

that a Removal Order was a suitable, appropriate, and proportionate sanction which will be imposed on the Registrant's registration with immediate effect.

Learning from this case will be shared in the first 2022 newsletter.

Formal Patient/Client Liaison Record

Complainant:

Name _____

Personal Information redacted by the USI

Address

Personal Information redacted by the USI

Postcode

Personal Information redacted by the USI

Phone No

Personal Information redacted by the USI

Patient:

Name

Address

Postcode**Phone No****Date of Birth** _____

Personal Information redacted by the USI

Hospital No

Personal Information redacted by the USI

Consent Form Sent	YES/NO	Date Returned	
Typed Version Sent	YES/NO	Date Returned	

Date Received	15 Nov 2010	Date Acknowledged	
Internal Response Due	29 Nov 2010	Final Response Due	13 Dec 2010
Days taken to Resolve	18-1-11. 43	Re-opened	

Ombudsman	Request Date	Accepted	Rejected
-----------	--------------	----------	----------

Reason	Staff	Site	Division	Ward/Dept
Treatment + Care Quality	Doctor	CAH	SEC	Urology Clinic
			Total	

Sent to for Investigation

Mr Akhtar
Martina Corrigan

Copied to for Information

Heather Trouton

SUMMARY OF COMPLAINT

--

FURTHER ACTION SHEET

Date	Action Taken	By
30/11	Reminder Sent to Mr Akhtar + Martina Corrigan	Rf
7/12	Further Reminder	
13/12	Further Reminder	
21/12	Reminder Sent + Holding letter Sent	Rf
12/1	Reminder Sent to Mr Akhtar + M. Corrigan	Rf
31/1	In Contact with Personal Information redacted by the USI to Confirm Meeting + to Confirm neither doctors will be in attend	
10/5	Personal Information redacted by the USI Contacted office stating he had attended the pain Clinic today + was give painkillers & strength he was on and Review in 3mth Un happy So I advised him to put all in Email and forward to me. Investigation request	

Personal Information redacted by the
USI

Personal Information redacted by the
USI

Farrell, Roisin

From: Complaints
Sent: 06 May 2014 15:23
To: ClientLiaison, AcutePatient
Subject: Personal Information redacted by the USI Complaint - Margaret's response and request.

Hi Acute

Please see below.
Eileen
Corporate Complaints

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

From: Marshall, Margaret
Sent: 06 May 2014 15:04
To: McAlinden, Mairead; Burns, Deborah
Cc: Complaints
Subject: Re: Complaint

Hi All

Regretfully we have been unable to resolve Personal Information redacted by the USI complaint via the complaints process in the past.

The Ombudsman office is in receipt of all information requested.

David Vivienne can you go back to the Ombudsman office and ask if they can set out for us what aspects of the complaint process they feel is outstanding in Personal Information redacted by the USI case.

From memory it was exhausted

Thanks
M

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

From: McAlinden, Mairead
Sent: Tuesday, May 06, 2014 02:52 PM
To: Marshall, Margaret; Burns, Deborah
Cc: Complaints
Subject: FW: Complaint

Margaret, see below and would be grateful if you would look into.

Mairead

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

From: Personal Information redacted by the USI [\[mailto:Personal Information redacted by the USI\]](#)

Sent: 02 May 2014 17:38

To: Complaints

Cc: Ombudsman

Subject: Complaint

Today I recieved yet another go away letter from Southern trust, this one from the acting director of acute services, the trust and the ombudsman are obviously not communicating very well.

The ombudsman maintains he cannot look at this complaint until I have been through the trust complaints procedure, although I have been down that dead end road more than once, i decided to go down it one last time with the hope that service might have improved and also to show all correspondence to the ombudsman, this gives the trust another chance to put this right and also will prove to the ombudsman that I'm going through all the right procedures.

What it looks like now is a situation where the trust thinks the ombudsman is investigating, but he isn't yet, and the ombudsman won't investigate until I go down the trusts complaint procedure route, which the hospital are yet again in deny all mode.

This is simply a ridiculous situation to have been put in by two supposed professional organisations such as yourselves.

My ideal scenario is for the trust to finally sort this out. It's very simple to do that.

My next step is to go to the newspapers with this. I will quote every one of you if I have to do this, and I will print the go away letters and emails from you both.

I will get answers believe me on that.

I'm tired of this now. Surely you all are too?

Someone sort it out soon!

Personal
Information
redacted by the USI

Sent from my iPhone

FORMAL COMPLAINT RECORD FORM (internal use only)**Notes for Completion:**

1. This form should be used in conjunction with the Trust's Policy and Procedure on Complaints.
2. Please complete all sections of the form as fully as possible. It is imperative to have accurate information in order that an investigation can be carried out.

Name and Address of Complainant

Personal Information redacted by the USI

On Behalf Of (inc address)
Patient's Date of Birth:**Complainants Relationship to Patient:****Contact Telephone Number**

Personal Information redacted by the USI

Complaint Made Against Ward/Department

Urology CAH

Summary Details of Complaint

Personal Information redacted by the USI had a private appointment with Mr Akhtar in December 2009 and as part of this he was to be referred onto the NHS waiting list for a scan. Personal Information redacted by the USI has been experiencing continued urological problems and has been needing to have the scan as a matter of urgency.

Personal Information redacted by the USI complaint is:

- Mr Akhtar has chosen to ignore him since December 2009 and there has been no follow up.
- Whilst he acknowledges that he has now secured an appointment for 23 November 2010, why has it taken so long for this to be organized.

- Personal Information redacted by the USI has seen a number of medics regarding his condition, all of who are telling him there is nothing wrong with him. Personal Information redacted by the USI knows it is not normal to need to use the toilet as often as he does and would like a full and thorough examination of his problem with immediate effective treatment.

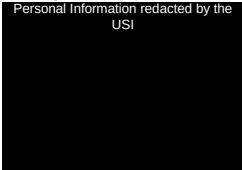
I am also very aware of the fact that people on benefits and foreigners get top priority in the NHS which is highly unfair but what they forget is that its the people like me who work and want to carry on working are the people who pay their ridiculous wages, so why are they allowing it to happen, that im soon going to be soon unable to work?? will i join the DLA or what? I pay my way and i expect better.

I have also tried bringing this to your complaints department twice, i have discovered that this is in keeping with the rest of the hospital which is as you know by now a complete farce, there is though a guy called David there who i must say did his very best to help me but he, like me is beating his head against a block wall. lets have a meeting they say, a meeting where none of the doctors had the manners to show up, then what, talk to two people who have zero medical knowledge, whats that gonna achieve?

Now that this is on your desk i expect it to be dealt with very soon, i have spoken to two MLAs who are very willing to step in, i have spoken to a firm of solicitors who specialise in medical negligence cases, i have spoken to Stephen Nolan on radio ulster, he is very interested in this and i have also spoken to a very popular sunday newspaper who are also keen to help, i have also had a few conversations with the NI ombudsman who said they will take this on if need be, this is not the road i wanted to go down but this is now putting my mental health in rapid decline so im gonna make sure that doesnt happen, what ill do is kick up a shitstorm the likes you have never seen because im at boiling point now and have very little left to loose.

I hope to hear from you very soon.

Personal Information redacted by the
USI



15 November 2010

Our Ref:

[Personal Information redacted by the USI]

Your Ref:**Private & Confidential**

[Personal Information redacted by the USI]

Dear

[Personal Information redacted by the USI]

I refer to your complaint in respect of your treatment and care in the Urology Clinic at Craigavon Area Hospital. Thank you for taking the time to highlight your concerns.

The Trust will investigate the issues which you have raised, in accordance with the Trust's Policy and Procedure on the Management of Complaints. It would be my intention to advise you of the findings of the investigation within 20 working days or as soon as possible thereafter. In the meantime, I enclose for your attention a copy of our "What Happens Next" leaflet.

If for whatever reason I am unable to provide you with a response within the timeframe above, I will contact you again to keep you fully advised.

Should at any point you wish to discuss your complaint, please do not hesitate to contact my office on [Personal Information redacted by the USI]. Alternatively you may wish to seek independent support and/or advice by contacting the Patient Client Council on 0800 9170222.

Yours sincerely

DAVID CARDWELL
Patient/Client Liaison Manager

enc

Ground Floor Annex, Beechfield House,
Craigavon Area Hospital, 68 Lurgan Road, Portadown. Co Armagh, BT63 5QQ

Telephone [Personal Information redacted by the USI]
E-Mail: AcutePatient.ClientLiaison@southerntrust.hscni.net

21 December 2010

Our Ref: [irrelevant information redacted by the USI]

Private & Confidential

Personal Information redacted by the USI

Dear [Personal Information redacted by the USI]

I refer to your complaint in respect of your treatment and care in the Urology clinic at Craigavon Area Hospital and my acknowledgement dated 15 November 2010.

Unfortunately there has been a delay in the investigation of the issues which you have raised. Please accept my apologies for this delay.

I would now anticipate responding to you as soon as possible.

In the interim if you wish to speak to me directly please contact my office on [redacted]

Yours sincerely

Personal Information redacted by the USI

DAVID CARDWELL
Patient/Client Liaison Manager
Directorate of Acute Services

31 January 2011

Our Ref: [Irrelevant information redacted by the USI]

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear [Personal Information redacted by the USI]

I am writing to you to confirm the meeting arrangements following your request to have a meeting with key members of staff in relation to your original complaint regarding your treatment and care and the Trust's subsequent response.

This meeting has been arranged as follows:

Date	Thursday 3 February 2011
Time	9.15am
Venue	Seminar Room 1 Medical Educational Centre Craigavon Area Hospital

Thank you for confirming your attendance today.

Yours sincerely

VIVIENNE KERR
Patient/Client Liaison Facilitator
Directorate of Acute Services

10 August 2011

Our Ref: [Irrelevant information redacted by the USI]

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear [Personal Information redacted by the USI]

I refer to your telephone conversation with Mrs Marshall, Governance Co-Ordinator yesterday.

I wish to confirm that a meeting has been arranged to discuss your ongoing issues. This will take place on Tuesday 6 September 2011 at 6pm in the Boardroom, Trust Headquarters, Craigavon Area Hospital.

Meeting Room.

Yours sincerely

DAVID CARDWELL
Governance Officer

31 August 2011

Our Ref: [Irrelevant information redacted by the USI]

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear [Personal Information redacted by the USI]

I refer to my telephone conversation with you today regarding the change of venue for the arranged meeting.

The meeting will now take place in the Meeting Room, Trust Headquarters, Craigavon Area Hospital, on Tuesday 6 September 2011 at 6pm.

Yours sincerely

ROISIN FARRELL
Governance Administrator
Directorate of Acute Services

**Southern Health
and Social Care Trust**

18 January 2011

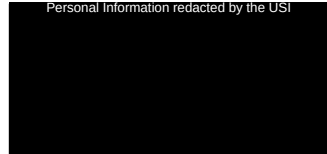
Our Ref:

Irrelevant information redacted by the USI

Your Ref:

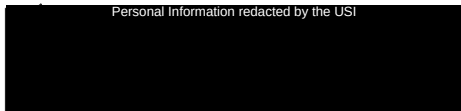
Private & Confidential

Personal Information redacted by the USI



Personal Information redacted by the USI

Dear

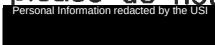


I refer to your complaint in respect of the delay you have experienced in securing an appointment for an MRI scan. Thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

I am advised that since making your complaint, you have had the opportunity to speak to Mr Akhtar during a recent consultation and the issues that concerned you were addressed. I have since been advised that your MRI has taken place and that Mr Akhtar will be in contact with you again when the results of same are available.

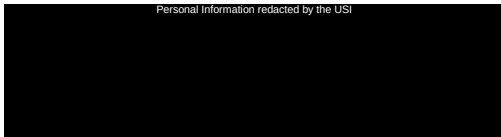
I appreciate your patience with this matter and I hope you have found the meeting with Mr Akhtar beneficial.

I trust that this letter addresses the issues you have raised.

If however you remain unhappy please do not hesitate to contact David Cardwell, Patient/Client Liaison Manager on  who will discuss the options available to you.

Yours sincerely

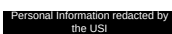
Personal Information redacted by the USI



DR GILLIAN RANKIN
Interim Director of Acute Services

for Mairead McAlinden, Chief Executive

Patient/Client Liaison Department,
Ground Floor Annex, Beechfield House, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone: 

**Southern Health
and Social Care Trust**

22 June 2011

Our Ref:

[Personal Information redacted by the USI]

Your Ref:**Private & Confidential**

[Personal Information redacted by the USI]

Dear [Personal Information redacted by the USI]

I refer to your email of 11 May 2011 in respect of your current treatment, which I will deal with in two parts.

Firstly in relation to the treatment and care provided to you by Mr Akhtar, the Trust has already responded to the concerns you have outlined in its original response and at the time when you met with Mr Akhtar with Mrs McAloran.

Secondly I can advise that the chronic pain service received a referral from Mr Akhtar on 10 March 2011 and seen by Dr Sobocinski in the clinic on 10 May 2011. The Trust is responsible for ensuring that all new referral are seen within 9wks of the initial referral. In your email you report that you were offered a review in 3 months. According to our records a review was arranged as an urgent review in 6 weeks and Dr Sobocinski has no recollection of stating that you would be reviewed in 3 months.

In relation to your medication I am advised that after discussion with you it was agreed to change the regime of taking medications and Dr Sobocinski doubled your daily dose and asked your General Practitioner to continue this regime until your review took place.

With regard to Dr Sobocinski not arranging any investigation to explain your pain, I can advise that Dr Sobocinski has requested a USG scan with Mr Akhtar, which I am advised was scheduled for 13 June 2011. However you failed to attend. A further appointment will be organised in due course.

The Trust hopes that the response provided by Dr Sobocinski answers the issues you have raised in your email. Dr Sobocinski has also offered to facilitate a second opinion from another Pain Specialist should you wish for this.

I trust that this letter addresses the issues you have raised.

If however you remain unhappy ~~please do not~~ hesitate to contact David Cardwell, Patient/Client Liaison Manager on [Personal Information redacted by the USI] who will discuss the options available to you.

**Patient/Client Liaison Department,
Ground Floor Annex, Beechfield House, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ**

Telephone [Personal Information redacted by the USI]

Yours sincerely

Personal Information redacted by the USI

DR GILLIAN RANKIN
Director of Acute Services

for Mairead McAlinden, Chief Executive

Posted Fri 16/3/12

WIT-02018



**Southern Health
and Social Care Trust**

Quality Care - for you, with you

Chair

Roberta Brownlee MSc RGN RM

Chief Executive

Mairead McAlinden

Our ref:

Personal Information redacted by the USI

15 March 2012

PRIVATE & CONFIDENTIAL

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

I refer to your email communications to me dated 17 February 2012 and 7 March 2012 in relation to your on-going complaint about the treatment and care being provided to you by the Southern Health and Social Care Trust.

In relation to your concerns about the treatment and care provided by the Urology Service, the Pain Clinic and the Neurology Service, the points in your email have previously been addressed.

You will be aware that the Trust asked two of our senior Consultants to review your treatment plan. Your records indicate that you have been seen and assessed by Mr Young, Consultant Urologist, Mr Akhtar, Consultant Urologist, Dr Forbes, Consultant Neurologist, Dr Lee, Consultant Physician, Dr Soboscinski, Pain Management Consultant, Surgeons at Daisy Hill Hospital and a referral made to the Belfast Trust for nerve conduction studies. The outcome of the reviews into your case remains unchanged and the Trust is satisfied that you have received the most appropriate care based on your clinical presentation.

It is regrettable that the Trust's responses to your complaint and the meetings you have had with staff have been unable to resolve your concerns. I do not believe that there is anything further that the Trust can add in response to your outstanding concerns.

Trust Headquarters, Craigavon Area Hospital site, 68 Lurgan Road, Portadown, Craigavon BT63 5QQ
Tel: [redacted] Fax: [redacted] E-mail: [redacted]

March 15, 2012

At this stage you may wish to approach the Northern Ireland Commissioner for Complaints about your unresolved issues and he can be contacted by telephone at 0800 34 34 24 or in writing to:

The Ombudsman
Freepost BEL 1478
Belfast
BT1 6BR

I am sorry that you find you are still not feeling well and perhaps you may wish to discuss your options with your General Practitioner. I do accept that this matter has caused you some distress and I apologise for the impact this has had on you.

Yours sincerely

Personal Information redacted by the USI

MAIREAD MCALINDEN
CHIEF EXECUTIVE



**Southern Health
and Social Care Trust**

Quality Care - for you, with you

Chair

Roberta Brownlee MSc RGN RM

Chief Executive

Mairead McAlinden

Our ref:

Personal Information redacted by the USI

27 March 2012

PRIVATE & CONFIDENTIAL

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

I refer to your e-mail communication on 20 March 2012, the contents of which are again noted. I wish to reiterate what was stated in my previous letter dated 15 March 2012.

It is regrettable that the Trust's responses to your complaint and the meetings you have had with staff have been unable to resolve your concerns. I do not believe that there is anything further that the Trust can add in response to your outstanding concerns.

At this stage I would urge and advise you to approach the Northern Ireland Commissioner for Complaints about your unresolved issues. He can be contacted by telephone at 0800 343424 or by writing to:

The Ombudsman
Freepost BEL 1478
Belfast
BT1 6BR

Yours sincerely

Personal Information redacted by the USI

MAIREAD MCALINDEN
CHIEF EXECUTIVE

Trust Headquarters, Craigavon Area Hospital site, 68 Lurgan Road, Portadown, Craigavon BT63 5QQ

Tel:

Personal Information redacted by the USI

Fax:

Personal Information redacted by the USI

E-mail:

Personal Information redacted by the USI

Copy.



**Southern Health
and Social Care Trust**

Quality Care - for you, with you

Chair

Roberta Brownlee MSc RGN RM

Chief Executive

Mairead McAlinden

Our ref:

Personal Information redacted by the USI

29 July 2012

PRIVATE & CONFIDENTIAL

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

I refer to your e-mail communication on 12 June 2012, the contents of which are noted. I am pleased to hear that you have found your consultation with Mr O'Brien helpful and that you are happy with the way in which he intends to manage your condition.

However in reply to your email I wish to clarify two matters regarding your treatment in this response.

1. I am advised that you were seen by Dr McMullan, as a new chronic pain patient on 23 March 2012 in Daisy Hill Hospital. Your condition was discussed at the Multidisciplinary Team Meeting on 2 May 2012 and you had a review appointment on 22 June 2012 with Dr McMullan in Craigavon Area Hospital.
2. In relation to the treatment for your carpal tunnel syndrome, you were seen by Dr Forbes on 6 February 2012 and you were advised that you would be referred to the Rheumatology team for an injection of steroids. This referral was made the same day and you were added to Dr Lee's waiting list on 14 February 2012. There is a 30 week waiting list for the injection clinic.

Trust Headquarters, Craigavon Area Hospital site, 68 Lurgan Road, Portadown, Craigavon BT63 5QQ

Tel:

Personal Information redacted by the USI

Fax

Personal Information redacted by the USI

E-mail:

Personal Information redacted by the USI

June 29, 2012

Considering the information available above I am satisfied that plans are in place for your two remaining conditions to be treated.

I note you have had initial contact with the Northern Ireland Commissioner for Complaints about your unresolved issues and I can confirm that the Trust will be happy to co-operate with any investigation his office feels appropriate.

Yours sincerely

Personal Information redacted by the USI

MAIREAD MCALINDEN
CHIEF EXECUTIVE

Farrell, Roisin

From: Stinson, Emma M
Sent: 26 September 2012 10:24
To: Marshall, Margaret
Cc: Farrell, Roisin
Subject: RE [Personal Information redacted by the USI]

Margaret

Please see below further update.

Emma

Emma Stinson
PA to Dr Gillian Rankin
Director of Acute Services
Southern Health and Social Care Trust
Admin Floor
Craigavon Area Hospital

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

Email: [Personal Information redacted by the USI]

 Please consider the environment before printing this email

From: Corrigan, Martina
Sent: 26 September 2012 10:11
To: Trouton, Heather; Stinson, Emma M
Subject: Fw: RE [Personal Information redacted by the USI]

FYI

M

Martina Corrigan
Head of ENT and Urology
Mobile [Personal Information redacted by the USI]

From: McCorry, Monica
To: Corrigan, Martina
Sent: Wed Sep 26 09:40:05 2012
Subject: RE: RE [Personal Information redacted by the USI]

Martina – we have offered [Personal Information redacted by the USI] an appointment at the BPU1 clinic on the 1st October 2012. [Personal Information redacted by the USI] will confirm with me later if he is going to take this appointment.

Monica

From: Corrigan, Martina
Sent: 25 September 2012 15:11

To: McCorry, Monica

Subject: RE: RE [Personal Information redacted by the USI]

Hi Monica

Meant to say that if Aidan agrees that he needs an appointment this will need to be in Banbridge preferably 1 October if possible.

Many thanks

Martina

Martina Corrigan
Head of ENT and Urology
Southern Health and Social Care Trust

Telephone: [Personal Information redacted by the USI] (Direct Dial)

Mobile: [Personal Information redacted by the USI]

Email: [Personal Information redacted by the USI]

From: McCorry, Monica

Sent: 25 September 2012 14:48

To: Corrigan, Martina

Subject: RE [Personal Information redacted by the USI]

Martina

Aidan asked me to contact this man today with a view to bringing him on the Saturday list for "hydrostatic dilatation of bladder," however, [Personal Information] does not wish to have this procedure carried out as he feels it will not be helpful. He has asked that Aidan contact him. He would like to be reviewed at his outpatient clinic. I will let Aidan know.

Monica

Farrell, Roisin

From: ST, Centralpoint
Sent: 04 October 2012 15:39
To: ClientLiaison, AcutePatient
Cc: Marshall, Margaret
Subject: FW: VERY URGENT: COMPLAINT

Kindest Regards

Joscelyn Magennis

Governance Admin for Debbie Burns AD CSCG
Corporate Clinical & Social Care Governance Dept
Trust HQ

Personal Information redacted by the USI

From: Wright, Elaine
Sent: 04 October 2012 11:59
To: Rankin, Gillian; Burns, Deborah; ST, Centralpoint
Cc: Stinson, Emma M
Subject: VERY URGENT: COMPLAINT

I received a call this morning from

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

is very frustrated

Brief outline of conversation:

- attended appointment this morning with Dr Hewitt – he referred to him a ‘rude’ and didn’t want to listen
- was told there it was not the case he had muscle wasting evidence in his hands
- was told he needs to go back on the 30 week waiting list
- referred to being advised previously he was on the 30 week waiting list for injections – waiting this time and when rang up was told that he was not on the list
- wants a telephone call today to advise when he will be treated – from Chief Executive
- if no contact made today, will carry out all that he said he would

Please advise.
Thanks Elaine

From: McAlinden, Mairead
Sent: 23 September 2012 20:21
To: Rankin, Gillian; Burns, Deborah; ST, Centralpoint
Cc: Wright, Elaine
Subject: Fw: COMPLAINT

Gillian, please see below and would be grateful for advice on response.

Mairead

Elaine, please b/f for Tuesday

Cardwell, David

From: Burke, Mary
Sent: 01 October 2012 14:42
To: Cardwell, David
Subject: FW: URGENT - [Personal Information redacted by the USI]

See information below

From: Burke, Mary
Sent: 01 October 2012 14:26
To: Burke, Mary
Subject: FW: URGENT - [Personal Information redacted by the USI]

David

24/5/11 - attended Dr Lee OP clinic and was referred to Dr Forbes for further investigations [Personal Information redacted by the USI] was also to be reviewed at the rheumatology clinic in 2 months time with the results of his MRI scan.

On the 7th July [Personal Information redacted by the USI] attended Dr Lee's outpatient review clinic. Dr Lee carried out a full rheumatologic examination and found no abnormality except for mildly positive Phalen's tests on each side. This suggested that he might possibly have bilateral carpal tunnel syndrome. Dr Lee requested that Dr Haffey considers upgrading his nerve conduction study request to urgent in order to try and address his particular symptoms.

[Personal Information redacted by the USI] attended Dr Forbes neurology clinic on the 6th feb 2012 and suggested [Personal Information redacted by the USI] be put on the injection waiting list.

6/2/16 – referral to Dr Lee for triaged directly to injection waiting list

13/2/12 – [Personal Information redacted by the USI] was added to the injection waiting list however this was cancelled by the Consultant Dr Lee as Thenar wasting is an indication of surgical release of the median nerve. Dr Lee sent a letter to [Personal Information redacted by the USI] GP to request that he makes a surgical referral for this gentleman

Regards
Phyllis

Farrell, Roisin

From: Stinson, Emma M
Sent: 25 September 2012 15:12
To: Marshall, Margaret
Cc: Farrell, Roisin
Subject: RE [Personal Information redacted by the USI]

Margaret

Please see below further information to assist with the response to [Personal Information redacted by the USI]

Emma

Emma Stinson
PA to Dr Gillian Rankin
Director of Acute Services
Southern Health and Social Care Trust
Admin Floor
Craigavon Area Hospital

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

Email: [Personal Information redacted by the USI]



From: Corrigan, Martina
Sent: 25 September 2012 15:10
To: Stinson, Emma M
Subject: FW: RE [Personal Information redacted by the USI]

Hi Emma

Heather asked me to forward this to you. I have spoken to Mr O'Brien's secretary and once he has spoken with [Personal Information redacted by the USI] and feels he still needs an appointment we will get him one on his next Banbridge clinic which will be either 1st or 29 October.

Will let you know when Mr O'Brien has spoken to [Personal Information redacted by the USI]

Thanks

Martina

Martina Corrigan
Head of ENT and Urology
Southern Health and Social Care Trust

Telephone: [Personal Information redacted by the USI] (Direct Dial)
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: McCorry, Monica

Sent: 25 September 2012 14:48

To: Corrigan, Martina

Subject: RE [REDACTED] Personal Information redacted by the USI

Martina

Aidan asked me to contact this man today with a view to bringing him on the Saturday list for “hydrostatic dilatation of bladder,” however, [REDACTED] Personal Information does not wish to have this procedure carried out as he feels it will not be helpful . He has asked that Aidan contact him. He would like to be reviewed at his outpatient clinic. I will let Aidan know.

Monica

Farrell, Roisin

From: Complaints
Sent: 23 April 2014 11:30
To: ClientLiaison, AcutePatient
Subject: FW: Complaint

Guys have you received anything from Personal Information redacted by the USI?
I cant see anything on Datix?
Can you check please?

Thanks
Blaithnid

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

From: Personal Information redacted by the USI [mailto:Personal Information redacted by the USI]
Sent: 22 April 2014 16:06
To: Ombudsman
Cc: Complaints
Subject: Complaint

It has now been 21 days since I made a complaint to craigavon hospital, with the complaint yet to be even acknowledged. At this point I can safely assume that it's been ignored as per usual.

Sent from my iPhone

Farrell, Roisin

From: Farrell, Roisin
Sent: 11 April 2014 08:20
To: Marshall, Margaret (Irrelevant information redacted by the USI)
Cc: Cardwell, David; Kerr, Vivienne
Subject: FW: New complaint (Personal Information redacted by the USI)
Attachments: (Personal Information redacted by the USI)

Importance: High

Margaret

Please see email from Heather and complaint attached, please advise

Kind regards

Roisín Farrell
Governance Administrator
Acute Services
The Maples
Craigavon Area Hospital
Tel: (Personal Information redacted by the USI)
(Personal Information redacted by the USI)

From: Trouton, Heather
Sent: 10 April 2014 17:46
To: Farrell, Roisin
Subject: RE: New complaint (Personal Information redacted by the USI)

Roisin

Please share this with Margaret Marshall and take her advice on a response. We have addressed all these issues before and have nothing further to add at this stage.

Heather

From: Farrell, Roisin
Sent: 10 April 2014 14:33
To: Trouton, Heather
Subject: New complaint (Personal Information redacted by the USI)
Importance: High

Heather

Please see attached complaint from (Personal Information redacted by the USI) Please advise me who this should go to for investigation

Kind regards

Roisín Farrell
Governance Administrator
Acute Services

The Maples
Craigavon Area Hospital

Tel:

Personal Information redacted by
the USI

Personal Information redacted by the USI

File Copy

10 April 2014

Our Ref: [Personal Information redacted by the USI]**Your Ref:****Private & Confidential**

[Personal Information redacted by the USI]

Dear [Personal Information redacted by the USI]

I refer to your email of 2 April 2014. I would like to advise you that we have reopened your complaint and will investigate your ongoing concerns.

The Trust will investigate the issues which you have raised, in accordance with the Trust's Policy and Procedure on the Management of Complaints. It would be my intention to advise you of the findings of the investigation within 20 working days or as soon as possible thereafter. In the meantime, I enclose for your attention a copy of our "What Happens Next" leaflet.

If for whatever reason I am unable to provide you with a response within the timeframe above, I will contact you again to keep you fully advised.

Should at any point you wish to discuss your complaint, please do not hesitate to contact a member of the Governance Team on [Personal Information redacted by the USI]. Alternatively you may wish to seek independent support and/or advice by contacting the Patient Client Council on 0800 9170222.

Yours sincerely

[Personal Information redacted by the USI]

MARGARET MARSHALL (Mrs)
Directorate Governance Co-Ordinator

enc

Clinical and Social Care Governance Team
Directorate of Acute Services
The Maples, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone: [Personal Information redacted by the USI]
E-Mail: AcutePatient.ClientLiaison@southerntrust.hscni.net

Farrell, Roisin

From: Complaints
Sent: 10 April 2014 11:42
To: ClientLiaison, AcutePatient
Subject: Personal Information redacted by the USI Complaint

Hi Acute

Please see below. We sent the original email to yourselves on 2 April 2014.

Can I leave this with you please?

Eileen

Corporate Complaints Office
Southern Health and Social Care Trust
Trust Headquarters
Craigavon Area Hospital
Portadown BT63 5QQ

Telephone Personal Information redacted by the USI

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

From: Personal Information redacted by the USI [Personal Information redacted by the USI">mailto:Personal Information redacted by the USI](mailto:<span style=)
Sent: 09 April 2014 20:28
To: Ombudsman
Cc: Complaints
Subject: Complaint

The general medical counsels website and the nhs complaints policy clearly states that a complaint should be acknowledged within 2-3 working days. My complaint was emailed 9 days ago, still no acknowledgement, may i also remind the nhs that a full response is to be recieved within 20 days of the complaint.

Sent from my iPhone

Cardwell, David

From: Cardwell, David
Sent: 10 January 2014 12:23
To: McCooey, Blaithnid
Subject: RE: [Personal Information] Ombudsman Case
Attachments: SKMBT_36314011013150.pdf

Blaithnid, as per attached Dr Forbes requested [Personal Information redacted by the USI] Nerve Conduction Studies on 8 December 2010. If the Commissioner has any concerns about the delay in the provision of these, these should be directed towards the Belfast Trust.

I am happy that you forward this email and the attachment to Laura as the response.

Regards

David.

From: McCooey, Blaithnid
Sent: 09 January 2014 09:56
To: Cardwell, David
Subject: [Personal Information] Ombudsman Case
Importance: High

David

Please see below from Laura

I have asked for a few days to get a response together.

I am not sure that it needs to be a formal letter but whichever way you think is best.

Regards

Blaithnid

From: Proctor, Laura [mailto:[Personal Information redacted by the USI]]
Sent: 09 January 2014 09:41
To: McCooey, Blaithnid
Cc: Jackson, Ken
Subject: RE: [Personal Information] Ombudsman Case

Hi Blaithnid,

I have a small query on the [Personal Information] case. Can you confirm or provide evidence of who ordered [Personal Information redacted by the USI] Nerve Conduction Study which was carried out on 31/12/11 and when this study was requested. There is reference within the notes of a request from Dr Forbes and a Mr Neill on two separate dates.

Thanks

Laura Proctor

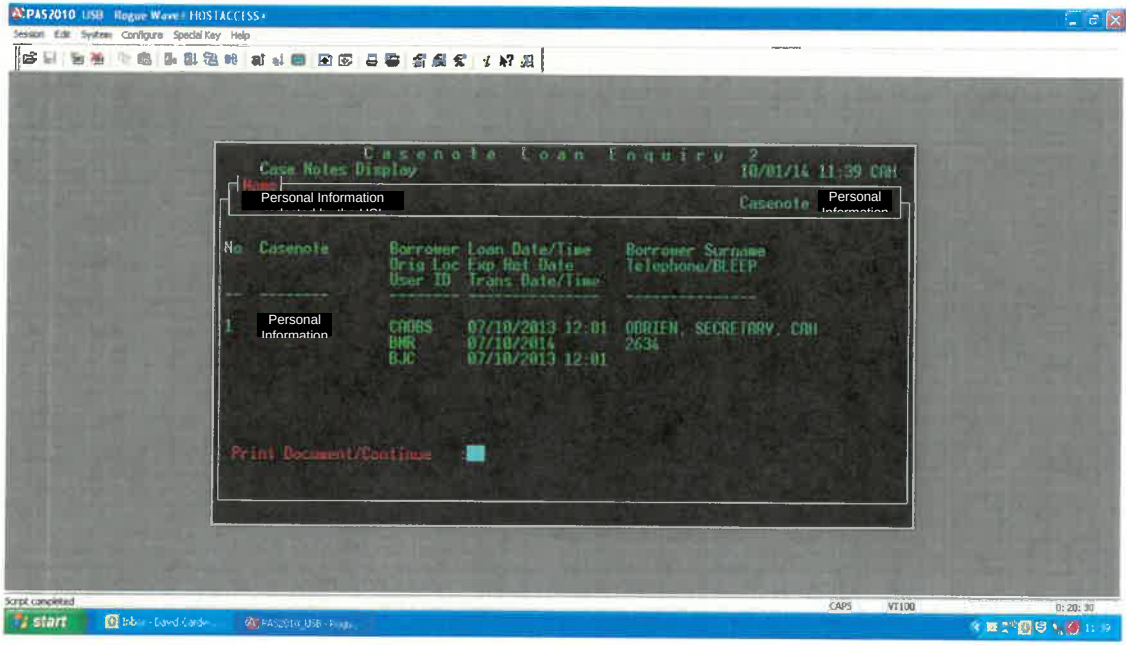
Laura Proctor
Investigations Officer

Office of the NI Ombudsman
4th Floor
Progressive House
33 Wellington Place

Belfast
BT1 6HN

Tel: Personal Information redacted by the USI

E-mail: Personal Information redacted by the USI



WIT-02037

**Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ**

**Dr Raeburn B Forbes
Consultant Neurologist**

Telephone:

Fax:

E-Mail:

Secretary:

Personal Information redacted by the USI

Personal Information redacted by the USI

Elaine Johnston

Dr S Haffey
Consultant Neurophysiologist
CAH

Dear Stephen

Re: Patient Name:

Personal Information redacted by the USI

D.O.B.:

Personal Information redacted by the USI

Address:

Hospital No:

Personal Information redacted
by the USI

HCN:

Personal Information redacted by the
USI

I would be grateful for a nerve conduction study on [Personal Information redacted by the USI]. He has bilateral lower limb paraesthesia with urinary urgency. His clinical examination is fairly unremarkable but I have already investigated him with MRI and have not uncovered a structural cause.

My question is whether there is any form of sensory neuropathy although in the presence of ankle jerks I think the chance of finding a significant problem must be fairly low.

Yours sincerely

**Dr Raeburn Forbes MD(Hons) FRCP Edin
Consultant Neurologist**

cc Dr Cupples,

Personal Information redacted by the USI

Date Dictated: 08/12/10

Date Typed: 09/12/10 /ej

Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Neurology Department
Clinic: Craigavon
Dr RB Forbes

Telephone:

Fax:

E-Mail:

Secretary:

Personal Information redacted by the USI

Personal Information redacted by the USI

Elaine Johnston

DR B. CUPPLES

Personal Information redacted by the USI

Dear DR CUPPLES

Re: Patient Name:

D.O.B.:

Address:

Hospital No:

Personal Information redacted by the USI

Personal Information
redacted by the USI

HCN:

Personal Information redacted by the
USI

Date/Time of Clinic: 08/12/10	Follow Up: With result of MRI cervical and thoracic spine, blood tests and nerve conduction study
Diagnosis: Uncertain	
Action for GP: Continue with Toviaz	

Thank you for asking me to see this gentleman who is continuing to complain of intermittent headaches and reports low back pain radiating down into the left foot. The symptoms he says are worse with sitting but OK when up and about. He has also got urinary urgency and goes to the toilet on an hourly basis despite Toviaz. He also reports heaviness and weakness and paraesthesia of the legs. There has been no fever or weightloss. Other than occasional pins and needles in the ulnar aspect of the right arm there are no other symptoms of note. Lying down does not provoke his symptoms.

On examination straight leg raising produced some tension or tightness of the hamstrings but I felt there were no other obvious abnormalities.

I am uncertain as to why this gentleman continues to report these symptoms and we have previously investigated him with MRI of brain. He has also had a lumbar spine MRI performed under the care of the Urologists recently and this showed minor disc protrusion at L5/S1 level but this would not have been an abnormality in need of surgery as I did get the chance to review his films today.

I think we need to scan the rest of his spine to exclude a central cord problem although the neurological signs do not point much towards this. Nerve conduction study will also be helpful and I have repeated his bloods. When I have the results I will arrange for review as I may yet need to do lumbar puncture if there are concerns about an ongoing chronic meningeal inflammation or a demyelinating process.

Yours sincerely

Dr Raeburn Forbes MD(Hons) FRCP Edin
Consultant Neurologist

Date Dictated: 08/12/10	Date Typed: 09/12/10 /ej
--------------------------------	---------------------------------

 PROTECT - INVESTIGATION
 Ombudsman Northern Ireland

10 December 2013

Our Ref: 13691

Ms Mairead McAlinden
 Chief Executive
 Southern Health & Social Care Trust
 Southern Health & Social Care Trust, HQ
 Craigavon Area Hospital
 68 Lurgan Road
 Portadown
 BT63 5QQ



Dear Ms McAlinden

**THE COMMISSIONER FOR COMPLAINTS (NI) ORDER 1996 as amended by
THE COMMISSIONER FOR COMPLAINTS (NI) (AMENDMENT) ORDER 1997**

I refer to Personal Information redacted by the USI complaint about the actions of the Southern Health & Social Care Trust.

The Commissioner has recently received advice from its independent professional advisers which is currently under consideration. Unfortunately, I am still not able to give you any indication as to when the Commissioner might be able to advise you of his decision on Personal Information redacted by the USI complaint.

I will continue to keep you updated as to the progress of this case every six weeks. In the meantime, if you have any queries regarding this case, please do not hesitate to contact me directly on Personal Information redacted by the USI or by e-mail at Personal Information redacted by the USI

Yours sincerely

Personal Information redacted by the USI

Ken Jackson
Investigating Officer

PROTECT - INVESTIGATION
 ASSEMBLY OMBUDSMAN FOR NORTHERN IRELAND
 NORTHERN IRELAND COMMISSIONER FOR COMPLAINTS

33 Wellington Place, Belfast BT1 6HN Tel: (028) 9023 3821 Fax: (028) 9023 4912
 email: ombudsman@ni-ombudsman.org.uk web: www.ni-ombudsman.org.uk

Cardwell, David

From: Cardwell, David
Sent: 25 November 2013 12:54
To: Complaints; Marshall, Margaret (Personal Information redacted by the USI)
Subject: RE: complaint

Importance: High

Margaret/Blaithnid, The ombudsman wrote to us on 18 July 2013 seeking copies of medical notes post October 2012 and any new information, all of which was supplied on 30 August 2013. There has been no further outcome from Ombudsman's Office so I simply think most recent email should just be acknowledged and a reminder given that all information has been provided to the Ombudsman and we await his decision. (Personal Information redacted by the USI)

Can you let me know if you agree and advise who will email (Personal Information redacted by the USI)

Thanks.

From: Complaints
Sent: 25 November 2013 11:57
To: Cardwell, David
Subject: FW: complaint

David
I have taken no action on this?

From: McAlinden, Mairead
Sent: 25 November 2013 10:51
To: Complaints
Subject: RE: complaint

I presume this is a new complaint about our Pain Service/the service provided by Dr McMullen?

Mairead

From: Complaints
Sent: 25 November 2013 09:38
To: McAlinden, Mairead
Subject: RE: complaint

Mairead
I don't think I am familiar with this gent.
Is there any action for Complaints to take here?

Blaithnid

From: McAlinden, Mairead
Sent: 24 November 2013 23:20
To: Complaints; Marshall, Margaret
Subject: Fw: complaint

From: (Personal Information redacted by the USI) [mailto:(Personal Information redacted by the USI)]
Sent: Sunday, November 24, 2013 06:46 PM GMT Standard Time

To: McAlinden, Mairead**Cc:** ombudsman@ni-ombudsman.org.uk <ombudsman@ni-ombudsman.org.uk>**Subject:** complaint

mairead, i know that you and your trust have decided that instead of dealing with my complaints and pleas for help in a professional manner, you have decided to adopt the usual nhs delay, defend and deny attitude which all your patients are accustomed to by now, i know this from the letter which i recieved from gillian rankin advising me to go away and that i will be ignored from now on. Im not sure your allowed to deal with complaints that way but thats where we are now, the nhs telling unhappy patients to go away. Anyway im writing this email because i have to, the ombudsman doesnt believe me when i tell him that ive raised my issues with not only your complaints department, which denied everything in the end, i have also been through your patient liason system who promised me a lot of things which unsurprisingly didnt materialise, and on many occasions have raised my issues with yourself, the chief executive who as far as i know have done nothing to help.

As far as my carpel tunnel is concerned, after four and a half years of unhelpful doctors and the usual empty promises of help, and a complaint to the ombudsman i met with a doctor called Dr Maiden, a very helpful lady who talked me through what she was going to do including steroid injections followed by surgery if needs be, the difference between her and the rest was that she actually did the injections, around a minute and a half each injection, after which i did get some relief from the symptoms which was excellent, so far ive had two injections and was referred to a hand surgeon for further treatment, it was a very simple process which i really do not understand why it couldnt have been done in the first place, i recently recieved a letter from craigavon hospital informing me i would be dealt with by a private clinic in belfast as craigavon simply arent coping, anyway im now happy with whats happening there and dont believe the situation should have got out of control the way it did. At least that part of all this could easily have been avoided.

Now my other problem isnt going so smoothly, let me re-cap, 2006 i developed a lump in my groin accompanied by some unpleasant bladder symptoms, i started to see doctors who were of no help, telling me there was nothing wrong and there was no lump, i even had a doctor in daisy hill tell me a golfball sized lump in the groin was normal, the doctors all wrongly pointed at my bladder as the problem, all of them! i knew it was not the case as there was a lump there but these people dont like to be wrong so held firm to the bladder being the culprit which led to a series of pointless, painful and very degrading tests which we know showed nothing, because my bladder isnt the problem.

2009 dr brown found the lump, didnt know what it was so we decided on exploratory surgery to find out, i was relieved to find that it was a hernia, described by mr brown as an unusual, tricky one.

The problem is that this surgery has left me with severe chronic pain, which is much worse than before the operation, this pain extends from the site of the surgery to my bladder and bowels as well as my lower abdomen and left hip, the cause i believe to be either entrapment of a nerve or the mesh used in the surgery, but the doctors refuse to listen, i went back to mr brown who did the usual, made me a lot of promises of help, but when i tried to contact him six months later i recieved a letter similar to the one from gillian rankin, go away was the basic message.

I was referred to the pain clinic hoping for some relief, these people true to form were completely useless, i saw a consultant called dr sobesinski, im unsure of the spelling. i told this guy that the only thing that helped was strong painkillers, his plan cut the strength of the tablets and take twice as many and ill review you in 3 months, i cant even begin to understand how this will help, isnt it the same thing? plus that three month review never happened, that was two or three years ago. On another referral to the pain clinic, see thats what the consultants all do, they diagnose something incurable like prostatitis or chronic cystitis, they all have their own one so they can get rid of you without having to do much, then they refer to the pain clinic.

So this time its mr mcmullan, 6 Or seven times i seen this guy, first time i met him he wore a badge saying he was a dentist, how come?

he told me about many ways of treating chronic pain, steroid injections, botox injections, nerve root injections and in his words many more things we can try, in the many appointments he did one injection,

ONE injection!which was a shot in the dark. He then proceeded to tell me about a t10 nerve root injection, which was diagnostic as well as pain relieving, sounds good to me, i seen him again six months later and we had the exact same conversation about the t10 nerve root injection as if we never had the previous appointment, i was a bit confused and angry that he had just wasted another six months but i said nothing as it sounded like a good plan, six minths or so later back again, same questions id answered over and over, this time i asked about the t10 injection i had been promised not once but twice, it soon became apparant that it wasnt going to happen, the reasons i dont know, mr mcmullan then discharged me from his care. i want to know why i was taken for a ride yet again mairead and i want to know soon.

in summary mairead i was treated very badly for a number of years by your staff, due to misdiagnosis from the start, then your consultants decided to do nothing but make false promises in the hope that id go away, thats not going to happen by the way, then i was treated very badly by your pain management clinic who dont do anything to manage pain except the norm, which is talk a lot of rubbish about what they can do but wont do, false promises again.

im currently in a lot of pain and have severe bladder and bowel disfunction as a result, thats not something anyone can live with mairead, it needs urgent medical attention, loss of bowel and bladder control is serious and i wont rest until its dealt with.

The pain clinic need to up their game, they need to try to ease the pain instead of discharging me without even trying, and i also believe this mesh needs to come out, 30% of people who have these fitted end up with chronic pain as a result, them numbers are too big to ignore. ultimately i want this mesh gone, the sooner the better.

im also sending this email to the ombudsman as he wants proof that ive exausted all options and efforts to resolve this matter. its very dissappointing that he has to be involved in the first place but your refusal to help has left me with no alternative.

Personal Information redacted by the USI



Ombudsman

Northern Ireland

Your Ref: [Irrelevant information redacted by the USI]
Our Ref: 13691

05 September 2013

Ms Mairead McAlinden
Chief Executive
Southern Health & Social Care Trust
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ



✓ *orig*
Marg Marshall

Dear Ms McAlinden

**THE COMMISSIONER FOR COMPLAINTS (NI) ORDER 1996 as amended
by
THE COMMISSIONER FOR COMPLAINTS (AMENDMENT) (NI) ORDER
1997**

I acknowledge receipt of your correspondence dated 30 August 2013, which I received on 05 September 2013, and which will receive attention as soon as possible.

Yours sincerely

Personal Information redacted by the USI

Michael Wilson
Complaints Assistant

ASSEMBLY OMBUDSMAN FOR NORTHERN IRELAND
NORTHERN IRELAND COMMISSIONER FOR COMPLAINTS

33 Wellington Place, Belfast BT1 6HN Tel: (028) 9023 3821 Fax: (028) 9023 4912
email: ombudsman@ni-ombudsman.org.uk web: www.ni-ombudsman.org.uk

Access to Health Records

NAME Personal Information redacted by the USI

REF No:

Personal Information redacted by the USIADDRESS Personal Information redacted by the USI

The attached Medical records will be released to the Patient/Patient Representative under the terms of the 1998 Data Protection Act.

Please Tick one of the following:

There is a medical reason why these notes should not be released ☐

There is no medical reason for these notes to be withheld ☒

Consultant in charge of case Donal Ferris

Signed

Irrelevant information redacted by the USI

Dated

20/8/13

For Trust use only: H&C No: [Personal Information redacted by the USI] Surname: [Personal Information redacted by the USI] Referral Date: 04.03.2011

(Minimum Data Set Version 4.1)

Surname: [Personal Information redacted by the USI]

Log 10/3/15

~[Drs Cupples Huey & McCreedy]

Practice Address: [Personal Information redacted by the USI]

Tel: [Personal Information redacted by the USI]

Fax No: [Personal Information redacted by the USI]

Referral To: Daisy Hill Hospital

Date : 04.03.2011

Specialty: Physiotherapy

Referrer Type: Outpatient

Urgency : Routine

Practice: [Personal Information redacted by the USI] / Registered GP: Dr Brian Cupples / Registered GP Cypher:

Referring GP: Dr Michael Huey

Cypher: [Personal Information redacted by the USI]

H&C No: [Personal Information redacted by the USI]

Surname: [Personal Information redacted by the USI]

Prev. S.Name:

DOB: [Personal Information redacted by the USI]

Title: Mr

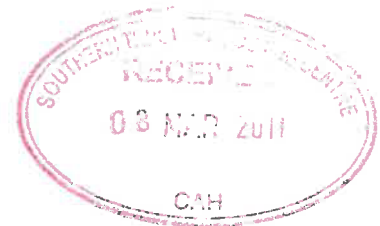
Forenames: [Personal Information redacted by the USI]

Known as: [Personal Information redacted by the USI]

Gender: Male

Registered Contact Details:

[Personal Information redacted by the USI]



Tel. No: [Personal Information redacted by the USI] / Work Number: / Mobile:

Preferred Contact Details if different from above:

Special Needs or Requirements:

Reason for Referral / History of Presenting Complaint:

Carpal tunnel syndrome type symptoms right hand. Grateful if you would see re night splints.
Many thanks Dr M J Huey

H&C No: Personal Information redacted by the USI**Surname:** Personal Information redacted by the USI**Date :** 04.03.2011**TEST RESULTS**

Included/Awaited (Free text)

OTHER PATIENT DATA:**RELEVANT PAST MEDICAL HISTORY:****Significant Past**

12.11.2008	Inguinal hernia	left repair
28.10.2008	Left inguinal hernia	HERNIA REPAIR

MEDICATION:**Repeats**

Toviaz M/R Tablets 8 mg 1 d 28 tablet	23.12.2010
Amitriptyline Hydrochloride Tablets 10 mg d 2*28 tablet	21.9.2010
Co-Codamol 30/500 Tablets 1 -2 qds prn 100 tablet	23.12.2010

ALLERGIES:**SOCIAL HISTORY:****Smoking Status:****Current smoker 15 per day 19.11.2010****ALCOHOL INTAKE:****Alcohol consumption 2 units/week 7.6.2010****BMI:****Body mass index 26.7 7.6.2010****Signature of Referrer:****Date** 04.03.2011

Truesdale, Pamela

From: Truesdale, Pamela
Sent: 26 July 2013 09:26
To: Grant, Seana
Subject: FW: Physio notes

Lorraine Magill

Seana

Please see email below in Lorraine's absence.

Thanks
 Pamela

Pamela Truesdale
 Governance Office, Antrim
 Office 3, 2nd Floor ME
 Craigavon Area Hospi
 78 Lurgan Road
 Craigavon
 BT63 5QQ

Tel: [Redacted]

Med Admin office - Dr. Maack
 Ette.
 to ask for
 Phone [Redacted] check [Redacted]
 (Tracked to them - CNMO)
 Phone Jackie Martin - [Redacted]
 re Physio notes
 Dr. Nicola Medder
 Litigation
 Senior Physio
 Gemma O'Donnell
 [Redacted]

From: Truesdale, Pamela
Sent: 26 July 2013 09:26
To: Magill, Lorraine
Subject: Physio notes

Lorraine,

I have been asked to retrieve Physiotherapy notes for patient [Redacted] in relation to an Ombudsman case. I request these through Litigation? Can you let me know if this is the correct process?

Thanks
 Pamela

Pamela Truesdale
 Governance Office
 Office 3, 2nd Floor
 Craigavon Area Hospi
 68 Lurgan Road
 Craigavon
 BT63 5QQ

Tel: [Redacted]

Pamela/Roisin
 Please copy all sections of
 file marked with Blue:
 Request Medical Notes - BBH + OHH charts
 Physio Notes - requested through
 then back to me.
 Thank you

Truesdale, Pamela

From: Truesdale, Pamela
Sent: 26 July 2013 09:41
To: Kerr, Vivienne
Subject: Personal Information redacted by the USI notes

Vivienne

I rang Physio (Jackie) and the procedure for requesting Physio notes is via Litigation. Seana Grant is the person responsible, and I have requested the Physio notes along with the DHH notes. She will post over to us asap. His Personal Information redacted by the USI chart is with Dr Nicola Maiden (Rheumatology) and I will collect same from her office later today. ✓

Pamela

Pamela Truesdale
Governance Office, Acute Services
Office 3, 2nd Floor MEC
Craigavon Area Hospital
68 Lurgan Road
Craigavon
BT63 5QQ

Tel Personal Information redacted by the USI

Kerr, Vivienne

From: Shine, Eileen
Sent: 06 August 2013 15:37
To: Kerr, Vivienne
Cc: ClientLiaison, AcutePatient; Cardwell, David
Subject: FW: Your Ref: 13691 Personal Information redacted by the USI

From: Proctor, Laura [mailto:Personal Information redacted by the USI]
Sent: 06 August 2013 15:36
To: Shine, Eileen
Subject: RE: Your Ref: 13691 Personal Information redacted by the USI

Eileen,

The Commissioner has confirmed that this extension is fine. I have updated our system accordingly and will now expect a response on the 22nd August 2013.

Regards

Laura

From: Shine, Eileen [mailto:Personal Information redacted by the USI]
Sent: 06 August 2013 15:03
To: Proctor, Laura
Subject: Your Ref: 13691 Personal Information redacted by the USI

Laura

Further to your letter of 18th July 2013 requesting further information in respect of Personal Information redacted by the USI complaint.

The Lead Directorate have requested an extension to the response time to **22nd August 2013** as they have not had the opportunity to collate all of the required information, due to others being on their annual leave, etc.

Regards.

Eileen Shine
Southern Health & Social Care Trust
Corporate Governance Assistant
(Mrs Margaret Marshall, Interim Asst, Director)
Corporate Clinical & Social Care Governance Office
Trust Headquarters
College of Nursing
68 Lurgan Road
PORTADOWN BT63 5QQ

Tel: Personal Information redacted by the USI

The Information and the Material transmitted is intended only for the person or entity to which it is addressed and may be Confidential/Privileged Information and/or copyright material.

Any review, transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from any computer.

Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department

Personal Information redacted by the USI

Kerr, Vivienne

From: Kerr, Vivienne
Sent: 14 August 2013 16:41
To: Hall, Denise
Cc: Cardwell, David
Subject: [REDACTED]
Personal Information redacted by the USI

Denise

Further to our conversation this afternoon I would appreciate if you could e-mail the information you mentioned that you have there on file in relation to [REDACTED] apt in May 2011
Personal Information redacted by the USI

Many thank

*Vivienne Kerr
Governance Officer
Acute Services
Mon to Wed 9am to 5pm
Room 2, Level 2 MEC
Tel [REDACTED]
Personal Information redacted by the USI*

Kerr, Vivienne

From: Kerr, Vivienne
Sent: 14 August 2013 16:40
To: Magill, Lorraine
Cc: Fitzsimons, Marian [Personal Information redacted by the USI]; Hall, Denise; Cardwell, David
Subject: Request for physio outpatient notes

Lorraine

Pamela Truesdale contacted you on 29 July requesting Physio notes for [Personal Information redacted by the USI]

I have spoken to the Physio Dept in Daisyhill who confirm that no request has yet been made to them.

The notes I require are in relation to [Personal Information redacted by the USI] Physio appointment in Daisyhill in May 2011 when he was fitted for a wrist splint. Please note that this has been requested by the Ombudsman's office in relation to an ongoing investigation of a complaint and this is now urgent. Can you please expedite this matter as the Ombudsman's office has a very tight turnaround for all requests

Many thanks

Vivienne Kerr
Governance Officer
Acute Services
Mon to Wed 9am to 5pm
Room 2, Level 2 MEC
Tel. [Personal Information redacted by the USI]

29/7/13 [Personal Information redacted by the USI]
Medical notes collected
by med-records Rf
Rpsin
Physia 14/8 Please request
them back - ombudsman requires
notes post 1 Oct 12. - David will
mark relevant sections for you.

Brief to the Chief Executive and Assistant Director of CSCG -

Personal Information redacted by the USI

Contacts with Personal Information redacted by the USI **from 15th November 2011 until 4th October 2012****Contact 1**

Personal Information redacted by the USI initially made a complaint through the formal complaints process on 15th November 2010. This pertained to the unavailability of a follow up appointment with a Consultant Urologist.

Our investigation into Personal Information redacted by the USI initial complaint identified that Personal Information redacted by the USI had originally been seen by the Consultant Urologist referred to in the complaint on a private basis in December 2009. The outcome of this appointment was that Personal Information redacted by the USI would be referred as an NHS patient for an investigative MRI scan. This referral was not auctioned by the Consultant.

In view of the time delay Personal Information redacted by the USI had experienced the Trust facilitated him with an NHS appointment with the same Consultant Urologist on the 23rd November 2010. Personal Information redacted by the USI was seen by the Consultant at an Outpatient Patient Clinic on the 23rd November 2010 as an NHS patient and was accompanied by Patient Support to this meeting. As a result of this appointment Personal Information redacted by the USI had an MRI scan carried out and referred to the Pain Service.

Personal Information redacted by the USI complaint was responded to on the 18th January 2011, and at this point the complaint was considered resolved. However Personal Information redacted by the USI remained dissatisfied and a meeting was arranged on the 3rd of February with the Head of Urology and Governance Officer to discuss this dissatisfaction. The outcome of this meeting was that a further appointment was arranged with the Consultant Urologist on 14th February to further discuss Personal Information redacted by the USI treatment plan.

Contact 2

On the 11th May Personal Information redacted by the USI emailed the Trust highlighting his dissatisfaction with his current on-going treatment plan put in place by the Consultant Urologist and Pain Service. These concerns were fully investigated the outcome of which was as follows:

- Personal Information redacted by the USI had been reviewed by the Pain Team on the 10th May 2011, at this review a new medication regime was commenced and his GP informed.
- An USS scan was arranged for Personal Information redacted by the USI following his appointment with the Consultant Urologist for the 13th June 2011. Personal Information redacted by the USI subsequently failed to attend this appointment.

Personal Information redacted by the USI remained under the treatment and care of the Urology and Pain Service at this time. A further written response was issued by the Trust to Personal Information redacted by the USI which reflected these findings.

Contact 3

A further email was received by Personal Information redacted by the USI on the 3rd of June 2011 highlighting that he remained unhappy with the Urology and Pain Services. In an attempt to resolve Personal Information redacted by the USI dissatisfaction and to provide the Director of Acute Services with an assurance that all appropriate care and treatment was being offered to Personal Information redacted by the USI at this time, a review of Personal Information redacted by the USI treatment and

care to date was undertaken by the Associate Medical Director for Surgery and Unscheduled Care (AMD, SEC) . The outcome of this review was that the AMD, SEC was of the opinion that [redacted] treatment and care to date was appropriate. The AMD further noted that they would not be in a position to comment on [redacted] treatment and care while a private patient.

A senior Clinician in the Pain Service also reviewed [redacted] case, the outcome of this review also indicated that [redacted] treatment and care to date was appropriate. It was also noted as part of this review that [redacted] perception of his treatment and care differed from that which was noted in his records. [redacted] had now also been referred for a neurology opinion by the pain team.

Contact 4

On the 10th August 2012 [redacted] contacted the CE office to advice that he would be contacting the press regarding his continued dissatisfaction with his care and treatment. A meeting was arranged with [redacted], all consultants involved in his care at this time and the appropriate Associate Medical Directors for the 6th September 2012 in an effort to resolve [redacted] outstanding issues.

[redacted] contacted the Governance Office on the 6th September 2012 to say that he had now secured an appointment with Mr Broun in DHH and had attended for an initial appointment and investigations, a diagnosis had been reached and he is now receiving treatment. In light of this [redacted] advised he had decided not to progress with the meeting as he was now concentrating on his treatment.

Contact 5

On the 17th February and the 7th March 2012 [redacted] contacted the CE directly in relation to his on-going treatment and care being provided by the neurology, urology and pain services. [redacted] concerns were investigated by the Head of Urology and no new issues were identified. A response reflecting the findings of the investigation was forwarded to [redacted] on the 15th March 2012. [redacted] was directed in this response to the ombudsman if he remained on happy as a means of providing him with an independent view on our management of his complaint.

At this point in time our records indicate that [redacted] had been assessed and had received care from the following clinicians:

- Mr Young, Consultant Urologist
- Mr Acktar, Consultant Urologist
- Dr Forbes, Consultant Neurologist
- Dr Lee, Consultant Rheumatologist
- Dr Soboscinski, Pain Service
- Mr Brown, Consultant Surgeon

A referral had also been made for [redacted] to the Belfast Trust for Nerve conduction studies.

Contact 6

Personal Information redacted by the USI contacted the Chief Executive's office directly on 30th March regarding our response of the 15th March 2012. The Chief Executive requested that the CSCG Coordinator contact Personal Information redacted by the USI in the hope of resolving his issues. Following a conversation with Personal Information redacted by the USI and in the hope of resolving Personal Information redacted by the USI outstanding issues, the CSCG co-ordinator was secured with Mr O'Brien Consultant Urologist on the 2nd of April 2012. The purpose of this appointment was to provide Personal Information redacted by the USI with a second opinion on his urological condition.

As a result of this consultation Personal Information redacted by the USI received further treatment on the 24th April 2012. Following this appointment Personal Information redacted by the USI confirmed to the CSCG Coordinator that he was happy with the outcome of this appointment and felt he would not have to contact the Trust again.

Contact 7

On the 12th June 2012 Personal Information redacted by the USI contacted the Chief Executive's Office directly, his main issues focused on the management of his neurological condition. A reply was forwarded to Personal Information redacted by the USI on the 23rd of July following an investigation by the Head of Service for MUSC. The outcome of the investigation was as follows and was included in the response sent to Personal Information redacted by the USI:

- Personal Information redacted by the USI on-going pain was discussed at the MDT on the 2nd May 2012 and a review appointment had been arranged for Personal Information redacted by the USI for the 22nd of June.
- Personal Information redacted by the USI was seen by consultant neurologist on the 6th February 2012 an outcome of this review was a referral to the rheumatology service. Personal Information redacted by the USI was added to the waiting list on the 14th February 2012 for a procedure following this appointment. There is presently a 30 week wait for this procedure.
- Personal Information redacted by the USI was also advised to seek an opinion from the Ombudsman on our management of his complaints with the view that Ombudsman's input may support both Personal Information redacted by the USI and the Trust in the resolution of his on-going issues.

Contact 8

Personal Information redacted by the USI emailed the Chief Executive's office directly on 22nd September regarding his treatment and care from the Neurology and Pain Services. An investigation into these concerns was undertaken by the relevant Heads of Services. The outcome of the investigation is as follows:

- A referral was made by the Neurologist to the Rheumatology Service; this appointment was scheduled for the 4th October 2012. The outcome of this appointment was that Personal Information redacted by the USI has been, listed for a further procedure - waiting time of 36 weeks.
- Personal Information redacted by the USI has also been reviewed by the pain service with a further review planned for the 26th October 2012.
- The Urology Service contacted Personal Information redacted by the USI on the 25th September 2012 regarding further treatment which Personal Information redacted by the USI declined.
- A urology review appointment was scheduled for 1st October 2012

Contact 9:

Irrelevant information redacted by the USI contacted the Chief Executive's Office directly expressing dissatisfaction following an appointment with Dr Hewitt. Following this appointment with Dr Hewitt, Personal Information redacted by the USI was placed on the waiting list for a further procedure - waiting time 36 weeks.

Following a full investigation of the above issue the Trust responded to Personal Information redacted by the USI. The outcome of the investigation is as follows:

- Personal Information redacted by the USI is receiving on-going treatment and care from the Trust.
- The Trust is satisfied that these arrangements are appropriate.
- It was highlighted to Personal Information redacted by the USI that further communication by him to the Trust would be read and filed due to the inappropriate demands on Trust Staff and resources spent efforts to resolve his issues.

Cardwell, David

From:
Sent:
To:
Subject:

Personal Information redacted by the USI

Personal Information redacted by the USI

14 October 2012 17:30
ClientLiaison, AcutePatient
RE: Complaint Response

And so the saga continues, your letter really didnt resolve any issues, it did however agree with most of what i said in the first place,

first of all the problem i had with both the urology and pain clinics was the length of time i was told i have to wait during a conversation with one of your staff members who it seems has no clue what they are doing or saying to people, you are correct in saying i declined an offer of a procedure by Dr. OBrien, thats because i had that procedure done already, three times in fact with no improvement, why would i put myself through it for a fourth time when i already know the outcome? It simply highlights what i have been saying all along about going around in circles instead of moving forward.

Mr OBrien has made me a promise during our last conversation that he will help me, there is something i like about this man and i trust him, so the urology department is getting a reprieve from this whole mess for now. I also had a conversation with Dr Brown who is also keen to help, again there is something about this man and i also trust him, he has promised to speak with Mr OBrien and try to work with him to see if between them they can solve this debilitating issue in my groin, in my opinion two heads are always better than one and these two, i am told are the best in the business at what they do, fingers crossed i wont need to raise this issue with you again. please note that you did NOT help me reach this agreement. I just got lucky in figuring out who is there to help.

As far as this carpal tunnel syndrome is concerned, i see in the letter that you agree with all i said again, but still you refuse to see the point im making, im sure you can see that its pretty clear i have this condition, and now muscle wasting in my hands because its been left too long, approaching four years now. i explained to you the merrygoround that i have been on with this to which you yet again agreed, i waited a total of 38 weeks for them injections, a 30 week waiting list i was told, only to then be told i was taken off it because i had muscle wasting which required surgery, then off i go to see Hewitt who didnt even look at my arms, said i need to get these injections and put me straight back to the bottom of the list, only this time its 36 weeks instead of 30, yous are getting worse! you tried to cover this in your letter by saying i was placed on a list for a procedure, well i aint stupid, the injections are the procedure. the ones i have already waited the full term for, now because of someones incompetence i have to wait all over again, which again will be pointless because we all know the injections arent going to work now, i am going to phone you early in the week about this so be prepared for that conversation.

Now id like to talk about the harrassment you mentioned, having to continually raise the same complaints over and over because you people are not dealing with them is not harrassment, its what i need to do to get it through, you cannot continue to try to justify this any longer. i will continue to "HARRASS" until i get satisfactory treatment. Now the abuse you talked about, you people will have to come to terms with the fact that my cases have to date been handled poorly to say the least, not two of your doctors are singing from the same hymnsheet and some of them are extremely rude people, i wont let these arrogant men and women walk all over me, its not abuse, its the truth, these people know the have nobody to answer to so think they can get away with it, let me assure them, not this time.

You also stated that my language was offensive, haha dont make me laugh! i was very careful in everything i said in them emails so dont try that card, i have copies of everything, all of which was sent to the ombudsman so im happy to let them decide, i also think that waiting for 4 years for an injection and still no sign of it is very offensive! Do you care? no! see the whole problem in three small words there.

What your letter said in a roundabout way is, go away ,we are tired listening to you, we dont care about you and you will be ignored from now on, i didnt miss that so let me tell you right now, im not going away just because you told me to, and let me also state that i dont make threats, i make promises, im calling the trust tomorrow (monday) i will speak to someone so be warned. I have also been promised that a representative of the Nolan show will be calling yous this week, also the ombudsman office say they will be referring all this back to you to deal with very soon.

The fact that i waited on this list for so long, then got removed, then put straight to the bottom of it is the only issue i have left here, its your call if you want to keep on this road or not, if i was you id get these injections done right away knowing they are going to be useless then get me referred back to the surgeons to sort it once and for all. How can yous let such a simple thing turn into such a farce? it truly is outrageous, i think you know that im right. So to recap, im calling yous monday, and im going to keep my pursuit of proper care going at full throttle until im satisfied, oh and i really dont care if your staff are offended, their incompetence caused the problem to begin with.

Personal Information redacted by the
USI

From: AcutePatient.ClientLiaison@southerntrust.hscni.net

To: Personal Information redacted by the USI

Date: Thu, 4 Oct 2012 16:23:39 +0100

Subject: Complaint Response

Dear Personal Information redacted by the USI

Following your conversation with the Chief Executive's Secretary, can I advise you that a response to your email correspondence dated 22 September 2012 will be forwarded to you tomorrow.

The point of contact regarding your complaint is AcutePatient.ClientLiaison@southerntrust.hscni.net however we hope that our response will have resolved your issues.

Margaret Marshall
Directorate Governance Co-Ordinator

The Information and the Material transmitted is intended only for the person or entity to which it is addressed and may be Confidential/Privileged Information and/or copyright material.

Any review, transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from any computer.

Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department

Personal Information redacted by the USI

Cardwell, David

From: Cardwell, David
Sent: 24 September 2012 15:58
To: Burke, Mary (Personal Information redacted by the USI); Carroll, Ronan (Personal Information redacted by the USI); Reid, Trudy (Personal Information redacted by the USI)
Subject: URGENT - (Personal Information redacted by the USI)
Importance: High

Dear Mary, Ronan & Trudy

As you are aware (Personal Information redacted by the USI) has had numerous contacts with the Trust regarding his healthcare and the email below details his latest problems.

Margaret has asked that I forward it to you for response to the points highlighted only as we need to be succinct in our response.

This matter is being handled through the formal complaints process.

I look forward to hearing from you as soon as possible.

David Cardwell
 Governance Officer
 Directorate of Acute Services

Telephone: (Personal Information redacted by the USI)
 Email: (Personal Information redacted by the USI)

From: (Personal Information redacted by the USI) <(Personal Information redacted by the USI)>
To: McAlinden, Mairead
Sent: Sat Sep 22 17:40:57 2012
Subject: COMPLAINT

Yet again im finding myself emailing you over the antics at your absolutely ridiculous efforts at health care, in the last note you sent me you advised me that i was on a waiting list to have some injections for my carpal tunnel syndrome, remember? a 30 week waiting list you said, remember? that turned out well didnt it? after waiting for well over the outrageous 30 weeks i phoned to find out what was happening as my arms are now constantly numb and due to that i had an accident at work where i came close to a serious injury, im aware you wouldnt give a flying F**k if someone got hurt as what you and your band of morons do is exactly the opposite to what you claim, anyway it turns out i wasnt even on the waiting list!! i want that explained immediately!! now because of that and the fact its now three and a half years since i reported this condition and nothing has been done i have muscle wasting in my hands, brilliant work there mairead. now im faced with not one but two bouts of surgery, two recovery periods and two bouts of sick leave from work, you shower of useless idiots!! a few seconds would have done the injections, but that would have been too simple wouldnt it?

Now my other condition that you are pissing me about with has gone just as stupidly wrong as well, PAIN CLINIC you said were dealing with this, hahahahaha that is another joke, a series of injections they said, i got one!!! had to go private for the second at a cost of almost £400, pathetic! now i was due a review by these clowns in june past, when i looked into that i was told that it would more likely be next june so thats a year and three months for a review, are you seriously gonna try to tell me thats good enough mairead? that is shocking and you dont care!

I was also due a review in june at the urology department, again i phoned to find out why that didnt happen, i was told that its gonna be even longer than next june, they couldnt even give me an estimate as to when thats gonna happen, that is a disgrace mairead, patients are suffering at your hands and not one of you could care less, the nhs are killing people and getting away with it, im not gonna put up with this for any longer, i have updated the

ombudsman with these latest findings but im not convinced they really care either so right now i am demanding a meeting with YOU so you can explain all this nonsense to my face, and it had better be soon.

I have an eight week old baby in the house that i cant help my wife with because of you lot, you ever tried to hold or feed a baby with no feeling in your arms? I HAVE!!! and its impossible.

Im expecting a response from you this time in a timely manner unlike the rest of your system, i want a meeting or else i want a satisfactory explanation in writing or i am gonna do what i originally said mairead and im gonna kick up a shitstorm the likes you never seen, starting with going to the newspapers, this is right up their street, and ill use your name.

Thats enough warnings mairead

PS the other condition in my groin thats giving me so much grief is pudendal nerve entrapment, the treatment is firstly a pudendal nerve block then if thats successful, decompression surgery, is that clear enough for you? look it up if you havent heard of it and teach the info to your consultants, they need a lesson or two! im an electrician and i was able to figure it out, shame on all of them!

Personal Information redacted by the
USI

Farrell, Roisin

From: Complaints
Sent: 23 April 2014 12:33
To: ClientLiaison, AcutePatient
Subject: RE: [Personal Information redacted by the USI] - Complaint

I am with you Roisin - my apologies.

OK and I see you have in fact sent [Personal Information redacted by the USI] a letter then on 10th April?

Well I wonder would it be helpful to contact him and just reiterate what you have said in the letter and update that in fact that is his equivalent of an acknowledgement letter and the Trust will be in touch?

Seek advice from David but that's what I would recommend just in case he has not received his letter?

Blaithnid

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

From: Farrell, Roisin On Behalf Of ClientLiaison, AcutePatient
Sent: 23 April 2014 12:31
To: Complaints
Cc: Cardwell, David
Subject: RE: [Personal Information redacted by the USI] - Complaint

Blaithnid

Please see attached email correspondence along with [Personal Information redacted by the USI] complaint, as you see it is further correspondence of the same complaint that has been addressed previously and Heather has asked me to seek advice from Margaret

Kind regards

Roísín Farrell
Governance Administrator
Acute Services
The Maples
Craigavon Area Hospital
Tel: [Personal Information redacted by the USI]
[Personal Information redacted by the USI]

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

From: Complaints
Sent: 23 April 2014 12:27
To: ClientLiaison, AcutePatient
Subject: RE: [Personal Information redacted by the USI] - Complaint

Advise in what way Roisin - what is the issue here? Why is this not a standard complaint?

Blaithnid

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

From: Farrell, Roisin On Behalf Of ClientLiaison, AcutePatient

Sent: 23 April 2014 12:26

To: Complaints

Cc: Cardwell, David; Kerr, Vivienne; McCooey, Blaithnid

Subject: RE: [Personal Information redacted by the USI] - Complaint

Importance: High

Blaithnid

I have ack [Personal Information redacted by the USI] email of 2 April and forward to Heather for advice, in turn she has advised me to email to Margaret seeking her advice which I did on 11 April please advise me how I should take this forward?

Kind regards

Roísín Farrell

Governance Administrator

Acute Services

The Maples

Craigavon Area Hospital

Tel: [Personal Information redacted by the USI]

[Personal Information redacted by the USI]

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

From: Complaints

Sent: 23 April 2014 11:31

To: ClientLiaison, AcutePatient

Subject: FW: [Personal Information redacted by the USI] - Complaint

Importance: High

Here is the complaint?

Can you please look in to re ACK and response Acute and make contact with [Personal Information redacted by the USI]

Thanks

Blaithnid

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

From: Complaints

Sent: 02 April 2014 11:36

To: ClientLiaison, AcutePatient

Subject: [Personal Information redacted by the USI] - Complaint

Please see below self-explanatory correspondence and I would be grateful if you will kindly action this accordingly. You will note that [Personal Information redacted by the USI] has also copied in the Ombudsman.

Eileen

Corporate Complaints Office
Southern Health and Social Care Trust
Trust Headquarters
Craigavon Area Hospital
Portadown BT63 5QQ

Telephone [Personal Information redacted by the USI]

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

From: [Personal Information redacted by the USI] [mailto:[Personal Information redacted by the USI]]

Sent: 01 April 2014 23:17

To: Complaints

Cc: Ombudsman

Subject: Complaint

My name is [Personal Information redacted by the USI] I would like to make a complaint about the treatment recieved by your doctors over the past few years.

I've been down this road before with dismal results but the ombudsman doesn't believe me that I've exhausted all options with yourselves.

In 2009 I had a hernia repaired using some kind of mesh, this operation has left me with severe chronic pain along with serious bladder issues, my go has prescribed every medication known to man which hasn't helped, I spent a long time under the care of dr akhtar who made me many promises which he never carried out but somehow convinced himself that he did, he's gone now so I don't care about him or his poor work.

I went back to mr brown, the surgeon in daisy hill who butchered me, yet again some hearty promises were made but never carried out, instead I got a letter telling me to go away, I feel this guy should clear up his own mess.

The main problem for years was mid diagnosis which resulted in many tests on my bladder which proved fruitless as no matter how many times I told them where the problem was they insisted it was my bladder. It wasn't!

The problem is the hernia and the mesh. Every doctor I seen said this but didn't want to get involved.

My pudendal nerve was also suggested many times as the culprit but again the promises of action were never carried out, this again was mr brown.

After many years of being kicked about your hospital like a football I got sent to the pain clinic. What a joke them people are down there. First off I saw doctor sobicinski, who's plan was to cut the pain medication I was using in half and take twice as many, even a humble electrician like myself can see that this is completely pointless and will not help one bit, he also said he would review me three months later, he never did, ever!

I had to seek a new referral, this time I met a guy claiming to be a consultant called dr mcmullan, I seen this guy half a dozen times in craigavon, during this time he did one injection, which was a shot in the dark, and to quote him, don't worry [Personal Information redacted by the USI] if this doesn't work there are many more things we can try. His words! During the rest of the visits he said he would do many things, including Botox into the muscle, t12 nerve root injections, took him two whole appointments to come up with this, pudendal nerve injection, the last visit he informed he was for doing nothing, what's that about? Complete waste of time! To quote him again, I'll keep you under review if you want. All these reviews are of no use to me. So he discharged me without any attempt at help. This is not good enough!

Another doctor I've been seeing is dr Aidan obrien, a very nice man and from what I can see a great doctor, be clear that I do not have any complaint to make about this guy, last time I saw him he said he would get the pudendal nerve injected, failing that he would remove this mesh, that was over six months ago, the problem here is that mr obrien is snowed under and through no fault of his, his waiting times are ridiculous, again this is not good enough!

In the meantime I have severe chronic pain in my lower left side and groin area and severe bladder issues, I can't work any more, I can't drive, I can't leave the house unless I have to, because of the pain in my testicle and penis I can't have any more children, this is putting serious stress on my marriage.

I need this problem addressed soon as my mental health is rapidly declining, dealing with the inept nhs is just adding to the stress of it all which shouldn't be the case as you all claim to be there to help, instead yous have spent years trying to brush this problem under the carpet, I won't accept this any more, and this is a shortened version of events!

Your complaints page asks me to suggest a way of making this right, my suggestion is to fire mr mcmullan, I need to see a serious pain doctor instead of this waste of space, you also need to get mr obrien some help, I firmly believe this guy would do what he said if he had the time, my main goal in this whole saga is to get this mesh removed.

In summary this is only a fraction of the story, I want some kind of pain relief and I want this hernia mesh removed ASAP.

I had a letter once from Someone called Gillian, her surname escapes me right now, but her letter basically said I was to go away and never contact the trust again, I still have this letter.

I am expecting this complaint to be taken seriously and the ombudsman will be sent a copy of all correspondence from both sides. Thanks for reading and I hope to hear from you in a timely manner.

Sent from my iPhone

Cardwell, David

From:
Sent:
To:
Subject:

Personal Information redacted by the USI
04 October 2012 23:54
ClientLiaison, AcutePatient
RE: Complaint Response

first of all let me acknowledge that some action has been taken regarding my groin problem since my last contact for which i am grateful, i have spoken to doctor brown who assures me he is willing to help, im prepared to allow him some time to do just that.

Regarding my conversation with the chief executives secretary today, i was trying to let her know that following an appointment today with Dr Hewitt i have once again hit a brick wall, let me tell you whats happening there, or not happening should i say.

Its now three and a half years since i presented with symptoms of carpal tunnel syndrome, a very common condition which is very easily resolved, (for most people) first stop was Dr Lee, a very rude man who for some reason told me there was no problem but wrote to my GP telling him that there was evidence of bilateral carpal tunnel syndrome,(first problem) , then i was referred for nerve conduction studies, i had to wait for 1 year and 3 months for nerve conduction studies,(second problem) that in itself is absolutely shocking, Dr Haffey was the man who did this, the results were not definite but he also did a physical exam and explained to me that the nerve conduction tests are not always true because carpal tunnel syndrome is intermittent for some time before it becomes permanent, from the physical exam he said he also saw signs of bilateral carpal tunnel syndrome. he then wrote to Dr Lee asking him to do some injections into my wrists which is the first treatment. in the meantime i saw Dr Forbes who said that what i should do is get used to it(third problem) my arms and hands are now numb most of the time so thats not an option, for some reason its some time after all this that i actually got put on the list for the injections (fourth problem). its then some time later after waiting for a length of time that i decided to chase this up, im now told that its at least a 30 week waiting list (fifth problem) now my arms and hands are numb all the time and my wrists hurt so bad that its keeping me from sleeping, that was always gonna happen.

I then had a very close call at work where i almost blinded a fellow worker, this happened because i work with live electricity and what i do must always be very precise, impossible when i have numb hands and arms. The HSE are currently conducting an enquirey into this accident to which i will most likely face a disciplinary, if this happens i promise to take the NHS and mairead mcalinden to court, as i have reported this to her repeatedly, not only for negligence but also i will be seeking damages (TAKE NOTE)

Then i went back to my GP, saw Dr MCGaw who again did a physical exam and said that not only did i have carpal tunnel syndrome but it is now causing muscle wasting of the themar muscle as its been left too long,(sixth problem) its now over the 30 week wait, Dr MCGaw then wrote to Dr Lee asking him to see me for the injections ASAP.

Dr Lee then reported back to my GP stating that it was too late for the injections as muscle wasting is now a problem so its surgery i need, he took me off the waiting list for the injections at this point and made an urgent referral to Dr Hewitt who im led to believe is a surgeon.

I saw Dr Hewitt today, another rude man, this man said straight away that i didnt even have carpal tunnell syndrome, this clown didnt look near my hand or arms, never mind a physical examination, so how can he tell whats wrong or not wrong is a question i want answered. i tried explaining to him what id been through up until this point but he refused to listen, "dont take that tone with me" were his exact words. He also then insisted that he saw no signs of muscle wasting, he could also tell this without looking at my hands or arms and no physical examination. thats not possible no matter how good he is.

his plan now is to refer me back to Dr Lee to put me on the waiting list for the injections, so here we go again with the 30 week waiting list that i already was on for considerably longer than 30 weeks, that became closer to 40 weeks last time, this is all unacceptable and i want it dealt with ASAP.

I can guarantee that what will happen next is that Dr Lee will get the referral, knowing that there is muscle wasting he will not want to do the injections but refer me back to the surgeons starting the whole circle again, and likely wait for 30 weeks first. I will not allow this to continue any longer!

I also want to point out that i tried this complaints procedure before and although the people from the complaints department tried their best to help, they also were met with the same brick walls i was met with. This is why i tried to take my concerns direct to the chief executive, another brick wall of course.

All this has also been reported to the ombudsman and i am updating that complaint regularly, they say my complaint is in a queue to be dealt with so they havent forgotten.

I also intend to make a formal complaint to them about the attitude of Mairead McAlinden, her unwillingness to help, her letters which she sent me insisting that the doctors have done all they can when clearly thats not the case, she tried to sweep all this under the carpet, her refusal to accept that there is a problem in the first place is why this is continuing and the fact that she refused to see me or speak to me speaks for itself. She has proven herself as unfit to be in charge of a health trust.

The letter you stated in this email that will be sent is pointless at this stage as it wont take into account todays events, it is most likely a load of excuses anyway so dont bother.

This carpal tunnel syndrome alone is forcing me into a corner where i am going to have to stop working, i have a mortgage, a car and a wife and very young child to look after and i really cant be on sick leave due to incompetent doctors, if this happens, again i promise i will take the NHS to court for negligence.

All i am asking is that this merrygoround stops and i get this condition treated, as it stands my arms and hands are numb all the time and the pain in my wrists is excruciating, im getting no sleep at night which is a problem all of its own, it is very obviously carpal tunnel syndrome and i dont care what Dr Hewitt says.

I want a phonecall before the end of the week, not a letter that takes weeks, its 2012 for gods sake, with a plan as to what we are going to do and when we are going to do it.

Personal Information redacted by the USI

tel. Personal Information redacted by the USI

From: AcutePatient.ClientLiaison@southerntrust.hscni.net

To: Personal Information redacted by the USI

Date: Thu, 4 Oct 2012 16:23:39 +0100

Subject: Complaint Response

Dear Personal Information redacted by the USI

Following your conversation with the Chief Executive's Secretary, can I advise you that a response to your email correspondence dated 22 September 2012 will be forwarded to you tomorrow.

The point of contact regarding your complaint is

AcutePatient.ClientLiaison@southerntrust.hscni.net however we hope that our response will have resolved your issues.

Margaret Marshall

Directorate Governance Co-Ordinator

**Southern Health
and Social Care Trust**

COPY

5 October 2012

Our Ref:

Irrelevant information redacted by the USI

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

I refer to your e-mail communication on 22 September 2012 to Mrs McAlinden which has been passed to me for response under the HSC Complaints Procedure.

I am now in a position to respond to the three issues you have raised.

1 Treatment for Carpel Tunnel Syndrome.

Our records confirm that you attended Dr Lee's Outpatient Clinic on 24 May 2011 and following this you were referred to Dr Forbes for further investigations. Parallel to this you were to be reviewed at the rheumatology clinic in 2 months' time with the results of your MRI scan.

On 7^h July 2011 you attended Dr Lee's outpatient review clinic. Dr Lee carried out a full rheumatologic examination and found no abnormality except for mildly positive Phalen's tests on each side. This suggested that you might possibly have bilateral carpal tunnel syndrome. Dr Lee requested that Dr Haffey considered upgrading your nerve conduction study request to urgent in order to try and address your particular symptoms.

You attended Dr Forbes clinic on 6 February 2012 and he suggested you be put on the injection waiting list and you were referred to Dr Lee for this on 6 February 2012. On 13 February 2012 you were added to the injection waiting list however this was cancelled by Dr Lee as Thenar wasting is an indication of surgical release of the median nerve and as you confirm in your recent email you were seen on 4 October 2012 and as a result of this you have been listed for a procedure, however would have to advise you that the maximum waiting time will be 36 weeks.

2 Treatment at the Pain Clinic.

Our records confirm that you attended the pain clinic 22 June 2012 with Dr McMullan in Craigavon Area Hospital. At this clinic you had a steroid injection and were to be reviewed in 3-4 months' time. I am advised that if you were still in pain but you had found benefit from the injection then a repeat steroid injection would be an option at this time. I note you are due a review appointment in October 2012 and this has been organised for 26 October at 4:35pm in Craigavon Area Hospital. Clinical guidelines would recommend that you leave the administration of a further steroid injection for up to 3-4 months after the first injection.

3. Treatment at Urology

I am advised that Mr O'Brien's secretary was in contact with you on 25 September 2012 with a view to bringing you in for hydrostatic dilation of your bladder on Saturday 29 September 2012 however you declined this procedure as you felt it would not be helpful. As a result you were offered a review appointment with Mr O'Brien on 1 October 2012.

I very much regret that you continue to have ill health and I hope that the arrangements put in place will alleviate your symptoms and manage your conditions and I am satisfied that these arrangements are appropriate based on your clinical presentation.

Finally in relation to the points which you continue to raise with the Trust about your treatment and care, I believe there can be nothing further that can reasonably be done to assist you. I wish to highlight that further communications will place inappropriate demands on Trust staff and resources, therefore future correspondence will only be read and filed. It is necessary for me to point out also that in line with the HSC Complaints in Health and Social Care Complaints Guidance, April 2009, the threat or use of verbal abuse or harassment towards HSC staff is likely to result in the ending of all direct contact with you. In the past the Trust has found the language in your communication offensive, unnecessary and unhelpful.

I trust that this letter addresses the issues you have raised. If however you remain unhappy you may wish to contact the Ombudsman by contacting 0800 343 424.

Yours sincerely

Personal Information redacted by the USI

Dr GILIAN RANKIN
Director of Acute Services



Southern Health
and Social Care Trust

Quality Care - for you, with you

28 November 2013

Our Ref: [Irrelevant information redacted by the US]

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear [Personal Information redacted by the USI]

I refer to your e-mail communication on 24 November 2013 in relation to the treatment and care that has been provided to you and your ongoing healthcare needs.

It is my understanding that you had approached the Ombudsman in relation to your case and the Trust has been co-operating with his office by providing the necessary information that he requires to undertake and complete his investigation.

The Ombudsman is currently looking in to the concerns you had raised and has not yet finalised his investigation, thus I am not in a position to provide any further comment on the areas of concern which you have raised in your email.

We will continue to work closely with the Northern Ireland Ombudsman's Office in the hope that we will be able to resolve your concerns.

Yours sincerely

Personal Information redacted by the USI

MAIREAD McALINDEN
Chief Executive

24 September 2012 **Our Ref:**

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

I refer to your complaint to the Chief Executive dated 22 September 2012 in respect of the continued provision of healthcare to you. Thank you for taking the time to highlight your concerns.

The Trust will investigate the issues which you have raised, in accordance with the Trust's Policy and Procedure on the Management of Complaints. It would be my intention to advise you of the findings of the investigation within 20 working days or as soon as possible thereafter.

If for whatever reason I am unable to provide you with a response within the timeframe above, I will contact you again to keep you fully advised.

You may wish to seek independent support and/or advice by contacting the Patient Client Council on 0800 9170222.

Yours sincerely

MARGARET MARSHALL (Mrs)
Directorate Governance Co-Ordinator

Clinical and Social Care Governance Team
Directorate of Acute Services
Office 3, Level 2, Medical Education Centre, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone: Personal Information redacted by the USI
E-Mail: AcutePatient.ClientLiaison@southerntrust.hscni.net



Southern Health and Social Care Trust

24 April 2014

Our Ref: [redacted]

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear [redacted]

I refer to your e-mail communication on 1 April 2014 in relation to the treatment and care that has been provided to you and your ongoing healthcare needs.

At this stage I would refer you back to the letter you have received from Mrs McAlinden, Chief Executive dated 28 November 2013 which advised you that the Trust had been co-operating with the Ombudsman's Office regarding your complaint by providing the necessary information that he requires to undertake and complete his investigation.

At this moment in time the Trust has not been advised that the Ombudsman's investigation is complete and that being the case I am sorry but we are not in a position to provide any further comment on the subject of your healthcare.

On receipt of further correspondence from the Ombudsman the Trust will be happy to take forward any recommendations his office may make, however in the meantime the Trust will just hold your email of the 1 April 2014 on file.

Personal Information redacted by the USI

DEBORAH BURNS (Mrs)
Acting Director of Acute Services



Southern Health and Social Care Trust

12 March 2012

Our Ref: [redacted]

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear [redacted]

*Samy did not realise
CExe to sign
Please send clear copy
to CExe*

I refer to your email communications to me dated 17 February 2012 and 7 March 2012 in relation to your on-going complaint about the treatment and care being provided to you by the Southern Health and Social Care Trust.

In relation to your concerns about the treatment and care provided by the Urology Service, the Pain Clinic and the Neurology Service, the points in your email have previously been addressed.

You will be aware that the Trust asked two of our senior Consultants to review your treatment plan. Your records indicate that you have been seen and assessed by Mr Young, Consultant Urologist, Mr Akhtar, Consultant Urologist, Dr Forbes, Consultant Neurologist, Dr Lee, Consultant Physician, Dr Soboscinski, Pain Management Consultant, Surgeons at Daisy Hill Hospital and a referral made to the Belfast Trust for nerve conduction studies. The outcome of the reviews into your case remains unchanged and the Trust is satisfied that you have received the most appropriate care based on your clinical presentation.

It is regrettable that the Trust's responses to your complaint and the meetings you have had with staff have been unable to resolve your concerns. I do not believe that there is anything further that the Trust can add in response to your outstanding concerns.

At this stage you may wish to approach the Northern Ireland Commissioner for Complaints about your unresolved issues and he can be contacted by telephone at 0800 34 34 24 or in writing to:

The Ombudsman
Freepost BEL 1478
Belfast
BT1 6BR

I am sorry that you find you are still not feeling well and perhaps you may wish to discuss your options with your General Practitioner. I do accept that this matter has caused you some distress and I apologise for the impact this has had on you.

Yours sincerely

MAIREAD McALINDEN
CHIEF EXECUTIVE

25 June 2012~~27 March 2012~~

Our Ref: [redacted]

Your Ref:

*OK***Private & Confidential**[redacted]
Personal Information redacted by the USI*25.6.12**Dr Lonkin*

Dear [redacted]

[redacted]
Personal Information redacted by the USI

I refer to your e-mail communication on 12 June 2012, the contents of which are noted. I am pleased to hear that you have found your consultation with Mr O'Brien helpful and that you are happy with the way in which he intends to manage your condition.

However in reply to your email I wish to clarify two matters regarding your treatment in this response.

1. I am advised that you were seen by Dr McMullan, as a new chronic pain patient on 23 March 2012 in Daisy Hill Hospital. Your condition was discussed at the Multidisciplinary Team Meeting on 2 May 2012 and you had a review appointment on 22 June 2012 with Dr McMullan in Craigavon Area Hospital.
2. In relation to the treatment for your carpal tunnel syndrome, you were seen by Dr Forbes on 6 February 2012 and you were advised that you would be referred to the Rheumatology team for an injection of steroids. This referral was made the same day and you were added to Dr Lee's waiting list on 14 February 2012. There is a 30 week waiting list for the injection clinic.

Considering the information available above I am satisfied that plans are in place for your two remaining conditions to be treated.

I note you have had initial contact with the Northern Ireland Commissioner for Complaints about your unresolved issues and I can confirm that the Trust will be happy to co-operate with any investigation his office feels appropriate.

Yours sincerely

MAIREAD McALINDEN
Chief Executive

Cardwell, David

From: Burns, Deborah
Sent: 28 March 2012 17:26
To: McAlinden, Mairead
Cc: Marshall, Margaret; Trouton, Heather; Rankin, Gillian; Cardwell, David; Wright, Elaine
Subject: RE: complaint

We met last week and went through this file and are satisfied with what the Trust has done re this case to date. We had prepared a letter and you have signed referring Personal Information redacted by the USI to the ombudsman once again. Following this we will then think again

D

I have been migrated to the new system so please type my full email address before you click send to ensure that I receive your email.

Debbie Burns
 Assistant Director Clinical & Social Care Governance
 Trust Headquarters
 Craigavon Area Hospital
 Tel: Personal Information redacted by the USI
 Email: Personal Information redacted by the USI

From: McAlinden, Mairead
Sent: 28 March 2012 16:11
To: Burns, Deborah
Subject: Fw: complaint

Need position given the threatening nature of this email.

Mairead

From: Personal Information redacted by the USI <Personal Information redacted by the USI>
To: McAlinden, Mairead
Sent: Wed Mar 28 15:29:32 2012
Subject: complaint

Just a reminder mairead that i havent gone away and am still waiting for your reply, i want action from your doctors on these two conditions and i want it now, you me and the doctors know what action its going to take, otherwise my next move is to come banging your office door and force you to talk to me, trust me mairead, im too angry for that, so im in the area friday afternoon, i want a plan of action before then or ill see you in your office

Cardwell, David

From: Burns, Deborah
Sent: 21 March 2012 14:58
To: Magennis, Joscelyn
Cc: Marshall, Margaret; Trouton, Heather; Cardwell, David
Subject: FW: COMPLAINT ONCE AGAIN

Joscelyn

Can you organise for me a final review of this complaint - asap – hopefully Friday at some time with Heather Margaret and David - needs to be by end of week

Thanks

D

I have been migrated to the new system so please type my full email address before you click send to ensure that I receive your email.

Debbie Burns
Assistant Director Clinical & Social Care Governance
Trust Headquarters
Craigavon Area Hospital
Tel: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: McAlinden, Mairead
Sent: 20 March 2012 18:58
To: Burns, Deborah; Marshall, Margaret
Cc: Wright, Elaine
Subject: FW: COMPLAINT ONCE AGAIN

Debbie/Margaret – for consideration/advice regarding response please

From: Personal Information redacted by the USI [mailto:Personal Information redacted by the USI]
Sent: 20 March 2012 18:41
To: McAlinden, Mairead
Subject: COMPLAINT ONCE AGAIN

i recieved your excuse letter today mairead and it looks to me like your not getting the point im plainly trying to make, you say my points have been previously addresssed, HOW exactly? meetings where no doctors turned up? who are these two senior consultants who reviewed my treatment plan? what exactly is the treatment plan? as far as i can see there is no treatment plan!!!!

let me start with doctor young, when i saw him i told him of a lump the size of a golfball in my lower groin, this guy said that i was imagining that, 3 weeks after he said this i saw doctor brown in newry, who found this lump and immediately got me into hospital for an operation because he wasnt sure what it was, mr young was the "consultant" who told me quite bluntly it wasnt there, this man will do that once too often some day and some poor soul will suffer big time because of it, that kind of attitude kills people!!!

Doctor Akhtar, is this guy even a urologist i keep asking myself, the point im trying to make about him is he keeps telling me what he is going to do and then not doing it, the ct scan that never happened!!!!, the medication that gets put directly into the bladder to help it relax, that never happened!!!!!! the injection of botox into the bladder that never happened!!!!!! although he denies ever saying these things, i have a copy of my records which prove he is a liar! i ask you mairead, whats the point of all these investigations if we dont try to treat the outcome, i want this botox injection carried out ASAP!!!!

Doctor Lee, this is the most ignorant man i have ever met, he told me in the rudest way possible that there was nothing wrong with me, his reason for this diagnosis was because DR Forbes said so, brilliant bit of investigation i dont think, then he sent a letter to my gp (i have a copy) that he saw symptoms of carpel tunnel syndrome, why tell me one thing and then my gp another? so seeing him was yet another waste of time!!!!

DR Soboscinski, the expert who prescribed painkillers half the strength im already on, what an idiot this guy is, also

said he would review me after six weeks, guess what mairead, it never happened, do you really call him a Doctor? Dr Forbes, this guy is meant to be the best in the business, was told i had carpal tunnel syndrome, sent me for the nerve conduction studies, which by the way took well over a year to happen, not yours or his fault i know but still a disgrace, the nerve conduction studies confirmed carpal tunnel syndrome as did the Dr who did the study, like i said already Dr Forbes answer is to get used to it, learn to live with it he says, i tried to tell him im having real problems at work with this but like all you people at craigavon he doesnt really care does he, how dare any of you try to force me out of work, i know there are very effective treatments out there for this condition so why not treat it? then its done with, im not sure any of you are capable to be honest.

The surgeons i seen at daisy hill hospital, on the other hand dealt with everything they had to in a timely and professional manner, DR Brown who found the lump Dr Young said wasnt there promised me he would sort it, true to his word he did, turned out to be what he described as a very tricky hernia which was a little bit higher than a hernia would normally be, had it have been what he thought it was then Dr Young would have been explaining his attitude to a judge, another surgeon i seen in daisy hill was Dr Hannon, a very nice man who said he would check out my lower bowel to make sure it wasnt the cause of the pain, you guessed it mairead, he did just that, he then said that he would do a loproscopy to make sure nothing had gone wrong after the hernia surgery, would you believe he did that too, im still waiting for the result of that but it sounds as though it will be all clear, he also told me that an op like that can cause pain that cant be seen and can be dealt with using a steroid injection, where are your pain management consultants on that one mairead? all in all these men did as they said and tried everything they could think of, they are putting your band of idiots to shame mairead.

Im asking you again mairead, what is this treatment plan your talking about, YOU WONT BE ABLE TO ANSWER THIS BECAUSE ITS NOT THERE MAIREAD, wait and hope it will all go away? I have tried that for long enough.

This time you had better not forward this email to someone else who cant really be bothered, I also better not get a letter full of lies about treatment plans and senior consultants this time either, AND i better not be left waiting for six weeks for a reply either. try to be a bit more professional mairead, this whole thing is now simply disgusting.

To recap mairead, my bladder is in pieces and i want the treatment that was promised NOW!!!!!! I have carpal tunnel syndrome which is causing me serious problems so i also want this treated soon, if Dr Forbes wants me to come over and go through a little lesson on what the treatment for this condition is then ill do that because he must not have went to school that day. as for the severe pain, i have an appointment on friday with another pain doctor who cannot be any worse than the last which is something i suppose.

IF YOUR STILL NOT CLEAR ABOUT WHAT IM SAYING MAIREAD ID BE ONLY TOO HAPPY TO COME SEE YOU TOO, THERE IS NO TREATMENT PLAN HERE NO MATTER WHAT YOU OR YOUR CONSULTANTS SAY, THAT IS THE WHOLE PROBLEM IN ONE SHORT SENTENCE. NEGLECT AND IGNORANCE WITH NO EXCUSE!

This is why when i spoke to the ombudsman he was happy to take a look at my case, dont make me go down that road because you will be the one who will end up with egg on your face. i am very very angry now and fed up beating my head against a wall with you people. i have all the proof and evidence i need through my medical records and letters i have recieved from you people, all which say i have recieved the most appropriate treatment, i havent recieved any treatment mairead which is the problem here, i know i keep pointing this out but its not getting through it seems, did i mention the non existent treatment plan, well let me mention it again, there is no treatment plan mairead.

Also id like to point out that its plain to see that you delayed this long enough for Dr Akhtar to make his escape, that didnt go un-noticed either.

i would like to hear from you real soon mairead, treat the problems and that will be the end of it, dont treat the problems and i promise ill be a thorn in your side until you do.

MGR
OK

13 June 2011

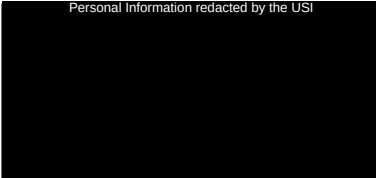
Our Ref:

(irrelevant information redacted by the USI)

Your Ref:

Private & Confidential

Personal information redacted by the USI

Dr Rankin
14/6/11

Dear

I refer to your email of 11 May 2011 in respect of your current treatment, which I will deal with in two parts.

Firstly in relation to the treatment and care provided to you by Mr Akhtar, the Trust has already responded to the concerns you have outlined in its original response and at the time when you met with Mr Akhtar with Mrs McAloran.

Secondly in relation to care being provided by the pain service, ~~I regret to point out that there are a few discrepancies between what you say in your email and the facts. I would remove this sentence as it could be viewed as being confrontational & replace with:~~

records.

Secondly I can advise that the chronic pain service received a referral from Mr A 10/3/2011 and seen by Dr Sobocinski in the clinic on 10/05/2011. ~~The Trust is responsible for ensuring that all new referral are seen within 9wks of the initial referral. In your email you report that you were offered a review in 3 months. According to our records a review was arranged as an urgent review in 6 weeks and Dr Sobocinski has no recollection of stating that you would be reviewed in 3 months.~~

In relation to your medication I am advised that after discussion with you it was agreed to change the regime of taking medications and Dr Sobocinski doubled your daily dose and asked your General Practitioner to continue this regime until your review took place.

With regard to Dr Sobocinski not arranging any investigation to explain your pain, I can advise that Dr Sobocinski has requested a USG scan with Mr Akhtar, which I am advised was scheduled for 13 June 2011. ~~However you failed to attend. A further appointment will be organised in due course.~~

The Trust hopes that the response provided by Dr Sobocinski answers the issues you have raised in your email. Dr Sobocinski has also offered to facilitate a second opinion from another Pain Specialist should you wish for this.

Patient/Client Liaison Department,
Ground Floor Annex, Beechfield House, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone:

Personal information redacted by the USI

Yours sincerely

DR GILLIAN RANKIN
Director of Acute Services

for Mairead McAlinden, Chief Executive

Add a usual
concluding paragraph

13 June 2011

Our Ref:

Irrelevant information redacted by the U

Your Ref:

Private & Confidential

Personal Information redacted by the USI

Dear

I refer to your email of 11 May 2011 in respect of your current treatment, which I will deal with in two parts.

Firstly in relation to the treatment and care provided to you by Mr Akhtar, the Trust has already responded to the concerns you have outlined in its original response and at the time when you met with Mr Akhtar with Mrs McAloran.

Secondly in relation to care being provided by the pain service, I regret to point out that there are a few discrepancies between what you say in your email and the facts. I would remove this sentence as it could be viewed as being confrontational & replace with:

Secondly I can advise that the chronic pain service received a referral from Mr A 10/3/2011 and seen by Dr Sobocinski in the clinic on 10/05/2011 – (The Trust is responsible for ensuring that all new referral are seen within 9wks of the initial referral). In your email you report that you were offered a review in 3 months, according to our records a review was arranged as an urgent review in 6 weeks and Dr Sobocinski has no recollection of stating that you would be reviewed in 3 months.

In relation to your medication I am advised that after discussion with you it was agreed to change the regime of taking medications and Dr Sobocinski doubled your daily dose and asked your General Practitioner to continue this regime until your review took place.

With regard to Dr Sobocinski not arranging any investigation to explain your pain, I can advise that Dr Sobocinski has requested a USG scan with Mr Akhtar, ~~please read attached email which we should include some of the detail~~

Scheduled for 13 June 2011, however you failed to attend. which I am advised was a further appointment
The Trust hopes that the response provided by Dr Sobocinski answers the issues you have raised in your email. Dr Sobocinski has also offered to facilitate a second opinion from another Pain Specialist should you wish for this.

Yours sincerely

will be organised in due course.

Patient/Client Liaison Department,
Ground Floor Annex, Beechfield House, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone: Personal Information redacted by the USI

DR GILLIAN RANKIN
Director of Acute Services

for Mairead McAlinden, Chief Executive

13 June 2011

Our Ref:

Irrelevant information redacted by the USI

Your Ref:

Private & Confidential

Personal information redacted by the USI

*Send to Ronan Carroll for approval.
Sent 13/6/11. RJ.*

Dear

I refer to your email of 11 May 2011 in respect of your current treatment, which I will deal with in two parts.

Firstly in relation to the treatment and care provided to you by Mr Akhtar, the Trust has already responded to the concerns you have outlined in its original response and at the time when you met with Mr Akhtar with Mrs McAloran.

Secondly in relation to care being provided by the pain service, I regret to point out that there are a few discrepancies between what you say in your email and the facts.

I understand you were referred to the Pain Clinic (by Mr Akhtar) on 10/3/2011 and seen by Dr Sobocinski in the clinic on 10/05/2011 – which is 2 months not 6. In your email you report that you were offered a review in 3 months. The fact is this review was arranged as an urgent review in 6 weeks and Dr Sobocinski has no recollection of stating that you would be reviewed in 3 months.

In relation to your medication I am advised that after discussion with you it was agreed to change the regime of taking medications and Dr Sobocinski doubled your daily dose and asked your General Practitioner to continue this regime until your review took place.

With regard to your perception that Dr Sobocinski did not arrange any investigation to explain your pain, it would appear that he requested a USG scan with Mr Akhtar.

The Trust is disappointed that you have had cause to complain about the pain service and should you wish to seek a second opinion from another Pain Specialist, the Dr Sobocinski is happy to arrange this.

Yours sincerely

DR GILLIAN RANKIN
Director of Acute Services

Patient/Client Liaison Department,
Ground Floor Annex, Beechfield House, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone: Personal information redacted by the USI

Date Complaint Received	15 November 2010
Date Due for Response	13 December 2010

MGR
17-1-11

13 January 2011

Our Ref:

Irrelevant information redacted by the USI

Your Ref:

Personal Information redacted by the USI

13.1.2011

Heather Traulton

NO ✓

Dear

I refer to your complaint in respect of the delay you have experienced in securing an appointment for an MRI scan. Thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

I am advised that since making your complaint, you have had the opportunity to speak to Mr Akhtar during a recent consultation and the issues that concerned you were addressed. I have since been advised that your MRI has taken place and that Mr Akhtar will be in contact with you again when the results of same are available.

I appreciate your patience with this matter and I hope you have found the meeting with Mr Akhtar beneficial.

I trust that this letter addresses the issues you have raised.

If however you remain unhappy please do not hesitate to contact David Cardwell, Patient/Client Liaison Manager on [Personal Information redacted by the USI] who will discuss the options available to you.

Yours sincerely

DR GILLIAN RANKIN
Interim Director of Acute Services

for Mairead McAlinden, Chief Executive

Patient/Client Liaison Department,
Ground Floor Annex, Beechfield House, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Telephone:

Personal Information redacted by the USI

Farrell, Roisin

From: Farrell, Roisin
Sent: 28 June 2012 15:34
To: Wright, Elaine
Subject: Complaint Personal Information redacted by the USI
Attachments: Personal Information redacted by the USI

Importance: High

Dear Elaine

Please see response agreed by Dr Rankin to be signed by Chief Executive,
Please forward me copy of signed letter for our files

Regards

Roisin

Roisin Farrell

**Personal Secretary/
Governance Administrator**

**Acute Services
Office 3, Level 2, MEC**

Craigavon Area Hospital

Tel: Personal Information redacted by the USI

Personal Information redacted by the USI

15/8/12 Contacted Elaine Wright's office - to send copy -

Marshall, Margaret

From: Burke, Mary
Sent: 19 June 2012 14:06
To: Rankin, Gillian; Carroll, Ronan
Cc: Marshall, Margaret
Subject: RE: COMPLAINT

Dr Rankin

Personal Information redacted by the USI was seen by Dr Forbes on the 6th February 2012 and was advised he would be referred to Rheumatology for an injection of steroids to treat his carpal tunnel. Dr Forbes completed the referral letter on the 6th February and Personal Information redacted by the USI was added to Dr Lees waiting list on the 14th February 2012. There is a 30 week waiting list for the injection clinic.

Mary

From: Rankin, Gillian
Sent: 17 June 2012 20:13
To: Carroll, Ronan; Burke, Mary
Cc: Marshall, Margaret
Subject: FW: COMPLAINT

Dear Ronan and Mary,

Please see this complaint from Personal Information redacted by the USI which makes very uncomfortable reading. Please ascertain the position in relation to both chronic pain and neurology and discuss with Margaret who will coordinate our urgent response. Please deal with this urgently,
 Thanks,
 Gillian

From: McAlinden, Mairead
Sent: 13 June 2012 22:23
To: Rankin, Gillian; Marshall, Margaret; ST, Centralpoint
Cc: Wright, Elaine
Subject: Fw: COMPLAINT

Gillian this is the email I mentioned to you today.

Margaret, could you check if we have responded to earlier email referenced.
 I haven't acknowledged this one and would like to respond quickly.

ELAINE please b/f 1 week

Mairead

From: Personal Information redacted by the USI
To: McAlinden, Mairead
Sent: Tue Jun 12 21:01:19 2012
Subject: COMPLAINT

mairead, once again im emailing you about this farce you are running over there in craigavon, first of all let me say that since my last email, which you blatantly ignored, very professional mairead, well done! i met a consultant named Dr Aidan O'Brien, now this is a guy who knows how to do it, he sat me

down, listened very carefully to everything i had to say and a couple of weeks later took me in and did the botox injection that was promised to me four years ago by that idiot Akhtar. ill be dealing with that man later! while he was there he diagnosed interstitial cystitis, a very painful and life threatening problem, which he intends to treat, four years with Akhtar and he didnt spot that, do you really think thats good enough mairead? even someone of your ignorance cant call that professional treatment!!!!!! anyway well played mr O'Brien.

Last time i also spoke to you about seeing Dr McMullan from the pain clinic, it seems the pain severe pain im experiencing in my lower left groin is probably coming from the mesh which was fitted during hernia surgery, im calling it another f**k up by the shambolic nhs and another of your idiot consultants Dr Brown, id have been much better off keeping the painful hernia, anyway you guessed it mairead, a lot of waffle about what he is gonna do, yet here i am left hanging once again with no sign of this man doing anything, he promised me a series of injections in that area followed by a review in june, well its june NOW, no injections and no review, do you still not see why i have cause for complaint?

i also still have this carpal tunnel syndrome, i first saw Dr Forbes about this over two years ago and was promised treatment for that too, i will not be taking that clowns advice and learning to live with it because that means giving up my job, how DARE you lot dictate to people like that, and now these pompous, money greedy wastes of time are threatening strike action because their £150,000 salaries and two million a head pensions arent good enough, who do they think they are?

why does the same thing keep happening mairead, consultation, false promises from clueless doctors then nothing.

i have also had a couple of interesting conversations with the ombudsmans office, i sent them copies of my medical notes where it states clearly the treatment plans which were promised by these people, i then sent them copies of all correspondence with you and your stupid complaints procedure, they were particularly interested in the letters i recieved from you personally, they were full of lies mairead remember, they stated that the doctors had done all they can when its is very clearly not the case at all, they in fact did nothing they said they would and you did nothing about it mairead. you didnt even try. you just tried to brush it under the carpet mairead, im not having that i can assure you.

i have agreed with the ombudsmans office to try one more time to resolve this so here it is, i want these two remaining conditions treated immediately or i will take action, this is putting me under severe stress, causing all sorts of further problems as well as personality change and depression.

i also note that your maternity suite has recieved an unacceptable number of complaints, doesnt surprise me really, Personal Information redacted by the USI and i dont want any more cause for complaint!

so i wont tell you again mairead, get some action immediately from the pain clinic and the neurology clinic or myself, my solicitor and the ombudsman will be on your case because this disgraceful attitude you all have has to stop now. it would also be unadvisable to ignore me again, im holding you personally responsible now mairead, remember that.

Marshall, Margaret

From: Rankin, Gillian
Sent: 18 June 2012 17:31
To: Marshall, Margaret
Subject: Personal Information redacted by the USI COMPLAINT

Margaret
Details from Ronan below,

Gillian

From: Carroll, Ronan
Sent: 18 June 2012 15:36
To: Rankin, Gillian
Cc: Stinson, Emma M; Burke, Mary
Subject: COMPLAINT

Gillian

We have looked into the below complaint from Personal Information redacted by the USI I can advise the following:
Personal Information redacted by the USI was seen by Dr McMullan as a new chronic pain patient on the 23/3/12 in DHH,
he was discussed at the chronic pain MDM on the 2/5/12 and
he is now being reviewed this Friday, 22/6/12 in CAH by Dr McMullan.
Personal Information redacted by the USI has been advised of his review appointment on the 22/6/12 and has agreed to attend.
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICS
Mobile Personal Information redacted by the USI

From: Carroll, Ronan
Sent: 16 June 2012 21:13
To: McGeough, Mary; Clayton, Wendy
Cc: McAllister, Charlie; McConaghy, Paul
Subject: FW: COMPLAINT

Mary/Wendy
Could I ask you to look into this pt's care under Dr McMullan and share with Paul pls for a response back to Dr Rankin
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICS
Personal Information redacted by the USI

From: Rankin, Gillian
Sent: 14 June 2012 08:48
To: Carroll, Ronan; Reid, Trudy
Cc: Stinson, Emma M
Subject: FW: COMPLAINT

Dear both,

From: McAlinden, Mairead
Sent: 13 June 2012 22:23
To: Rankin, Gillian; Marshall, Margaret; ST, Centralpoint
Cc: Wright, Elaine
Subject: Fw: COMPLAINT

Gillian this is the email I mentioned to you today.

Margaret, could you check if we have responded to earlier email referenced.
 I haven't acknowledged this one and would like to respond quickly.

ELAINE please b/f 1 week

Mairead

From: Personal Information redacted by the USI <Personal Information redacted by the USI>
To: McAlinden, Mairead
Sent: Tue Jun 12 21:01:19 2012
Subject: COMPLAINT

mairead, once again im emailing you about this farce you are running over there in craigavon, first of all let me say that since my last email, which you blatantly ignored, very professional mairead, well done! i met a consultant named Dr Aidan O'Brien, now this is a guy who knows how to do it, he sat me down, listened very carefully to everything i had to say and a couple of weeks later took me in and did the botox injection that was promised to me four years ago by that idiot Akhtar. ill be dealing with that man later! while he was there he diagnosed interstitial cystitis, a very painful and life threatening problem, which he intends to treat, four years with Akhtar and he didnt spot that, do you really think thats good enough mairead? even someone of your ignorance cant call that professional treatment!!!!!! anyway well played mr O'Brien.

Last time i also spoke to you about seeing Dr McMullan from the pain clinic, it seems the pain severe pain im experiencing in my lower left groin is probably coming from the mesh which was fitted during hernia surgery, im calling it another f**k up by the shambolic nhs and another of your idiot consultants Dr Brown, id have been much better off keeping the painful hernia, anyway you guessed it mairead, a lot of waffle about what he is gonna do, yet here i am left hanging once again with no sign of this man doing anything, he promised me a series of injections in that area followed by a review in june, well its june NOW, no injections and no review, do you still not see why i have cause for complaint?

i also still have this carpal tunnel syndrome, i first saw Dr Forbes about this over two years ago and was promised treatment for that too, i will not be taking that clowns advice and learning to live with it because that means giving up my job, how DARE you lot dictate to people like that, and now these pompous, money greedy wastes of time are threatening strike action because their £150,000 salaries and two million a head pensions arent good enough, who do they think they are?

why does the same thing keep happening mairead, consultation, false promises from clueless doctors then nothing.

i have also had a couple of interesting conversations with the ombudsmans office, i sent them copies of my medical notes where it states clearly the treatment plans which were promised by these people, i then sent them copies of all correspondence with you and your stupid complaints procedure, they were particularly interested in the letters i recieved from you personally, they were full of lies mairead remember, they stated that the doctors had done all they can when its is very clearly not the case at all, they in fact did nothing they said they would and you did nothing about it mairead. you didnt even try. you just tried to brush it under the carpet mairead, im not having that i can assure you.

i have agreed with the ombudsmans office to try one more time to resolve this so here it is, i want these two remaining conditions treated immediately or i will take action, this is putting me under severe stress, causing all sorts of further problems as well as personality change and depression.

i also note that your maternity suite has recieved an unacceptable number of complaints, doesnt surprise me really, Personal Information redacted by the USH and i dont want any more cause for complaint!

so i wont tell you again mairead, get some action immediately from the pain clinic and the neurology clinic or myself, my solicitor and the ombudsman will be on your case because this disgraceful attitude you all have has to stop now. it would also be unadvisable to ignore me again, im holding you personally responsible now mairead, remember that.

1:01

De Kanti

MLA / Enquiries

with

no consent

no record

Sent to the director for
info, we will ask &
communicate.

↓ Sign off

Outstanding death report

Hypothecation Audit

Personal Information redacted by the USI

Noleen Monday

(Monday what ever day suits.)

and

Monday - formula to take Noleen to report.

Irrelevant information redacted by the USI

Cardwell, David

From: Marshall, Margaret
Sent: 02 April 2012 17:52
To: Burns, Deborah; McAlinden, Mairead
Cc: Wright, Elaine; Cardwell, David
Subject: Personal Information redacted by the USI Complaint

I have followed up with Personal Information redacted by the USI this evening as I had indicated to him on Friday. He attended an for an appointment with Mr O'Brien today. I spoke to Mr O'Brien also who informed me that he is intending to carry out treatment on the 24/04/12 and was happy that I inform Personal Information redacted by the USI of this date. Personal Information redacted by the USI indicated that he was very happy with the outcome of his appointment today and hopes that he will not need to have any further communication with us.

Regards
Margaret

Margaret Marshall
Clinical & Social Care Governance Co-Ordinator
Acute Services
Craigavon Area Hospital
Tel Personal Information redacted by the USI

Cardwell, David

From: Cardwell, David
Sent: 02 April 2012 10:29
To: Marshall, Margaret
Subject: [REDACTED]

Personal Information redacted by the USI

Margaret, draft. Martina is coming back to me re outcome of consultation this morning and hopefully shortened timescale for treatment.

David.

Dear [REDACTED]

Personal Information redacted by the USI

I refer to your most recent email dated 1 April 2012 in which you have stated that you are not getting appropriate treatment.

I wish to take this opportunity to re-cap on the recent treatment that you have been provided with by the Trust.

Our records confirm that on 8 February 2012 you had an appointment with Mr Akhtar who discussed the pros and cons of the botox treatment with you and after discussion agreed to list you for this procedure. You were added to the waiting list for this treatment on that date.

I understand that Mr Akhtar was conscious that he was leaving the Trust at the end of March so he referred you to Mr O'Brien, Consultant Urologist for ongoing care and I have been advised that you attended an appointment this morning with Mr O'Brien at 9am in Banbridge Polyclinic.

In relation to the waiting list time for your botox treatment, I can confirm this currently sits at a maximum of 36 weeks, however I wish to report that
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Cardwell, David

From: Marshall, Margaret
Sent: 02 April 2012 09:37
To: Cardwell, David
Subject: FW: VERY URGENT - FW: THAT COMPLAINT AGAIN

*Margaret Marshall
Clinical & Social Care Governance Co-Ordinator
Acute Services
Craigavon Area Hospital
Tel* Personal Information redacted by the USI

From: Wright, Elaine
Sent: 02 April 2012 09:22
To: Marshall, Margaret; ST, Centralpoint
Cc: Burns, Deborah
Subject: VERY URGENT - FW: THAT COMPLAINT AGAIN

Margaret
Please find email as below.
Can you please contact me to advise.
Thanks elaine

From: McAlinden, Mairead
Sent: 02 April 2012 07:11
To: Wright, Elaine
Subject: Fw: THAT COMPLAINT AGAIN

Elaine, Margaret Marshall was speaking with Personal Information redacted by the USI on Friday so please forward to her and CRU and ask Margaret to advise re reply.

Mairead

From: Personal Information redacted by the USI <Personal Information redacted by the USI>
To: McAlinden, Mairead
Sent: Sun Apr 01 19:10:54 2012
Subject: THAT COMPLAINT AGAIN

first of all let me say that your stupidity and downright ignorance towards what im trying to tell you is simply shocking, from the chief executive no less, its almost laughable, have you ever been in a situation thats driving you suicidal? and knowing full well that there are effective treatments readily available but for the complete fools we have at the nhs just makes it worse. im guessing not as im sure you take full advantage of your position like all the rest. Your doin a marvellous job of avoiding me by the way, in my last email i asked you a few questions, why didnt you answer them mairead? i know, because you cant. you know full well that what im saying is true but you cant be seen to admit it, now i was promised treatment that i never recieved, so im going to take your advice and tell it to the ombudsman, if you cant or wont answer the questions to me which would be easier, you will have to answer them to him, i want to know what is this treatment plan you keep blabbing on about, i want to also know about these meetings that you keep slobbering on about too, because i was only at one, where i was the only one to turn up, you cant excuse that mairead. i also want to know who these to senior muppets were that reviewed my non existant treatment plan, because your telling me that two senior consultants reviewed my treatment plan and decided that it was good enough, haha mairead that is a downright lie and i have it in writing with your signature, do you really want me to prove that your trying to lie your way through this? I also have proof that your consultants as you like to call them are also liars, if you would like to see it all you have to do is ask, i dont think that would reflect very well on

your position but looks to me like you think im bluffing, im not. and let me REITERATE what i said to your secretary, starting monday im going to call you every hour until you talk to me, imagine being driven to such measures, shame on you! if that doesnt work my local sinn fein councillor will take over, a very nice but very ruthless man, good luck with dealing with him. another question i have, who is this margaret marshall? she might be trying to help me i realise that but she tried before and was met with the same brick wall i keep finding myself staring at, dont waste her time any more mairead, this has now gone too far, the bottom line here is negligence mairead and you know it, its now my mission to bring you all down a peg or two so take my advice and get me the treatment that was promised immediately OR ELSE! i also wnow that fool dr akhtar has escaped, lucky him but if this turns legal then he wont be so lucky. i have also asked me gp to refer me back to dr Forbes, cant wait for that to get another chat with him, i saw a guy last week called dr mcmullan from the pain clinic, a really nice man,if he does what he says he will do, which there is something about him that tells me he will, then the pain clinic and that other fool dr sobinciski will get a reprieve, can you see how easy these problems can be dealt with yet mairead, the problem is you cant simply own up that this is all wrong, but you will soon enough, mark my words, will be speaking to you soon.

Cardwell, David

From: Burns, Deborah
Sent: 01 April 2012 11:38
To: Marshall, Margaret; Cardwell, David
Cc: McAlinden, Mairead
Subject: Fw: PRIVATE & CONFIDENTIAL

Margaret can u please conact and reiterate trust position

From: Wright, Elaine
To: McAlinden, Mairead
Cc: Burns, Deborah; Cardwell, David; Marshall, Margaret
Sent: Fri Mar 30 16:53:45 2012
Subject: RE: PRIVATE & CONFIDENTIAL

Mairead

Just to advise that Personal Information redacted by the USI has rang several times this afternoon (30th March) insisting on speaking with you.

Mobile No: Personal Information redacted by the USI

Sandra for
Elaine

From: Wright, Elaine
Sent: 29 March 2012 10:13
To: Marshall, Margaret; Cardwell, David
Cc: Burns, Deborah
Subject: PRIVATE & CONFIDENTIAL

Please find signed copy for your records. I posted last night.
Thanks Elaine

/
Elaine Wright
PA to Mrs Mairead McAlinden, Chief Executive
Southern Health & Social Care Trust
Telephone: Personal Information redacted by the USI

Farrell, Roisin

From: [Redacted]
Sent: 15 March 2012 18:39
To: Farrell, Roisin
Subject: RE: Out of Office: Complaint

This is your last chance to let me know whats happening here roisin, otherwise im calling your job into question as well. I have been very patient for far too long, i want to know whats going on on friday or let me assure you, all hell will break loose, the attitude you have all shown towards this, including your boss mairead is simply disgusting, neither me nor this problem is going away until i get some satisfactory results. The nhs cannot ignore this anymore

> Subject: RE: Out of Office: Complaint
 > Date: Fri, 9 Mar 2012 09:12:51 +0000
 > From: [Redacted]
 > To: [Redacted]

> [Redacted]
 > [Redacted]

> I am sorry you received the wrong message when emailing me on Wednesday 7 March unfortunately I was out of my office on that day and had selected the wrong out of office message. I apologise for this error and would like to advise you I have passed your previous email on the relevant staff.

> Regards
 > Roisin

> From: [Redacted] [mailto:\[Redacted\]](#)
 > Sent: 08 March 2012 17:05
 > To: Farrell, Roisin
 > Subject: RE: Out of Office: Complaint

> So now i have an email stating you are out of your office until the 30th of january 2012? That sums the whole nhs up in one short sentence, according to my calender its the 8th of march 2012! Im now going to get back in touch with maread mcalinden because you very obviously are as useful as them doctors are!

> > Subject: Out of Office: Complaint
 > > Date: Wed, 7 Mar 2012 15:30:52 +0000
 > > From: [Redacted]
 > > To: [Redacted]

> > I am out of the office until Monday 30 January 2012 . I will contact you on my return.

> > Roisin

> > The Information and the Material transmitted is intended only for the
 > > person or entity to which it is addressed and may be Confidential/Privileged
 > > Information and/or copyright material.

> > Any review, transmission, dissemination or other use of, or taking of
 > > any action in reliance upon this information by persons or entities
 > > other than the intended recipient is prohibited. If you receive this in error,
 > > please contact the sender and delete the material from any computer.

> >
> > Southern Health & Social Care Trust archive all Email (sent & received)
> > for the purpose of ensuring compliance with the Trust 'IT Security Policy',
> > Corporate Governance and to facilitate FOI requests.
> >
> > Southern Health & Social Care Trust IT Department Personal Information redacted by the
USI
> >
>
> The Information and the Material transmitted is intended only for the
> person or entity to which it is addressed and may be Confidential/Privileged
> Information and/or copyright material.
>
> Any review, transmission, dissemination or other use of, or taking of
> any action in reliance upon this information by persons or entities
> other than the intended recipient is prohibited. If you receive this in error,
> please contact the sender and delete the material from any computer.
>
> Southern Health & Social Care Trust archive all Email (sent & received)
> for the purpose of ensuring compliance with the Trust 'IT Security Policy',
> Corporate Governance and to facilitate FOI requests.
>
> Southern Health & Social Care Trust IT Department Personal Information redacted by the USI
>

Cardwell, David

From: Conway, Barry
Sent: 12 March 2012 21:39
To: Carroll, Ronan; ClientLiaison, AcutePatient
Subject: RE: URGENT Complaint - [Personal Information redacted by the USI]

Happy with this approach..

From: Carroll, Ronan
Sent: 12 March 2012 14:07
To: ClientLiaison, AcutePatient; Conway, Barry
Subject: RE: URGENT Complaint - [Personal Information redacted by the USI]

Yes agree

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services / ATICs
[Personal Information redacted by the USI]

From: Cardwell, David **On Behalf Of** ClientLiaison, AcutePatient
Sent: 12 March 2012 13:56
To: Conway, Barry; Carroll, Ronan
Subject: URGENT Complaint - [Personal Information redacted by the USI]
Importance: High

Barry/Ronan

Please see below an email from [Personal Information redacted by the USI] who has had an ongoing complaint with the Trust since November 2010 about primarily the urology care provided. As you will see the patient has also had interactions with the Pain and Neurology Services, hence this communication.

All the concerns that [Personal Information redacted by the USI] is raising have been previously addressed and Heather, as the lead on the complaint, has discussed this with Debbie Burns and Margaret Marshall. If you are in agreement it is proposed that the Trust writes to [Personal Information redacted by the USI] to advise that we have fully addressed all his concerns, we regret he remains unhappy and that he may wish to contact the Ombudsman if he so wishes to take this matter further.

I would be grateful if you could let me have your opinion urgently.

Regards

David.

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: [Personal Information redacted by the USI] <[Personal Information redacted by the USI]>
To: McAlinden, Mairead
Sent: Fri Feb 17 17:52:21 2012
Subject: complaint

Cardwell, David

From: Cardwell, David on behalf of ClientLiaison, AcutePatient
Sent: 12 March 2012 13:56
To: Conway, Barry, [Personal Information redacted by the USI] Carroll, Ronan
Subject: URGENT Complaint - [Personal Information redacted by the USI]
Importance: High

Barry/Ronan

Please see below an email from [Personal Information redacted by the USI] who has had an ongoing complaint with the Trust since November 2010 about primarily the urology care provided. As you will see the patient has also had interactions with the Pain and Neurology Services, hence this communication.

All the concerns that [Personal Information redacted by the USI] is raising have been previously addressed and Heather, as the lead on the complaint, has discussed this with Debbie Burns and Margaret Marshall. If you are in agreement it is proposed that the Trust writes to [Personal Information redacted by the USI] to advise that we have fully addressed all his concerns, we regret he remains unhappy and that he may wish to contact the Ombudsman if he so wishes to take this matter further.

I would be grateful if you could let me have your opinion urgently.

Regards

David.

David Cardwell
 Governance Officer
 Directorate of Acute Services

Telephone: [Personal Information redacted by the USI]
 Email: [Personal Information redacted by the USI]

From: [Personal Information redacted by the USI] [Personal Information redacted by the USI]
To: McAlinden, Mairead
Sent: Fri Feb 17 17:52:21 2012
Subject: complaint

my name is [Personal Information redacted by the USI] and im writing this email to you out of utter desperation at the level of treatment im recieving at the hands of your hospital and your so called consultants.
 first of all i have an on going problem in my groin area, im in constant severe pain down the left side which is accompanied by severe bladder problems and lower bowel problems, leaving me almost house bound due to the fact i always need the bathroom,I go to work, struggle all day then straight home, my left hip and leg are also becoming more and more useless to me. my bladder feels like its going to explode, im in the toilet with this alone every 20 minutes if im lucky, what kind of life is that?
 for these issues i have seen a urologist called Dr akhtar, have been seeing him for around 4 years now and he has managed to achieve nothing, granted he has had a camera in my bladder, i dont know what he has been looking for but he has been in there three times, isnt once enough for that as the bladder is only a small organ?m apart from that nothing, he promised me he would try a medication thats inserted directly into the bladder through a catheter back when he did the first camera test, that has never happened and thats almost four years ago, he promised me a ct scan of the area, thats two years ago now and im also still waiting for that to happen, he also promised me a procedure where botox is injected into bladder to make it relax, low and behold thats probably not gonna happen either, is this normal? six years later and still not one ounce of treatment has been recieved!! I saw this man very recently and quizzed him about the botox option, instead what he wanted to do was start from scratch again and repeat all these highly degrading tests, THATS NOT GOING TO HAPPEN, ive done them all and now its time for

Farrell, Roisin

From: Personal Information redacted by the USI <Personal Information redacted by the USI>
Sent: 09 March 2012 10:45
To: Farrell, Roisin
Subject: RE: Out of Office: Complaint

Ok i appreciate that roisin, however i still want to know what they intend to do about it by the end of today, the length of time it takes for anyone in the nhs to do anything is ridiculous and im not going to allow that to happen to me any longer.

> Subject: RE: Out of Office: Complaint
 > Date: Fri, 9 Mar 2012 09:12:51 +0000
 > From: Personal Information redacted by the USI
 > To: Personal Information redacted by the USI

> Personal Information redacted by the USI

> I am sorry you received the wrong message when emailing me on Wednesday 7 March unfortunately I was out of my office on that day and had selected the wrong out of office message. I apologise for this error and would like to advise you I have passed your previous email on the relevant staff.

>
 >
 >
 > Regards
 >
 > Roisin
 >
 >
 >

> From: Personal Information redacted by the USI <mailto:Personal Information redacted by the USI>
 > Sent: 08 March 2012 17:05
 > To: Farrell, Roisin
 > Subject: RE: Out of Office: Complaint

> So now i have an email stating you are out of your office until the 30th of january 2012? That sums the whole nhs up in one short sentence, according to my calender its the 8th of march 2012! Im now going to get back in touch with maread mcalinden because you very obviously are as useful as them doctors are!

> > Subject: Out of Office: Complaint
 > > Date: Wed, 7 Mar 2012 15:30:52 +0000
 > > From: Personal Information redacted by the USI
 > > To: Personal Information redacted by the USI

> > I am out of the office until Monday 30 January 2012 . I will contact you on my return.

> > Roisin

> > The Information and the Material transmitted is intended only for the
 > > person or entity to which it is addressed and may be Confidential/Privileged
 > > Information and/or copyright material.

> > Any review, transmission, dissemination or other use of, or taking of
 > > any action in reliance upon this information by persons or entities
 > > other than the intended recipient is prohibited. If you receive this in error,
 > > please contact the sender and delete the material from any computer.

Printed on 14/6/12

From: [Personal Information redacted by the USI] [Personal Information redacted by the USI]
 To: McAlinden, Mairead
 Sent: Fri Feb 17 17:52:21 2012
 Subject: complaint

my name is [Personal Information redacted by the USI] and im writing this email to you out of utter desperation at the level of treatment im recieving at the hands of your hospital and your so called consultants.

first of all i have an on going problem in my groin area, im in constant severe pain down the left side which is accompanied by severe bladder problems and lower bowel problems, leaving me almost house bound due to the fact i always need the bathroom, I go to work, struggle all day then straight home, my left hip and leg are also becoming more and more useless to me. my bladder feels like its going to explode, im in the toilet with this alone every 20 minutes if im lucky, what kind of life is that? for these issues i have seen a urologist called Dr akhtar, have been seeing him for around 4 years now and he has managed to achieve nothing, granted he has had a camera in my bladder, i dont know what he has been looking for but he has been in there three times, isnt once enough for that as the bladder is only a small organ?m apart from that nothing, he promised me he would try a medication thats inserted directly into the bladder through a catheter back when he did the first camera test, that has never happened and thats almost four years ago, he promised me a ct scan of the area, thats two years ago now and im also still waiting for that to happen, he also promised me a procedure where botox is injected into bladder to make it relax, low and behold thats probably not gonna happen either, is this normal? six years later and still not one ounce of treatment has been recieved!! I saw this man very recently and quizzed him about the botox option, instead what he wanted to do was start from scratch again. and repeat all these highly degrading tests, THATS NOT GOING TO HAPPEN, ive done them all and now its time for treatment, he also then informs me he is leaving the trust next month and he will get his colleague to take over my case, whether that happens or not is debateable, even if it does, how many more years of misery have i got to endure before some kind of treatment is offered? THIS HAS GOT TO STOP NOW!

For the pain in the left groin, which i think we need to identify the source of and treat first, although not one doctor agrees with this, i think whatever the pain is, is pulling on my bladder and bowel or putting pressure on them, or just referring pain, i went to see another consultant called Dr sobiniski in your pain clinic, his ingenious answer was painkillers, half the strength of the ones im already using, BRILLIANT!! im so glad the taxpayer is paying him so handsomely!! he also said he would review this great medical breakthrough in six weeks, guess what, that never happened either!! needless to say the very severe and very sharp constant pain is still there and still destroying my life. in my opinion this pain is responsible for all the symptoms but what would i know, its my body and ive been dealing with it for six years so i DO know, these idiots just refuse to be told, "unlikely" is their favourite word or "not my field" is another favourite, jesus christ just getting two of these muppets to agree is impossible, but ask the question of what the problem is and not one of them can answer it.

More recently ive been seeing another consultant by the name of Dr Forbes about what they are calling carpel tunnell syndrome, he says its mild but i beg to differ, and i bet this guy has never suffered "mild" carpel tunnel syndrome, my arms, especially my right one are very painful and are numb most of the time, especially my hands and fingers and right up to my elbow just fall asleep all the time, Dr Forbes through his years of experiance and brilliance came up with a great solution, "get used to it" he says, he also says "learn to live with it", again BRILLIANT!!! I am an electrical engineer and i need my arms to be fully functioning because i work with live wires all day, im struggling to even use a screwdriver with this "mild" case so whats that gonna be like when it gets worse? im afraid learning to live with it is simply out of the question because that would mean me giving up my work which i worked very very hard at to get where i am today. i also know there is different treatments available for this but Dr Forbes obviously couldnt care less as its not effecting his life, just GET IT SORTED!! every day is a complete nightmare for me with all this going on. How do we know all this isnt related, a general nerve or muscle problem maybe, arms, legs, bladder, bowel, all giving trouble, no-one has even thought of that ill bet.

The NHS is in deep trouble right now and i am not one bit surprised, all these consultants do is see you, talk rubbish for a while about what they might do and then never actually do anything to help which means patients constantly having to come back, so what do they expect? Four years of seeing a doctor and still no treatment offered!!! COME ON!!!!

Cardwell, David

From: Cardwell, David
Sent: 06 September 2011 09:03
To: Rankin, Gillian; Mackle, Eamon (Personal Information redacted by the USI); McAllister, Charlie; Sobocinski, Dr Jacek; Akhtar, Mehmood; Marshall, Margaret (Personal Information redacted by the USI)
Cc: Trouton, Heather (Personal Information redacted by the USI); Carroll, Ronan (Personal Information redacted by the USI); Stinson, Emma M (Personal Information redacted by the USI); Renney, Cathy (Personal Information redacted by the USI); Slaine, Delma; Troughton, Elizabeth
Subject: Meeting with (Personal Information redacted by the USI)

Dear All

I have taken a telephone call from (Personal Information redacted by the USI) this morning. He advises that he has secured an appointment with Mr Brown at Daisy Hill Hospital, has had initial appointments and investigations and a diagnosis has been reached for which he is now receiving treatment. He advises that he has had such a relief by the treatment provided.

In light of this he has decided not to proceed with the meeting which was agreed for tonight as at this point he is concentrating on his treatment. I have advised that if he wishes to come back to this issue at a later stage he may do so.

That being the case the meeting at 6pm tonight will not be taking place.

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: (Personal Information redacted by the USI)
Email: (Personal Information redacted by the USI)

Farrell, Roisin

From: Farrell, Roisin
Sent: 31 August 2011 16:34
To: Rankin, Gillian; Mackle, Eamon; McAllister, Charlie
[Redacted]
Sobocinski, Dr Jacek; Akhtar, Mehmood
Marshall, Margaret
[Redacted] Stinson,
Cc: Trouton, Heather; Carroll, Ronan
Emma M; Renney, Cathy; Slaine, Delma; Troughton, Elizabeth
[Redacted]
Subject: Meeting with [Redacted]

Dear All
Further to David Cardwell's email of 10 August can I please draw your attention to the change of venue
The new venue is Meeting Room, Trust Headquarters CAH
On Tuesday 6 September 2011 at 6pm

Regards
Roisin

Roisin Farrell
Governance Administrator
Directorate of Acute Services
Beechfield House
Craigavon Area Hospital
Tel: [Redacted]
[Redacted]
[Redacted]

Cardwell, David

From: Cardwell, David
Sent: 10 August 2011 11:27
To: Rankin, Gillian; Mackle, Eamon [Personal Information redacted by the USI]; McAllister, Charlie; Sobocinski, Dr Jacek; Akhtar, Menimood; Marshall, Margaret [Personal Information redacted by the USI]
Cc: Trouton, Heather [Personal Information redacted by the USI]; Carroll, Ronan [Personal Information redacted by the USI]; Stinson, Emma M [Personal Information redacted by the USI]; Renney, Cathy [Personal Information redacted by the USI]; Slaine, Delma; Troughton, Elizabeth [Personal Information redacted by the USI]
Subject: Meeting with [Personal Information redacted by the USI]
Importance: High

Dear All

Further to my telephone conversation yesterday, I wish to confirm the arrangements for the meeting with [Personal Information redacted by the USI]. This will take place on **Tuesday 6 September 2011 at 6pm** in the **Boardroom, Trust HQ**.

I would be grateful if you could ensure this is inserted in your diary.

Regards

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

Personal Information redacted by the USJ

	3/8	1/9	2/9	6/9
DR Rankin	✓	✓	✓	✓
Mr Mackle	✓	✓✓	x	✓
Dr M'Allister	✓	✓	-	✓
Dr Sobocinski	✓	x		✓
Mr Akhtar	AL	AL		✓

18 - 4/9 (inclusive)

Boardroom ~~Main Hosp~~ Trust HQ

6/9.

20/6/08 Bygones + Hydronephrosis. dil bladder
M.A. — WLB in DIC.

24/9/09. — WLB for Cyst + OD + Bladder Bx
M.A. :
No letter re sum.

2 Dec 09. — 08 M.A. — for Sum

23/11/10 OPC. M.A.

Plan repeat MRI. but.

18/1/11 Q. Fisher. — No summary refer to Rheumatology

14/2/11 Referral to Pan bhn.

Summary

M.A.

my

3/5/11 — Othello SANDHAM USS @ pan R.F. — No neurological defects

18/5/11

Can then

changed pen holder

for USS

24/5/11

Rheumatology

— ok has agreed to print MRI.

11/6/11

baugher

2/8/11

Rheumatology

— 2 Dr Huffy for nerve conduction.

1/8/11.

Spoke to Martina C. 2.30pm.

Advised that Personal Information redacted by the USI was on telephone this am.

Eamon Mackle & Martina discussing case.

Martina to follow up with Brigied Kearney.

? Eamon to speak to De Rontin re independent expert.

Cardwell, David

From: Trouton, Heather
Sent: 29 July 2011 11:59
To: Cardwell, David; Corrigan, Martina; Kearney, Brigeen; Carroll, Ronan; Burns, Deborah; Marshall, Margaret
Subject: FW: [Personal Information redacted by the USI]

Dear All

Have discussed this with Debbie this am.

Agreed plan as follows:-

Brigeen can you please ask a senior clinician to appraise the care and treatment prescribed by the pain team to see if it was appropriate or if there is anything else we can offer.

If not can we please advise [Personal Information redacted by the USI] that we have reviewed his complaint from a Urology and pain perspective and have found treatment to have been appropriate.

We now understand that he is being seen by the Rheumatology Team and and hope that this will prove to be effective.

We regret that we have been unable to clinically ascertain the cause of his on going pain but feel we have from a urology perspective investigated all possible causes appropriately.

Etc etc etc.

Martina and Brigeen , in the absence of myself and Ronan, can you please review his notes yourselves again and make sure that this approach is sound.

Please discuss with Debbie final letter before it goes out to the patient. Ronan I hope you are happy with this approach

Thanks
Heather

From: Trouton, Heather
Sent: 25 July 2011 17:15
To: Cardwell, David; Carroll, Ronan
Cc: Burns, Deborah; Marshall, Margaret; Rankin, Gillian ([Personal Information redacted by the USI])
Subject: RE: [Personal Information redacted by the USI]

David and Ronan

Eamon has reviewed his notes this pm.

- 1) With regard to the issue of the initial investigations ordered via the private appointment with Mr Akhtar, Mr mackle feels that this is something that needs addressed directly with Mr Akhtar outside of the Trust . The appointment was not organised by the Trust so regrettably we cannot comment on any issues pertaining to it.
- 2) On a wider note , Mr Mackle feels that [Personal Information redacted by the USI] has been seen and investigated adequately and it may be now down to the Pain team to find a solution to the chronic pain experienced. Ronan before any

response goes back to [Personal Information redacted by the USI] can you ask a senior clinician in Charlie's absence to review from a Pain perspective.

David

Please do not go back to the client just yet. I think we need to discuss following Ronan's feedback with Debbie to agree an appropriate response.

Heather

From: Cardwell, David
Sent: 22 July 2011 13:46
To: Trouton, Heather; Carroll, Ronan
Cc: Burns, Deborah; Marshall, Margaret
Subject: [Personal Information redacted by the USI]
Importance: High

Heather as per your telephone message I have contacted [Personal Information redacted by the USI] and explained that a meeting has taken place regarding his case that we anticipated that someone would get back to him by the end of next week.

I reassured him that his case was being taken forward at a senior level within the organisation and he appeared happy with this approach and is looking for to the agreed contact.

Regards

David.

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

Cardwell, David

From: Trouton, Heather
Sent: 23 July 2011 07:52
To: Cardwell, David; Carroll, Ronan
Cc: Burns, Deborah; Marshall, Margaret; Corrigan, Martina
Subject: RE: [Personal Information redacted by the USI]

David and Debbie

I have done through [Personal Information redacted by the USI] chart this morning. Unfortunately what I was looking for was not there. Re the outpatients appointment with Mr Akhtar on 14th Feb 2011, the only thing documented were three blood results. No indication of the conversation had.

What is interesting however is that he is now attending Dr lee and has had two appointments on 24th may and 7th July respectively (nothing to note to date). He has also been seen in the past by Dr Forbes and apparently has a complaint in against him also.

I will ask Mr mackle on Monday am to review his notes from a Urology perspective , however there is not a lot of documentation there so this may prove difficult.

Ronan , could you find someone senior to review from pain clinic perspective?

Heather

From: Cardwell, David
Sent: 22 July 2011 13:46
To: Trouton, Heather; Carroll, Ronan
Cc: Burns, Deborah; Marshall, Margaret
Subject: [Personal Information redacted by the USI]
Importance: High

Heather as per your telephone message I have contacted [Personal Information redacted by the USI] and explained that a meeting has taken place regarding his case that we anticipated that someone would get back to him by the end of next week.

I reassured him that his case was being taken forward at a senior level within the organisation and he appeared happy with this approach and is looking for to the agreed contact.

Regards

David.

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

Cardwell, David

From: Cardwell, David
Sent: 22 July 2011 13:46
To: Trouton, Heather Personal Information redacted by the USI; Carroll, Ronan
Cc: Burns, Deborah Personal Information redacted by the USI; Marshall, Margaret
Subject: Personal Information redacted by the USI
Importance: High

Heather as per your telephone message I have contacted Personal Information redacted by the USI and explained that a meeting has taken place regarding his case that we anticipated that someone would get back to him by the end of next week.

I reassured him that his case was being taken forward at a senior level within the organisation and he appeared happy with this approach and is looking for to the agreed contact.

Regards

David.

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

Cardwell, David

From: Cardwell, David
Sent: 21 July 2011 11:17
To: Trouton, Heather (Personal Information redacted by the USI); Carroll, Ronan
Cc: Corrigan, Martina (Personal Information redacted by the USI); Marshall, Margaret
(Personal Information redacted by the USI); Stinson, Emma M
Subject: FW: USI
Attachments: (Personal Information redacted by the USI)
Importance: High

Dear All

I refer to my email of 7 July 2011 seeking advice on the way forward.

(Personal Information redacted by the USI) has been on the telephone again today to advise that if this matter is not resolved immediately he will have no alternative but to seek private treatment and ask for the bill to be forwarded to the Trust for payment.

In addition he states that if he has not a satisfactory answer by the end of week that he intends taking this matter down alternative routes of press/litigation.

(Personal Information redacted by the USI) mobile telephone number is (Personal Information redacted by the USI) and he is requesting someone senior to contact him.

Regards

David.

David Cardwell
Governance Officer
Directorate of Acute Services

Telephone: (Personal Information redacted by the USI)
Email: (Personal Information redacted by the USI)

From: Cardwell, David
Sent: 07 July 2011 12:10
To: Trouton, Heather (Personal Information redacted by the USI); Carroll, Ronan
(Personal Information redacted by the USI)
Cc: Corrigan, Martina (Personal Information redacted by the USI); Marshall, Margaret
(Personal Information redacted by the USI)
Subject: (Personal Information redacted by the USI)

Dear All

I attach for your attention a further email from (Personal Information redacted by the USI) regarding his ongoing complaint.

I would be grateful for your advice on the way forward.

Regards

David Cardwell
Governance Officer

Directorate of Acute Services

Telephone: [Personal Information redacted by the USI]

Email: [Personal Information redacted by the USI]

From: David.Cardwell@southerntrust.hscni.net [mailto:[Personal Information redacted by the USI]]

Sent: 07 July 2011 13:28

To: Cardwell, David

Subject: Message from KMBT_223

Cardwell, David

From: Sobocinski, Dr Jacek
Sent: 18 July 2011 20:56
To: McAllister, Charlie; Carroll, Ronan
Cc: Cardwell, David
Subject: RE: [Personal Information redacted by the USI]

Dear Ronan

I don't think I would wish to add anything to what I have already said re Pain Management, but - as Charlie rightly said - it has to be sorted quickly.

Keen to meet up sometime

Jacek

From: McAllister, Charlie
Sent: 13 July 2011 14:56
To: Carroll, Ronan
Cc: Sobocinski, Dr Jacek; Cardwell, David
Subject: FW: [Personal Information redacted by the USI]

Dear Ronan

Although not my problem – this complaint appears to me to be running out of control and needs to be pulled together and sorted quickly.

This complainant is clearly very angry – this needs to be sorted quickly.

Charlie

From: Carroll, Ronan [mailto:[Personal Information redacted by the USI]]
Sent: 11 July 2011 09:58
To: Sobocinski, Dr Jacek
Cc: McAllister, Charlie
Subject: FW: [Personal Information redacted by the USI]

Hi Jacek pls see additional comments – is there anything you would wish to add

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATIC's
Mob [Personal Information redacted by the USI]

From: Cardwell, David [mailto:[Personal Information redacted by the USI]]
Sent: 07 July 2011 12:10
To: Trouton, Heather; Carroll, Ronan
Cc: Corrigan, Martina; Marshall, Margaret
Subject: [Personal Information redacted by the USI]

Dear All

I attach for your attention a further email from [Personal Information redacted by the USI] regarding his ongoing complaint.

I would be grateful for your advice on the way forward.

Kerr, Vivienne

From: [Personal Information redacted by the USI]
 Sent: 30 June 2011 19:56
 To: Kerr, Vivienne
 Subject: RE: [Personal Information redacted by the USI]

further to my email regarding my complaint i have recieved a letter from a Dr Gillian Rankin. the first point i want to make is about Dr Akhtar, it states in the letter that the trust has already responded to my initial complaint, this is indeed correct but a response does not represent an answer to the problem, i got a call from David offering me a meeting with himself, the head of urology, Dr Akhtar, and a neurologist whos name escapes me at the moment, neither of these doctors turned up at the meeting rendering it pointless and yet more time wasted. my questions to and about Dr Akhtar remain unanswered, i now want them answered. Why did Dr Akhtar tell me he was going to do a scan and then let me wait for over a year for something that was not going to happen?

(Why after several phone calls to find out what was happening did i not get a response, even though his secretary promised me a call back every time?)
 (Why did Dr akhtar when i finally got speaking to him deny this to me even though the proof was in his notes according to his secretary.)

(Why did Dr akhtar take my money and run? *10th March letter. 10th May seen. 6 weeks.*)
 the second point i want to make is about the pain clinic, it states in this letter that an urgent review was ordered for six weeks, this cannot be the case as six weeks from the 10th of may (the date of the appointment in the pain clinic) according to my calender brings us to tuesday the 21st of june, today is the 30th of june and still no appointment. It also states in the letter that Dr Sobocinski has no recollection of saying i would be reviewed in 3 months, very convenient at this stage, i can also point out that there was a nurse in the room when this was said. It also states in this letter that Dr Sobocinski doubled my daily dose of pain relief, what he actually did was change the medication from cocodamol 30/500 to 15/500 and take twice as many, that is exactly the same if you ask me, so that is double the tablets but the same amount of medication. i have the letter which he sent to my gp. what he also did was tell me that the pain was coming from nerves that were damaged through a hernia operation in 2009, pain which he said will settle in around 24 after the surgery, does that mean this will all go away by the end of 2011? He prescribed some pain relief patches, firstly the are impossible to put on my groin, secondly after some research i discovered these were used for pain in the nerves of the skin, this problem is as i stated many many times deep in my groin, not the skin. So these patches were useless.

(Then it states in this letter that a usg scan was organised with Dr Akhtar and scheduled for the 13th of june 2011, to which i failed to attend, this is the first ive heard of this, i did however have a usg scheduled in daisy hill for the 23rd of june, this came about after the pain got so bad i went to the A&E, the surgeons in daisy hill organised this usg, not Dr Akhtar, unfortunately i had to cancel this appointment due to work commitments on that date. The lady i spoke to said i have to speak to my gp to reschedule.

in summary this whole thing as well as the complaints system is one big farce! im still struggling with pain every day with no sign of it letting up, the nhs dont care, the doctors dont care and the complaints people dont care. These doctors cant even agree with each other, they tell me things and make promises to which they later deny, i cant be any clearer on where this problem is and the problems its causing me. Yet that area remains the only area which they refuse to look at, im left with no option but to take my concerns a step higher.

[Personal Information redacted by the USI]

> Subject: FW: [Personal Information redacted by the USI]
 > Date: Tue, 17 May 2011 12:51:06 +0100

> From: Vivienne.Kerr [Personal Information redacted by the USI]

> To: [Personal Information redacted by the USI]

> CC: Colette.Hart [Personal Information redacted by the USI]; roisin.farrel [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> [Personal Information redacted by the USI]

> Thank you for your correspondence which we received recently. I have forwarded this to medical staff for a response

Pain Clinic Review — 1

hospital,

> five years ago i first visited my gp with pain in my left groin with very bad urinary symptoms, he sent me to see a urologist in newry who did a dye test of my urinary tract as well as a camera in the bladder, nothing was found so i was discharged even though the problem was getting worse, this quickly turned into a lump in my left groin which my gp and his partners all refused to accept was there, after three years of painkillers, anti-inflammatories, anti_depressants and other silly drugs i was being fobbed off with i finally convinced them to send me to a surgeon.

> Doctor Brown from daisy hill hospital found the lump straight away and decided to do an exploration to find out what this was, it turned out to be a hernia which was a bit higher up my groin than normal, a tricky one was the words used by doctor Brown.

> the pain changed after the operation from being sharp to a very heavy constant ache, the bladder symptoms still persisted so again having difficulty with my gp i booked a private appointment at my own expense to see doctor Achtar, a urologist in newry private clinic, this doctor did some investigations including a camera in my bladder for the third time, in my opinion once was enough for that, mr Achtar then said he was going to do a c.t scan of my lower abdomen and pelvis, i then waited for over a year for this, when i contacted craigavon hospital to find out what was happening i was told that there was never going to be any scan, so i waited over a year for something that was never gonna happen, and even though i called dr Achtar's secretary on several occasions through that year no one told me this nor did anyone fulfill their promises to call me back, ie dr Achtar and his secretary. That is totally unacceptable!!!

> I had no option but to make a complaint as yet again my gp was being very stubborn and unhelpful, i was contacted by david in complaints who managed to get Dr Achtar to see me as a review patient even though there was nothing to review, at that appointment Dr Achtar denied all knowledge of the c.t scan and most of the conversation we had last time we spoke, again thats unacceptable as it was in his notes according to his secretary, after an argument he decided to do a scan on my lower back which to be fair to him he did very quickly, this came back normal.

While i was waiting for another review appointment i attended a meeting with david and martina, the head of urology, i left that meeting happier as i was promised this would be sorted out, it wasn't.

> During this time i got a call from customer support, a ladie called Paula McAlorum who bent over backwards trying to help me, she came with me to my next appointment with Dr Achtar, during this appointment Dr Achtar decided to refer me to the pain clinic as he felt he could do no more, he told me that these people in the pain clinic would investigate this and find what was causing the pain, he also told me they would put a block on the pain with some sort of injection while investigations continued.

> I waited for another six months or so and had the appointment on may the 10th, everything Dr Achtar assured me they would turned out to be far from the truth, the Dr in the pain clinic decided to just give me more painkillers, half the strength of the ones i already told him im on, NO investigations to follow, just a review in 3 months, how is this going to help? im basically being told to wait three months which will probably be more like six months with half pain relief and no reason why anything should change, yet again this is unacceptable!! How can a specialist do that, he did absolutely nothing, it doesnt take six months and a man saying he is a doctor to do nothing!!!!

> Right now im in a situation where my groin is very painful, the pain has spread out to my whole left hip, the urinary symptoms are now both urinary symptoms and bowel symptoms, i get occasional shooting pains in my penis and pain in my left lower back, im finding it getting more and more difficult to work, drive, even getting out of bed can be painful now, as well as this im spending most of my day in the bathroom. my work life and home life are a nightmare every day.

> All i want is for someone to get to the bottom of this, these doctors are clearly not one bit interested in any of this, the source of the pain is in my left groin, this pain has never been investigated, these doctors are passing me around like im a football and getting nowhere.

> I have had enough now and will not let this go on any longer, if this is not sorted through the complaints procedure this time i will have no option left but to contact the ombudsman.

> What i want to know now is why Dr Achtar acted like he did and why the pain clinic made me wait six months for an appointment and then do nothing but tell me to wait for another six months, i also want to know why nobody has investigated the source of the pain which i clearly tell all these doctors, its coming from my groin! I also would like to speak to someone who will actually be a doctor and find out the cause of the pain instead of just bluffing me and fobbing me off.

>

> any help on this would be greatly appreciated.

> Personal Information redacted by the USI

>

>

> The Information and the Material transmitted is intended only for the

> person or entity to which it is addressed and may be Confidential/Privileged

> Information and/or copyright material.

>

> Any review, transmission, dissemination or other use of, or taking of

Farrell, Roisin

From: Carroll, Ronan <[redacted]> Personal Information redacted by the USI
Sent: 14 June 2011 11:14
To: Farrell, Roisin
Subject: FW: Daily Reporting Figures

Further update

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATIC's
Mob [redacted] Personal Information redacted by the USI

From: Newell, Denise E [mailto:[redacted]] Personal Information redacted by the USI
Sent: 14 June 2011 11:12
To: Carroll, Ronan
Subject: RE: Daily Reporting Figures

Ronan,

He was booked for yesterday and he did not turn up, they will resend for him. It was to be performed in Daisy Hill

Denise

Denise Newell
PACS MANAGER
Southern Trust
02838614138
Personal Information redacted by the USI

From: Carroll, Ronan [redacted] Personal Information redacted by the USI
Sent: 14 June 2011 11:00
To: Newell, Denise E
Subject: RE: Daily Reporting Figures

Tks –

Can you check pacs and let me know when this pts US is booked for pls

Personal Information redacted by the USI

[redacted]

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATIC's
Mob [redacted] Personal Information redacted by the USI

From: Newell, Denise E [redacted] Personal Information redacted by the USI
Sent: 14 June 2011 10:58
To: Carroll, Ronan
Subject: RE: Daily Reporting Figures

Ronan,

Peter from Sectra just off the phone and he will organise the connection today, we can do testing tomorrow with Medica.

Denise

Denise Newell
PACS MANAGER
Southern Trust

Personal Information redacted
by the USI

From: Carroll, Ronan [mailto:Personal Information redacted by the USI]
Sent: 14 June 2011 10:44
To: Newell, Denise E
Subject: Re: Daily Reporting Figures

Tks going on along time
Ronan Carroll, Asst Director - Cancer & Clinical Services

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

From: Newell, Denise E <Personal Information redacted by the USI>
To: Carroll, Ronan
Cc: Personal Information redacted by the USI
Sent: Tue Jun 14 10:42:56 2011
Subject: RE: Daily Reporting Figures

Ronan,

They are still setting up the system. They are trying to link in with Sectra to query the PACS. As there have been regional PACS issues, Peter from Sectra was unavailable to perform the connection at the end of last week. This should be completed today

Ben,

Can you let us know of your progress, we need this operating by tomorrow.

Denise

Denise Newell

PACS MANAGER

Southern Trust

Personal Information redacted by the
USI

Personal Information
redacted by the USI

From: Carroll, Ronan [mailto:Personal Information redacted by the USI]
Sent: 14 June 2011 09:29
To: Newell, Denise E
Subject:

Denise

Are we good to go with medica?

Ronan

Ronan Carroll

Assistant Director Acute Services

Cancer & Clinical Services/ATIC's

Mob Personal Information
redacted by the USI

Farrell, Roisin**From:**
Sent:
To:
Subject:Clayton, Wendy <[REDACTED]>
14 June 2011 11:08
Carroll, Ronan
Fw: [REDACTED]

Personal Information redacted by the USI

Personal Information redacted by the USI

Information below on [REDACTED] as requested.

Wendy Clayton
Operational Support Lead
Cancer + Clinical Services/ATICs
Southern Trust
Mob: [REDACTED]

Personal Information redacted by the USI

From: Boyle, Stephanie
To: Clayton, Wendy
Cc: Renney, Cathy
Sent: Tue Jun 14 11:02:30 2011
Subject: [REDACTED]

Personal Information redacted by the USI

Hi

Request received originally on 03/05/2011 appointment made on 09/05 for 23/06/2011 at 11.15. Appointment was then rescheduled on 11/05 for 13/06 which patient dna'd. The request has now been put back on the system by Bernie in Daisy Hill as this is where the examination was being carried out.

Stephanie

S Boyle
Appointments Officer
X-ray Dept
CAH

Personal Information redacted by the USI

Personal Information redacted by the USI

Kerr, Vivienne

From: Sobocinski, Dr Jacek <[Personal Information redacted by the USI]>
Sent: 03 June 2011 10:41
To: Kerr, Vivienne
Cc: Carroll, Ronan; Hall, Stephen; Corrigan, Martina; McAllister, Charlie
Subject: RE: [Personal Information redacted by the USI]

Dear Vivienne,

Thank you for your email in relation to [Personal Information redacted by the USI] complaint.

I regret to say this but with regard to Pain Service arrangements (appointments and treatment) [Personal Information redacted by the USI] has been offered I must say that there are quite a few discrepancies between what [Personal Information redacted by the USI] says and the facts.

1. [Personal Information redacted by the USI] was referred to Pain Clinic (by Mr Akhtar) on 10/3/2011 and seen by myself in the clinic on 10/05/2011 – which is 2 months not 6;
2. [Personal Information redacted by the USI] states I offered him r/v in 3 months – the fact is this r/v was arranged as an urgent r/v in 6 weeks; I never said to the patient he would be reviewed in 3 months.
3. He states I cut down his medication – the fact is that after discussion with the patient we agreed to change the regime of taking meds and I doubled his daily dose and asked his GP to continue this regime until I r/v in my clinic.
4. [Personal Information redacted by the USI] states I didn't arrange any investigation to explain his pain – the fact is I requested USG scan with Mr Akhtar

I'm truly disappointed with [Personal Information redacted by the USI] complaint re Pain Service.
 Should [Personal Information redacted by the USI] seek a second opinion of Pain Specialist I'm keen to arrange this.

If you wish to have a copy of my clinical letter to Mr Akhtar please contact my secretary Heather Stafford in STH Pain Clinic.

As you may be well aware of this we are currently running r/v clinic 3 months behind. But this I guess this issue should be addressed to Mr R Carroll.

If you have any more questions please don't hesitate to contact me.

Hope this is helpful and reassuring

Kind regards

Jacek Sobocinski

From: Kerr, Vivienne [mailto:[Personal Information redacted by the USI]]
Sent: 17 May 2011 12:43
To: Sobocinski, Dr Jacek
Cc: Carroll, Ronan; Hall, S DR; Corrigan, Martina
Subject: FW: [Personal Information redacted by the USI]

sent to Dr Akhtar
 8/6/11
 See action sheet.

I have attached a copy of [Personal Information redacted by the USI] most recent correspondence with us in relation to his on going pain management.

Can you please let me have your response to this.

Regards

Note – I have also enclosed copy of original complaint and Trust response for your information.

Vivienne Kerr
 Patient/Client Liaison Facilitator

(Acute, Older People and Primary Care Services)
Ground Floor Annex - Beechfield House,
Craigavon Area Hospital

Telephone - [Personal Information redacted by the USI]

From: Farrell, Roisin
Sent: 17 May 2011 12:13
To: Kerr, Vivienne
Subject: FW: [Personal Information redacted by the USI]

Róisín Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: [Personal Information redacted by the USI]

From: [Personal Information redacted by the USI] **mailto:** [Personal Information redacted by the USI]
Sent: 11 May 2011 19:24
To: Farrell, Roisin
Cc: [Personal Information redacted by the USI]
Subject: [Personal Information redacted by the USI]

im writing this email as an official complaint about the lack of treatment im recieving from the consultants at craigavon hospital,
five years ago i first visited my gp with pain in my left groin with very bad urinary symptoms, he sent me to see a urologist in newry who did a dye test of my urinary tract as well as a camera in the bladder, nothing was found so i was discharged even though the problem was getting worse, this quickly turned into a lump in my left groin which my gp and his partners all refused to accept was there, after three years of painkillers, anti-inflammatories, anti_depressants and other silly drugs i was being fobbed off with i finally convinced them to send me to a surgeon. Doctor Brown from daisy hill hospital found the lump straight away and decided to do an exploration to find out what this was, it turned out to be a hernia which was a bit higher up my groin than normal, a tricky one was the words used by doctor Brown.

the pain changed after the operation from being sharp to a very heavy constant ache, the bladder symptoms still persisted so again having difficulty with my gp i booked a private appointment at my own expense to see doctor Achtar, a urologist in newry private clinic, this doctor did some investigations including a camera in my bladder for the third time, in my opinion once was enough for that, mr Achtar then said he was going to do a c.t scan of my lower abdomen and pelvis, i then waited for over a year for this, when i contacted craigavon hospital to find out what was happening i was told that there was never going to be any scan, so i waited over a year for something that was never gonna happen, and even though i called dr Achtar's secretary on several occasions through that year no one told me this nor did anyone fulfill their promises to call me back, ie dr Achtar and his secretary. That is totally unacceptable!!!

I had no option but to make a complaint as yet again my gp was being very stubborn and unhelpful, i was contacted by david in complaints who managed to get Dr Achtar to see me as a review patient even though there was nothing to review, at that appointment Dr Achtar denied all knowledge of the c.t scan and most of the conversation we had last time we spoke, again thats unacceptable as it was in his notes according to his secretary, after an arguement he decided to do a scan on my lower back which to be fair to him he did very quickly, this came back normal.

While i was waiting for another review appointment i attended a meeting with david and martina, the head of urology, i left that meeting happier as i was promised this would be sorted out, it wasnt.

During this time i got a call from customer support, a ladie called Paula McAlorum who bent over backwards trying to help me, she came with me to my next appointment with Dr Achtar, during this appointment Dr Achtar decided to refer me to the pain clinic as he felt he could do no more, he told me that these people in the pain clinic would investigate this and find what was causing the pain, he also told me they would put a block on the pain with some sort of injection while investigations continued.

I waited for another six months or so and had the appointment on may the 10th, everything Dr Achtar assured me they would turned out to be far from the truth, the Dr in the pain clinic decided to just give me more painkillers, half

the strength of the ones i already told him im on, NO investigations to follow, just a review in 3 months, how is this going to help? im basically being told to wait three months which will probably be more like six months with half pain relief and no reason why anything should change, yet again this is unacceptable!! How can a specialist do that, he did absolutely nothing, it doesnt take six months and a man saying he is a doctor to do nothing!!!!

Right now im in a situation where my groin is very painful, the pain has spread out to my whole left hip, the urinary symptoms are now both urinary symptoms and bowel symptoms, i get occasional shooting pains in my penis and pain in my left lower back, im finding it getting more and more difficult to work, drive, even getting out of bed can be painful now, as well as this im spendind most of my day in the bathroom. my work life and home life are a nightmare every day.

All i want is for someone to get to the bottom of this, these doctors are clearly not one bit interested in any of this, the source of the pain is in my left groin, this pain has never been investigated, these doctors are passing me around like im a fooball and getting nowhere.

I have had enough now and will not let this go on any longer, if this is not sorted through the complaints procedure this time i will have no option left but to contact the ombudsman.

What i want to know now is why Dr Achtar acted like he did and why the pain clinic made me wait six months for an appointment and then do nothing but tell me to wait for another six months, i also want to know why nobody has investigated the source of the pain which i clearly tell all these doctors, its coming from my groin! I also would like to speak to someone who will actually be a doctor and find out the cause of the pain instead of just bluffing me and fobbing me off.

any help on this would be greatly appreciated.

Personal Information redacted by the
USI

Farrell, Roisin

From:
Sent:
To:
Cc:
Subject:

Personal Information redacted by the USI

11 May 2011 19:24

Farrell, Roisin

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

17/5/11 E-mailed to
Dr Jacek Sobolewski
cc R Carroll, Stephen Hall, M Corrigan
Re: my case
17/5/11 Acknowledgement to
cc CHart + RFarrell.

Personal Information redacted by the USI

im writing this email as an official complaint about the lack of treatment im recieving from the consultants at craigavon hospital,

five years ago i first visited my gp with pain in my left groin with very bad urinary symptoms, he sent me to see a urologist in newry who did a dye test of my urinary tract as well as a camera in the bladder, nothing was found so i was discharged even though the problem was getting worse, this quickly turned into a lump in my left groin which my gp and his partners all refused to accept was there, after three years of painkillers, anti-inflammatories, anti-depressants and other silly drugs i was being fobbed off with i finally convinced them to send me to a surgeon. Doctor Brown from daisy hill hospital found the lump straight away and decided to do an exploration to find out what this was, it turned out to be a hernia which was a bit higher up my groin than normal, a tricky one was the words used by doctor Brown.

the pain changed after the operation from being sharp to a very heavy constant ache, the bladder symptoms still persisted so again having difficulty with my gp i booked a private appointment at my own expense to see doctor Achtar, a urologist in newry private clinic, this doctor did some investigations including a camera in my bladder for the third time, in my opinion once was enough for that, mr Achtar then said he was going to do a c.t scan of my lower abdomen and pelvis, i then waited for over a year for this, when i contacted craigavon hospital to find out what was happening i was told that there was never going to be any scan, so i waited over a year for something that was never gonna happen, and even though i called dr Achters secretary on several occasions through that year no one told me this nor did anyone fulfill their promises to call me back, ie dr Achtar and his secretary. That is totally unacceptable!!!

I had no option but to make a complaint as yet again my gp was being very stubborn and unhelpful, i was contacted by david in complaints who managed to get Dr Achtar to see me as a review patient even though there was nothing to review, at that appointment Dr Achtar denied all knowledge of the c.t scan and most of the conversation we had last time we spoke, again thats unacceptable as it was in his notes according to his secretary, after an argument he decided to do a scan on my lower back which to be fair to him he did very quickly, this came back normal.

While i was waiting for another review appointment i attended a meeting with david and martina, the head of urology, i left that meeting happier as i was promised this would be sorted out, it wasnt.

During this time i got a call from customer support, a ladie called Paula McAlorum who bent over backwards trying to help me, she came with me to my next appointment with Dr Achtar, during this appointment Dr Achtar decided to refer me to the pain clinic as he felt he could do no more, he told me that these people in the pain clinic would investigate this and find what was causing the pain, he also told me they would put a block on the pain with some sort of injection while investigations continued.

i waited for another six months or so and had the appointment on may the 10th, everything Dr Achtar assured me they would turned out to be far from the truth, the Dr in the pain clinic decided to just give me more painkillers, half the strength of the ones i already told him im on, NO investigations to follow, just a review in 3 months, how is this going to help? im basically being told to wait three months which will probably be more like six months with half pain relief and no reason why anything should change, yet again this is unacceptable!! How can a specialist do that, he did absolutely nothing, it doesnt take six months and a man saying he is a doctor to do nothing!!!!

Right now im in a situation where my groin is very painful, the pain has spread out to my whole left hip, the urinary symptoms are now both urinary symptoms and bowel symptoms, i get occasional shooting pains in my penis and pain in my left lower back, im finding it getting more and more difficult to work, drive, even getting out of bed can be painful now, as well as this im spending most of my day in the bathroom. my work life and home life are a nightmare every day.

All i want is for someone to get to the bottom of this, these doctors are clearly not one bit interested in any of this, the source of the pain is in my left groin, this pain has never been investigated, these doctors are passing me around like im a football and getting nowhere.

I have had enough now and will not let this go on any longer, if this is not sorted through the complaints procedure this time i will have no option left but to contact the ombudsman.

What i want to know now is why Dr Achtar acted like he did and why the pain clinic made me wait six months for an appointment and then do nothing but tell me to wait for another six months, i also want to know why nobody has investigated the source of the pain which i clearly tell all these doctors, its coming from my groin! I also would like to speak to someone who will actually be a doctor and find out the cause of the pain instead of just bluffing me and fobbing me off.

any help on this would be greatly appreciated.

Personal Information redacted by the USI

Cardwell, David

From: Cardwell, David
Sent: 03 February 2011 10:48
To: Corr, Edel; McAloran, Paula
Cc: Corrigan, Martina
Subject: FW: [redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear all

You will see from the email below that [redacted] appointment with Mr Akhtar is on 14 February 2011 at 3pm. As discussed he would like someone from the Patient Support Service to attend with him. Paula will have his contact details and he is expecting a call in advance of the appointment so that an agreed list of questions for Mr Akhtar can be prepared.

Regards

24.3.11

David.

David Cardwell
 Patient/Client Liaison Manager
 Acute, Older People and Primary Care Services

Spoke to Paula. She accompanied [redacted] to appt. with Mr Akhtar and he is happy with outcome.

Ground Floor Annexe
 Beechfield House
 Craigavon Area Hospital
 BT63 5QQ

Telephone: [redacted]

Email: [redacted]

From: Corrigan, Martina**Sent:** 03 February 2011 10:29**To:** Cardwell, David**Subject:** [redacted]

Personal Information redacted by the USI

David,

Just to confirm that I have spoken to [redacted] and advised him that I have made an appointment for him on 14 February at 3:00pm to see Mr Akhtar at his outpatient clinic here in Craigavon. I have also left a message for Mr Akhtar to advise him of this and for him to contact me on his return and I will fill him in.

Can you organise Patient support?

Thanks

Martina

Martina Corrigan
 Head of ENT and Urology
 Southern Health and Social Care Trust
 Craigavon Area Hospital

Tel: [redacted]

Mobile: [redacted]

Email: [redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

All day need to go to toilet 5th year,
Seen Mr Akhtar - 1 year ago - waited for review &
CT. at Newry Clinic, previously seen by Mr Brown
& Mr Young -

- Review backlog - Mr Akhtar's Secretary - then
booking centre, - see in December 2

Pain beside bladder - no-one has looked at,
MRI on bottom of back, bit of disc out,

Farrell, Roisin

From: Farrell, Roisin
Sent: 31 January 2011 12:21
To: Corrigan, Martina
Subject: Meeting -

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Martina

Confirmation for meeting Thursday 3 February 2011
9.00 pre meeting
9.15 meeting with

Personal Information redacted by the USI

Personal Information redacted by the USI

I contacted today to confirm the meeting and informed him that neither Mr Akhtar or Dr Forbes would be there but that David and you would be attending and that you could not answer any clinical questions but would relate them back to the Medics. He confirmed he was happy with this arrangement and confirmed his attendance.

Regards
Roisin

Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel:

Personal Information redacted by the USI

Farrell, Roisin

From: Farrell, Roisin
Sent: 25 January 2011 12:06
To: Johnston, Elaine
Personal Information redacted by the USI
Subject: Personal Information redacted by the USI
Attachments: Personal Information redacted by the USI

Dear Elaine

Attached is complaint from Personal Information redacted by the USI

He also would like to know after his MRI scan what treatment and care will he receive

Regards
Roisin

Róisín Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: Personal Information redacted by the USI

Farrell, Roisin

From: Farrell, Roisin
Sent: 12 January 2011 14:35
To: Akhtar, Mehmood (Personal Information redacted by the USI); Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: FW: New Complaint For Investigation - (Personal Information redacted by the USI)
Attachments: (Personal Information redacted by the USI)

Please note response is now overdue please forward to this office as soon as possible

Regards
Roisin

Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: (Personal Information redacted by the USI)

From: Farrell, Roisin
Sent: 21 December 2010 14:19
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation - (Personal Information redacted by the USI)

Please note response is now overdue please forward to this office as soon as possible

Regards
Roisin
Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: (Personal Information redacted by the USI)

From: Farrell, Roisin
Sent: 30 November 2010 11:57
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation - (Personal Information redacted by the USI)

Please note response is now due, please forward to this office as soon as possible

Regards
Roisin

From: Farrell, Roisin
Sent: 15 November 2010 13:00
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: New Complaint For Investigation - (Personal Information redacted by the USI)

Please note response due 29 November 2010
Regards
Roisin

Róisín Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: Personal information redacted by the USI

Farrell, Roisin

From: Akhtar, Mehmood <[Personal Information redacted by the USI]>
Sent: 12 January 2011 14:52
To: Farrell, Roisin; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: RE: New Complaint For Investigation - [Personal Information redacted by the USI]

I have discussed with patients he was accommodated and had his MRI done awaiting the review after MRI
Patient was happy after consultation
Informed Martina
Regards
Mehmood

From: Farrell, Roisin [mailto:[Personal Information redacted by the USI]]
Sent: 12 January 2011 14:35
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: FW: New Complaint For Investigation - [Personal Information redacted by the USI]

Please note response is now overdue please forward to this office as soon as possible

Regards
Roisin

Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: [Personal Information redacted by the USI]

From: Farrell, Roisin
Sent: 21 December 2010 14:19
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation - [Personal Information redacted by the USI]

Please note response is now overdue please forward to this office as soon as possible

Regards
Roisin
Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: [Personal Information redacted by the USI]

From: Farrell, Roisin
Sent: 30 November 2010 11:57
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation - [Personal Information redacted by the USI]

Please note response is now due, please forward to this office as soon as possible
Regards

Roisin

From: Farrell, Roisin
Sent: 15 November 2010 13:00
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: New Complaint For Investigation -

Personal Information
redacted by the USI

Please note response due 29 November 2010
Regards
Roisin

Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: Personal Information redacted by the USI

Farrell, Roisin

From: Farrell, Roisin
Sent: 21 December 2010 14:19
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation
Attachments: Personal Information redacted by the USI

Please note response is now overdue please forward to this office as soon as possible

Regards

Roisin

Roisin Farrell

Patient / Client Liaison Administrator

Beechfield House

Craigavon Area Hospital

Tel: Personal Information redacted by the USI

From: Farrell, Roisin
Sent: 30 November 2010 11:57
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation -

Please note response is now due, please forward to this office as soon as possible

Regards

Roisin

From: Farrell, Roisin
Sent: 15 November 2010 13:00
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: New Complaint For Investigation -

Please note response due 29 November 2010

Regards

Roisin

Roisin Farrell

Patient / Client Liaison Administrator

Beechfield House

Craigavon Area Hospital

Tel: Personal Information redacted by the USI

Farrell, Roisin

From: Farrell, Roisin
Sent: 30 November 2010 11:57
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: New Complaint For Investigation - [REDACTED]

Please note response is now due. please forward to this office as soon as possible
Regards
Roisin

From: Farrell, Roisin
Sent: 15 November 2010 13:00
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: New Complaint For Investigation - [REDACTED]

Please note response due 29 November 2010
Regards
Roisin

Roisin Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: [REDACTED]
Personal information redacted by the USI

30/11/2010

Farrell, Roisin

From: Farrell, Roisin
Sent: 15 November 2010 13:00
To: Akhtar, Mehmood; Corrigan, Martina
Cc: Trouton, Heather; Rankin, Gillian
Subject: New Complaint For Investigation - [REDACTED]

Please note response due 29 November 2010
Regards
Roisin

Róisín Farrell
Patient / Client Liaison Administrator
Beechfield House
Craigavon Area Hospital
Tel: [REDACTED]

Personal Information redacted by
the USI

15/11/2010

M E M O R A N D U M

TO: Mr Akhtar, Consultant/Urology
Mrs M Corrigan, Head of Urology/ENT

cc: Mrs H Trouton, Assistant Director Acute Services – Surgery & Elective Care

FROM: Mr D Cardwell, Patient/Client Liaison Manager, Acute Services

DATE: 15 November 2010

RE: COMPLAINT – Personal Information redacted by the USI

Please find attached a new complaint which has been received by the Trust. The contents of the complaint are self explanatory.

I would be grateful if you would investigate the issues pertaining to your area of responsibility and provide a report of your investigation to me by 29 November 2010. Please ensure that your response is dated, signed and includes your designation along with the name and designation of the staff involved, as these documents are discoverable under the Freedom of Information.

I also enclose a blank action and learning plan which must be used to record actions taken or required following the complaint as well as the lessons learned from same.

Both your investigation report and action plan should be returned to AcutePatient.ClientLiaison@southerntrust.hscni.net in the first instance.

If you have any queries please do not hesitate to contact either Vivienne Kerr or myself on extension Personal Information redacted by the USI or Personal Information redacted by the USI at Craigavon Area Hospital. I appreciate your assistance with this matter.

DAVID CARDWELL
Patient/Client Liaison Manager
Directorate of Acute Services

enc

Beechfield House, Craigavon Area Hospital
Telephone: Personal Information redacted by the USI
Email: acutepatient.clientliaison@southerntrust.hscni.net

Acute Redire

DATIX Risk Management

File Edit Records Options Setup Complaints Reports E-mail Design Admin Window Help

File Previous Next Last New Search Browse Control PALS Contacts

Complaint Personal information redacted by the USI

Name: Our ref: ID: 6890 HoS: MC

Facility: CAH TC Group: TCR Directorate: ACUTE

Division: SEC Type of Facility: HOSPIT Location (exact): UROLOL

Method of complaint: TEL Type: REDIRE Subtype:

Handler: PTR AsstDir: HT Incident type:

Consent obtained: Commissioner:

Incident date: Other ref: First received: 10-Aug-2010

Opened: 10-Aug-2010 Closed: 10-Aug-2010 Reopened date:

Description: Patient who had been seeing a Urology Consultant privately in Newry, has been promised a scan at CAH, and new medication, but to date he has heard nothing about either. He has made several phone calls to his Secretary and discovered that his scan has not even been

Current stage: CLOSED Closed Outcome code: RED

Outcome: Passed to Patient Support Team for resolution at ward level.

Complaints: 1 Claims: 0 PALS: 0 Incidents: 0

Complaints... Persons... Employees... Contacts... Subjects... Documents... Extra Fields... Investigate... Causes... Claims... Incidents... Notepad... Events... Save Close

1 of 1 records

start Inbo - Microsoft O... MetaPrave Presen... Applauncher - WP... DATIX Risk Manage... Document3 - Micro... 14:38

FORMAL COMPLAINT RECORD FORM (internal use only)
Notes for Completion:

1. This form should be used in conjunction with the Trust's Policy and Procedure on Complaints.
2. *Please complete all sections of the form as fully as possible. It is imperative to have accurate information in order that an investigation can be carried out.*

Name and Address of Complainant

Personal Information redacted by the USI

On Behalf Of (inc address)

Self

Patient's Date of Birth:
Complainants Relationship to Patient:
Contact Telephone Number

Personal Information redacted by the USI

Personal Information redacted by the USI

Complaint Made Against Ward/Department

Urology, CAH

Summary Details of Complaint

Personal Information redacted by the USI advised he has been seeing Urology Consultant, Mr Aktar at his private clinic in Newry and he has been promised a scan at CAH. Mr Aktar also said he would "try him on new medication". His last appointment in Newry was December 2009, and to date he has heard nothing regarding a date for his scan. Personal Information redacted by the USI stated he has made several phone calls to Mr Aktar's secretary and eventually discovered that the scan has not even been ordered. He is very unhappy with the lengthy delay.

Central Reporting Point Officer.....Pamela Truesdale.....**Date** ...10/8/10.....

Passed to for Action:David Cardwell.....

Cardwell, David

From: McAloran, Paula
Sent: 12 November 2010 13:56
To: Cardwell, David
Subject: Patient Support/Complaints
Importance: High

Re: [Personal Information redacted by the USI]

David

I had a lengthy discussion with [Personal Information redacted by the USI] today and his main issue was with Mr Akhtar. Apparently Mr Akhtar informed [Personal Information redacted by the USI] at his private appointment in December 2009, he would organize a scan, which never happened. [Personal Information redacted by the USI] is experiencing urology problems and has been waiting a review appointment since this date in 2009. Yesterday he was offered an appointment for 23rd November 2010 at 7pm at CAH with Mr Akhtar. [Personal Information redacted by the USI] has requested someone accompany him to this appointment to support him and be there for him as his anxiety levels are high. I have advised him I will liaise with the manager of the clinic and request for a staff nurse to accompany [Personal Information redacted by the USI] at his consultation with Mr Akhtar. [Personal Information redacted by the USI] was happy with this suggestion.

Secondly, [Personal Information redacted by the USI] is unhappy with the "Complaints people" who apparently offered a "Resolution Meeting" with Mr Akhtar following his phone call in August 2010. He stated he spoke to a lady in complaints after speaking to me at patient Support. See my e-mail forwarded 18th August 2010. [Personal Information redacted by the USI] also informed me he never received a letter from complaints and when he phoned yesterday he was told his file may be in Armagh.

Can you follow this up?

Regards
Paula

Paula Mc Aloran

Patient Support Officer

Southern Health & Social Care Trust

Craigavon Area Hospital

Portadown

BT63 5QQ

Tel No: [Personal Information redacted by the USI] (Direct Line)

Email: [Personal Information redacted by the USI]

12/11/2010

Cardwell, David

From: McAloran, Paula
Sent: 12 November 2010 12:37
To: Cardwell, David
Subject: [Personal Information redacted by the USI] Patient Support/Complaint

Hi David

Email scanned and sent by Emma. Do you still want me to contact [Personal Information redacted by the USI] or will you follow his enquiry?
Paula

Paula Mc Aloran

Patient Support Officer

Southern Health & Social Care Trust

Craigavon Area Hospital

Portadown

BT63 5QQ

Tel No: [Personal Information redacted by the USI] (Direct Line)

Email: [Personal Information redacted by the USI]

12/11/2010

Cardwell, David

From: McAloran, Paula
Sent: 18 August 2010 11:56
To: Cardwell, David
Subject: Personal Information redacted by the
USI

Re ; Personal Information redacted by the USI

David

Patient Support has spent a lot of time trying to resolve Personal Information redacted by the USI enquiry, however we cannot offer the answers he requested. Mr Akhtar has responded to my e-mails and said he will review Personal Information redacted by the USI as routine. I have contacted the booking centre and no date can be offered for routine at present. No scan has been booked and this is what Personal Information redacted by the USI states Mr Akhtar suggested at his private appointment. I advised Personal Information redacted by the USI to liaise with his GP and secretary for Mr Akhtar's private patients. Let me know if you require any e-mails etc.

Regards
.la

Paula Mc Aloran

Patient Support Officer

Southern Health & Social Care Trust

Craigavon Area Hospital

Portadown

BT63 5QQ

Tel No: Personal Information redacted by the USI (Direct Line)

ail: Personal Information redacted by the USI

18/08/2010

Received from Shane Devlin on 04/02/22 Annotated by the Urology Services Inquiry.

McAloran, Paula

From: McAloran, Paula
Sent: 18 August 2010 11:56
To: Cardwell, David
Subject: Personal Information redacted by the
USI

Re:

Personal Information redacted by the USI

David

Patient Support has spent a lot of time trying to resolve Enquiry, however we cannot offer the answers requested. Mr Akhtar has responded to my e-mails and said he will review as routine. I have contacted the booking centre and no date can be offered for routine at present. No scan has been booked and this is what states Mr Akhtar suggested at his private appointment. I advised to liaise with his GP and secretary for Mr Akhtar's private patients. Let me know if you require any e-mails etc.

Regards
Paula

Paula Mc Aloran

Patient Support Officer

Southern Health & Social Care Trust

Craigavon Area Hospital

Portadown

BT63 5QQ

Tel No: (Direct Line)

Email:

Patient unhappy with Mr Akhtar
Requested to be put through to
complaints dept.
Happy with Patient Support unit.

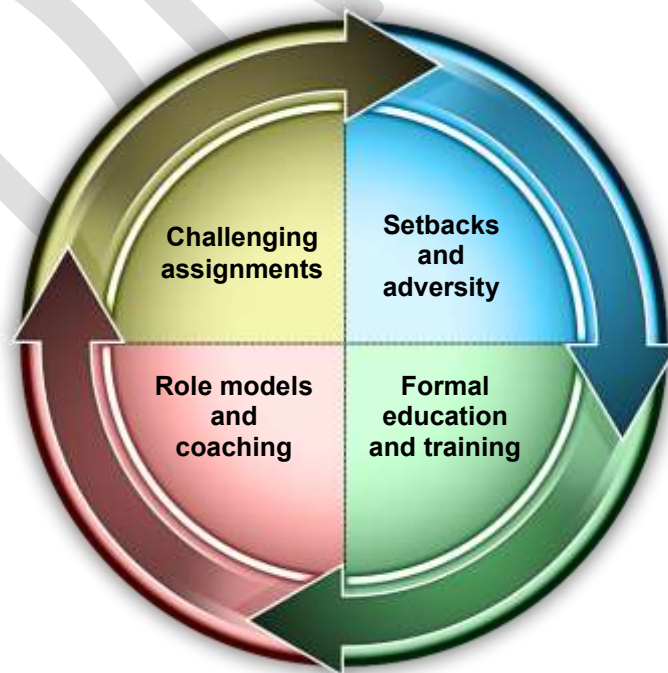
18/08/2010

STRATEGIC SMT

The Senior Executive roles within the Trust have inherent challenges and difficulties and Strategic SMT presents an opportunity to discuss those issues that ‘keep us awake at night’ in a collegiate and supportive environment. It provides an opportunity to generate solutions to these issues and to learn from each other’s experiences.

It is also an opportunity to reflect on past projects/initiatives. Significant learning can be achieved from dealing with difficult/challenging matters and this will be enhanced if an opportunity is created to allow for reflection.

GRAPH 1: MOST EFFECTIVE DEVELOPMENT METHODS / TECHNIQUES



GUIDING PRINCIPLES REGARDING STRATEGIC SMT

1. There should be no pre-set agenda.
2. The Chairman's role should rotate between SMT members.
3. The Chair of the meeting will have the opportunity to shape what is discussed at the meeting.
4. It is preferable if a limited number of items are discussed at each meeting, thereby allowing full and thorough consideration of the issues/topics raised.
5. Whilst there will be no formal minute kept of the meetings, it is likely that an action plan will be generated at each meeting.
6. Should the Chair and other members have no items they wish to discuss at any particular meeting that meeting should be closed.
7. The format, structure, purpose and usefulness of these meetings should be kept under review and should be considered periodically by the group.
8. It is important that Strategic SMT should be viewed as being of equal importance to Formal SMT meetings, but it is recognised that there will be occasions when the issues to be discussed at Strategic SMT will need to be set aside to allow discussion of other critical issues that may arise from time to time.

TYPES OF ISSUES TO BE INCLUDED FOR DISCUSSION

The types of issues that could be included for discussion at Strategic SMT fall into 5 main categories as follows:-

1. Challenging areas/issues – i.e. those issues that keep us awake at night but which may not be discussed at Formal SMT or would be more appropriately discussed at Strategic SMT where greater time and consideration could be afforded to the issue.
2. Issues that have already been dealt with can be included to allow for reflection and any learning points arising from the situation/issue.
3. Important issues relating to the corporate direction and identity of the Trust can be discussed in detail, examples include creating leaders throughout the organisation; obtaining and interrogating feedback results from staff/service users and identifying how these can help to inform service design/improvement plans. Formal SMT may not provide the opportunity to discuss such issues in depth.
4. Keep a handle on 'softer issues'.
5. Strategic thinking/checkpoint/operational impact.



**Minutes of a confidential meeting of Trust Board held on
Friday, 27th January 2017 at 10.00 a.m. in the
Boardroom, Trust Headquarters**

PRESENT:

Mrs R Brownlee, Chair
Mr S McNally, Acting Chief Executive
Ms G Donaghy, Non Executive Director
Mrs P Leeson, Non Executive Director
Mrs H McCartan, Non Executive Director
Mr M McDonald, Non Executive Director
Ms E Mullan, Non Executive Director
Mrs S Rooney, Non Executive Director
Mr J Wilkinson, Non Executive Director
Mrs A McVeigh, Director of Older People and Primary Care Services/
Acting Executive Director of Nursing
Mr P Morgan, Director of Children and Young People's Services/
Executive Director of Social Work
Ms H O'Neill, Acting Director of Finance and Procurement
Dr R Wright, Medical Director

IN ATTENDANCE:

Mrs E Gishkori, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mr B McMurray, Acting Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES:

Mr F Rice, Interim Chief Executive

1. CHAIR'S WELCOME

Mrs Brownlee welcomed everyone to the meeting, particularly Ms G Donaghy, Mrs P Leeson and Mr M McDonald, the newly appointed Non Executive Directors.

The Chair congratulated the following on their recent promotions: - Mr S McNally, Acting Chief Executive; Mrs A Magwood, Director of Performance and Reform; and Ms O'Neill, Acting Director of Finance and Procurement.

The Chair reminded members of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/IPads are to be used for accessing Trust Board papers only during the meeting.

2. DECLARATION OF INTERESTS

Mrs Brownlee requested members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 24th November 2016 were agreed as an accurate record.

4. MATTERS ARISING FROM PREVIOUS MEETINGS**i) Judicial Reviews and Coroner's Inquests – Enhanced support for Trust staff**

Members welcomed the establishment of an internal working group to take forward strands of work.

5. PROGRESS UPDATES

i)

Personal Information redacted by the USI

Mr McMurray referred members to the written update in their papers. In relation to the Judicial Review proceedings, Mr

McMurray confirmed that the Trust met with Senior and Junior Counsel on 15th December 2016 and has provided them with information to assist in their preparation of a responding Affidavit. He advised that Mr Gerry McAlinden has been instructed as Senior Counsel and Mr Barry Woods as Junior Counsel for the Trust and both are very experienced in these matters. The Chair asked Mr McMurray if he was satisfied that there was appropriate support for Trust staff to prepare for and during Judicial Review proceedings. Mr McMurray advised that it is senior staff who will be attending and they are well prepared. Additional support has been offered to them, but they do not wish to avail of this at this point.

Mr McMurray updated members on the Nursing and Midwifery Council (NMC) referral relating to one of the Home Owners, who is a registered nurse. The NMC is now taking this forward as case review.

ii)

Personal
Information
redacted by the USI

Mr McMurray verbally updated members on the current position. He advised that the gentleman has been transferred to Muckamore Hospital for a period of assessment. There has been no confirmation as to whether the Judicial Review will be heard and he reminded members that this is based on the gentleman's solicitor's view that the Trust is obliged to provide a suitable secure accommodation bail address, which despite significant efforts, the Trust has been unable to secure. The Trust is attempting to procure a bespoke care package which is likely to be at a significant cost.

The Chair left the meeting for the next item.

6. **MAINTAINING HIGH PROFESSIONAL STANDARDS (MHPS)** **EXCLUSIONS**

Mrs Toal advised that under the MHPS framework, there is a requirement to report to Trust Board any medical staff who have been excluded from practice. She reported that one Consultant Urologist was immediately excluded from practice from 30th December 2016 for

a four-week period. Mrs Toal reported that the immediate exclusion has now been lifted and the Consultant is now able to return to work with a number of controls in place.

Dr Wright explained the investigation process. He stated that Dr Khan has been appointed as the Case Manager and Mr C Weir, as Case Investigator. Mr J Wilkinson is the nominated Non Executive Director. Dr Wright confirmed that an Early Alert had been forwarded to the Department and the GMC and NCAS have also been advised.

7. WAITING LIST INITIATIVES – RADIOLOGY

The Chair informed members of a letter she had received from the Radiology Department expressing their concern at the Internal Audit review of Waiting List Initiative Payments 2016/17. Dr Wright explained the scope of this assignment which was undertaken by Internal Audit at the request of the Trust to carry out a review of the payments made to the Consultants earning the most from WLI work within the Trust in the period 1st April 2015 to 31st March 2016. This review was set in the context of an initial review by the Trust following a FOI request and media coverage regarding WLI payments that identified the Southern Trust as having the highest WLI earners within Northern Ireland with one Consultant making it into the top 5 UK national list of highest earners.

Members were advised that the IA Report will be discussed at the forthcoming Audit Committee. Dr Wright explained that this has identified issues around the process and there appears to be a degree of confusion between payment for activity and payment for time, resulting in individuals being paid for more than they worked. The Trust has sought legal advice on the recovery of these alleged overpayments and DLS have indicated that to seek recovery would prove far from straightforward. The Department has been made aware of this situation and the Interim Chief Executive has submitted an application to the Department for approval for foregoing recoupment of these overpayments as they exceed the Trust's delegated authority. A response is awaited. Dr Wright stated that to pursue recovery of the overpayments may result in a number of resignations of Radiologists involved resulting in the Trust not being able to deliver on a substantial amount of clinical work. He spoke of the difficulties recruiting into this

team and stated that one Radiologist has already tendered their resignation. Mrs Gishkori welcomed a speedy resolution to ensure delays in reporting are minimised.

Mrs Rooney asked if this could be an issue in other professional areas where Waiting List Initiatives are undertaken. Mr McNally advised that the IA work included 2 General Surgery Consultants. Mrs Toal advised that the Assistant Director with responsibility for Radiology services in working through the IA recommendations is reviewing the other areas where WLI work was undertaken. Going forward, a more rigorous checking process will be put in place to ensure robust approval process is completed.

8. **ENDOSCOPES**

Mrs Gishkori informed members of an issue identified in the Endoscope Decontamination Unit at the Day Procedure Unit, South Tyrone Hospital when incorrect disinfectant was used in the machine to process the scopes. Mrs McCartan referred to the Root Cause Analysis proforma included in members' papers and stated that she felt this was not a useful paper in terms of outlining what the risks are. Ms Donaghy asked if patients have been informed at this stage to which Mrs Gishkori advised that a risk assessment needs to be undertaken for each patient on Endoscopy lists in STH between 9th and 16th January 2017 in order to identify the level of risk to others. Consultants are to complete this work by 30th January 2017.

Mrs Gishkori undertook to bring an updated paper to the next Trust Board meeting.

9. **UNSCHEDULED CARE PRESSURES**

Members discussed the briefing paper on unscheduled care pressures which provides an overview on demand and performance, as well as the operational and management responses in place and ongoing. The Chair referred to the challenge of medical capacity to support increasing demand and noted the relatively low baseline of medical staffing in the Southern Trust comparable to other sites. Mrs McCartan asked about the current status of elective surgery to which

Mrs Gishkori advised that similar to other Trusts, no elective surgery has been scheduled for routine patients from before Christmas and the situation is reviewed on a daily basis. Only red flags and the most clinical urgent surgery have been scheduled.

There was a short discussion on complex discharges in which Mrs McVeigh explained some of the challenges.

10. CORPORATE RISK REGISTER

Mr McNally presented the Corporate Risk Register. He stated that SMT had reviewed the register the previous day and agreed the removal of a number of risks. A revised Corporate Risk Register will be presented at the Governance Committee meeting on 2nd February 2017. Mr McNally advised that the SMT has agreed to do a review of the Corporate Risk Register and members were asked to forward any comments in terms of format. Ms Eileen Mullan agreed to attend a future SMT to facilitate discussion.

11. DUNMURRY MANOR CARE HOME

Mrs McVeigh spoke to the briefing paper, advising that South Eastern Trust are the Contract Owners for the Home and the Southern Trust has three Trust residents in this care home. Allegations of poor care were reported to the local media and a safeguarding alert was raised with the Southern Trust on 12th October 2016 in respect of an alert to South Eastern Trust. Following this, the care of the three Trust residents was reviewed. Five Contract Compliance notices have been raised in respect of all 3 Southern Trust residents in the home since October 2016. The Trust Specialist Nurse for Older People has been working in partnership with the Home to address the issues raised. One family has decided to move their relative to another home and the Trust is assured that the two remaining residents have care plans in place.

Mrs McVeigh informed members of a decision by Glenview Private Nursing Home in Portadown to a voluntary cessation of services. There are 26 Trust residents in the home and the Trust is starting the process of relocating them in line with its contingency plan.

12. BANNVIEW MEDICAL PRACTICE

Mrs McVeigh advised that the Trust has agreed to take on the General Medical Services (GMS) contract for the Bannview Medical Practice in Portadown Health Centre for a temporary period. The Trust held an initial meeting with the non-medical workforce at Bannview Practice the previous day, also attended by the HSCB and Staff Side representatives.

Mr McNally advised the Trust had received a letter from the Health Minister asking the Trust to seriously consider taking on the GMS contract for the longer term (letter dated 25 January 2017 circulated at the meeting). The Trust will be meeting with the HSCB to further discuss.

13. BREACH OF STATEMENT OF PURPOSE – BOCOMBRA CHILDREN'S CENTRE

Mr Morgan advised that the Statement of Purpose for this Home outlines service provision for those age 12+. This was breached in November 2016 in order to admit a 10 year old and Mr Morgan explained the reasons why.

14. LETTER TO PERMANENT SECRETARY RE FINANCE

Members noted the content of a letter to the Permanent Secretary dated 18th January 2017. Mr McNally stated that in light of the current financial position and most particularly the assumption that the Trust will not have an agreed budget for 2017/18, it was now appropriate to formally raise the Trust's concerns on its ability to maintain existing services and, at the same time, breakeven. There was a short discussion on the fact that the Trust will open the new financial year with a recurrent deficit of £20.6m.

Mrs McCartan asked how soon would work commence on a recovery plan to which Mr McNally advised that the SMT has commenced this process.

Mr McNally, Mrs Magwood and Ms O'Neill left the meeting for the next item.

15. FEEDBACK FROM REMUNERATION COMMITTEE

The Chair advised that the Remuneration Committee had met earlier that morning and made the following recommendations in respect of Senior Executive Remuneration:-

1. Acting Chief Executive - a [Personal Information redacted by t] for Mr McNally;
2. Director of Performance and Reform – a [Personal Information redacted by t] for Mrs Magwood;
3. Acting Director of Finance and Procurement – a [Personal Information redacted by t] for Ms O'Neill

Trust Board approved the Remuneration Committee recommendations.

16. ANY OTHER BUSINESS

i) **ED, DHH**

Dr Wright updated members on developments. He advised that the Trust's recruitment process for the Consultant ED post at DHH was unsuccessful, despite an enhanced recruitment and retention package being offered. The current permanent staffing is 1 Consultant with the vast majority of middle and senior staff being locum employees. A GMC regional inspection is due in March 2017 and if the level of Consultant supervision does not meet the required standards for a sustainable service, there is the potential that training posts would be removed.

The meeting concluded at 11.45 a.m.

**Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 27th August 2020 at 12.10 p.m.**

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Acute Services
Mr B McNeany, Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. INTERIM FINANCIAL STRATEGY – POST INDICATIVE ALLOCATIONS 2020/21

At the outset, the Chief Executive reminded members of the Trust's statutory duty to break-even, which will only be achieved by effective financial management. Ms O'Neill advised that the Trust has received notification of the indicative allocations for 2020/21. She referred members to the detail in the Interim Financial Strategy, which sets out the impact of these allocations on the financial position, the next steps required and to request Trust Board approval to set an unbalanced budget in the interim to facilitate appropriate stewardship and accountability of resources.

Ms O'Neill advised of an overall regional funding gap of £70m, £58m of which has to be addressed by Trusts. She further advised that the Trust has been allocated a medicines optimisation savings target of £1.04m. Ms O'Neill explained that for the fourth consecutive financial year, the Trust has been successful in negotiating out a significant share of the regional recurrent cash releasing efficiency target. For the last three financial years, the Trust secured full reduction of the target and for 2020/21, achieved a 50% reduction. This means that in 2020/21, the Trust is required to deliver general cash releasing savings of £4m. Recurrently however, the Trust has now avoided a total of £25m over the last 4 years.

Ms O'Neill stated that it was important to remember that before account is taken of the new savings/income generation targets, the Trust entered the new financial year with an opening recurrent gap of some £11.1m. Carried forward, cost pressures increased the deficit to £30m. However, the Trust was successful in achieving £0.4m of pharmacy savings in excess of plan, which reduces the deficit down to £29.6m. Ms O'Neill referred members to Table 3 on page 6 of the document, which summarises the total gap of £11.5m between committed expenditure and indicative income in 2020/21 before considering additional pressures.

Ms O'Neill reported total anticipated RRL 2020/21 of £717.2m and spoke of the significant elements. She confirmed that funding of £16.9m has now been received recurrently to support the 2019/20 pay settlement. She stated that given RRL anticipated income of £717.2m

and non RRL anticipated income of £42.8m, the Trust has a total maximum income of £760m available and hence the spending allowance for the Trust is currently £760m in 2020/21.

Ms O'Neill reported total forecasted expenditure 2020/21 of £774.3m as detailed in Table 7 of the document, leaving a forecasted gap of £14.3m. She advised that measures of £7m have been identified, these include pharmacy prescribing measures and natural slippage on some full year allocations, leaving at this stage an unresolved gap of a maximum of £7m.

Ms O'Neill stated that the financial plan will be further refined, with the Department of Health planning meetings to take place in September 2020. Directors will continue to review what additional savings measures are possible in the event that additional funding is not secured. Mrs McCartan asked if it was permissible to submit an Interim Financial Strategy without a balanced budget. Ms O'Neill stated that Directors of Finance were asked to submit a plan which identified the impact of the indicative allocations. This is merely the first stage and at present this shows an unresolved gap of £7m. The Interim Financial Strategy being discussed at Trust Board is to seek approval to set an unbalanced budget to support the appropriate stewardship and accountability of public funds. As discussions evolve with both the HSCB and DoH, the position may change, to include either potential additional unplanned expenditure benefits or some further funding support. Mrs McCartan noted the Trust's statutory duty to breakeven and stated that hopefully additional funding support would be secured.

Trust Board approved the setting of an unbalanced interim budget for 2020/21

3. ANY OTHER BUSINESS

i) SAI

Dr O'Kane brought to the Board's attention SAI investigations into concerns involving a recently retired Consultant Urologist. Members requested a written update for the next confidential Trust Board meeting.

ii) End of Non Executive Director Appointment Term

The Chair advised that Mrs Siobhan Rooney's term of office as a Non-Executive Director ends on 28th August 2020. On behalf of members, the Chair thanked Mrs Rooney for her enormous contribution to the Trust over the past nine years and wished her well for the future.

SIGNED: _____**DATED:** _____

**Notes of a Virtual Directors' Workshop held on
Thursday, 27th August 2020 at 9.15 a.m.**

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services /
Executive Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr Brian Beattie, Acting Director of Older People and Primary Care
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Acute Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (*Notes*)

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were noted from Mr Martin McDonald, Non-Executive Director.

Personal
Information
redacted
by the USI

The Chair advised that Mrs Rooney's term of office as a Non-Executive Director ends on 28 August 2020. On behalf of colleagues the Chair acknowledged Mrs Rooney's contribution to the Southern Trust over the past nine years and on behalf of Non-Executive Director colleagues, recorded sincere thanks for her support and commitment. The Chief Executive concurred and recorded his appreciation to Mrs Rooney for the balanced contribution she has brought to the Trust Board in terms of providing support and challenge over her term of office and wished her well for the future.

2. CHIEF EXECUTIVE'S BUSINESS

The Chief Executive provided updates on the following 3 areas: i) Covid-19 and Outbreak ii) Daisy Hill Pathfinder and iii) Bluestone Unit.

i) Covid-19 and Outbreak

The Chief Executive referred to the recent negative media coverage regarding Covid-19 clusters at Craigavon Area Hospital and Mrs McClements provided a comprehensive update on both outbreaks within ED and Haematology Ward. Affected staff are isolating and testing and contact tracing is progressing. Ten patients connected with the Haematology Ward have tested positive for the virus and the ward remains closed to new admissions. Patients and families have been communicated with. Mrs McClements advised the number of ED staff currently off self-isolating is impacting on the team's ability to function and assistance from other Trusts has been sought to cover shifts. The safety of patients, staff and wider contacts remains a priority.

Dr O'Kane spoke about the pressure on staff who are already stretched, the challenges around PPE and the importance of social distancing. She also highlighted capacity issues within the IPC team. Nursing cover is being provided into Care Homes. Dr O'Kane highlighted the opportunities for learning across the region and she stated other Trusts have indicated they are learning from the Trust's current experience in terms of Covid-19 outbreaks. Members noted the ongoing challenges for staff in terms of wearing PPE for long periods and social

distancing on breaks. The Chief Executive gave assurance that the outbreak situation is being managed well.

The Chair asked how the Organisation can effectively communicate messages in relation to the pandemic across the community. Mrs McKimm stated the Trust was extensively engaging with the media to get a balanced message out to the public. Mrs McKimm advised a series of interviews with Dr Hedderwick has proved positive. The Chair asked about staff morale and sufficient breaks. Members were advised the Acute Services operational teams were engaging with staff at Ward level. Mrs McClements updated on the challenges around the provision of space for staff to take breaks and ensuring compliance with social distancing restrictions. Members noted a letter and video to all staff thanking them for their efforts throughout Covid-19 and into the future will be released later in the week.

Mrs McClements updated on workforce challenges and advised assistance has been sought regionally to help cover shifts and staff are being redeployed when necessary. Members were reminded the Staff Psychology Support Service is available to staff.

ii) Daisy Hill Hospital Emergency Department (DHH ED)

The Chief Executive advised it is envisaged DHH ED will re-open at the end of September 2020. He stated partnership working has been ongoing with the Daisy Hill Pathfinder group and a way forward agreed. An update will be provided to Trust Board in due course.

In response to a question from Ms Donaghy on workforce challenges, Mrs McClements updated members on the appointment of two new Consultants in Emergency Medicine at DHH. She went on to highlight the ongoing work regionally looking at how EDs will work in the future.

iii) Bluestone Unit

Mr McNeany provided an update on the RQIA Unannounced Inspection at Bluestone Unit, CAH, carried out on 16th July 2020 as a result of a Whistleblowing allegation. Mr McNeany advised

that following a comprehensive review, informal feedback was positive and RQIA are content the Trust has provided clear evidence of good management. A number of areas have been identified for improvement. Members were advised a further anonymous complaint had been lodged regarding the Dorsy Unit and the Trust will feedback to RQIA following a self-assurance exercise.

Mr McNeany referred to the challenges for In-patient Mental Health in terms of gaps with normative staff and reliance on agency workers, alongside occupancy and patient acuity pressures. He stated the Trust is working to mitigate risk and continues to engage at a regional level on the risks to continued safe, high quality nursing care in Mental Health and Learning Disability In-patient Units.

The Chair requested that the final outcome report would be shared with Trust Board members once issued by RQIA.

Action – Mr McNeany

The Chair referred to the recently published report, *‘Lessons Learned from a review of Leadership and Governance at Muckamore Abbey Hospital’ (MAH)* and asked that the document would be shared with Non-Executive Director colleagues. She emphasised the importance of the Trust considering the report and applying learning to Governance and Leadership arrangements. The Chair advised the Chief Executive will discuss the report initially with the Senior Management Team (SMT) in advance of consideration at a future Confidential Trust Board meeting.

Action – Chief Executive

Mrs Rooney welcomed this, however she pointed out the outcomes report for the Neurology review was also expected in the near future and this was also anticipated to bring with it valuable learning. The Chair concurred and asked that it would be kept under review via the Chief Executive’s Office.

3. BOARD GOVERNANCE SELF-ASSESSMENT 2019/20

At the outset, the Chair pointed out the self-assessment tool is intended to help ALBs improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. Members were reminded there is no requirement to submit the document to the Department of Health however it must be available on request.

The Chief Executive advised the tool had been reviewed separately by the SMT and no issues of concern identified.

The Chair drew attention to Board composition and advised that in light of terms of office due to expire for both Mrs Rooney and herself she had reviewed the Committee Structure and advised of a number of adjustments. Mrs Leeson commented that in the absence of Mrs Rooney, there would be no Non-Executive Director with a clinical nurse background which she felt would be a deficit in Trust Board composition going forward. Mrs McCartan asked about the risk to overall Board function in light of a number of Non-Executive Director colleagues first tenure due to expire at the end of 2020. The Chair stated she had raised these matters with the Department of Health.

A case study was completed on the Board's Governance during Covid-19. Members agreed the RAG ratings applied.

The RAG ratings will be formally agreed by the Board at its Board meeting on 24th September 2020.

4. REBUILDING HEALTH AND SOCIAL CARE SERVICES

i) Management Board update to include Stakeholder participation update

The Chief Executive provided a brief overview on the function of the recently established Programme Management Board and updated on 3 major pieces of work i) Elective Care ii) Orthopaedics and iii) No more silos. The challenges of engagement were raised to which the Chief Executive advised that the Regional Board was working with the Patient and Client Council to build an engagement process.

ii) Rebuild Plans**a. Executive Summary**

Mrs Magwood referred to the Trust's Stage 2 recovery plan covering the period 1 July 2020 to 30 September 2020, which sets out the next phase of how the Trust plans to rebuild services as part of the Covid-19 response. Mrs Magwood advised that of the 134 individual actions included in the Stage 2 plan, 93% have been completed or are progressing and welcomed the position. Members noted that whilst implementing effective compliance with the safety requirement of Covid-19 is the principle challenge, other associated challenges across areas including Finance, Accommodation, Staffing and Technology are being worked through.

b. Performance Monitoring

Mrs Magwood highlighted the RAG rating on the performance monitoring template and Directors responded to questions in relation to their own areas.

Ms O'Neill referred to the rigorous process in place by the Department of Health in relation to securing Covid funding. She stated there had been significant accommodation issues and achieving effective implementation of social distancing measures had presented significant challenges. Minor works requests remain subject to funding approval. She welcomed the additional £600m allocated to Stormont and advised the Trust has submitted capital bids and it was hoped funding will be secured for the cost of Covid-19 incurred to date.

Mrs McCartan asked why Unscheduled Care had not been included within the Executive Summary detail on the four areas expected to be most challenged moving forward. Mrs Magwood pointed out Unscheduled Care will be worked through once work streams get up and going. She acknowledged the large scale transformational change ahead and stated with all the issues taken into account the biggest challenge moving forward is going to be staffing and emphasised all Directors will be monitoring their own areas.

5. REVIEW OF ARM'S LENGTH BODIES – CORRESPONDENCE FROM THE DOH DATED 8.8.2020

Members noted the purpose of the review of Arm's Length Bodies (ALBs) to be carried out in accordance with the New Decade New Approach deal. Stage One is now complete. Stage Two will be completed by the Department of Finance, however due to Covid-19 pressures and priorities, it is envisaged the original timeline will not be achieved. It is proposed that stage two of the review will be completed within around two months from receiving the information from Departments, with its conclusions being brought to the Executive for comment and consideration after the summer.

6. UPDATE FROM EXECUTIVE DIRECTORS (VERBAL)

The Chair asked the Executive Directors if there were any other issues relating to their professional roles they wished to bring to the Board's attention.

Mrs Trouton referred to the Bluestone Unit and raised concern at the significant increase in those presenting acutely unwell and the associated pressure impacting on the patient/nurse ratio and stated she would keep the matter under review. Mrs Trouton also raised Workforce pressures in relation to high levels of staff absence within Midwifery at CAH, particularly the Delivery Suite. A programme of short term bolstering from agency staff across the mainland has commenced and longer term recruitment and retention work will take place. Members were assured there were no patient safety issues at that time and the number of SAls were being monitored. Members were alerted to a number of issues raised around a Ward in CAH. Mrs Trouton and Mrs McClements provided assurance that staff have been met with and an improvement plan has been implemented.

Mr Morgan advised he had had discussions with colleagues across programmes of care in terms of social work and social care and advised of issues relating to Covid-19 including alcohol abuse, domestic violence and child protection and the expected pressure on adult mental health and CAMHS services moving into the future. Members noted the first meeting of the Welfare Reform Group has taken place.

The Chair left the meeting at this point.

Dr O’Kane brought to the Board’s attention SAI investigations into clinical concerns involving a recently retired Consultant Urologist. Members asked that this matter be discussed at the confidential Trust Board meeting following the Workshop.

The Chair returned to the meeting at this point.

Dr O’Kane drew member’s attention to staffing issues within the Infection Prevention Control (IPC) team along with a significant increase in workload due to Covid-19. She also alerted members to particular medical workforce challenges in the GP Out of Hours Service and Acute Physicians.

The Chair thanked Executive Directors for providing updates on important issues within their areas of responsibility.

7. ANY OTHER BUSINESS

None.

The workshop concluded at 12 noon

Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 24th September 2020 at 9.15 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Dr D Gormley, Deputy Medical Director (deputising for Dr O'Kane)
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Interim Director of Acute Services
Mrs J McConville, Assistant Director of Capital and Corporate Planning
(deputising for Mrs A Magwood)
Mrs A Rutherford, Assistant Director of Finance (deputising for Ms O'Neill)
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Dr M O'Kane, Medical Director
Mrs A Magwood, Director of Performance and Reform

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting. She particularly welcomed Mr Eoin McAnuff, Boardroom Apprentice 2020 and Mr Ajay Mirakhur – CPANI/QUB Mentoring Scheme.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda.

The Chair declared an interest in item 7) Urology and left the meeting for discussion on this item.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meetings held on 30th June 2020 and 27th August 2020 were agreed as accurate records and duly signed by the Chair.

4. MATTERS ARISING**i) Update on HH/BC**

Mr McNeany spoke to the progress update in members' papers. He referred to the meeting between the Trust and representatives from the Department of Health and the Health and Social Care Board in July 2020 which reaffirmed their view of the need for the Trust's ongoing action with regard to HH/BC and the fact the original issues of safeguarding concern had not been resolved satisfactorily.

Mr McNeany advised that the Trust has had direct contact from parties interested in purchasing HH/BC as a going concern in their efforts to effect due diligence. The Trust is now aware the proposed sale of HH/BC is now at an advanced legal stage whereby the new owners have advised they will shortly be writing to the Trust seeking a novation of contract. Mr McNeany stated that it was his understanding, on this basis, that the sale will conclude in the coming weeks.

The Chair asked about possible connection between the current Home Owners and the new Home Owners. Mr McNeany advised the new Owners were not within the private care sector in Northern Ireland. The moratorium on admissions was raised to which Mr McNeany advised that as the moratorium on admissions is directly related to the current owners of HH/BC, any new owner would not be the subject of the moratorium on admissions and stated that the matter is kept under regular review by the Mental Health and Disability Directorate and SMT. Mr Wilkinson referred to the ongoing and outstanding safeguarding issues relating to finance with the current Home Owners and asked if the Trust could protect itself against this happening again in any contract with the new Owners. Mr McNeany stated that this would be kept under review when the change of ownership occurs.

In response to a question from the Chair, Mr McNeany advised that the Trust continues to regularly monitor invoices and pay subject to a reduction for any disputed amounts.

ii) Senior Executive Pay

As agreed at the last meeting, the Chair confirmed that the matter of Senior Executive Pay had been raised at the Chairs' Forum meeting with the Minister when a paper was requested for the next meeting in October 2020.

5. COVID-19 UPDATE

i) CAH and DHH Outbreak

The Chief Executive reported that sadly 11 patients have died as a result of Covid 19 related illness within wards/departments of Craigavon Area and Daisy Hill Hospitals. A Serious Adverse Incident Review has commenced to identify any learning.

Ms Donaghy asked if there had been any whistleblowing or complaints about alleged lapses in PPE measures by staff across the two hospitals. Mrs McClements stated that there had been no concerns raised via the Whistleblowing process, however, concerns had been raised around minor issues and these have been addressed.

Mrs McCartan asked about the volume of testing, staff morale and the role of Trade Unions. Mrs McClements advised that the Trust has increased testing to 288 swabs per day, however the fast test is not available at the level the Trust would like. Mrs McClements voiced her concern at staff morale, particularly the Haematology team, who have expressed that they have been affected by the ongoing media coverage. She spoke of good engagement and support from Trade Union colleagues. Mrs Toal spoke of the proactive way the Psychology Support service was reaching out to staff at this time with additional support being put in place where required. Mrs McCartan asked how the Non Executive Directors could provide support to staff at this time. Email correspondence from NEDs thanking staff for their hard work and dedication was suggested. The Chair and Chief Executive agreed to further discuss the best approach. Mrs McKimm spoke of the good relationship the Trust has with the media who have commended the Trust on its openness and honesty at this time.

Action: Chair/Chief Executive

ii) Update on Rebuilding HSC Services

a. Phase 3 Rebuild Plan and Winter Resilience/Surge Plan

The Chief Executive stated that the ability to rebuild services to date has been dependent on the level of Covid-19 cases within the local community. He referred members to the Rebuild Plan Phase 3 document detailing what the Trust plans to do from 1st October 2020 and outlined the significant challenges ahead with the ongoing threat of a second surge, combined with normal winter pressures and the demands this will have on service delivery and existing workforce constraints. The Chief Executive also referred members to the draft Winter Pressures/Surge Plan which sets out the Trusts plan for winter alongside the need to respond to a second Covid-19 surge. Ms Mullan raised the recent Early Alerts in respect of GP Out of Hours Service. Mr Beattie acknowledged the capacity issue and spoke of the additional demands put on a system that was already under pressure. He advised of a number of actions being progressed one of which was a revisit of rotas to make them more attractive to GPs.

In response to a question from Mrs McCartan, Mrs McClements confirmed that the ED at Daisy Hill Hospital would open as planned on 19th October 2020.

Mr Wilkinson noted the balance between rebuild, second surge and Winter pressures and asked if the Trust was flexible enough to move from one to the other without delay. The Chief Executive stated that the Rebuild Plan was based on a number of assumptions and that the staffing resource was an unknown due to staff absence from Covid or Covid related. Mrs Toal advised that the daily staff monitoring return had been stood up again and the Department of Health was about to launch a second phase of the regional Workforce Appeal. Mrs Leeson asked about the Trust's greatest risks in terms of patient safety. Dr Gormley stated that the short term risks were staffing, bed capacity and flow with elective surgery a longer term risk. He provided assurance that all decisions about patient safety were clinically led.

iii) Progress update: Acute Care at Home and Enhanced Community Response Team

Mr Beattie spoke to a paper which provides an overview of the actions taken to date to mitigate the impact of Covid-19 on the Care Home population of the Southern Trust during the surge, the challenges faced by the Trust in dealing with the pandemic, as well as outlining the work of the Acute Care at Home, Enhanced Community Response Teams and the Corporate Support Directorates. The paper also includes information in respect of the establishment and work of the Care Home Support Information Hub.

Members welcomed the paper and commended the good work undertaken by the Trust. Discussion took place in respect of the level of demand placed upon the Trust to support Care Homes and the need to continue to prioritise this during the pandemic.

6. FINANCE REPORT

Mrs Rutherford presented the above named report for the 5 months ending 31 August 2020. She reported a deficit at month 5 of £1.6m

and advised that this position assumes that full funding will be secured for the cost of Covid-19 incurred to date at a value of £20m and that Transformation funding will be received for all schemes supported by DoH to continue with the exception of the known pay pressure associated with 20/21 Pay uplifts.

Mrs Rutherford reported that Pay expenditure exceeds budget by £6.7m and this is largely between medical and nursing. Flexible payroll arrangements have now cost the Trust £28.6m with 1133wte employed in August 2020. Mrs Rutherford also reported that Non Pay expenditure was under budget by £5.9m and explained that this unplanned expenditure benefit has accrued as a direct result of the Trust's response to Covid-19.

Members noted that Prompt payment performance, at 94.03% in August, has improved on July and is significantly better than the prior year.

Mrs Rutherford advised that the Trust is predicting a year-end deficit of £7m at this stage and a draft financial plan has been submitted to the HSCB on this basis. Mrs McCartan referred to the predicted year end deficit and asked that the large variances are highlighted on the report summary sheet in future. In response to a question from Mrs McCartan on the possibility of additional funding from the Department, Mrs Rutherford advised that discussions are ongoing with the Department and HSCB in this regard.

Board members approved the Finance Report.

The Chair left the meeting for the discussion on the next item.

Mrs Leeson took over as Chair.

7. UROLOGY

The Chief Executive set the context to this item by advising that there is likely to be significant media interest and reputational issues with this case.

Dr Gormley stated that the situation remains fluid and he spoke to a paper which outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of their practice and the development of appropriate management plans to minimise the risk of harm to patients. Mrs Leeson raised the previous SAls from 2016 and asked about new SAls to which Mrs McClements spoke of the potential for an additional 6 SAls at this point. Dr Gormley advised that an External Chair has been appointed and Terms of Reference are in the process of being drafted. Mrs Leeson asked how far back the review process would go. Mrs McClements advised that the focus of the review has been on immediate concerns, but as the Trust has worked through these, other concerns have arisen, leading to further scrutiny. Ms Donaghy asked at which point was the Early Alert to the Department submitted. The Chief Executive undertook to clarify.

Action: Chief Executive

Mrs Toal referred members to the timeline included with the report. She advised that as the Consultant was no longer employed in the Trust, the Conduct Hearing under the MHPS process, cannot be concluded. The Grievance process remains ongoing with the Grievance Panel due to conclude by October 2020. Ms Donaghy asked about Consultant A's appraisals. Mrs Toal stated that there were issues relating to Consultant A's appraisals not being completed in a timely manner, Mrs McCartan asked about the timeline for this case to be in the public domain. The Chief Executive advised that the Minister is required to share details of this case with the Assembly and this is likely to be mid October 2020, subject to the outcomes of the review exercise.

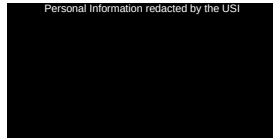
In terms of future reporting to Trust Board, members asked that where there had been progress/actions taken by the Trust since the previous Board meeting, that the paper would be updated accordingly and presented to Trust Board.

The Chair returned to the meeting at this point.

8. **REVIEW OF LEADERSHIP AND GOVERNANCE AT MUCKAMORE
ABBEY HOSPITAL REPORT**

Due to time constraints, this matter was deferred to the next meeting.

SIGNED:



DATED: 22 October 2020

**Chair and Non Executive Director meeting with the
Chief Executive**

**Notes of a virtual meeting on Covid-19 held on 8th October 2020
at 4.00 p.m.**

Present:- Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Eileen Mullan
John Wilkinson

Apologies:- Martin McDonald

1. COVID-19 KEY FACTS AND FIGURES

The Chief Executive highlighted the key messages as follows:-

Inpatients – Numbers continuing to increase with 33 Covid-positive in-patients as at 8.10.2020.

Community – continued community transmission of Covid, particularly in Newry, Mourne and Downe with last 7 day rate showing 322 covid positive cases per 100k population.

Staff – 450 staff currently off with Covid related absence.

Care Homes – 69 green, 4 amber, 1 red.

2. DAISY HILL HOSPITAL ED

The Chief Executive confirmed the re-opening of DHH ED on 19th October 2020 as planned.

3. REBUILDING HSC SERVICES

The new Surge Planning Strategic Framework has been announced by the Minister.

The Chief Executive shared the 'No More Silos' 10 point plan with members and outlined the project management and oversight structure. He stated that the biggest challenge was GP capacity for the Urgent Care Centres.

Mr Wilkinson asked about discharges to nursing homes and sought assurance around patient safety. The Chief Executive advised that clear procedures were in place and followed. The Chair made reference to staff in the IS Care Home sector who are off with Covid related absence and asked about financial arrangements in respect of payments to this sector. The Chief Executive stated that guidance had been issued by the Department and he undertook to check the financial arrangements with Ms Helen O'Neill.

The pressure on Acute Services was discussed in which the Chief Executive advised of support for Mrs M McClements at Assistant Director level. He also advised that the DoH had given approval to permanently recruit for the Director of OPPC and Mrs McClements will move to Director of Acute Services on a permanent basis.

4. COVID-19 Cluster SAI process update

The Chief Executive advised that the majority of the Panel has now been appointed. Draft Terms of Reference to be agreed with the families and then timeline will be published.

The Chief Executive agreed to provide a short update at the next confidential Trust Board meeting.

5. CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive stated that the Trust continues to identify further issues and are now up to 12 SAs at this point. Concerns had been related to process and administration, but now patient harm concerns are being identified. He added that the Trust has more explorative work to do before any public statement is made. Discussion ensued in which members sought assurance that one Consultant Urologist reviewing files was adequate; that a timeline of action was in place and that there would be no legal recourse if Consultant A was not given prior notice of the case being made public. In respect of the latter point, the Chief Executive advised that the Trust was seeking legal advice. The Chief Executive gave assurance on the actions taken to review aspects of Consultant A's practice and the development of appropriate management plans to minimise risk or harm to patients.

An update will be brought to the next confidential Trust Board meeting.

6. DATE OF NEXT MEETING

To be confirmed.

The meeting concluded at 5.15 p.m.

**Chair and Non Executive Director meeting with the
Chief Executive**

**Notes of a virtual meeting on Covid-19 held on 15th October 2020
at 4.00 p.m.**

Present:- Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Hilary McCartan
Eileen Mullan
John Wilkinson

Apologies:- Pauline Leeson
Martin McDonald

1. COVID-19 KEY FACTS AND FIGURES

The Chief Executive highlighted the key messages as follows:-

Inpatients – Numbers continue to increase with 50 Covid-positive in-patients as at 15.10.2020. The Chief Executive stated that it was important to note that the highest number of Covid positive inpatients in the first phase was 63.

Community – continued community transmission of Covid.

Staff – 535 staff currently off with Covid related absence.

Care Homes – 66 green, 4 amber, 4 red.

Ms Mullan asked about testing in the Care Homes. The Chief Executive advised that staff were regularly tested every 14 days.

Cancellations were discussed and members noted that any cancellations were clinically led and have Chief Executive approval.

2. COVID-19 Cluster SAI process update

The Chief Executive advised that good progress was being made with the full external panel membership soon to be confirmed. A rapid learning event has also taken place.

The Chief Executive agreed to provide a short update at the next confidential Trust Board meeting.

3. CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive advised that the Trust had submitted a report to the Department of Health on 14th October 2020. Timeframe was discussed in which members emphasised the importance of support to the patients and their families once this case was in the public domain. Members referred to the process and asked if one Urologist reviewing files was adequate. The Chief Executive agreed to further discuss with Dr O’Kane.

An update will be brought to the next confidential Trust Board meeting.

4. DATE OF NEXT MEETING

To be confirmed.

The meeting concluded at 5.10 p.m.

Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 22nd October 2020 at 9.25 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Dr D Gormley, Deputy Medical Director (deputising for Dr O'Kane)
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director
Dr M O'Kane, Medical Director
Mr Ajay Mirakhur, CPANI/QUB Mentee

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were none declared.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 24th September 2020 were agreed as an accurate record and duly signed by the Chair.

4. MATTERS ARISING**i) Message of gratitude to staff from the Chair and Non Executive Directors**

The Chair agreed to consider the issue of a message via global email from herself and the Non Executive Directors to express their gratitude to staff for their hard work and commitment during the past eight months.

Action: Chair

5. MUCKAMORE ABBEY HOSPITAL – REPORT OF THE INDEPENDENT LEADERSHIP AND GOVERNANCE REVIEW

The Chief Executive stated that it was important for Trust Board to take the opportunity to reflect on the learning from this report. Members agreed that this would be the focus at a Board Workshop in early 2021.

Mr McNeany gave a short presentation on the main themes. He stated that the Trust had not been waiting on the issue of this report and had already implemented many of the findings around safeguarding, leadership and a number of practice based improvements, particularly around the use of seclusion.

There was a short discussion with regards to leadership and governance arrangements in the context of Trust Board. The following five key questions for Board members to consider at the Workshop were agreed as:-

1. Does Trust Board show 'a lack of curiosity'?
2. Is there a disconnect between governance processes and structures and safeguarding?
3. Is Trust Board using the Delegated Statutory Functions report correctly?
4. Learning Disability targets – are they the right targets for Performance Committee to monitor?
5. Is there effective escalation of issues to Trust Board?

Culture was discussed in which Mr McNeany advised that the Review Team considered that *'the problem was not in governance, but rather in people's response to working in a closed environment, with its own set of norms and values and with loyalty to the group rather than the patients or their employing Trust'*. In relation to this, Mrs McCartan raised the fact that vulnerable patients and their families were failed by a hospital which operated as a place apart, out of the line of sight of the Trust. She asked what assurances does Trust Board have in this regard and requested that this issue also be examined at the Board Workshop.

Directors gave examples of governance and leadership approaches across their Directorates including senior leadership walks. They recognised the need not to be complacent and welcomed the Workshop as an opportunity for Trust Board to examine potential blind spots across the Trust.

Action: Focus of Board Workshop on 25th February 2021

6. i) COVID-19 UPDATE

The Chief Executive provided a verbal update. He spoke of the escalating pressures on the hospital system due to the continued and sustained community transmission of Covid-19. He stated that inpatient demand had now exceeded that of the first phase with 77 Covid positive inpatients as at 20.10.20 compared to a peak of 63 in the first phase. Members discussed the potential risk of spread in the acute hospitals given the limited side room capacity which limits the Trust's potential to respond adequately to Covid-19. The Chair particularly raised her concern about the potential risk of spread in the

overcrowded Emergency Department at Craigavon Area Hospital. Mrs McClements acknowledged that the biggest risk period was between the swab test and the result and she spoke of measures in place such as more fast swabs, optimising community care and discharge, promoting safety in hospital flow etc.

ii) SAI Outbreak

The Chief Executive reported that the Panel Chair has given a commitment to feedback any immediate learning to the Trust. An early learning report has been produced and shared. Mrs McClements highlighted three key learning points; i) communication with families and relatives; ii) restricting visiting and iii) looking after staff.

7. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive informed members of discussions with the Department in relation to an intended statement by the Minister for Health to the NI Assembly. The Trust has advised that a public statement at this stage would be premature as the Trust has not completed a review of processes to the detail it requires. The Chief Executive therefore sought Trust Board approval to request a delay in the Ministerial announcement.

Members discussed the fact that there is likely to be significant media interest in this case with the potential for significant reputational risk to the Trust. Members emphasised the Trust's duty of care to patients and the importance of the Trust completing its investigative work to ensure that the information it provides is complete and accurate.

Dr Gormley spoke to a report which provides a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans. He reminded members that Early Alerts submitted to the Department of Health have been part of this process advising them of the professional performance and patient safety concerns. Dr Gormley advised that in relation to the SAI process, the Panel Chair has been appointed as well as a Subject Matter Expert.

He informed members of an issue that has recently arisen regarding the Consultant's prescribing of the medication Bicalutamide which appears to be outside established NICE guidance. A review is underway to identify patients receiving this treatment.

The Chair advised that Consultant A had written to herself in June 2020, the content of which she had shared with the Non Executive Directors in which Consultant A raised concerns at how the HR processes were being managed and requesting that his formal grievance and its included Appeal are addressed. The Chair was advised that this matter was being progressed through HR processes. The Chair also raised the fact that a number of different Urology Consultants had been in place over the years and asked why they had not raised concerns about Consultant A's practice and similarly, why had his PA not raised concerns regarding some delays in dictation of patient discharges. The Chair also asked should a GP not have recognised the prescribing of Bicalutamide as an issue?

Dr Gormley stated that patients remained under this one Consultant's care and this will be examined under the SAI process. The Chair then asked about Consultant A's appraisals and asked if performance issues had been identified through this process and if so, were professional development and training needs then identified. Dr Gormley advised that Consultant A's appraisals were also part of the review process.

In terms of systems and processes, Mrs McClements spoke of the SAI process since 2016 when a robust action plan was put in place at that time to address such issues as triaging, communication etc. and the work since June 2020 to scope and review the patient records of Consultant A's cases. Mr McAnuff noted that when performance issues were identified, additional measures were put in place and asked if these additional measures had not effected positive change, what further controls would need to be put in place should there be concerns raised about other Consultants. Mrs McClements referred to the query as to whether such clinical concerns could happen elsewhere and she advised that the Trust required more time to conduct its review and scoping exercises.

In response to a question from the Chair as to whether one Consultant Urologist reviewing the patient files was sufficient, Mrs

McClements provided assurance that in addition to Mr Mark Haynes' involvement, there is some clinical nurse specialist input and the Head of Service is involved in reviewing systems and pathways. She referred to the multi-disciplinary aspect of this work as detailed in the paper. In addition, there has been Independent Sector Consultant sessions reviewing oncology patients and Subject Matter Experts engaged as part of SAI process.

Mr Wilkinson stated that this was a complex case with various strands. He advised that whilst he supported the Trust's request for a delay in a Ministerial announcement, it was important that this was not a prevaricated delay.

Ms Donaghy referred to this case coming into the public arena and asked about natural justice and Consultant A's right of reply. She raised her concern at the issues Consultant A had raised in his grievance around his appraisals, pressure of work etc. and she asked that these are addressed as part of any review. Mrs McCartan restated the importance of the Trust releasing information only when it is assured it is accurate. Mrs Leeson highlighted the importance of due process being followed with SAIs completed as a priority to ensure learning from this case for the benefits of patients.

Following discussion, the consensus view of Trust Board was to approve the Trust's request to seek a delay in the Ministerial announcement. Members emphasised the importance of a robust timeline to conclude the review processes. It was agreed that following the Trust Board meeting, the Chief Executive would informally advise the Department of Health of the Trust Board's decision followed by a formal letter.

Action: Chief Executive

8. FINANCE REPORT

Ms O'Neill presented the Finance report for the 6 months ending 30 September 2020. Ms O'Neill reported a deficit at month 6 of £1.6m and advised that this position assumes that full funding will be secured for the cost of Covid-19 incurred to date at a value of £24m and that Transformation funding will be received for all schemes

supported by DoH to continue with the exception of the known pay pressure associated with 20/21 Pay uplifts.

Ms O'Neill advised that the Finance Directorate, as per normal practice, is carrying out a mid-year hard close. The purpose of this is to give assurance that all significant cost and income activities are being properly accounted for. Mrs McCartan referred to the challenge to produce a financial plan that will enable the Trust to achieve a break-even outturn at year end. Ms O'Neill responded by advising that the predicted year-end deficit was now £5.4m, a revision downwards from the original deficit predicted of £7m, and is a combination of marginal additional income, increased in year unplanned expenditure benefit as a direct result of the suspension of services as part of our Covid-19 response and further in year natural slippage on demography. She further advised that the outcome of the mid-year hard close will be used to prepare a detailed forecast year-end position and this position will be kept under close scrutiny in the coming months.

SIGNED: _____

DATED: _____

Notes of Chair and Non-Executive Director Virtual Meeting with the Chief Executive held on Thursday, 5th November 2020 @ 4 p.m.

Present : Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Eileen Mullan
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Apologies were received from Mr Martin McDonald.	
2	DECLARATION OF INTERESTS The Chair advised that in relation to item no. 6, whilst she had no interest to declare in the subject matter, she would not remain in the meeting for discussion on this item for personal reasons.	
3	NOTES OF PREVIOUS MEETING HELD ON 29TH OCTOBER 2020 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – 106 Covid-positive in-patients as at 5.11.2020 - 80 in Craigavon, 10 in Lurgan and 16 in Daisy Hill Hospital. 16 ICU beds now opened resulting in reduction in	

	elective surgery as a result of deploying nursing staff to enable ICU to reach maximum surge capacity of 16 beds. Further wards being opened in South Tyrone and Lurgan hospitals to provided additional capacity. As requested at the previous meeting, the Chief Executive provided an age profile of Covid patients. This showed no significant increase in younger patients. Staff – 556 staff currently off with Covid related absence. Care Homes – 6 amber, 3 red, with remainder green. Mrs McCartan noted the additional bed capacity in Lurgan and South Tyrone Hospitals and asked about staffing. The Chief Executive stated that some day care and day opportunities were closed due to Covid outbreaks and Mr McNeany and Mr Beattie were working through redeployment of those staff to these wards. Mr Wilkinson asked about how the Trust balances Covid related and non-Covid related patients in ICU. The Chief Executive spoke of the regional modelling applied which suggests for the 16 ICU beds in the Trust, two-thirds would be for Covid-related patients and one-third for non-Covid patients. Ms Mullan raised the numbers of patients requiring admission to hospital and the limited side room capacity which limits the Trust's potential to respond adequately to Covid-19. The Chief Executive acknowledged the high risk of nosocomial transmission of Covid-19 due to the limitations of side rooms and general infrastructure. The Chief Executive reported that in an attempt to reduce footfall through ED, the Phone First service will be introduced in the Trust on 17.11.2020. Members asked about the Covid-19 Lessons Learned Report. The Chief Executive agreed to bring a summary update to the next Trust Board confidential meeting.	<i>Summary report to Trust Board confidential meeting on 12.11.2020</i>
--	--	---

	The Chair asked about patients being able to continue to be cared for in a Care Home as opposed to hospital. The Chief Executive provided useful data on ED attendances from Care Homes. At this point, Mrs McCartan asked about the situation in respect of the Valley Care Home, Clogher. The Chief Executive stated that the Trust was continuing to give attention to Valley Care Home and he spoke of the ongoing work between the Trust, RQIA and Western Trust to ensure individuals receive the care they require. An update paper will be brought to the next Trust Board confidential meeting.	<i>Update to be provided at Trust Board Confidential meeting on 12.11.2020</i>
5	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that the final Terms of Reference would be posted to the families that day. He stated that there has been a lot of engagement with the 15 families involved in the process which members welcomed. The Panel Chair has indicated that it would take 6 months to complete the SAI. Ms Donaghy queried if there was sufficient Estates expertise/advice to the Panel. The Chief Executive advised that the Panel may call on external advice, including Estates. The importance of a communications strategy was highlighted to which the Chief Executive confirmed that this was in place. He also confirmed that the families involved understand that a SAI is a learning event. The Chair left the meeting at this point and Mrs Leeson took over as Chair.	
6	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive provided an update on progress to date in relation to the patient facing information line, the Independent Sector clinic work and the two all day clinics set up for patients on the drug Bicalutamide identified as needing an urgent appointment. The SAI process was discussed. Members were advised that all 9 patients/families identified through the SAI process have been spoken to with some of them being offered a further	

	appointment with a Consultant Urologist, taking place this week. The Chief Executive advised that the Urology Assurance Group has begun to meet weekly and discussion will be required as to whether a separate process to the SAI process will be required as additional incidents are identified. Mrs McCartan asked if the Trust had adequate resources to cover the additional costs associated with current and projected work. The Chief Executive advised that Dr O’Kane was considering the resources required. Mr Wilkinson requested that an update paper to the next Trust Board confidential meeting includes all the various strands being explored under this review and the progress made to date. The Chief Executive advised that he has had an initial discussion with Mrs Toal in relation to the NED role in the MHPS process.	<i>Chief Executive to provide for Trust Board confidential meeting on 12.11.2020</i>
7	DATE OF NEXT MEETING Thursday, 19th November 2020 at 4.00 p.m. <i>The meeting concluded at 5.15 p.m.</i>	

Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 12th November 2020 at 9.30 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs D Ferguson, Assistant Director Nursing Education and Workforce (for Mrs H Trouton)

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. The Chair declared an interest in item no. 6 and left the meeting for discussion on this item.

3. HH/BC UPDATE

Mr McNeany informed members that the sale of HH and BC was progressing. An application has been made to the RQIA for a Registered Manager for both sites and agreement reached that a Deputy will be permitted in the interim.

4. i) COVID-19 UPDATE

A paper on Covid-19 outbreak risk management had been circulated to members. The Chief Executive explained that the purpose of this paper was to provide an overview for Trust Board on the potential risks of Covid-19 transmission within Trust inpatient and emergency department environments and outlines a proposed managed risk based resource allocation and priority-setting approach. Dr O'Kane spoke of the challenging circumstances particularly in the Emergency Departments (EDs) which present a particular high risk of nosocomial infection due to the lack of adequate spacing for patients, both in terms of waiting and clinical space available. She spoke of mitigating measures such as the introduction of physical distancing in EDs and wards, the introduction of a risk managed approach to reopening of wards closed due to outbreaks, the expansion of current Covid-19 testing regime and the introduction of rapid testing.

Members discussed the Trust's well established constraints on both Acute Hospital sites with both sites requiring urgent redevelopment. In respect of re-development proposals, Mrs Magwood advised that the Trust had submitted a number of interim schemes to the Department in January 2020. The Trust has now been asked to resubmit two of these schemes, the expansion of the Emergency Department being one. The Department has also agreed to review

the Trust's 10-Year Capital programme. Ms Donaghy raised issues detailed in the paper such as the low ratio of toilet facilities to patients and the need for increased ventilation and asked if these would be addressed in the interim schemes. Mrs Magwood stated that the redevelopment schemes would aim to address some of these issues. Ms O'Neill advised that for new investment, plans would have to comply with current day building notes and these keep changing.

Mr Wilkinson referred to the fact that the closure of wards during Covid-19 outbreaks for 28 days has in turn contributed to ED overcrowding. Mrs McClements acknowledged this challenge and stated that the focus is on safe expedited discharges to maximise bed capacity. A range of other measures to reduce ED demand are being put in place such as the implementation of Phone First with patients being redirected to appropriate services rather than the Emergency Department.

Testing was discussed in which Dr O'Kane advised that the Trust has tried as far as possible to have areas for patients to be placed while awaiting Covid-19 testing results. She stated that additional rapid testing capacity would also allow rapid placement in Covid cohort wards. Mr McAnuff asked if the Trust's allocation of the rapid tests was proportionate to the other Trusts. Dr O'Kane advised that four of the Trusts, including the Southern Trust, received 17 tests per day and there would be an expansion of the testing with point of care testing coming on board.

Members welcomed the paper and particularly the quality assurance provided by external agencies as to the Trust's robust response to the prevention of transmission of Covid-19 and outbreak management. Members commended the work of the Infection Prevention and Control Team for their proactive approach in managing this Pandemic.

ii) Covid-19 Lessons Learned Report – Summary update

Mrs Magwood advised that this summary update was the outworking of 920 opportunities availed of by staff to give their views to the Chief Executive on their experiences during the first wave of Covid-19. She stated that much of the feedback was positive, however, areas for

improvement are also noted and the Senior Management Team is currently identifying a number of key commitments that will be made to staff moving forward.

Mrs Toal advised that this initiative forms part of the listening approach to staff which the Trust has been putting in place to enable it to develop its People Plan. She stated that efforts are ongoing to ensure that staff feel supported during this challenging time and a focus is required on those staff who have been working from home so they feel more included.

Ms Mullan welcomed the report and stated that efforts must continue to support real and practical changes moving forward.

Members were advised that the learning from this paper will be taken forward in other for a within the Trust.

5. VALLEY NURSING HOME

Mr Beattie spoke to the update paper. He spoke of the fluid situation and advised that the sale of Valley to HCI was not going ahead. In addition, Ann's Home Care has withdrew as the new potential purchaser and are considering their intent as to the 'Registered Individual' role. Mr Beattie stated that the Trust continues to maintain focus in the Valley Nursing Home to ensure that the residents are in receipt of safe, high quality care.

The Chair left the meeting at this point. Ms Mullan took over as Chair

6. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

Dr O'Kane provided an update on the progress of the ongoing review of Urology services relating to Consultant A. She referred members to the detail in the paper in relation to the engagement with the Independent Sector to provide review appointments for 236 oncology backlog patients and the review of prescribing of the medication Bicalutamide which has identified 26 patients out of 300 as needing an urgent appointment.

Dr O’Kane also updated on the progress of identified Serious Adverse Incidents (SAIs) by advising that all 9 patients/families identified through the SAI process have been spoken to with some of them being offered a further appointment with a Consultant Urologist taking place this week. Four out of the five patients/ families, along with the index patient of the previous SAI’s, have also been spoken to. The family of the fifth patient’s family is still outstanding as this is being considered given the recent death of the patient. She further stated that the Health and Social Care Board / PHA have advised that any additional incidents that are identified as meeting the threshold for an SAI review should be paused will be managed via a separate ‘clinical investigation’ process. The Public Health Agency has indicated that this process will be independent of the Trust and will be guided by and have parameters set by the HSCB/PHA/Department of Health.

Mrs McClements provided assurance that the review exercise has been very thorough in terms of process and given the number of patient cases from this review period (January 2019 to June 2020), this exercise continues to be ongoing. The main focus has been on patients requiring review as a matter of urgency and the establishment of the patient facing information line for those who may have questions or concerns regarding their care. Mrs McClements advised that the focus of the review has been on immediate concerns, but as the Trust has worked through these, other concerns have arisen, leading to further scrutiny. She raised the need for additional resources and explained that the Trust was preparing an Investment Proposal Template (IPT) associated with current and projected work relating to this review for submission to the HSCB.

The Chief Executive advised that the Departmental led Urology Assurance Group continues to meet. He advised of the Department’s intention to have an independently chaired review as opposed to a series of SAIs. He raised the Minister’s statement to the Assembly on 26th October 2020 and advised of the Minister’s intention to provide a further statement on 17th November 2020. In response to a question from Mrs McCartan as to the content of this, Mrs McKimm advised of the Trust’s close liaison and detailed discussions with the Department to ensure that any statement in the public domain would not cause any unnecessary worry to patients.

Mr Wilkinson raised the fact that Consultant A's grievance was not upheld and that Consultant A has subsequently lodged an appeal. He sought clarification if this grievance included issues from 2016 as well. Mrs Toal advised that as the Consultant was no longer employed in the Trust, the Conduct Hearing under the Maintaining High Professional Standards (MHPS) process cannot be concluded. She explained that the Trust is continuing to liaise with the General Medical Council regarding professional issues and information has been passed to them. She stated that in 2016/17, the issues raised under the MHPS process related to administrative practices and a number of controls were put in place at that time.

Ms Donaghy asked about Consultant A's participation in the SAI process. Dr O'Kane advised that whilst Consultant A does not have automatic right to participate in the SAIs, the process should be inclusive and balanced.

Ms Mullan stated that this was a challenging process and commended the thoroughness and pace of the Trust's approach.

The meeting concluded at 11.15 a.m.

SIGNED: _____

DATED: _____

Notes of Chair and Non-Executive Director Virtual Meeting with the Chief Executive held on Thursday, 19th November 2020 @ 4 p.m.

Present : Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Eileen Mullan
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Apologies were received from Mr Martin McDonald.	
2	DECLARATION OF INTERESTS The Chair advised that in relation to item no. 8, whilst she had no interest to declare in the subject matter, she would not remain in the meeting for discussion on this item for personal reasons. The Chief Executive declared an interest in relation to item no. 7 and did not remain in the meeting for discussion on this item.	
3	NOTES OF PREVIOUS MEETING HELD ON 5TH NOVEMBER 2020 The Notes of the previous meeting had been previously circulated and were approved.	

4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – downward trend with 94 Covid-positive in-patients as at 19.11.2020. The Chief Executive stated that regional bed modelling forecasting is suggesting a flat line for the Southern Trust as opposed to downward trend. If this is the case then Trust plans will have to be changed. Mr Wilkinson raised the public frustration that the regional figures/projections are not being articulated in a way that is easily understood. In response to a question from the Chair on the cancellation of some red flag surgeries, the Chief Executive stated that the issue is lack of Theatre staff as opposed to lack of surgical beds. All decisions to cancel are clinically based and he undertook to reinforce that message. Care Homes – slight increase in Covid positive numbers. Ms Donaghy asked about the death per 100,000 rate. The Chief Executive agreed to check. The Chief Executive advised of a recent unannounced visit from the PHA where they were supportive of the Trust's good work and extensive efforts to reduce risk of Covid-19. As a result, the Trust has been asked to submit a number of bids to the DoH for further support and funding. Members commended this excellent outcome and congratulated all staff involved.	Chief Executive
5	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that work was progressing well. He has written to the 15 families involved and shared the Terms of Reference with them.	
6	VALLEY CARE HOME UPDATE The Chief Executive advised that Ann's Homecare has officially withdrawn from the process, leaving no-one prepared to come in and run this Home. The Trust currently has 30 residents	

	placed in this Home, 17 from OPPC and 13 from MHL. The options open to the Trust are to either to find a new home for these residents or step in to provide care. The Western Trust has 20 residents and are in the process of moving these residents out. The Chair stated that this Home has a specialized head injury unit for the region and she raised her concern for those residents. <i>The Chief Executive left the meeting at this point.</i>	
8	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive advised of the Department's intent that this will be subject to an Independent Review and the Minister will be making an oral presentation to the Assembly on 24.11.2020. The Chief Executive advised that concerns about this clinician's private practice are now being raised. In light of this, he has instigated an Internal Audit review and the Head of IA is currently drafting up the Terms of Reference. Mrs Leeson asked if there were concerns about any other Consultants. The Chief Executive advised that he believed that any issues or concerns identified will be at a system level e.g. appraisals as opposed to individual level. In response to a question about individual patients, the Chief Executive explained that the Independent Review will move away from individual patient journeys and focus at system level.	
9	DATE OF NEXT MEETING Thursday, 26th November 2020 at 4.00 p.m. <i>The meeting concluded at 5.15 p.m.</i>	

Notes of Chair and Non-Executive Director Virtual Meeting with the Chief Executive held on Thursday, 26th November 2020 @ 3.15 p.m.

Present : Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Hilary McCartan
Eileen Mullan
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Apologies were received from Mr Martin McDonald and Mrs Pauline Leeson.	
2	DECLARATION OF INTERESTS The Chair advised that in relation to item no. 7, whilst she had no interest to declare in the subject matter, she would not remain in the meeting for discussion on this item for personal reasons.	
3	NOTES OF PREVIOUS MEETING HELD ON 19TH NOVEMBER 2020 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – continued downward trend with 82 Covid-positive in-patients as at 26.11.2020 (53 in	

	Craigavon; 11 in Lurgan; 9 in South Tyrone and 9 in Daisy Hill Hospitals). Care Homes – 8 amber, 4 red, remainder green. From Covid-19 perspective, the number of Covid positive patients is reducing. Staff Absence – numbers starting to reduce with 437 covid related staff absences as at 26.11.2020 The Chief Executive stated that the ICU was now back to medium surge thus enabling staff to be released for elective work. He further stated that staff are tired, but beginning to see light at the end of the tunnel and it is hoped that the actions of the Assembly for a fortnight long new lockdown will further drive down the rate of Covid-19 infection. In response to a question from Mr Wilkinson on Winter pressures, the Chief Executive advised that plans are in place and as the level of staff available starts to increase, this will enable delivery against these plans. ED was raised in which the Chief Executive advised of a meeting with ED Consultants the previous week to agree the beginning of a possible escalation plan. Members noted that the patient call line 'Phone First' will start in the Trust on 30.11.2020. The Chief Executive updated on the Covid-19 vaccination. Mrs Vivienne Toal is the Lead Director for the vaccination programme. The aim is to start with the immunisation of healthcare workers and discussions continue to identify a suitable venue. In response to a question from Mr Wilkinson on the Trust's approach, the Chief Executive stated that the Trust would be encouraging and supporting the uptake of the vaccination.	
5	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that work was at the information gathering stage and was progressing well.	
6	VALLEY CARE HOME UPDATE The Chief Executive advised that the Trust is working proactively with families to find alternative placements for the 30 residents placed in the Valley Care Home. He stated that	

	this is the safest option and confirmed that there is capacity within the Southern Area to accommodate these residents. <i>The Chair left the meeting at this point.</i>	
7	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive raised the Minister's announcement with respect to the Urology Statutory Public Inquiry. Mr Wilkinson stated that it was particularly important from a NED perspective that the various strands were unraveled and the learning taken from them. The Chief Executive advised that the SMT was discussing the preparations necessary to support not only the work of the Inquiry, but to look into the organisation on such areas as appraisal etc. The Non Executive Directors emphasised that it was critical the Trust had the requisite resources in place to support this detailed process.	
8	DATE OF NEXT MEETING Thursday, 3rd December at 3.15p.m. <i>The meeting concluded at 4.15 p.m.</i>	

Notes of Chair and Non-Executive Director Virtual Meeting with the Chief Executive held on Thursday, 3rd December 2020 @ 3.15 p.m.

Present : Pauline Leeson (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Apologies were received from Ms Eileen Mullan.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 26TH NOVEMBER 2020 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – continuous downward trend with 55 Covid-positive in-patients as at 3.12.2020. Community – Decreasing number of Covid-positive patients per 100,000 population. Care Homes – 17 care homes have declared an outbreak with only 5 residents hospitalized as a result. Only 4 homes RAG rated red.	

	Staff Absence – numbers reducing with 357 covid related staff absences as at 3.12.2020 Mr Wilkinson asked about Covid positive patients in Daisy Hill Hospital. The Chief Executive stated that there were currently six Covid positive patients in Daisy Hill Hospital and it was now back to a fully functioning acute hospital. Meetings with the Pathfinder Group are now being held on a monthly basis as opposed to weekly. Mrs McCartan raised the recent media coverage in relation to surgeons across NI carrying out operations at the South West Acute Hospital (SWAH). The Chief Executive advised that the plan is to deliver regional elective services at SWAH. The Regional Board had agreed a proposed short term way forward for the stabilisation of surgical services at SWAH, with the option to include the opportunity to combine provision of theatre capacity to visiting Consultants for elective surgery. The first stage involves Consultants from the Belfast Trust. Work is ongoing across the region to identify high priority patients for elective surgery that could be delivered at SWAH in order to reduce the backlog. The Chief Executive updated on the Phone First service which went live in the Trust on 30.11.2020.	
5	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that the Panel has asked for a significant amount of data which the Trust has provided. Engagement with the families continues.	
6	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive stated that the Trust would be seeking clarity with regard to the approach of the Statutory Public Inquiry with a meeting of the Department Led Assurance Group being held the following day. In relation to the Consultant's private practice, Internal Audit has completed their Terms of Reference and hope to commence their review of patients transferred into the Trust as HSC patients the following week. Referring to the Patient Information line, the Chief Executive advised of some new information regarding potential private practice still occurring despite an undertaking to the GMC that this would cease. A third party has been	

	engaged to validate Mr Mark Hayne's work in reviewing the cases files. The Chair of the Public Inquiry has yet to be determined. Mr Wilkinson asked if the Trust was starting to see themes as the various strands of the process were unraveled. The Chief Executive acknowledged that themes were starting to emerge, for example, appraisals. He advised that he will be appointing an Assistant Director within the Medical Directorate to lead an internal team within the Trust to manage this work.	
7	ANY OTHER BUSINESS 7.1 Mrs Leeson referred to the recent Governance Committee meeting when the Director of Mental Health and Disability informed members of a Judicial Review being taken by two service users in the Learning Disability Service and asked for an update. The Chief Executive explained that the applicants are seeking relief in the form of a reinstatement of the same level of day care and short break provision they had prior to the outbreak of Covid 19 earlier this year. Whilst most of the legislation that governs the provision of health and care services was derogated under emergency provisions during Covid 19 by the Department, one piece was unfortunately not derogated within these emergency provisions. The Chief Executive agreed to provide an update as the situation unfolds at the next Governance Committee meeting. 7.2 Mr Wilkinson raised the number of Early Alerts in relation to the GP Out of Hours service. The Chief Executive stated that this service was being carefully managed on a day to day basis with a longer term plan to create an unscheduled out of hours service as agreed with the HSCB. 7.3 In response to a query, the Chief Executive confirmed that there will be performance indicators for the Trust on the Covid vaccination.	<i>Update to Governance Committee on 11.2.2021</i>
8	DATE OF NEXT MEETING Thursday, 17th December at 3.15p.m. <i>The meeting concluded at 3.55 p.m.</i>	

Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 10th December 2020 at 1.30 p.m.

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs D Ferguson, Assistant Director Nursing Education and Workforce (for Mrs H Trouton)

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting. As the new Chair of the Trust Board, she stated that she was delighted to be given this

opportunity and looked forward to working with everyone. The Chair acknowledged the contribution and commitment of the previous Chair, Mrs Roberta Brownlee, over the past 13 years and recorded her appreciation and best wishes to Mrs Brownlee for the future.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

3. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

Members had received a paper providing an update on the ongoing review of Urology services relating to Consultant A.

Mrs McClements updated on the SAI process. She reported that meetings with the Chair of the SAI Panel and 8 families have taken place. (One of the families declined to meet or be involved in the process). Four out of the five patients/families, along with the index patient of the previous SAI's, have also been spoken to. The family of the fifth patient's family is still outstanding as this is being clinically considered due to the recent death of the patient. One of these patients on his request has had a recent meeting with a Consultant. The Chair of the Panel is working to a 4 month completion date by end January 2021 with 9 individual reports and 1 overarching report to be produced. A mid report of early identification of learning is expected mid-December 2020.

Members noted the details of contacts made to date to the patient information line since 26th October 2020 for patients who may have questions or concerns regarding their care. Mrs McClements stated that these have been clinically escalated and reviewed as appropriate.

Mrs McClements referred members to the progress update in the paper with regard to the Independent Sector Clinics and the review of prescribing of the medication Bicalutamide.

Mrs McClements updated in relation to staff engagement. She advised that since the Minister's announcement, two sessions have been held with clinical multi-disciplinary staff and these will be scheduled fortnightly going forward. Wrap around supports for team to be developed in line with expressed need. Mrs McClements stated that an Investment Proposal Template (IPT) has been prepared associated with current and projected future work relating to the Urology review and submitted in draft to the Health and Social Care Board.

Dr O'Kane advised that the Trust is continuing to liaise with the General Medical Council (GMC) regarding professional issues. New information regarding potential private patient practice still occurring was escalated to the GMC on 27/11/20. Dr O'Kane also advised that engagement with the Royal College of Surgeons (RCS) Invited Review Service was at an initial stage. Members welcomed the fact that the British Association of Urological Surgeons (BAUS) has provided two Subject Matter Expert Consultant Urologists to assist with the ongoing work.

Mrs McCartan asked if the Trust had in place an overarching Project Team to co-ordinate the various strands of this work. Mrs McClements provided assurance that a Team was in place and meets on a weekly basis. She explained that the Trust reports weekly to the Health and Social Care Board's Co-ordination Group and fortnightly to the Department of Health Assurance Group.

Ms Donaghy asked about Consultant A's Grievance Appeal to which Mrs Toal advised that the Panel membership was currently being finalised.

4. **ANY OTHER BUSINESS**

Mrs Toal spoke of the fluid situation with regard to the roll out of the Covid-19 vaccine. She reported that the vaccination programme would commence in the Trust with care home staff and residents. Mrs Toal to provide a full update in the public section of the meeting.

SIGNED: _____

DATED: _____

Notes of Chair and Non-Executive Director Virtual Meeting with the Chief Executive held on Thursday, 17th December 2020 @ 3.15 p.m.

Present : Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Apologies were received from Martin McDonald.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 3rd DECEMBER 2020 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – increasing number of Covid-positive in-patients across both acute hospitals. Outbreak in 1 South, CAH, resulting in 29 infected patients being moved within a 36 hour period. The Chief Executive stated a balanced risk managed approach has been taken with regard to reopening wards within the 28 day period as the safest option for patient safety in the current circumstances.	

	The Chief Executive reported that evidence is suggesting that shared toilets are a source of transition of the Covid-19 virus. Toilet wardens and being put on wards. Community – Increasing number of Covid-positive patients per 100,000 population. The Chief Executive stated that modelling projections are showing the peak of the current wave to be mid-January and therefore additional restrictions are being considered from Boxing Day onwards. Staff Absence – numbers remaining stable with 377 covid related staff absences as at 17.12.2020	
5	COVID-19 VACCINATION The Chief Executive reported that the roll out of the Covid-19 Vaccination programme has begun in the Trust with care home staff and residents. N.I. has a limited amount of the vaccine with the Trust receiving 2,000 vaccines this week. The Trust's main vaccination site will be South Lake Leisure Centre and it is hoped that roll out to identified priority groups will commence on 21st December 2020.	
6	COVID-19 CLUSTER SAI PROCESS UPDATE A position report from the SAI Chair had been circulated to members. The Chief Executive highlighted the significant amount of data which the Panel has requested and the Panel's recognition of the challenge for the Trust to provide this in a timely fashion.	
7	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive stated that the Trust awaits details of the approach of the Statutory Public Inquiry. He advised members that the Department has agreed that for any new information that comes to light, a clinical judgement review will be used to undertake a high level evaluation as part of the Pubic Inquiry. The Chief Executive agreed to provide updates on the process at the open section of Trust Board meetings.	Chief Executive

8	ANY OTHER BUSINESS The Chief Executive advised of the following:- 8.1 Recent custodial sentence for Radiology Doctor for secret toilet recordings. 8.2 Mr McNeany has formally advised of his intention to retire on 31.3.2021. Recruitment process for his successor to be put in place.	
9	DATE OF NEXT MEETING To be confirmed. <i>The meeting concluded at 4.00 p.m.</i>	

Notes of Chair and Non-Executive Director Virtual Meeting with the Chief Executive held on Thursday, 7th January 2021 @ 4.00 p.m.

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Apologies were received from Hilary McCartan.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 17th DECEMBER 2020 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – increasing number of Covid-positive in-patients with 163 as at 7.1.2021. The Chief Executive stated that it is expected that these numbers will increase over the next 2-3 weeks. He shared information on forecasted occupied beds for the Southern area which suggests 330 Covid positive in-patients at 23.1.2021 with 28 ICU beds required. He advised that the Trust was now activating plans for this serious situation with a draft Surge Plan to be	

	completed by 8.1.2021. He explained that this will require such actions as stopping elective surgery next week, stepping down some services etc. He advised that staff are required to care for the increased number of patients and, in order to do the best for as many people as possible, actions will require to be taken such as the redeployment of staff and a diluted Nursing ratio. Staff will be asked to give up planned leave in January and the Trust intends to manage this in a partnership approach with staff. Mr Wilkinson asked how aware were staff of the challenging situation and the surge projections. The Chief Executive advised that the Southern i staff newsletter was being issued the following day which includes a clear video message from himself, Dr Gormley and the Chair on the challenges the Trust is facing in January 2021. The re-opening of Nightingale was raised. The Chief Executive stated that the Trust would be sending patients and staff to Nightingale. Ms Donaghy asked about the current in-patient split between Covid and Non-Covid inpatients. The Chief Executive advised of 112 Covid and 270 non-Covid patients in Craigavon Hospital as at today's date. Mrs Leeson asked about the profile of Covid in-patients to which the Chief Executive advised that the average age was 60 which was now a shift to a younger age profile than previous surges. Mr Wilkinson asked about equality of care for Non Covid patients, particularly those with severe illnesses. The Chief Executive spoke of the difficult decisions for clinicians for all patients and advised that very ill patients whether Covid or non-Covid will always be prioritized. Mr Wilkinson asked about nosocomial infection rates. The Chief Executive stated that the levels of nosocomial transmission in the Trust had been low over the past 5-6 weeks as evidenced in the weekly report from the PHA.	
5	COVID-19 VACCINATION UPDATE The Chief Executive reported that the Trust achieved vaccination of care home staff and residents by the target date of 30.12.2020 with the exception of a small number who were in outbreak. Staff vaccination commenced on 4.1.2021 in the	

	South Lake Leisure Centre and was working well. He advised the Trust was using the Pfizer vaccine and reported that there were no issues with the supply of the second dose of the vaccine for care home staff and residents and Trust staff.	
6	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive reported that work was progressing and he will continue to be provided with monthly updates.	
7	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive advised that the next meeting of the Urology Assurance Group was the following day and he agreed to update members thereafter.	Chief Executive
8	ANY OTHER BUSINESS 8.1 Judicial Review in Learning Disability The Chief Executive agreed to provide members with an update via email. It was agreed that Judicial Reviews would be reported to Governance Committee going forward. 8.2 Weekly SitRep The Chief Executive agreed to include members in the weekly circulation of the SitRep. Members also to receive training on the Covid-19 Dashboard. 8.3 GP Out of Hours Mr McDonald referred to the Early Alerts on the GP Out of Hours Service and queried whether it was appropriate to continue to name it as a GP service given that it was not adequately resourced to GP level. The Chief Executive undertook to consider.	Chief Executive " "
9	DATE OF NEXT MEETING 14th January 2021 at 4.00 p.m. <i>The meeting concluded at 3.50 p.m.</i>	

**Notes of Chief Executive weekly update meeting
held virtually on Thursday, 21st January 2021
@ 4.00 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES None.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 14th JANUARY 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – 216 Covid-positive in-patients as at 21.1.2021. This is a drop from a peak of 293 on 10.1.2021 as a result of a regional approach whereby 79 Covid-positive patients from the Southern Area were transferred to the Belfast Trust, as well as a high number of discharges over two days in January. ICU is currently under pressure with 15 out of 16 beds occupied.	

	Community – Armagh City, Banbridge and Craigavon Council has the highest number of positive cases. For the last three 7-day periods, the rate of Covid-positive cases per 100,000 population has been decreasing. Regional modelling is suggesting that the peak for Covid-positive hospital admissions is 21.1.2021. Staffing - 802 staff are currently off work with Covid related absence. In response to a question from Mr McDonald, the Chief Executive advised that data was not currently available to determine what percentage of these staff have been vaccinated. Ms Donaghy asked about hospital discharges and if there were any trends emerging in relation to Covid-19 readmissions. The Chief Executive agreed to look at the Trust's re-admission data.	Chief Executive
5	COVID-19 VACCINATION UPDATE The Chief Executive reported that the Trust has administered 20,000 vaccinations to date, the vast majority of which are the first dose. Maintaining the pace of the vaccination rollout was raised to which the Chief Executive stated that there was still high interest from staff to get the vaccine with all daily slots currently filled. The Trust is also trialing a 'roadshow' approach with a pop up clinic arranged in Daisy Hill Hospital the following day. A communication message will be issued to encourage staff who have yet to avail of the first dose to book. In response to a question, the Chief Executive stated that there was no issue with the supply of the Pfizer vaccine. Mr Wilkinson asked about EU Exit plans and the potential impact on the supply of medicines. The Chief Executive stated that there have been no issues in relation to medicines supply to Trusts. The option of military aid was raised to which the Chief Executive advised that he had not been formally approached. Ms Mullan raised the issue of staff burnout and asked if military assistance was not available, was staff sharing from other Trusts an option? The Chief Executive stated that he would raise this with his counterparts in the other Trusts, but felt this was an unlikely option given the workforce pressures across the system.	

6	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that work was progressing well and the Panel has completed the RCA of the 15 deceased patients.	
7	CLINICAL CONCERNS WITHIN UROLOGY The Chief Executive advised that confirmation has been received from Consultant A via his Solicitor that he will not destroy any patient records. The Chair of the Public Inquiry has yet to be appointed and the final reports from the SAIs are awaited. In response to a question from Mr Wilkinson about emerging themes, the Chief Executive stated that some of the early learning from the SAIs indicates issues around multi-disciplinary working.	
8	ANY OTHER BUSINESS None.	
9	DATE OF NEXT MEETING 4th February 2021 at 4.00 p.m. <i>The meeting concluded at 4.50 p.m.</i>	

**Notes of Chief Executive weekly update meeting
held virtually on Thursday, 4th February 2021
@ 4.00 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES None.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 21st JANUARY 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – the number of Covid-positive inpatients is on a decline with 183 as at 4.2.2021. However, in-hospital deaths remaining continuously high and admissions are currently averaging 20 per day. ICU is at maximum capacity. Community – the rate of Covid-positive cases per 100,000 population for Southern Trust remains much higher than the rest of NI.	

	Regional modelling is suggesting a slow decrease in inpatient Covid-positive beds in NI. Mr McDonald asked if regional modelling takes account of any new variants of the virus to which the Chief Executive advised that this was something the Department was working on. Staffing – 650 staff currently off work with Covid related absence which is an improving position. In response to a question, the Chief Executive agreed to look at the average age of Covid positive hospital deaths. Mr Wilkinson raised the impact of the inpatient Covid pressures on those with other critical illnesses, particularly cancer patients. The Chief Executive acknowledged the difficult decisions for clinicians and advised that there was an emergency surgery list each day for the most critically ill patients achieved by all Trusts working together. Mr Wilkinson raised his concern that if Covid positive cases start to decline, the community will challenge why the numbers of critically ill non-Covid patients are not then being seen. In anticipation of this, the Chief Executive stated that Chief Executives have asked the Department to explore a strong consistent message with the Minister.	Chief Executive
5	COVID-19 VACCINATION UPDATE The Chief Executive updated on the vaccination programme advising that up to 1,000 people are being vaccinated each day. Ms Donaghy referred to the Early Alert where one vial was returned with some remaining vaccine and raised concern at the 4 week delay from the incident occurring to the early alert being raised. The Chief Executive confirmed this as a concern to be looked at. The Chief Executive also advised that the Trust will shortly be vaccinating inpatients against set criteria.	
6	ASSISTANCE At this point, the enormous pressures on the Trust were discussed, not only in relation to Covid-19, but also the Independent Public Inquiry, Level 3 SAIs etc.	

	In relation to the increased risk of nosocomial infections, the Chief Executive referred to 2 nosocomial visits by the Department to the Trust to consider what further action the Trust could take to reduce transmission. Those reports have been received by the Trust in draft form and re-affirm the Trust's position that IPC practices are compromised by the Estate which is not suitable for providing modern day healthcare. The Chief Executive advised of his recent meeting with the Permanent Secretary regarding pressures on the Trust going forward. The Trust has been asked to consider where they feel assistance would be beneficial. To that end, the Chief Executive stated that he has written to the Permanent Secretary suggesting potential support that could be offered to the Trust from three angles: i) Buildings – a co-joined approach to capital planning, funding and delivery between the Department and the Trust; ii) Support for the IPC teams and iii) Senior Leadership support. Members supported the three areas identified and emphasized the importance of getting the right help to ease the current pressures faced by the SMT.	
7	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that work was progressing well and the Panel Chair remains committed to meet the completion deadline of April 2021.	
8	CLINICAL CONCERNS WITHIN UROLOGY No further update. The Department has not yet appointed the Chair of the Public Inquiry. The final reports from the SAIs are awaited.	
9	ANY OTHER BUSINESS 8.1 Health Committee Inquiry Report on the impact of Covid-19 in Care Homes The Chief Executive advised that the Trust would be reviewing and reflecting on this report.	
10	DATE OF NEXT MEETING 11th February 2021 at 4.00 p.m. <i>The meeting concluded at 5.00 p.m.</i>	



Quality Care - for you, with you

**Notes of Chief Executive weekly update meeting
held virtually on Thursday, 11th February 2021
@ 4.00 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES None.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 4th FEBRUARY 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	MATTERS ARISING Early Alert re Covid vaccination The Chief Executive updated on the concern raised at the previous meeting at the delay from the vaccination incident occurring to the early alert being raised. He advised that whilst the incident had been reported and recorded on DATIX in a timely way, the issue arose when the routing from DATIX went to Mrs Siobhan Hynds as opposed to Mrs Vivienne Toal, the lead Director for Covid vaccination, and therefore was not picked up until 3 weeks later. The Chief Executive confirmed that all six staff have been contacted to explain what happened, the action to be taken and reassurance offered.	

	He advised that Mrs Toal, Mrs Trouton and Dr O’Kane are looking into the possibility of implementing some checkers for the vaccination vials.	
5	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Admissions/Discharges – the number of Covid-positive inpatients continues to reduce – 159 as at 10.2.2021 compared to a high of 324 on 10.1.2021. The Chief Executive stated that although this is a good reduction, it is important to note that this is still the highest of any Trust and is still higher than the peak in the first surge. ICU remains at a continuous high occupancy level. The Chief Executive explained that the Trust’s ability to re-start services is dependent on ICU returning to normal capacity. In response to a question from Mr Wilkinson, the Chief Executive explained the regional approach in place for ICU. Mrs Leeson asked about the age profile of patients in ICU to which the Chief Executive agreed to find out. At this point, the Chief Executive referred to the proposed budget for the upcoming financial year which is a ‘stand still’ budget and stated that this will mean that the HSC system and the Trust will not have the resources to catch up on demand. Ms Mullan advised that the HSC Chairs’ Forum would be making a submission on both the draft budget and the Programme for Government. Community – the rate of Covid-positive cases per 100,000 population for the Southern Trust has reduced to 182 per 100,000 currently, but remains higher than the rest of NI. Recent nosocomial outbreaks in South Tyrone Hospital and Gillis wards were discussed. The Chief Executive advised that he has asked for the learning from these two wards to be brought back. The Chief Executive advised of the Chief Medical Officer’s concern that an ending of lockdown before the Easter holidays would have a detrimental effect.	Chief Executive

6	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that the Panel Chair remains committed to meet the deadline of April 2021 for return of the initial outbreak report. He spoke of an issue in relation to access to all test results of those involved in the outbreak, which under GDPR regulation is not automatically available to the Trust. Discussions are ongoing with the Information Commissioners Office.	
7	COVID-19 VACCINATION UPDATE Mrs McCartan asked if the Trust had considered if there was the need to carry out a risk assessment on those staff who do not wish to have the Covid vaccination. The Chief Executive agreed to discuss with Dr O’Kane and Mrs Toal.	Chief Executive
8	CLINICAL CONCERNS IN UROLOGY The Chief Executive reported a four week delay on the completion of the SAIs due to a misunderstanding about dates between the Panel Chair and the PHA. The draft report will now be completed on 15.2.2021 and shared with the families with a view to being finalised by first week in March 2021.	
9	ANY OTHER BUSINESS 8.1 Bannview Medical Practice The Chief Executive advised of the increasing challenges faced by the Trust to maintain GP cover. This matter will be brought to the Trust Board meeting on 25th February 2021.	
10	DATE OF NEXT MEETING 18th February 2021 at 4.00 p.m. <i>The meeting concluded at 5.00 p.m.</i>	

DRAFT

Notes of SMT Virtual Meeting held on Tuesday 23 February 2021 @ 2pm

Present by video link:

Shane Devlin
Melanie McClements
Brian Beattie
Vivienne Toal
Aldrina Magwood
Jane McKimm
Barney McNeany

Helen O'Neill
Paul Morgan
Dr Maria O'Kane
Heather Trouton
John McEntee (for Barney McNeany)
Elaine Wright

Apologies:

Barney McNeany

ITEM	NOTE	ACTION
1	APOLOGIES Apologies received from Barney McNeany.	
2	APPROVAL OF SMT ACTION LOG 16 FEBRUARY 2021 Members noted the action log for 16 February 2021. SMT notes from 16 February 2021 will be tabled at the next meeting for approval. The Chief Executive updated on regional discussions, advising that a further surge plan is required to address rebuilding Trust services affected by COVID. Mrs Magwood will co-ordinate with the input from Directorates and bring back to SMT for consideration.	SMT 2 March 2021 Mrs Magwood to co-ordinate
3	CLINICAL & SOCIAL CARE GOVERNANCE WEEKLY REPORT Dr O'Kane referred members to the Clinical & Social Care Governance Weekly Report, drawing particular attention to specific issues requiring attention.	

DRAFT

	Members noted the exceptionally high cost associated with specific ongoing cases and also ongoing issues regarding 'redaction'. Discussion took place and it was suggested that a risk assessment is conducted in terms of ability to fulfil timeframes and ability to delivery to be brought to SMT for agreement. Mr McEntee enquired regarding the inclusion of 'raising concern' letters and if they should be included within the C&SCG report. Mrs Toal and Dr O'Kane to explore feasibility.	<i>Risk assessment to be completed for agreement</i> <i>Dr O'Kane/ Mrs Toal to explore</i>
4	COVID VACCINATION PROGRAMME Mrs Toal updated on the vaccination programme informing members that the 50,000 vaccination will be administered tomorrow, 24 February 2021. Members acknowledged the great effort and teamwork that has gone into reaching this milestone. Mrs Toal highlighted that to date a total of 43,345 first doses have been administered with 5,565 people receiving their second dose. Currently all slots are completely booked and clarification with regard to Carers is being sought. Discussion took place regarding the clinically socially vulnerable patients with a severe mental illness who will now be called by the Trust for vaccination. It was acknowledged that support may be needed to attend the centre and this will be explored further when firmer arrangements are in place. Work regarding the In-Patient vaccine continues to be progressed.	
5	APPROVAL OF PATIENT CLIENT EXPERIENCE COMMITTEE PAPERS, 4 MARCH 2021 Update on Care Opinion Presentation Patient Client Experience - Patient Client Experience Report - 10,000 Voices Report PPI Corporate Action Plan Complaints & Compliments - Annual Service User Feedback Report - Service User Feedback Complaints & Compliments Qrtly Report Quality Improvement Highlight Summary Report	

DRAFT

	Members considered the suite of papers for the forthcoming Patient Client Experience Committee to be held on 4 March 2021. Mrs Trouton referred to Care Opinion advising that a presentation will be delivered at the start of the meeting showcasing the work and responses to date. Members noted the PCE Report which includes updates on virtual visiting, bereavement work, staff experiences of PPE and access by service users to mental health services. Discussion took place regarding PPI and panel members' engagement. All papers to be finalised for issue on 25 February 2021.	<i>Papers to be issued 25 Feb 2021</i>
6	COUNCIL LED COMMUNITY HUBS This item was deferred to SMT on 2 March 2021.	<i>SMT 2 March 2021</i>
7	EU EXIT PREPAREDNESS Dr O'Kane advised that a full update can be given following the next EU Exit meeting and this can be scheduled for SMT on 16 March 2021. Mrs Toal updated members on progress in respect of Dual registration of professional staff involved in cross border and all island services. She advised that healthcare professionals must be appropriately registered with the relevant regulator in the country in which they are practicing and as such, Trusts must ensure that HSC professionally registered healthcare staff involved in these arrangements are also registered with the associated regulator in the Republic of Ireland. Applications are to be completed and Mrs Toal will write to members in this regard. Members noted that this will include Midwifery staff.	<i>SMT 16 March 2021</i> <i>Mrs Toal progressing</i>
8	STAFFING SUPPORT REQUIREMENT FOR SAI/INQUIRY – UROLOGY (FOR NOTING) Mrs McClements referred members to the Confidential Report regarding Staffing Support Requirement for Serious Adverse	

DRAFT

	Incident/Inquiry – Urology. She advised that the report was a requirement by the DoH and HSCB to work up an IPT and aligned cost for the Inquiry. Members acknowledged the high cost associated and noted that this was an attempt to put systems in place based on experiences within other Trusts. This report presents the most accurate picture to build upon. The report was tabled for noting and Mrs McClements welcomed member's thoughts and comments and asked members to review posts included. Ms O'Neill informed members that she has clearly stipulated with the DoH that this will need to be fully funded and the Trust will not have the available funding.	<i>Noted</i> <i>Members to review posts</i>
9	NEW HSC PLANNING FRAMEWORK – UPDATE 2 Mrs Magwood referred members to the New HSC Planning Framework tabled for awareness. She referred to developments to date advising of progress and exploration around suitable groups. A project structure is being developed which will build on the strength of the COVID working relationship with primary care and consider need to expand and enhance. It is also agreed to share learning from local work across each Trust area with regional project board to ensure learning beyond Northern prototype alone The DoH plan is that transition to a new model will be based on forging new/enhanced relationships based on partnership working and collaboration on existing funding and accountability models. Mrs Magwood advised that she is seeking initial views from SMT and local primary care representatives via LMC/GP Federation SSFU in the first instance on: 1. Proposals for prototype ICS in the Southern Trust area and timelines 2. Interface/opportunities to build on established developments and relationships in the Southern area e.g. SMT Bronze, Pathfinder, MDT , NMS etc 3. Target location/geographic area 4. Interest/involvement of representatives to engage in this development	

DRAFT

	The Chief Executive expressed concern regarding the model as it looks at health through a primary care perspective only and not incorporating community needs and he undertook to write to DoH in relation to the outcomes approach. Mrs Magwood agreed to keep members updated on progress and developments.	Chief Executive Mrs Magwood to update
10	REVIEW OF THE FINANCIAL PERFORMANCE REGIME AND COSTING FUNCTION – HSC TRUSTS – LETTER FROM S GALLAGHER Members considered the correspondence from S Gallagher regarding the Review of the Financial Performance Regime and Costing Function which seeks Trust nominations. Mrs Magwood to submit through CEO.	Mrs Magwood to collate nominations
11	SMT ARRANGEMENTS FROM APRIL 2021 ONWARDS Members agreed to continue with the current SMT arrangements up to end June 2021, when it will be reviewed again. Elaine to update diary invites.	Elaine to issue diary invites
12	ANY OTHER BUSINESS 12.1 NI Emergency Preparedness Group - Sub Regional Co-ordination Meeting – Wednesday 24 February 2021 The Chief Executive referred to the Emergency Preparedness Meeting being hosted by ABC Council to address issues around the high COVID rate within the Southern area. The Chief Executive confirmed he would be attending and Dr O’Kane agreed to explore potential within the Medical Directorate. 12.2 Dealing with Complaints The Chief Executive raised the issue of the process for dealing with complaints from ‘in-patients’ which should be dealt with in an immediate and swift manner. Members acknowledged the current procedure if a patient/client formally complains post event, and the systematic process for dealing with such complaints. However, if a patient/client who has an issue and complains whilst they are still an inpatient,	Dr O’Kane

DRAFT

	either in acute or mental health, it was queried if the process is quick enough to deal with the issue? Members discussed a patient advisory/liaison services role and acknowledged that such a role had previously existed – rationale for standing down to be explored. Discussion took place regarding a CALS/PALS role and Dr O’Kane and Mrs Trouton undertook to explore further in terms of complaints and user engagement and scope a process to deal with issues before they get to a formal complaint and report back to SMT. <i>4.15pm Mrs McClements left the meeting</i> 12.3 Update from PS Meeting re Nosocomial Work Dr O’Kane updated following the PS Meeting when EY presented on the Nosocomial Work. 12.4 RQIA The Chief Executive informed members that following recent processes, there was no appointment to the post of Chief Executive at RQIA. 12.5 Bannview Medical Practice Mr Beattie updated on the current position regarding Bannview Medical Practice. He acknowledged the input by Dr O’Kane and the slightly improved position, however further discussions taking place with HSCB and update will be provided. 12.6 NMD Special Council Meeting – 11 March 2021 Elaine to forward recent email regarding the forthcoming meeting on 11 March 2021. Members to consider and agree attendance. 12.7 Kings Fund The Chief Executive advised that work regarding Kings Fund support is ongoing. He added that a response from the PS in regard to the recent correspondence is expected. 12.8 New Years Honours 2022 Mrs Toal referred to recent correspondence in relation to the New Years Honours 2022 and agreed to forward to members for	<i>Dr O’Kane/ Mrs Trouton to explore and scope process</i> <i>Elaine to share email</i> <i>Mrs Toal to</i>
--	--	--

DRAFT

	consideration. Mrs Toal to reconsider the previously submitted details for consideration. <i>The meeting concluded at 4.40pm</i>	<i>take forward</i>
13	DATE OF NEXT MEETING: Tuesday 2 March 2021 @ 2pm	

Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 25th February 2021 at 9.00 a.m.

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Ms J McGall, Assistant Director, Mental Health (*for Mr McNeany*)
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr B McNeany, Director of Mental Health and Disability Services

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. Mrs Trouton declared an interest in item no. 6 in relation to clinical concerns within Urology. Mrs Trouton declared that she was Assistant Director for Surgery and Elective Care between 2009 – March 2016 and managed the Urology Service during that time. Mrs Trouton remained in the meeting for discussion on this item.

3. MINUTES OF PREVIOUS MEETINGS

The Minutes of the meetings held on 22nd October 2020, 12th November 2020 and 10th December 2020 were agreed as accurate records.

4. MATTERS ARISING

There were no matters arising.

5. HH/BC UPDATE

A short update was included in members' papers. Ms McGall informed members that whilst the purchase of HH and BC has not been completed within the timescale originally reported, the purchaser has assured the Trust that the exchange of ownership will take place shortly. Mr McDonald asked if there was a risk that the current owners would have recourse on the Trust's decision to cease admissions to HH and BC. Ms McGall advised that once the transfer of sale takes place, it is the understanding of the Trust that the current owners will have no say in the future or retrospective running of HH and BC. She further advised that it is the view of the Trust the existing concerns will cease once the new Owners take over.

Mr Wilkinson sought assurance that the current owners would have no future employment opportunities in either HH or BC under the new ownership. The Chief Executive undertook to seek a legal opinion in this regard.

Action: Chief Executive

6. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive spoke of the ongoing engagement with the Department and the Health and Social Care Board on this matter. Mrs McClements updated on the SAI process to date and informed members that the 9 individual reports and the one overarching report were nearing completion. A mid report of early identification of learning was issued and shared with the families, the team and the Department. Dr O’Kane stated that early learning was in relation to appropriate use of systems and processes, use of NICE guidance, timely updating of clinical information and multi-disciplinary team working.

Mr Wilkinson welcomed the early learning and the themes that were emerging, and asked how the Trust was addressing the weaknesses identified. Dr O’Kane advised that a review of the multi-disciplinary team process was underway to include an audit against good practice to help understand what action needs to take place. She also advised that work was underway to redesign the Revalidation and Appraisal process. She noted that it has already been agreed that Appraisers would not be picked by the Appraisee, but would be appointed independently to undertake the appraisal. Mrs McClements spoke of the work underway on admin processes, triage, communications, patient information etc. and stated that the Trust was working with the Belfast Trust on the learning from the Neurology Review in terms of approaches in governance and systems and processes, particular in relation to the patient journey and multi-disciplinary team working.

Ms Donaghy raised the issue raised in the Neurology Review in relation to the private patient’s journey into the Trusts as a HSC patient. She asked if action on this issue could be fast tracked as it has major consequences for the Trust given the already unacceptable waiting lists and delays. Dr O’Kane responded by advising that the whole private patient management process was being looked at.

Mr McDonald asked about the likelihood of criticism in the SAI report of systemic failure as opposed to individual failure. The Chief Executive stated that he believed there would be criticism of systems

and processes not working effectively as well as the failings of the individual clinician. Dr O’Kane advised that clinicians in other Trusts had raised concerns about this clinician’s practice with the clinician, but these had not been escalated.

7. **BANNVIEW MEDICAL PRACTICE**

The Chief Executive stated that the Trust was working in partnership with the HSCB to try to get a short term solution. Simultaneously, the HSCB is working with the Trust and the Department of Health to put in place a longer term solution to ensure that the patients of Bannview Practice continue to have access to the full range of services. Mr Beattie advised that the Trust has placed a number of Trust staff from mental health, nursing and AHPs into the practice, as well as a temporary Clinical GP Lead.

Mr Beattie advised that the Trust would be formally advising the HSCB in the coming days of its intention to withdraw from the contract. Mrs McCartan asked about the longer term solution, to which Mr Beattie advised that this will involve discussions between the HSCB and other GP practices to ascertain their interest in taking over the Bannview practice. Mr Beattie stated that if this does not come to fruition, the HSCB would have to move to dispersing 5,000 patients across to other GP practices.

8. **ANY OTHER BUSINESS**

None

The meeting concluded at 9.30 a.m.

SIGNED: _____

DATED: _____



Quality Care - for you, with you

**Notes of Chief Executive weekly update meeting
held virtually on Thursday, 4th March 2021
@ 4.00 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES None.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 11th FEBRUARY 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Community – the rate of Covid-positive cases per 100k population for the Southern Trust continues to reduce and is now around the average NI figure. Admissions/Discharges – the total number of Covid-positive inpatients continues to reduce – 69 as at 4.3.2021. The Chief Executive stated that there are still in-hospital Covid deaths. Mrs Leeson asked about inpatient deaths and the age profile. The Chief Executive advised that the World Health	

	Organisation was about to publish their research which he agreed to share with members, once available. The Chief Executive reported that ICU was heading in the right direction towards its normal occupancy rate. This means that staff can be deployed back to their substantive roles and enable the Trust to re-start other services. Re-start of services was discussed. Ms Donaghy noted the number of cancelled surgeries as detailed in the Sitrep and asked about the ability to re-start services. The Chief Executive advised that as pressure on ICU starts to ease and staff in ICU return to theatres, the number of surgeries can be increased. He advised that the Trust was working to find ways of supporting these staff as they return to their substantive positions and providing them with the opportunity for rest and recharge. Mr Wilkinson asked if the Trust was taking the opportunity to look at services now in advance of them starting up again. The Chief Executive stated that the Trust was working constructively with the region on plans to re-start services and to prepare for the management of the accrued backlog. Trust Directors of Planning are taking this work forward with a draft paper expected by 23rd March 2021 which will be shared with Trust Board. Mrs McCartan made reference to Mark Taylor's view about re-starting surgery 7 days/week on green sites and asked how realistic this was given the budget constraints. The Chief Executive stated that without additional funding, the Trust would be unable to deliver on this. Mr McDonald welcomed the green pathways approach and the fact they would not be defined by Trust geographical boundaries. The Chief Executive reported that the regionalization of surgery started last week. Ms Donaghy asked if there was the staff to do the surgery to which the Chief Executive advised that initially, this was not the case, but a blend of private and public sector was being considered.	Chief Executive
5	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that the Panel Chair remains committed to meet the deadline of mid April 2021 for return of	

	the initial outbreak report. An action plan is in place against the early learning.	
6	COVID-19 VACCINATION UPDATE Members were advised that the 60-65 age group was now open for booking and the commencement of 2nd doses had begun. The Trust has now administered 56,000 vaccinations. The Chief Executive advised of the poor uptake of the vaccine from HSC staff in the 20-30 age group and this has been fed back to the PHA. Mr McDonald raised the vaccination for carers. The Chief Executive spoke of some initial challenges, but stated that since this has been channeled through the Carers Co-ordinators, negative feedback has been minimal.	
7	CLINICAL CONCERNS IN UROLOGY The Chief Executive advised that he received the draft report on 2nd March 2021. He stated that this will be shared with the Urology Team on 8th March 2021 and he has arranged to meet with them on 9th March 2021. The draft report is also with the families for factual accuracy checking. Mr McDonald stated that given the SAIs and the Public Inquiry, there was a need to agree a mechanism to ensure that Non Executive Directors see reports in the most appropriate way. The Chief Executive stated that once the final report has been received, it will be shared with the Non Executive Directors. Ms Donaghy asked if it was right to presume that litigation cases would follow to which the Chief Executive stated that he believed this would be the case. In response to a question from Mrs McCartan, the Chief Executive stated that the Chair of the Public Inquiry had not yet been appointed, but he hoped to have an update on this at the meeting of the Urology Assurance Group the following day. The Chair asked about the learning from these 9 SAIs and emphasized that when the final report is received, a discussion is needed on actions to be taken forward rather than wait on the outcome of the Public Inquiry.	

8	OBSTETRICS AND GYNAECOLOGY WHISTLEBLOWING INVESTIGATION The Chair stated that following the recent Governance Committee meeting, some members had raised concerns in relation to the origin, timeline and process of the Obstetrics and Gynaecology whistleblowing investigation. The Chief Executive stated that as reported to the Governance Committee, a Whistleblowing Investigation was conducted in respect of the Obstetrics service in July 2019. A report outlining a number of key actions and learning from this investigation was brought to the Governance Committee on 11th February 2021. A draft report of the investigation has been received which has a number of factual inaccuracies and there are ongoing discussions with the external investigation team regarding the finalisation of the report. In response to a question from Mrs McCartan, the Chief Executive provided assurance that a range of improvement actions are being actively progressed as detailed in the report to the Governance Committee. A full and final list of actions will be agreed once the report is concluded. A final report will be brought to the Governance Committee on 13th May 2021. Discussion ensued in which members emphasized the importance of a process to ensure Non Executive Director involvement at the appropriate time when issues are being raised from different directions e.g. whistleblowing, SAIs etc. It was agreed that a meeting between the Non Executive Directors and the Chief Executive would take place within the next 6 weeks to develop a process. Mrs Leeson asked if there had been SAIs in relation to this issue in O&G to which the Chief Executive confirmed that there had been SAIs in O&G, but not directly related to this particular whistleblowing. Mrs Leeson spoke of her concern at the issues raised in relation to patient safety in the whole area of O&G and asked that the Trust keeps under consideration an Invited Review with the Royal College of Obstetricians and Gynaecologists. The Chief Executive advised that it was still the Trust's intention to explore capacity with the Royal College to undertake an Invited Review.	ALL
---	---	-------------------

9	BANNVIEW MEDICAL PRACTICE The Chief Executive advised that he had formally written to the HSCB on 26 th February 2021 to advise of the Trust's intention to retire from this contract. The GP Unit in the HSCB will now be in discussion with GP practices to ascertain interest in taking over this practice. In the meantime, the practice is functioning with locum GPs.	
10	SMT The Chief Executive informed members that Ms O'Neill has formally advised of her intention to retire as Director of Finance, Procurement and Estates in July 2021. Given this retirement and that of Mr McNeany on 31 st March, he advised of his intention to review the overall senior management structure and would appreciate input from the Non Executive Directors in this work.	
11	ANY OTHER BUSINESS The Early Alerts in relation to GP Out of Hours were raised. The Chief Executive stated that it is hoped that the situation as regards GP cover will improve, as activity in the Covid centres reduces.	
12	DATE OF NEXT MEETING 11th March 2021 at 4.00 p.m. <i>The meeting concluded at 5.15 p.m.</i>	

**Notes of Chief Executive weekly update meeting
held virtually on Thursday, 11th March 2021
@ 4.00 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Martin McDonald.	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 4th MARCH 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Community – the rate of Covid-positive cases per 100k population for the Southern Trust continues to reduce and is now at the average NI figure. Admissions/Discharges – the total number of Covid-positive inpatients continues to reduce – 43 as at 11.3.2021, 22 of which are in Lurgan Hospital. There are currently 2 Covid-positive patients in ICU. The Chief Executive stated that as pressure on the ICU eases, this will enable the Trust to re-start other services. A draft Trust	

	Restart Plan for April/May/June 2021 will be brought to the Trust Board meeting on 25th March 2021. Mrs McCartan raised the recent Press coverage in relation to the re-opening of Nightingale as a site for elective cancer surgery and asked about the Trust's elective cancer surgery. The Chief Executive explained that the Trust was utilizing its theatres and scaling up surgery. He spoke of the regional clinically led prioritization group which meets week to prioritise cancer and time critical/urgent cases across clinical specialties. A discussion needs to take place as to where general surgery would be best placed. Mr Wilkinson asked if there was a Southern Trust specialty in the regional plan. The Chief Executive stated that in terms of Breast and general surgery, the Trust was ahead of the curve. He stated that it would be useful to bring the regional position to the Performance Committee. Ms Donaghy referred to the Sitrep and welcomed the fact that for the first time, there were no bed closures. At this point. Ms Donaghy asked about an Early Alert involving a Trust employee on suspension following posting inappropriate videos on social media with anti-vaccination messages. She asked if this was a disciplinary matter to which the Chief Executive advised that the individual had since resigned and had they remained in the Trust's employment, the disciplinary process would have been followed given this incident had the potential to bring the Trust into disrepute.	
5	COVID-19 CLUSTER SAI PROCESS UPDATE The Chief Executive advised that work was progressing well with the Panel Chair committed to meet the deadline of April 2021 for return of the initial outbreak report. The vast majority of the families have been very involved in the engagement process with the Family Liaison Officer, with one family choosing to be disengaged.	
6	COVID-19 VACCINATION UPDATE Members noted the good progress being made with the vaccination programme. Commencement of 2nd doses has begun.	

7	CLINICAL CONCERNS IN UROLOGY The Chief Executive advised that as reported at last week's meeting, he received the draft report on 2nd March 2021 and his intention was to share this with AOB, the families and the the clinical team. Since then, AOB's legal team threatened to invoke an emergency injunction which would have prevented sharing of the report with the families or the clinical team. AOB has been asked to reply by 16th March 2021 at which point the draft report will be shared with the families and the team. All are to respond with comments on factual accuracy within three weeks for review by the report author. The importance of the families having sight of the report was emphasized and the deadlines in place were welcomed. In response to a question from Ms Donaghy, the Chief Executive explained that as per the normal SAI process, each contributor has sight of the SAI report at the same time. However, AOB's legal team has stated that given the nature of this case, they believed their client was entitled to see the report before the families. Members welcomed the appointment of Christine Smith QC as the Chair of the Public Inquiry on a fulltime basis. Mrs McCartan asked the Chief Executive if the Trust had sufficient resources to service a full-time Inquiry. He advised that as requested by the HSCB, the Trust has submitted a bid for resources.	
8	STRUCTURES The Chief Executive informed members that Mr Paul Morgan has formally advised of his intention to retire at end of September 2021. Re-structuring was discussed. The Chief Executive advised that he has arranged a workshop with the SMT for the following day to begin this work. This will include looking at other Trusts' structures both in N.I. and in England. He spoke of the structure in the Northern Trust which is similar to other Trusts in England, whereby operational divisions report to a Director of Operations/Deputy Chief Executive allowing the Chief Executive to focus on governance and improvement. He	

	advised that he will share his thinking in a draft paper with the Non Executive Directors for their review. It is hoped to have a new structure in place by the Autumn. Mrs Leeson raised the concept of a regional mental health service. The Chief Executive stated that the Department has issued a Project Initiation Document (PID) on the need to standardize mental health services. Ms Donaghy asked about emergency care/urgent care out of hours and GP involvement. She raised the possibility of some areas of primary care being brought into some of the Trust services under restructuring. The Chief Executive stated that this was outwith his gift as GPs are employed sessionally to work in the OoH service. The fundamental issue is the lack of GPs.	
9	BANNVIEW MEDICAL PRACTICE The Chief Executive advised that the HSCB is in discussion with a GP practice who has expressed an interest in taking over the Bannview practice.	
10	DATE OF NEXT MEETING 18th March 2021 at 4.00 p.m. <i>The meeting concluded at 5.00 p.m.</i>	



Quality Care - for you, with you

**Notes of Chief Executive weekly update meeting
held virtually on Thursday, 18th March 2021
@ 4.00 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Pauline Leeson
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES Geraldine Donaghy	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 11th MARCH 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	COVID-19 UPDATE/PRESSURES The Chief Executive presented the key facts and figures as follows:- Community – the rate of Covid-positive cases per 100k population for the Southern Trust continues to reduce and is now at the average NI figure. Admissions/Discharges – the total number of Covid-positive inpatients has remained consistent over the past week.	
5	COVID-19 VACCINATION UPDATE Mrs McCartan raised the recent coverage in the Press regarding a shortage of supply of the Oxford/AstraZeneca	

	vaccine. The Chief Executive advised that this was not having an impact in Northern Ireland currently.	
6	CLINICAL CONCERNS IN UROLOGY The Chief Executive advised that the Trust had received correspondence from AOB on 15th March 2021. It has been agreed that this correspondence would be shared with the SAI reports and the overarching SAI report to families and the clinical team. Following the sharing of the reports, the Chief Executive is meeting with the clinical team on 23rd March 2021 and the SAI Panel Chair will meet with the families. The Trust will continue to offer support to those patients / families who feel they require this. Following discussion, the Chief Executive undertook to seek legal advice as to what information can be shared with Trust Board members and when.	Chief Executive
7	STRUCTURES REVIEW The Chief Executive updated members on the initial workshop held with the SMT to progress this work. The concept of a single governance division was discussed. Members noted that any proposed structure would have to be cost neutral. The Chief Executive advised that further sessions with the SMT are planned after which he will produce a short paper and share with Non Executive Directors for comments.	Chief Executive
8	DATE OF NEXT MEETING 19th April 2021 at 4.00 p.m. <i>The meeting concluded at 4.45 p.m.</i>	

Minutes of a Virtual Confidential Meeting of Trust Board
held on, Thursday, 25th March 2021 at 9.00 a.m.

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mrs G Hamilton, Assistant Director, Nursing, Patient Safety, Quality and
Experience (*for Mrs Trouton*)
Mrs M McClements, Director of Acute Services
Mr B McNeany, Director of Mental Health and Disability Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were none declared.

3. MINUTES OF PREVIOUS MEETINGS

The Minutes of the meeting held on 25th February 2021 were agreed as an accurate record.

4. MATTERS ARISING**i) HH/BC update**

Mr McNeany provided a verbal update. He reported that it was his understanding that the exchange of ownership of HH and BC would take place in the next few weeks. He also reported that the Trust has sought a legal opinion in relation to future employment opportunities of the current owners in either HH or BC and a response is awaited.

5. UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY

Mrs McClements spoke to a paper which provided an update on the following areas:-

- Review progress to date (16th March 2021)
- Progress of Identified Serious Adverse Incidents and creation of a Structured Clinical Record Review model for future identified urology incidents
- Engagement with the Independent Sector to provide review appointments for 236 oncology backlog patients
- GMC and Private Practices process

In relation to the SAI process, Mrs McClements reported that each patient/family has received a copy of their SAI report and a copy of the overarching SAI report. Copies of all of the reports have been shared with the Urology and Cancer services teams for factual accuracy checking. Mr AOB's solicitor has received copies of all the draft SAI reports and the overarching report. Correspondence was received from Mr AOB and this was also included with the reports to the families and the clinical team.

Mrs McClements advised that a review of processes including triage, communications, patient information and private patient management has been completed. This has considered issues, gaps, policies/processes and risks. An external opinion was sought and they have cross referenced with other Trust processes to ascertain any learning. The report is due completion at end of March 2021. Mrs McClements provided assurance that the Trust was prioritising the learning and recommendations for service improvement and this work would be led by the Trust Urology Oversight Group chaired by Dr O'Kane and herself.

Dr O'Kane referred to the Structured Clinical Record Reviews (SCRR) and advised that the RCP are conducting two train the trainer sessions for using Structured Judgement Review (SJR) methodology for Trust medical staff in March 2021. The Trust has shared the SCRR draft form with the RCP and has received positive feedback in its design and structure. To support the SCRR process, the Trust has identified an additional Consultant Urology subject matter expert via the Royal College of Surgeons to support reviews as required.

Mrs McClements informed members that the Internal Audit review of Mr AOB's patients transferring into SHSCT as HSC patients was at the final stage of reporting. At this point, there has been one private patient anomaly identified. As regards private practice external to the Trust, the Trust held a meeting with the GMC and DoH on 16th March 2021 to discuss the Trust and DoH roles in consideration of Mr AOB's private practice.

The Chair of the SAI Panel intends to speak to the GMC on the Panel's concern at the lack of engagement by Mr AOB in getting clinical information.

Members were advised that regular meetings were continuing with the Clinical Teams and the Chief Executive, Medical Director and Director of Acute Services. Conversations are taking place with the Clinical Teams to offer a range of support options on an individual basis or as a team going forward. Professional Nursing support has been planned as requested and being organized for the Cancer Nurse Specialists.

Mrs Toal updated on the Grievance Appeal process. She advised that the Trust had written to Mr AOB to outline how the process would be taken forward. The Trust has asked an Independent Appeal Panel to undertake a review of the Panel's outcome and Mr AOB's subsequent and recent correspondence.

In the interests of time, the Chair brought the discussion to a conclusion and asked members if they had any further questions to forward these via email to her office for response.

6. **ANY OTHER BUSINESS**

None

The meeting concluded at 9.28 a.m.

SIGNED: _____

DATED: _____



Quality Care - for you, with you

**Notes of Chief Executive monthly update meeting
held virtually on Monday, 17th May 2021
@ 3.30 p.m.**

Present: Eileen Mullan (Chair of meeting)
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Martin McDonald
John Wilkinson

In attendance: Sandra Judt (Notes)

ITEM	NOTE	ACTION
1	APOLOGIES None	
2	DECLARATION OF INTERESTS There were no interests to declare.	
3	NOTES OF PREVIOUS MEETING HELD ON 19th APRIL 2021 The Notes of the previous meeting had been previously circulated and were approved.	
4	OBS AND GYNAE UPDATE The Chair welcomed Mrs Toal, Mrs McClements and Mrs Trouton to the meeting for discussion on this item. An apology was noted from Dr O'Kane. A redacted report on the Whistleblowing Investigation had been issued to members. Mrs Toal took members through the timeline, approach and rationale at each juncture from the Whistleblowing concerns were raised in respect of the Obstetrics service in July 2019. She set the context in which the Trust received the concerns in relation to how the Obstetric service was being delivered and advised that in November 2019, the Trust agreed to commission an external investigation to obtain a level of independence given these concerns ranged	