4 A Undertaking to Pay form will only be required if investigations/diagnostics are required.

10.3 Basis of Pricing

10.3.1 Charges are based on an accommodation charge, cost of procedure, including any prosthesis, and on a cost per item basis for all diagnostic tests and treatments e.g. physiotherapy, laboratory and radiology tests, ECGs etc. They do not include consultants' professional fees. Some package prices may be agreed.

10.4 Uninsured Patients – Payment Upfront

10.4.1 Full payment prior to admission is required from uninsured patients. Consultants should advise patients that this is the case. The patient should be advised to contact the Paying Patients Officer regarding estimated cost of treatment. [See Flow Chart 4]

10.5 Insured Patients

10.5.1 The Undertaking to Pay Form also requires details of the patient's insurance policy. The Paying Patients Officer will raise invoices direct to the insurance company where relevant, in accordance with the agreements with individual insurance companies.

10.5.2 Consultants, as the first port of contact and the person in control of the treatment provided, should advise the patient to obtain their insurance company's permission for the specified treatment to take place within the specified timescale. [See Flow Chart 4]

10.6 Billing and Payment

10.6.1 The Paying Patients Officer co-ordinates the collation of financial information relating to patients' treatment, ensures that uninsured patients pay deposits and that invoices are raised accordingly. The financial accounts department will ensure all invoices raised are paid and will advise the Private Patient Officer in the event of a bad debt.

10.7 Audit

10.7.1 The Trust's financial accounts are subject to annual audit and an annual report is issued to the Trust Board, which highlights any area of weakness in control. Adherence to the Paying Patient Policy will form part of the Trust's Audit Plan. Consultants are reminded that they are responsible for the identification and recording of paying patient information. Failure to follow the procedures will result in investigation by Audit and if necessary, disciplinary action under Trust and General Medical Council regulations.

11. FINANCIAL ARRANGEMENTS FOR FEE PAYING SERVICES

11.1 Consultants may see patients privately or for fee paying services within the Trust only with the explicit agreement of the Medical Director, in accordance with their Job Plan. Management will decide to what extent, if any, Trust facilities, staff and equipment may be used for private patient or fee paying services and will ensure that any such services do not interfere with the organisation's obligations to NHS patients. This applies whether private services are undertaken in the consultant's own time, in annual or unpaid leave. [See Flow Chart 3]

11.2 In line with the Code of Conduct standards, private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients.

11.3 Fee Paying Services Policy (Category 2)

11.3.1 Fee Paying Services (Category 2) work is distinct from private practice, however it is still non NHS work as outlined in the 'Terms and Conditions for Hospital Medical and Dental Staff'. Refer to schedules 10 and 11 (Appendices 1 & 5 respectively) for further details.

11.3.2 There are a number of occasions when a Category 2 report will be requested, and they will usually be commissioned by, employers, courts, solicitors, Department of Work and Pensions etc. the report may include radiological opinion, blood tests or other diagnostic procedures

11.3.3 It is the responsibility of the Doctor to ensure that the Trust is reimbursed for all costs incurred in undertaking Category 2 work, this not only includes the use of the room but also the cost of any tests undertaken.

11.3.4 In order to comply with the Trusts financial governance controls it is essential that all Fee Paying services are identified and the costs recovered. It is not the responsibility of the Trust to invoice third parties for Category 2 work.

11.3.5 It is the responsibility of the Doctor to recover the cost from the third party and reimburse the Trust, on a quarterly basis, for any Category 2 services they have undertaken, including the cost of any treatments/tests provided.

11.3.6 The Category 2 (room only) charge per session will be reviewed annually.

11.3.7 A per patient rate may be available subject to agreement with the Paying Patient Manager

11.3.8 It is responsibility of the doctor to maintain accurate records of Category 2 attendances. It is an audit requirement that the Trust verifies that all income associated with Category 2 has been identified and collected.

11.3.9 Doctors are required to submit a quarterly return to the Paying Patient office with the names of the patients seen together with details of any treatment or tests undertaken. This information should accompany the payment for the relevant fees of Category 2 work as outlined above and should be submitted no later than ten days after the quarter end.

11.3.10 In order to comply with Data Protection requirements, Doctors must therefore inform their Category 2 clients that this information is required by the Trust and obtain their consent. Consultants should make a note of this consent.

11.3.11 Compliance to this policy will be monitored by the Paying Patient Manager and the Medical Director's Office.

11.3.12 The Consultant is responsible to HM Revenue and Customs to declare for tax purposes all Category 2 income earned. The Trust has no obligation in this respect.

11.3.13 Any Category 2 work undertaken for consultants by medical secretaries must be completed outside of their normal NHS hours. Consultants should be aware of their duty to inform their secretaries that receipt of such income is subject to taxation and must be declared to HM Revenue and Customs. It is recommended that Consultants keep accurate records of income and payment.

12. RENUNCIATION OF PRIVATE FEES

12.1 In some departments, consultants may choose to forego their private fees for private practice or for fee paying services in favour of a Charitable Fund managed by the Trust that could be drawn upon at a later stage for, by way of example, Continuous Professional Development / Study Leave.

12.2 For income tax purposes all income earned must be treated as taxable earnings. The only way in which this income can be treated as non taxable earnings of the consultant concerned is if the consultant signs a 'Voluntary Advance Renunciation of Earnings form' (Appendix 7) and declares that the earnings from a particular activity will belong to a named charitable fund and that the earnings will not be received by the consultant. In addition a consultant should never accept a cheque made out to him or her personally. To do so attracts taxation on that income and it cannot be subsequently renounced. Therefore all such income renounced in advance should be paid directly into the relevant fund. Income can only be renounced if it has not been paid to the individual and a Register of these will be maintained by the Charitable Funds Officer.

12.3 The Trust will be required to demonstrate that income renounced in favour of a Charitable Fund is not retained for the use of the individual who renounces it. Thus, in the event of any such consultant subsequently drawing on that fund, any such expenditure approval must be countersigned by another signatory on the fund.

13. OVERSEAS VISITORS - NON UK PATIENTS

(Republic of Ireland, EEA, Foreign Nationals)

PLEASE NOTE THIS IS ONLY A BRIEF GUIDE FOR FURTHER INFORMATION PLEASE CONTACT THE PAYING PATIENT OFFICE

13.1 The NHS provides healthcare free of charge to people who are 'ordinarily resident' in the UK. People who do not permanently live in the UK lawfully are not automatically entitled to use the NHS free of charge.

13.2 **RESIDENCY** is the therefore the main qualifying criterion, applicable regardless of nationality, being registered with a GP or having been issued a HC/NHS number, or whether the person holds a British Passport, or lived and paid taxes or national insurance contributions in the UK in the past.

13.3 Any patient attending the Trust who cannot establish that they are an ordinary resident and have lawfully lived in the UK permanently for the last 12 months preceding treatment are not entitled to free non ED hospital treatment whether they are registered with a GP or not. A GP referral letter cannot be accepted solely as proof of a patient's permanent residency and therefore entitlement to treatment.

13.4 For all new patients attending the Trust, residency must be established. All patients will be asked to complete a declaration to confirm residency, (regardless of race/ethnic origin). If not the Trust could be accused of discrimination.

13.5 Where there is an element of doubt as to whether the patient is an 'ordinary resident' eg no GP/ H&C number or non UK contact details, the Paying Patients Officer must be alerted immediately.

13.6 Emergency Department

13.6.1 Treatment given in an Emergency Department, Walk in Clinic or Minor Inuries Unit is free of charge if it is deemed to be immediate and necessary.

13.6.2 The Trust should always provide immediate and necessary treatment whether or not the patient has been informed of or agreed to pay charges .There is no exemption from charges for 'emergency' treatment other than that given in the accident and emergency department. Once an overseas patient is transferred out of Emergency Department their treatment becomes chargeable.

13.6.3 All patients admitted from Emergency Department must be asked to complete declaration of residency status.

13.6.4 This question is essential in trying to establish whether the patient is an overseas patient or not and hence liable to pay for any subsequent care provided.

13.6.5 If the patient is not an ordinary resident or there is an element of doubt eg no GP/ no H&C Number, the patient should be referred to Paying Patients Office to determine their eligibility.

13.6.6 If the person has indicated that they are a visitor to Northern Ireland, the overseas address must be entered as the permanent address on the correct Patient Administrative System and the Paying Patients Office should be notified immediately.

13.7 Outpatient Appointments

13.7.1 In all cases where the patient has not lived in Northern Ireland for 12 months or relevant patient data is missing such as H&C number, GP Details etc the patient must be referred to the Paying Patients Office to establish the patient's entitlement to free NHS treatment. This must be established before an appointment is given.

13.8 Review Appointments

13.8.1 Where possible follow up treatment should be carried out at the patient's local hospital, however if they are reviewed at the Trust they must be informed that they will be liable for charges.

13.8.2 If a consultant considers it appropriate to review a patient then they must sign a statement to this effect waiving the charges that would have been due to the Trust.

13.9 Elective Admission

13.9.1 A patient should not be placed onto a waiting list until their entitlement to free NHS Treatment has been established. Where the Patient is chargeable, the Trust should not initiate a treatment process until a deposit equivalent to the estimated full cost of treatment has been obtained.

13.10 Referral from other NHS Trusts

13.10.1 When a Consultant accepts a referral from another Trust the patients' status should, where possible, be established prior to admission. However, absence of this information should not delay urgent treatment.

13.10.2 The Trust will operate a policy of 'Stabilise and Transfer'.

14. AMENITY BED PATIENTS

14.1 Within the Trust's Maternity Service, a number of beds are assigned Amenity Beds. It is permissible for NHS patients who require surgical delivery and an overnight stay to pay for any bed assigned as an Amenity Bed. This payment has no effect on the NHS status of the patient. All patients identified as amenity will be recorded on PAS as APG and an Undertaking to Pay for an Amenity Bed form (Appendix 6) should be completed ideally before obtaining the amenity facilities.

15. GLOSSARY

Undertaking to Pay Form

Private Patients may fund their treatment, or they may have private medical insurance. In all cases Private Patients must sign an 'Undertaking to Pay' form (Appendix 3). This is a legally binding document which, when signed prior to treatment, confirms the patient as personally liable for costs incurred while at hospital and confirms the Patient's Private status. ALL private patients, whether insured or not are obliged to complete and sign an 'Undertaking to Pay' form, prior to commencement of treatment. Consultants therefore, as the first point of contact should ensure that the Paying Patients Officer is advised to ensure completion of the 'Undertaking to Pay' form.

Fee Paying Services
Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 1).

Private Professional Services *(Also referred to as 'private practice')*

- the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions (Appendix 1).

- work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited 'list', e.g. members of the hospital staff).

Non UK patients
A person who does not meet the 'ordinarily resident' test.

Job Plan
A work programme which shows the time and place of the consultant's weekly fixed commitments.

16. APPENDIX 1: SPECIFIC EXAMPLES OF FEE PAYING SERVICES - SCHEDULE 10

1. Fee Paying Services are services that are not part of Contractual or Consequential Services and not reasonably incidental to them. Fee Paying Services include:

   a. work on a person referred by a Medical Adviser of the Department of Social Development, or by an Adjudicating Medical Authority or a Medical Appeal Tribunal, in connection with any benefits administered by an Agency of the Department of Social Development;

   b. work for the Criminal Injuries Compensation Board, when a special examination is required or an appreciable amount of work is involved in making extracts from case notes;

   c. work required by a patient or interested third party to serve the interests of the person, his or her employer or other third party, in such nonclinical contexts as insurance, pension arrangements, foreign travel, emigration, or sport and recreation. (This includes the issue of certificates confirming that inoculations necessary for foreign travel have been carried out, but excludes the inoculations themselves. It also excludes examinations in respect of the diagnosis and treatment of injuries or accidents);

   d. work required for life insurance purposes;

   e. work on prospective emigrants including X-ray examinations and blood tests;

   f. work on persons in connection with legal actions other than reports which are incidental to the consultant's Contractual and Consequential Duties, or where the consultant is giving evidence on the consultant's own behalf or on the employing organisation's behalf in connection with a case in which the consultant is professionally concerned;

   g. work for coroners, as well as attendance at coroners' courts as medical witnesses;

   h. work requested by the courts on the medical condition of an offender or defendant and attendance at court hearings as medical witnesses, otherwise than in the circumstances referred to above;

   i. work on a person referred by a medical examiner of HM Armed Forces Recruiting Organisation;

   j. work in connection with the routine screening of workers to protect them or the public from specific health risks, whether such screening is a statutory obligation laid on the employing organisation by specific regulation or a voluntary undertaking by the employing organisation in pursuance of its general liability to protect the health of its workforce;

   k. occupational health services provided under contract to other HPSS, independent or public sector employers;

   l. work on a person referred by a medical referee appointed under the Workmen's Compensation (Supplementation) Act (Northern Ireland) 1966; work on prospective students of universities or other institutions of further education, provided that they are not covered by Contractual and Consequential Services. Such examinations may include chest radiographs;

m. Appropriate examinations and recommendations under Parts II and IV of the Mental Health (Northern Ireland) Order 1986 and fees payable to medical members of Mental Health Review Tribunals;

n. services performed by members of hospital medical staffs for government departments as members of medical boards;

o. work undertaken on behalf of the Employment Medical Advisory Service in connection with research/survey work, i.e. the medical examination of employees intended primarily to increase the understanding of the cause, other than to protect the health of people immediately at risk (except where such work falls within Contractual and Consequential Services);

p. completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;

q. examinations and reports including visits to prison required by the Prison Service which do not fall within the consultant's Contractual and Consequential Services and which are not covered by separate contractual arrangements with the Prison Service;

r. examination of blind or partially-sighted persons for the completion of form A655, except where the information is required for social security purposes, or by an Agency of the Department of Social Development, or the Employment Service, or the patient's employer, unless a special examination is required, or the information is not readily available from knowledge of the case, or an appreciable amount of work is required to extract medically correct information from case notes;

s. work as a medical referee (or deputy) to a cremation authority and signing confirmatory cremation certificates;

t. medical examination in relation to staff health schemes of local authorities and fire and police authorities;

u. delivering lectures;

v. medical advice in a specialised field of communicable disease control;

w. attendance as a witness in court;

x. medical examinations and reports for commercial purposes, e.g. certificates of hygiene on goods to be exported or reports for insurance companies;

y. advice to organisations on matters on which the consultant is acknowledged to be an expert.

17. APPENDIX 2 - A CODE OF CONDUCT FOR PRIVATE PRACTICE

November 2003

Recommended Standards of Practice for NHS Consultants

An agreement between the BMA's Northern Ireland Consultants and Specialists Committee and the Department of Health, Social Services and Public Safety for consultants in Northern Ireland.

A CODE OF CONDUCT FOR PRIVATE PRACTICE: RECOMMENDED STANDARDS FOR NHS CONSULTANTS, 2003

Contents

Part I: Introduction

Scope of Code

1.1 This document sets out recommended standards of best practice for NHS consultants in England about their conduct in relation to private practice . The standards are designed to apply equally to honorary contract holders in respect of their work for the NHS. The Code covers all private work, whether undertaken in non-NHS or NHS facilities.

1.2 Adherence to the standards in the Code will form part of the eligibility criteria for clinical excellence awards.

1.3 This Code should be used at the annual job plan review as the basis for reviewing the relationship between NHS duties and any private practice.

Key Principles

1.4 The Code is based on the following key principles:

- NHS consultants and NHS employing organisations should work on a partnership basis to prevent any conflict of interest between private practice and NHS work. It is also important that NHS consultants and NHS organisations minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply
- because of a perception;

- The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services;

- With the exception of the need to provide emergency care, agreed NHS commitments should take precedence over private work; and

- NHS facilities, staff and services may only be used for private practice with the prior agreement of the NHS employer.

Part II: Standards of Best Practice

Disclosure of Information about Private Practice

1.2 Consultants should declare any private practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the annual job planning process, consultants should disclose details of regular private practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out of hours cover.

2.2 Under the appraisal guidelines agreed in 2001, NHS consultants should be appraised on all aspects of their medical practice, including private practice. In line with the requirements of revalidation, consultants should submit evidence of private practice to their appraiser.

Scheduling of Work and On-Call Duties

2.3 In circumstances where there is or could be a conflict of interest, programmed NHS commitments should take precedence over private work. Consultants should ensure that, except in emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.

2.4 Consultants should ensure in particular that:

- private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS (subject to paragraph 2.8 below);

- there are clear arrangements to prevent any significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;

- private commitments are rearranged where there is regular disruption of this kind to NHS work; and private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.

2.5 Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments should be noted in a consultant's job plan, to ensure that planning is as effective as possible.

2.6 There will be circumstances in which consultants may reasonably provide emergency treatment for private patients during time when they are scheduled to be working or are on call for the NHS. Consultants should make alternative arrangements to provide cover where emergency work of this kind regularly impacts on NHS commitments.

2.7 Where there is a proposed change to the scheduling of NHS work, the employer should allow a reasonable period for consultants to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).

Provision of Private Services alongside NHS Duties

2.8 In some circumstances NHS employers may at their discretion allow some private practice to be undertaken alongside a consultant's scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the consultants should ensure that any private services are provided with the explicit knowledge and agreement of the employer and that there is no detriment to the quality or timeliness of services for NHS patients.

Information for NHS Patients about Private Treatment

2.9 In the course of their NHS duties and responsibilities consultants should not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.

2.10 Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, consultants should ensure that any information provided by them, is accurate and up-to-date and conforms with any local guidelines.

2.11 Except where immediate care is justified on clinical grounds, consultants should not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor should they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.

Referral of Private Patients to NHS Lists

2.12 Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient.

2.13 Where a patient wishes to change from private to NHS status, consultants should help ensure that the following principles apply:

- a patient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a NHS organisation;
- any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient;
- any patient changing their status after having been provided with private services should not be treated on a different basis to other NHS patients as a result of having previously held private status;
- patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients; and
- should a patient be admitted to an NHS hospital as a private inpatient, but subsequently decide to change to NHS status before having received treatment, there should be an assessment to determine the patient's priority for NHS care.

Promoting Improved Patient Access to NHS Care and Increasing NHS Capacity

2.14 Subject to clinical considerations, consultants should be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This should include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.

2.15 Consultants should make all reasonable efforts to support initiatives to increase NHS capacity, including appointment of additional medical staff.

Part III – Managing Private Patients in NHS Facilities

3.1 Consultants may only see patients privately within NHS facilities with the explicit agreement of the responsible NHS organisation. It is for NHS organisations to decide to what extent, if any, their facilities, staff and equipment may be used for private patient services and to ensure that any such services do not interfere with the organisation's obligations to NHS patients.

3.2 Consultants who practise privately within NHS facilities must comply with the responsible NHS organisation's policies and procedures for private practice. The NHS organisation should consult with all consultants or their representatives, when adopting or reviewing such policies.

Use of NHS Facilities

3.3 NHS consultants may not use NHS facilities for the provision of private services without the agreement of their NHS employer. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 - alongside NHS duties.

3.4 Where the employer has agreed that a consultant may use NHS facilities for the provision of private services:

- the employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;

- any charge will be collected by the employer, either from the patient or a relevant third party; and

- a charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.

3.5 Except in emergencies, consultants should not initiate private patient services that involve the use of NHS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with the NHS body's procedures.

3.6 In line with the standards in Part II, private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients. Only in unforeseen and clinically justified circumstances should an NHS patient's treatment be cancelled as a consequence of, or to enable, the treatment of a private patient.

Use of NHS Staff

3.7 NHS consultants may not use NHS staff for the provision of private services without the agreement of their NHS employer.

3.8 The consultant responsible for admitting a private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's private status.

18. APPENDIX 3 - PRIVATE / NOT ORDINARILY RESIDENT IN UK NOTIFICATION AND UNDERTAKING TO PAY FORM

Southern Health and Social Care Trust
Quality Care - for you, with you

PRIVATE / NOT ORDINARILY RESIDENT IN UK NOTIFICATION AND UNDERTAKING TO PAY FORM

Private Patient: Yes ☐ No ☐ **Non-Ordinarily Resident in UK:** Yes ☐ No ☐

Name of Patient:			
Address:			
Postcode:	Telephone No:		
Date of Birth:			
H&C Number:			
Name of Insurer:		**Self Funding**	☐
Insurer Policy No:			

I have been seeing this person as a private patient. They are to be admitted / referred to _____ Hospital on _____ as an _____

Inpatient Referral	☐	**Obstetrics** ☐ Estimated Duration of Stay	**Medical** ☐ Estimated Duration of Stay	**Surgical** ☐ Estimated Duration of Stay	**T & O** ☐ Estimated Duration of Stay
Day Case Referral	☐				
Diagnostics (Inpatient or Outpatient)	☐	**Laboratory** ☐ [please detail]	**Radiology** [pleas ☐ detail]	**Other** [e.g. ☐ Pharmacy]	

Undertaking to Pay Confirmation To be completed by Consultant			
I have advised the patient named above of the estimated hospital charges and of my fees			
Signed Consultant		**Date**	
Undertaking to Pay To be completed by the person who will pay the account			
I understand and agreed to pay Southern Health and Social Care Trust all charges[1] associated with this episode of care[2] .Where the Consultant may deem further procedures/investigations necessary which will incur additional charges, I understand that this may result in a different cost from that quoted to me and I undertake to pay the full costs incurred.			
Signed Patient		**Date**	

RETURN TO PAYING PATIENTS OFFICE CRAIGAVON AREA HOSPIAL/DAISY HILL HOSPITAL [email:payingpatients@southerntrust.hscni.net]

[1] A list of Tariffs is available from the Private Patients office

[2] Episode of Care – The total treatment of either an inpatient or day case patient from diagnosis through to discharge

Southern Health and Social Care Trust - A Guide to Paying Patients

19. APPENDIX 4 APPLICATION FOR THE TRANSFER OF PRIVATE PATIENT TO NHS STATUS

Southern Health and Social Care Trust
Quality Care - for you, with you

APPLICATION FOR THE TRANSFER OF PRIVATE PATIENT TO NHS STATUS

Name of Patient:	
Address:	
Postcode:	
Date of Birth:	
H&C Number:	
Name of Consultant	
Date of Last Private Consultation	

I have been seeing this person as a private patient. He/she has now been referred to Hospital as an NHS patient.

		Clinical Priority
Inpatient Referral	☐	
Outpatient Referral	☐	
Day Case Referral	☐	

Signed Consultant	
Effective Date	

Consultants are reminded that in good practice a patient who changes from private to NHS status should receive all subsequent treatment during that episode of care under the NHS as outlined in A Code of Conduct for Private Practice.

PLEASE FORWARD TO PAYING PATIENTS OFFICE [paying.patients@southerntrust.hscni.net]

20. APPENDIX 5 PRINCIPLES GOVERNING RECEIPT OF ADDITIONAL FEES – SCHEDULE 11

Principles Governing Receipt of Additional Fees - Schedule 11

1. In the case of the following services, the consultant will not be paid an additional fee, or - if paid a fee - the consultant must remit the fee to the employing organisation:

- any work in relation to the consultant's Contractual and Consequential Services;
- duties which are included in the consultant's Job Plan, including any additional Programmed Activities which have been agreed with the employing organisation;
- fee paying work for other organisations carried out during the consultant's Programmed Activities, unless the work involves minimal disruption and the employing organisation agrees that the work can be done in HPSS time without the employer collecting the fee;
- domiciliary consultations carried out during the consultant's Programmed Activities;
- lectures and teaching delivered during the course of the consultant's clinical duties;
- delivering lectures and teaching that are not part of the consultant's clinical duties, but are undertaken during the consultant's Programmed Activities.
- Consultants may wish to take annual leave [having given the required 6 week notice period] to undertake fee paying work [e.g. court attendance] in this instance the consultant would not be required to remit fees to the Trust.

This list is not exhaustive and as a general principle, work undertaken during Programmed Activities will not attract additional fees.

2. Services for which the consultant can retain any fee that is paid:

- Fee Paying Services carried out in the consultant's own time, or during annual or unpaid leave;
- Fee Paying Services carried out during the consultant's Programmed Activities that involve minimal disruption to HPSS work and which the employing organisation agrees can be done in HPSS time without the employer collecting the fee;
- Domiciliary consultations undertaken in the consultant's own time, though it is expected that such consultations will normally be scheduled as part of Programmed Activities1;
- Private Professional Services undertaken in the employing organisation's facilities and with the employing organisation's agreement during the consultant's own time or during annual or unpaid leave;
- Private Professional Services undertaken in other facilities during the consultant's own time, or during annual or unpaid leave;
- Lectures and teaching that are not part of the consultant's clinical duties and are undertaken in the consultant's own time or during annual or unpaid leave;

- Preparation of lectures or teaching undertaken during the consultant's own time irrespective of when the lecture or teaching is delivered.

This list is not exhaustive but as a general principle the consultant is entitled to the fees for work done in his or her own time, or during annual or unpaid leave.

And only for a visit to the patient's home at the request of a general practitioner and normally in his or her company to advise on the diagnosis or treatment of a patient who on medical grounds cannot attend hospital.

21. APPENDIX 6 - UNDERTAKING TO PAY CHARGES FOR AN AMENITY BED

Southern Health and Social Care Trust
Quality Care - for you, with you

UNDERTAKING TO PAY CHARGES FOR AN AMENITY BED

Name of Patient:	
Address:	
Postcode:	
Date of Birth:	
Hospital Number:	

Site: Craigavon ☐ Daisy Hill ☐

I was allocated an amenity bed on (date): _____ **(time)**

Ward: _____ **Consultant:** _____

I undertake to pay the Southern Health Social Care Trust £39 per night for an amenity bed, which has been provided for me at my request.

Number of days Amenity Bed required: _____

I understand that if I am required to stay in hospital more days than anticipated, the midwifery staff will ask me if I wish to continue and pay for the amenity bed, or if I wish to be transferred to the open ward.

Patient's Signature: _____ **Date:** _____

Midwife's Signature: _____ **Date:** _____

To be completed by WARD CLERK OR MIDWIFE when patient is being transferred /discharged from an amenity bed.

Date transferred / discharged from amenity bed _____

Signed by midwife / ward clerk when transferred / discharged _____

22. APPENDIX 7 – AGREEMENT FOR THE VOLUNTARY ADVANCE RENUNCIATION OF EARNINGS FROM FEE PAYING ACTIVITIES

HSC Southern Health and Social Care Trust
Quality Care - for you, with you

AGREEMENT FOR THE VOLUNTARY ADVANCE RENUNCIATION OF EARNINGS FROM FEE PAYING ACTIVITIES

I *(name)* _____

Request that any monies due to me from patients in relation to fees from
(description of activity)

_____

_____

_____

_____

_____

_____

_____

Shall be transferred to *(Charity title and reference)* _____

For its sole use in the advancement of its aims in accordance with the Trust Deed until directed otherwise by me in writing.

This request is to take effect from (date*):* _____

Signed, sealed and delivered by: _____
(Full name in BLOCK CAPITALS)

Date: _____

In the presence of: _____

Date: _____

Address:: _____

_____

_____

_____ **Postcode:** _____

_____

23. APPENDIX 8 - PROVISIONS GOVERNING THE RELATIONSHIP BETWEEN HPSS WORK AND PRIVATE PRACTICE - SCHEDULE 9

1. This Schedule should be read in conjunction with the 'Code of Conduct for Private Practice', which sets out standards of best practice governing the relationship between HPSS work and private practice.

2. The consultant is responsible for ensuring that their provision of Private Professional Services for other organisations does not:

   - result in detriment to HPSS patients;
   - diminish the public resources that are available for the HPSS.

Disclosure of information about Private Commitments

3. The consultant will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services. This information will include the planned location, timing and broad type of work involved.

4. The consultant will disclose this information at least annually as part of the Job Plan Review. The consultant will provide information in advance about any significant changes to this information.

Scheduling of Work and Job Planning

5. Where a conflict of interest arises or is liable to arise, HPSS commitments must take precedence over private work. Subject to paragraphs 10 and 11below, the consultant is responsible for ensuring that private commitments do not conflict with Programmed Activities.

6. Regular private commitments must be noted in the Job Plan.

7. Circumstances may also arise in which a consultant needs to provide emergency treatment for private patients during time when he or she is scheduled to be undertaking Programmed Activities. The consultant will make alternative arrangements to provide cover if emergency work of this kind regularly impacts on the delivery of Programmed Activities.

8. The consultant should ensure that there are arrangements in place, such that there can be no significant risk of private commitments disrupting HPSS commitments, e.g. by causing HPSS activities to begin late or to be cancelled. In particular where a consultant is providing private services that are likely to result in the occurrence of emergency work, he or she should ensure that there is sufficient time before the scheduled start of Programmed Activities for such emergency work to be carried out.

9. Where the employing authority has proposed a change to the scheduling of a consultant's HPSS work, it will allow the consultant a reasonable period in line with Schedule 6, paragraph 2 to rearrange any private commitments. The employing organisation will take into account any binding commitments that the consultant may have entered into (e.g. leases). Should a consultant wish to reschedule private commitments to a time that would conflict with Programmed Activities, he or she should raise the matter with the clinical manager at the earliest opportunity.

Scheduling Private Commitments Whilst On-Call

10. The consultant will comply with the provisions in Schedule 8, paragraph 5 of these Terms and Conditions. In addition, where a consultant is asked to provide emergency cover for a colleague at short notice and the consultant has previously arranged private commitments at the same time, the consultant should only agree to provide such emergency cover if those private commitments would not prevent him Or her returning to the relevant HPSS site at short notice to attend an emergency. If the consultant is unable to provide cover at short notice it will be the employing organisation's responsibility to make alternative arrangements and the consultant will suffer no detriment in terms of pay progression as a result.

Use of HPSS Facilities and Staff

11. Where a consultant wishes to provide Private Professional Services at an HPSS facility he or she must obtain the employing organisation's prior agreement, before using either HPSS facilities or staff.

12. The employing organisation has discretion to allow the use of its facilities and will make it clear which facilities a consultant is permitted to use for private purposes and to what extent.

13. Should a consultant, with the employing organisation's permission, undertake Private Professional Services in any of the employing organisation's facilities, the consultant should observe the relevant provisions in the 'Code of Conduct for Private Practice'.

14. Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, such procedures should occur only where the patient has given a signed undertaking to pay any charges (or an undertaking has been given on the patient's behalf) in accordance with the employing organisation's procedures.

15. Private patients should normally be seen separately from scheduled HPSS patients. Only in unforeseen and clinically justified circumstances should a consultant cancel or delay an HPSS patient's treatment to make way for his or her private patient.

16. Where the employing organisation agrees that HPSS staff may assist a consultant in providing Private Professional Services, or provide private services on the consultant's behalf, it is the consultant's responsibility to ensure that these staff are aware that the patient has private status.

17. The consultant has an obligation to ensure, in accordance with the employing organisation's procedures, that any patient whom the consultant admits to the employing organisation's facilities is identified as private and that the responsible manager is aware of that patient's status.

18. The consultant will comply with the employing organisation's policies and procedures for private practice

Patient Enquiries about Private Treatment

19. Where, in the course of his or her duties, a consultant is approached by a patient and asked about the provision of Private Professional Services, the consultant may provide only such standard advice as has been agreed between the employing organisation and appropriate local consultant representatives for such circumstances.

20. The consultant will not during the course of his or her Programmed Activities make arrangements to provide Private Professional Services, nor ask any other member of staff to make such arrangements on his or her behalf, unless the patient is to be treated as a private patient of the employing organisation.

21. In the course of his/her Programmed Activities, a consultant should not initiate discussions about providing Private Professional Services for HPSS patients, nor should the consultant ask other staff to initiate such discussions on his or her behalf.

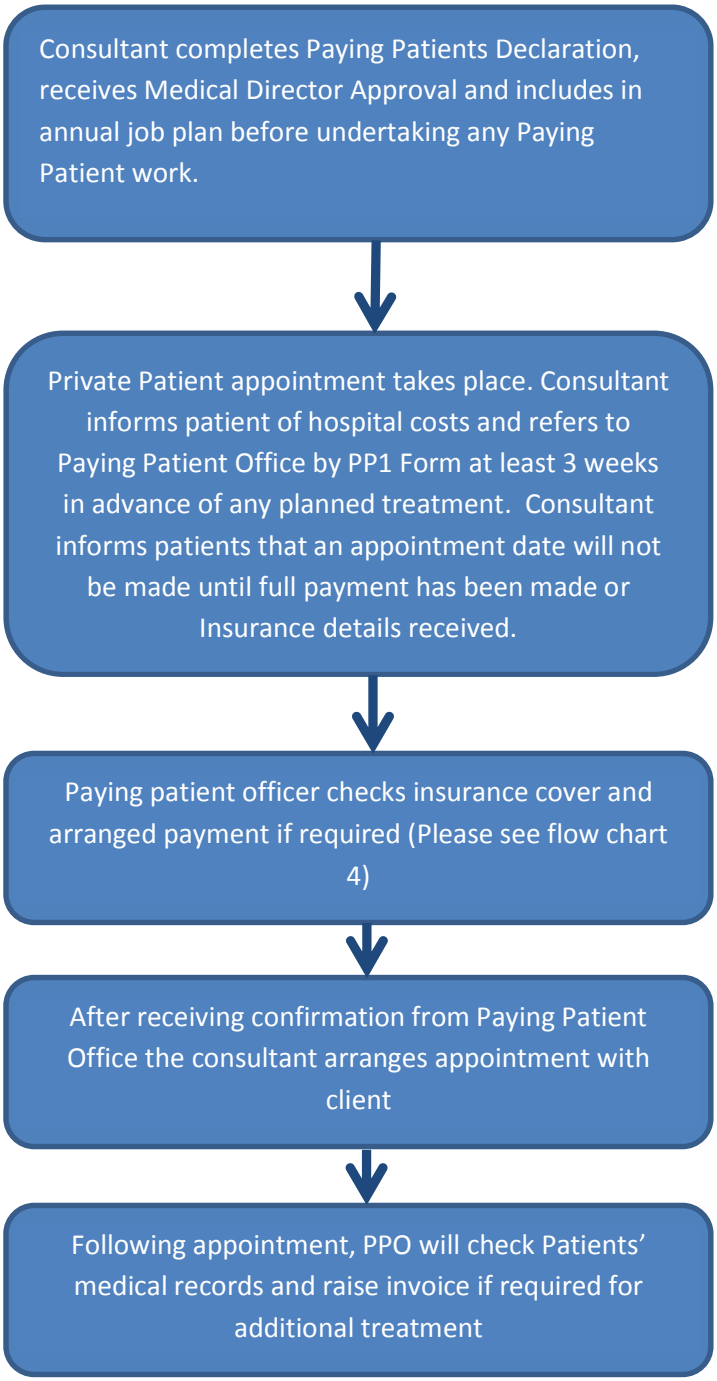
22. Where an HPSS patient seeks information about the availability of, or waiting times for, HPSS services and/or Private Professional Services, the consultant is responsible for ensuring that any information he or she provides, or arranges for other staff to provide on his or her behalf, is accurate and up-to-date.

Promoting Improved Patient Access to HPSS Care

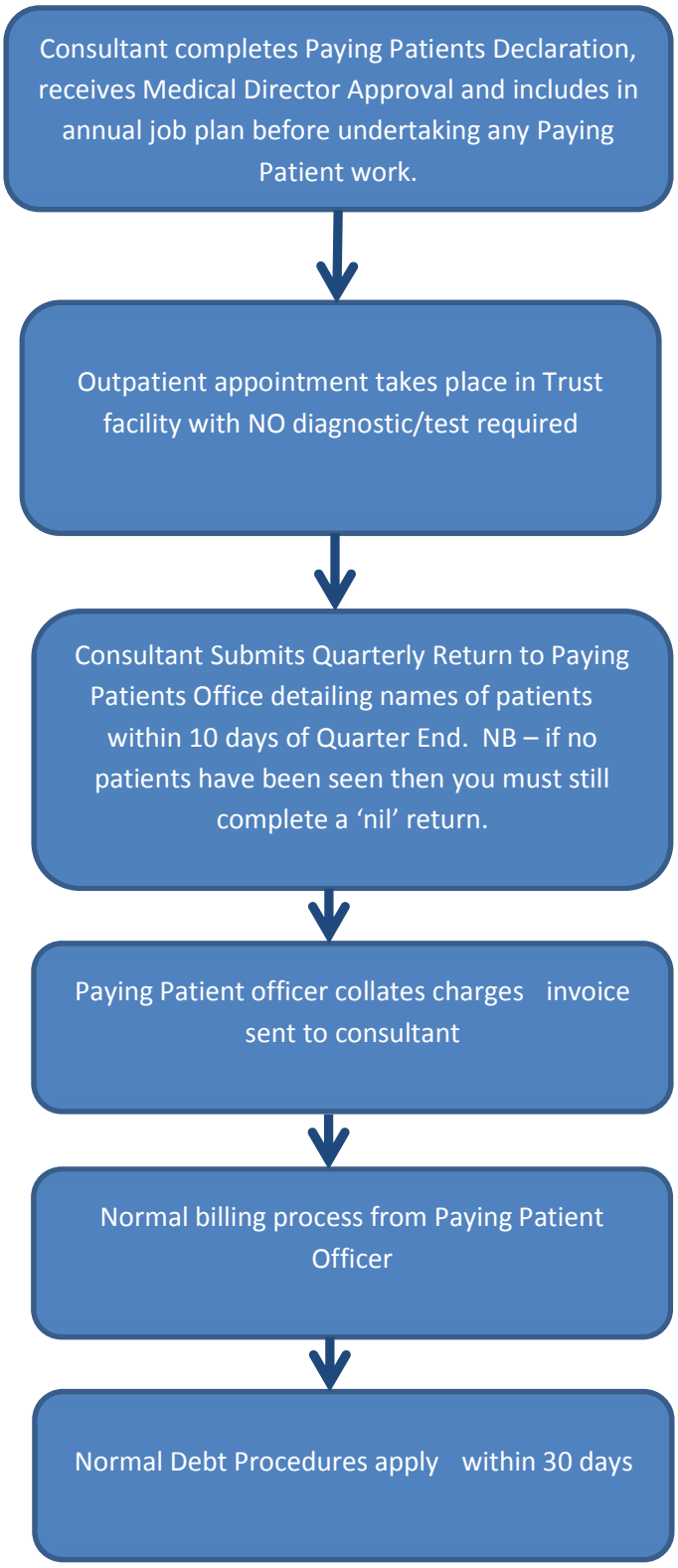
23. Subject to clinical considerations, the consultant is expected to contribute as fully as possible to reducing waiting times and improving access and choice for HPSS patients. This should include ensuring that, as far as is practicable, patients are given the opportunity to be treated by other HPSS colleagues or by other providers where this will reduce their waiting time and facilitate the transfer of such patients.

24. The consultant will make all reasonable efforts to support initiatives to increase HPSS capacity, including appointment of additional medical staff and changes to ways of working.

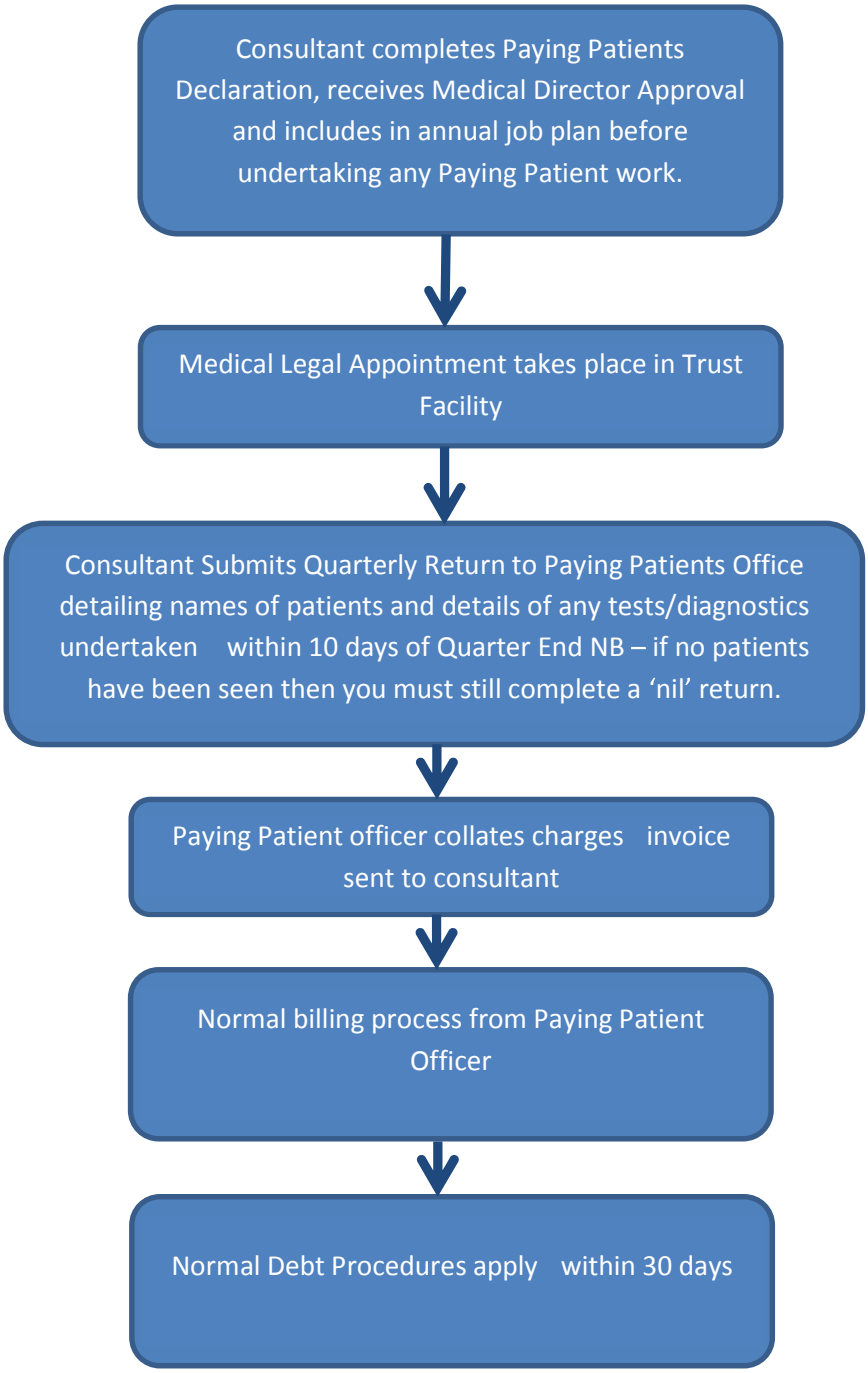
24. FLOW CHART 1 - PAYING PATIENTS [Inpatients]



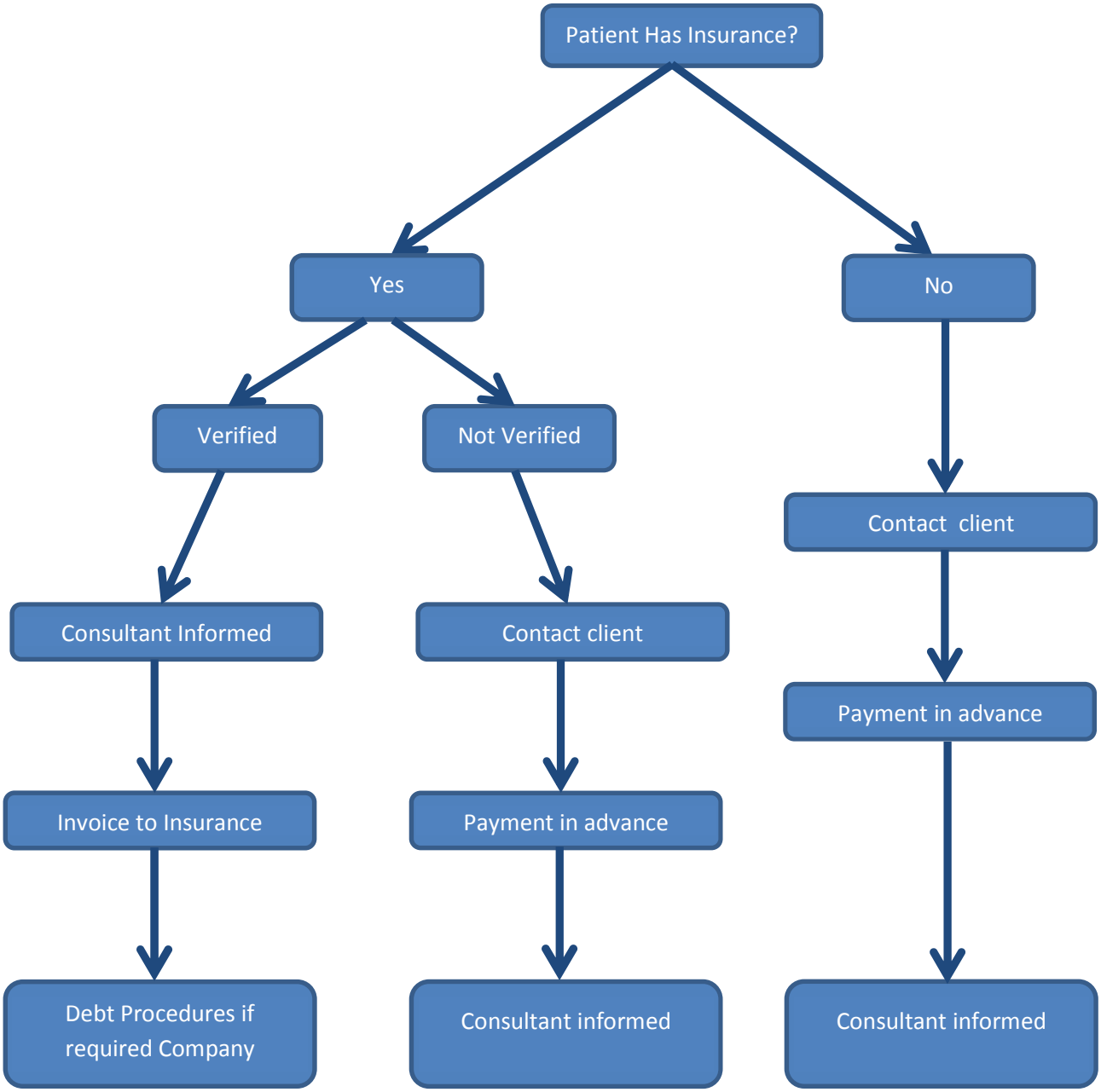
25. FLOW CHART 2 - PAYING PATIENTS [Outpatients]



26. FLOW CHART 3 - PAYING PATIENTS [Fee Paying Services]



27. FLOW CHART 4 – PATIENT INSURANCE



Health and Social Care Board

0023/18

Query Request Form

Requires Immediate Response: Yes

Reason for Immediate Response: Required as an action following Internal Audit review of management of private patients

☐	**Data Definition**	X	**Recording Issue**
X	**Technical Guidance**	☐	**Other**

Name: Roberta Gibney **Date:** 8th August 2018

Organisation: BHSCT **Contact Number:** Personal Information redacted by the USI

Subject Heading: PAS OP Referral Source Code – Private to NHS

a) Issue: ***Please provide as much detail as possible in order for the query to be considered and resolved as quickly as possible. This query form will be published on SharePoint when resolved.***

Belfast Trust requests a Referral Source Code on PAS for outpatients who change status from Private to NHS. Currently there is no guidance for identifying such patients.

Patient who attends Trust as a private patient has category recorded as PPG. When treatment completed OP registration should be closed with Discharge Reason – Treatment Completed, however if during their treatment the patient decides to change status to NHS the OP registration should be closed with Discharge Reason – Transfer to NHS and a new OP registration opened:
PAS with referral source PTN (Private to NHS) (suggested code), mapped to Internal Value (2) and CMDS Value (11) on Referral Source Masterfile and category as NHS.

This will ensure that the original category of PPG is not overwritten to NHS and the information recorded as per the Draft Technical Guidance on Private and Overseas Patients is not lost.

Belfast Trust request that the above is adopted as regional PAS Technical Guidance.

b) Response:

When a patient transfers from Private to NHS during their treatment period the OP registration should be closed using:

Discharge Reason code: TNHS – Transfer from Private to NHS

A new OP registration should be opened using:

Referral Source code: PTN – Private to NHS

Approved by: Acute Hospital Information Group

Date: 11/09/2018 **Response Published:** Yes / ~~No~~

Email: *HSCDataStandards@hscni.net*
HSC Data Standards Helpdesk: *(028)* Personal Information redacted by the USI

These forms are available on the Information Standards & Data Quality SharePoint Site at *http://hscb.sharepoint.hscni.net/sites/pmsi/isdq/SitePages/Helpdesk.aspx*

Services not using e-triage	
ORTHOPAEDIC GERIATRICS	Planned e-triage commencement Jan/Feb 2021
HAEMATOLOGY	Planned implementation postpone due to service pressures
NEPHROLOGY	Currently taking a break from e-triage, will relook at recommencing early 2021
GENERAL MEDICINE	Minimal referrals to this service but working with service looking towards implementation early 2021
BREAST SURGERY	Consultants not currently keen on e-triage – reengaged with service
GERIATRIC MEDICINE	Currently engaging with service

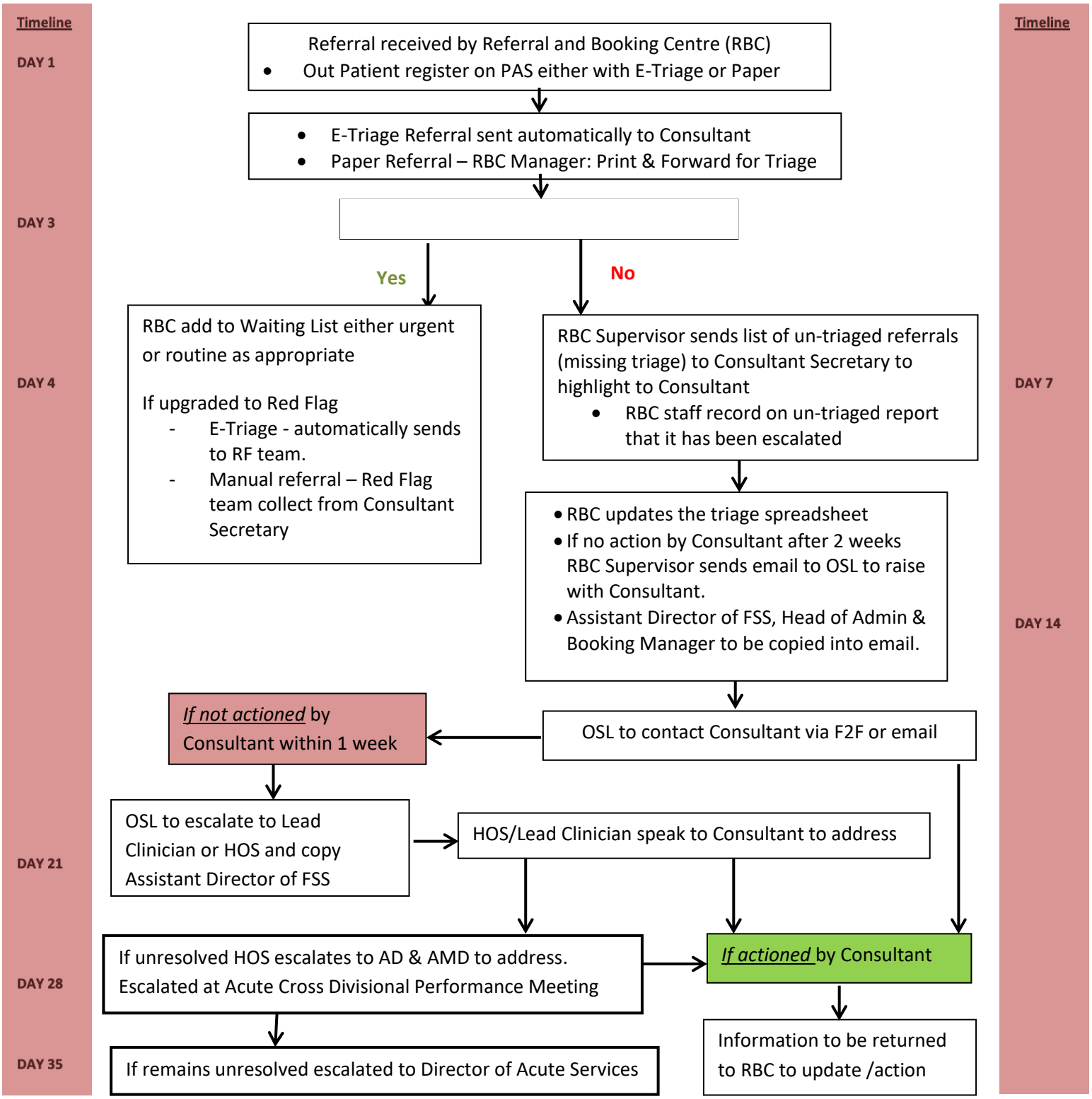
TRIAGE PROCESS

This process is developed by the Region under the IEAP (Integrated Elective Access Protocol) Referrals should be returned within 72 hrs but the Southern Trust have agreed 1 week to assist Clinicians as a more reasonable approach.

- **Red Flag referrals should be returned from Triage within 24hrs**
- **Urgent referrals should be returned from Triage within 72hrs**
- **Routine referrals should be returned from Triage within week.**

PURPOSE OF TRIAGE

- Consultant triage is to confirm that the speciality is appropriate and the clinical urgency is appropriate.
- It directs the referral to an appropriate service within the speciality (e.g. to vascular surgeons etc.)
- It allows the Consultant to request any investigations which the patient will require prior to outpatient attendance
- The Consultant can return referrals with advice and no outpatient attendance where appropriate.



Note: This process will incur a minimum of 5 weeks in total if referral is un-triaged within the target times which means that if the referral is upgraded to Red Flag it is in excess of 14 day Red Flag turnaround.
It is the responsibility of the Consultant to ensure Triage is done within the appropriate timescales detailed above.