
From: Haynes, Mark [Personal Information redacted by the USI]
Sent: 14 September 2015 11:27
To: Glenny, Sharon; Glackin, Anthony; O'Brien, Aidan; ODonoghue, JohnP; Suresh, Ram; Young, Michael
Cc: Corrigan, Martina; Graham, Vicki
Subject: RE: Urology Triaging

My thoughts on the three issues are below.

Mark

From: Glenny, Sharon
Sent: 14 September 2015 09:22
To: Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Suresh, Ram; Young, Michael
Cc: Corrigan, Martina
Subject: FW: Urology Triaging
Importance: High

Morning Everyone

Could you please see below from Vicki and the Cancer Team regarding triage of referral letters.

I know Martina would likely have raised this at the specialty meeting, but in her absence, do you have any thoughts/suggestions on the matter?

Thanks

Sharon

From: Graham, Vicki
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To: Glenny, Sharon
Cc: Clayton, Wendy
Subject: Urology Triaging
Importance: High

Hi Sharon,

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Many thanks,

Vicki

Vicki Graham
Cancer Services Co-ordinator
Mandeville Unit

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Email –

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From: Suresh, Ram [Personal Information redacted by the USI]
Sent: 14 September 2015 13:10
To: Haynes, Mark; Glenny, Sharon; Glackin, Anthony; O'Brien, Aidan; ODonoghue, JohnP; Young, Michael
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Email -

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From: O'Brien, Aidan [Personal Information redacted by the USI]
Sent: 14 September 2015 18:04
To: Suresh, Ram; Haynes, Mark; Glenney, Sharon; Glackin, Anthony; ODonoghue, JohnP; Young, Michael
Cc: Corrigan, Martina; Graham, Vicki
Subject: RE: Urology Triageing

Dear All,

I do appreciate that Ram may feel that he has come under the kosh by email, and that can be an unpleasant experience. However, exchange of views by email can be of value as it allows for reflection etc. Discussion at meetings can often fail to do so.

I largely agree with the views of Mark.

However, these are some additional thoughts of mine which may be of help:

- The investigative boxes to be ticked on the triage sheet are all investigations which can actually be performed at a New Clinic: ultrasound scan of urinary tract, transrectal ultrasound guided prostatic biopsies, flow rate and residual volume measurement, and flexible cystoscopies. It is my understanding that the appropriate boxes should be ticked to indicate the investigations to be done when the Red Flag referral patient attends the New Clinic. I believe that there is no merit in the advanced requesting of one of these investigations, such as ultrasound scanning of urinary tract, when that investigation can be performed at the clinic.
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- When an up to date U&E is required, I will ask patient by telephone to contact GP practice nurse to make arrangements to have U&E done. If I am unable to contact the patient, I will usually ask my secretary by email to contact patient at another time of day, or GP practice, or both. I have to confess that it is possible to contact patients by these methods. If not, it is hardly worth while requesting a CT as they may not be contactable for the scan either.
- Lastly, I believe that it was agreed previously at meetings that advanced requesting of CT scans would not delay the patient being appointed to the next available clinic. I disagree and do not adhere to this in practice. If I have requested a CT, I leave a 2 week window before having New Clinic appointment arranged. Indeed, I would like to be provided with indicative intervals during which time scans are guaranteed to be performed in Red Flag patients, as they differ so much from hospital to hospital,

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Email -

Personal Information redacted by the USI

From: Young, Michael [Personal Information redacted by the USI]
Sent: 15 September 2015 10:47
To: O'Brien, Aidan; Suresh, Ram; Haynes, Mark; Glenny, Sharon; Glackin, Anthony; ODonoghue, JohnP
Cc: Corrigan, Martina; Graham, Vicki
Subject: RE: Urology Triaging

1/ A lot of this stems from GPs not completing their referrals adequately.
 2/ We have said before that there should be a minimum dataset – ie to have the u/e done (or at least say on the form that it has been done).
 3/ I agree with most of Aidan's points (except the last) 4/ I thought all this was fairly straight forward but some are making it complicated and some are not listening (sorry to say) 5/ The New triage box (and that means what is written in it) notes on the left hand side to which clinic the patient is to be booked. This should remain unaltered especially the Red Flag patient – the GP and patient are expecting this outcome. This should make it clear to the Booking Office. I think we set out a time line for the urgent patients as well (not sure if this has slipped a bit though). Where a scan etc has been ordered in advance this should not impinge on the Booking Office arranging an appointment at the New Clinic. 'All well and good' if the scan results are available – I thought this is what we agreed. We felt that waiting for some scans was holding up the overall care pathway (and indeed this does not make it a one stop clinic but we don't like that phrase anyway) 6/ if someone wants to pre-arrange a test then this is written outside of the box. If the patient is deemed in the Red Flag category then they should have been given an appointment anyway and therefore there should not be any time left to re-triage. (unfortunately the Booking Office have DAROed a lot of patients where they have seen that test have been pre-booked. I feel this is a complete mistake and certainly should not have been applied to RF patients).
 7/ Pre-arranged tests for the urgent and routine patients are indeed fair enough for a variety reasons. These patients also should not be DAROed. It is likely their tests will be done within our clinic time-frames. It was agreed that these patients test results were the responsibility of the triaging Consultant up to when they were seen in the clinic. ie if an action was required urgently. A further point on this relates to subsequent ownership of the patient. Pre-clinic time relates to the triaging Consultant but once seen at the Clinic then this switches to that particular Consultant (no matter who pre-ordered the tests) This particular point needs to be ironed out for the haematuria Clinic (discuss later).
 8/ Inside the Triage Box on the right hand side is to indicate, in advance, of what is likely / potentially to be needed 'on the day'. This is for use by the Booking Office to have a spread of activities. (ie not all TRUSes or an xs of flex C/Us). It is also for the Nursing staff before the clinic starts that day to plan the patient flow of activities. If none of the boxes are ticked then it is not anticipated that the patient will need any such tests (this however may change when the patient is actually seen however) 9/ I appreciate the comments about pre-arrangements. Such things as GP lack of inclusion of results, patients not picking up the phone, patients not attending for urgently arranged blood or indeed their xrays. This all takes up valuable time on our behalf when we have so much to do. So I suggest keeping it all simple as there are so many involved in the pathways. I do not think anyone should be DAROed as our timelines already fit and indeed due consideration should be given to the minimum dataset on letters for red flag referrals – there is indeed certain expectation for us to see patients on time and I think it is more than reasonable for us to expect GP to supply us with adequate information.

See you all at Audit in the Ulster ?

MY

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Mandeville Unit

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Email --

Personal Information redacted by the USI

Buckley, LauraC

From: Trouton, Heather
Sent: 09 November 2015 17:18
To: Corrigan, Martina; Nelson, Amie; Reid, Trudy
Cc: Carroll, Anita
Subject: FW: Triage

Dear All

Can you please see below. I think that is a reasonable suggestion . have you any concerns or do you support?

Heather

From: Carroll, Anita
Sent: 06 November 2015 14:56
To: Trouton, Heather; Conway, Barry; Gibson, Simon; Carroll, Ronan; McVey, Anne
Cc: Robinson, Katherine; Rankin, Christine
Subject: FW: Triage

Dear all

It has been brought to my attention that triage of referral letters can still be delayed in being returned to the RBC. Some areas in particular are very poor at doing this. To this end I would be grateful if you would all agree with your clinicians that where referral letters are not returned within a week or thereabouts (IEAP states 72 hours) that the RBC will add patients to the waiting list **with the priority type dictated by the GP**. Given that waiting lists are now much longer than they were previously this could cause problems so it is in everyone's interest to try and encourage quicker turnaround of triage.

Thanks Anita

Corrigan, Martina

From: Carroll, Anita [Personal Information redacted by USI]
Sent: 17 November 2015 18:24
To: Corrigan, Martina
Subject: Re: Triage

You got it !

From: Corrigan, Martina
Sent: Tuesday, November 17, 2015 05:57 PM
To: Carroll, Anita
Subject: RE: Triage

I knew when I read the email that it would be Urology so no worries Anita.....

I am assuming it is one consultant in particular

Martina

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

Telephone: [Personal Information redacted by USI]
Mobile: [Personal Information redacted by USI]
Email: martina.corrigan@shsc.nhs.uk [Personal Information redacted by USI]

From: Carroll, Anita
Sent: 09 November 2015 20:19
To: Reid, Trudy; Trouton, Heather; Corrigan, Martina; Nelson, Amie
Subject: Re: Triage

Urology ! Sorry martina

From: Reid, Trudy
Sent: Monday, November 09, 2015 06:56 PM
To: Trouton, Heather; Corrigan, Martina; Nelson, Amie
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Heather can we see what areas offend most so we can target

Trudy

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Buckley, LauraC

From: Corrigan, Martina
Sent: 28 September 2019 05:26
To: Hynds, Siobhan
Cc: Buckley, LauraC
Subject: FW: Urgent for investigation please

Regards

Martina

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

Telephone:

Personal Information redacted by the USI (Internal)
Personal Information redacted by the USI (External)
Personal Information redacted by the USI (Mobile)

From: Corrigan, Martina [mailto:Personal Information redacted by the USI]
Sent: 09 September 2016 18:22
To: Weir, Colin
Subject: FW: Urgent for investigation please

Hi Colin

Happy to discuss

Regards

Martina

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

From: Young, Michael
Sent: 08 September 2016 17:32
To: Corrigan, Martina
Subject: RE: Urgent for investigation please

Few points

- 1/ GP probably should have referred as RF in first place. A PSA of 34 is well above normal
- 2/ if booking centre has not received a triage back then I agree that they follow the GP advice
- 3/ if recent scan had shown secondaries then they were present at referral. As such then this was at an advanced non curable stage even then.

- 4/ I think the point here is that although non-curable I would have thought that treatment would still have been offered in the form of anti-androgen therapy at some stage over the subsequent few months.
- 5/ So to follow this to the next step means that if still following our current Routine waiting time would have resulted in the patient not being seen for a year. Some clinicians would have regarded this as resulting in a delay in therapy.
- 6/ It is not clear if arrangements were made, but the triage letter was not returned ?
- 7/ The patient was in fact seen within a few months.
- 8/ The apparent delay of just a few months has however not impinged on prognosis.

My view

MY

From: Corrigan, Martina
Sent: 07 September 2016 12:14
To: Young, Michael
Subject: FW: Urgent for investigation please
Importance: High

As discussed this afternoon

Martina

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

From: Corrigan, Martina
Sent: 02 September 2016 14:51
To: Young, Michael
Cc: Weir, Colin
Subject: Urgent for investigation please
Importance: High

Michael,

Please see email trail and Charlie's comments below.

Can you please discuss with Colin when you are back from Annual Leave and advise course of action ?

Regards

Martina

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

From: Carroll, Ronan
Sent: 01 September 2016 13:09
To: Corrigan, Martina

From: Corrigan, Martina
Sent: 29 September 2019 05:23
To: Hynds, Siobhan
Cc: Buckley, LauraC
Subject: FW: undictated clinics

Importance: High

Regards

Martina

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

Telephone:
EXT Personal Information redacted by the USI (Internal)
Personal Information redacted by the USI (External)
Personal Information redacted by the USI (Mobile)

From: Carroll, Ronan Personal Information redacted by USI
Sent: 08 June 2017 08:57
To: Corrigan, Martina; Hynds, Siobhan
Cc: Weir, Colin; Gishkori, Esther
Subject: RE: undictated clinics
Importance: High

Martina

Many tks for undertaking this large piece of work. I accept that AOB had a long review backlog and routine waiting times are long but the crucial thing is that the Trust was TOTALLY unaware of these pts in that there were no PTL's.

The 3 pts who three are concerns with as usual you will let us all know the outcomes.

Ronan

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

Personal Information redacted by USI

From: Corrigan, Martina
Sent: 07 June 2017 18:25
To: Hynds, Siobhan
Cc: Carroll, Ronan
Subject: undictated clinics

Hi Siobhan

To update on the findings from the undictated clinics:

There are 110 patients who are being added to a Review OP waiting lists – a number of these should have had an appointment as per Mr O'Brien's handwritten clinical notes before now, however I would add that Mr O'Brien has a Review Backlog issue already so these patients even if they had of been added timely may still not have been seen.

There are 35 patients who need to be added to a theatre waiting lists, all of these patients he has classed as category 4 which is routine and again due to the backlog.

I have attached Mr O'Brien's sheets that he had given me in January after he had returned the charts.

I have now gone through all of the charts that were in the AMD office and will be back in Health Records tomorrow.

Katherine Robinson's team are currently recording the outcomes from these and these will all be backdated to when the clinics happened.

There were 3 patients whom the consultants have concerns on and I had arranged urgent appointments for them. One has since been sorted and no further concerns. The other two have cancelled their appointments themselves and have been rearranged for beginning of July so I will keep an eye on these and make sure there is no more concerns.

Other comments made by the consultant were:

1. Patient seen by 6 times at clinic and notes written in the patients chart but no dictated letter
2. Patient seen initially as a private patient and there is a letter in chart for private visit but none for NHS visit
3. Patient seen x 14 times at clinics (so well looked after) but no letters so how does the GP know what is going on?
4. Patient seen at clinic on 19/9/16 letter dictated retrospectively on 28/02/17.
5. According to PAS the patient attended the clinic but according to handwritten notes they DNA and Mr O'Brien had asked that they be sent for again
6. Patient seen on 11/04/16 but letter was dictated on 22/02/17.

If there is anything further in respect to this please do not hesitate to contact me

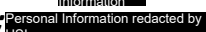
Regards

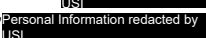
Martina

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

Changed My Number 

INTERNAL: EXT  if dialling from Avaya phone. If diallin,

EXTERNAL:  Personal Information redacted by

Mobile:  Personal Information redacted by

Responding to fitness to practise concerns

General
Medical
Council

This form is for:

- responding to the GMC where we have informed you about a doctor who is under investigation, or
- raising additional concerns about a doctor already under investigation.

Please provide any documents relevant to the investigation and in support of any new concerns that you are raising. If you have no additional concerns then please proceed to the end of the form and complete the 'No additional concerns' section.

About the doctor

Doctor's full name	Aidan O'Brien
GMC number	1394911
Doctor's specialty	Urology
Doctor's grade	Consultant
Role at your organisation	Consultant Urologist (Retired 17th July 2020)

About your connection

Are you a locum agency where the doctor is or was registered? Yes No X

Nature of your connection to the doctor (e.g. responsible officer, mental health administrator, etc)

Former responsible officer (disconnected on 29th July 2020)

Working with doctors Working for patients

The GMC is a charity registered in
England and Wales (1089276)
and Scotland (SC037750)

Details about an additional concern

Have any concerns been raised following a serious or persistent breach of Good Medical Practice that would suggest the doctor poses a risk to patients or public confidence in the medical profession?

Yes ☒ No ☐

You can find further information about our thresholds by clicking [here](#).

Have you discussed the concerns with an employer liaison adviser?

Yes ☒ No ☐

Details about the concern

Prescribing of Bicalutamide

There are concerns regarding the prescribing of the anti-androgen drug Bicalutamide by Mr O'Brien which appears to be outside of licensed dosage and established NICE guidance with respect to the diagnosis and management of prostate cancer. This drug has a number of recognised short term uses at different dosages in the management of prostate cancer.

Details about any local actions and outcomes (e.g. local restrictions, investigations, audits, practice reviews, or HR/disciplinary processes)

Mr O'Brien has now retired. All patients currently receiving this treatment have been identified by the Trust in order to ascertain if their ongoing treatment with this drug is indicated or if an alternative treatment management plan should be offered.

To date 479 patients over 6 months have been identified across NI who have been prescribed a dosage of 50mg. 32 of these patients, all of whom were under the care of Mr O'Brien, have been identified as receiving a low dosage medication (outside of licensed indications) and who require an urgent review. All have been contacted and to date 10 have been reviewed, all 10 have had their treatment revised.

The second stage of this Audit has identified there are 486 patients across NI who are prescribed a higher dosage of 150mg Bicalutamide. These patients records are being viewed and information is being collated as to how many of these patients will require review to amend medication. To date, of the 300 cases reviewed, 60 require further assessment to ascertain if they require a full case review in the context of their overall management, including radiotherapy.

Evidence of insight and remediation can reduce the need for us to take action. Please provide details about any remediation, or retraining the doctor has agreed or undertaken, including NCAS assessments action plans, statements from supervisors or mentors, and course certificates.

Mr O'Brien has now retired. Communication with the Trust is via his solicitor at his direction. The Trust has requested Dr O'Brien to provide details of his Bicalutamide prescribing practices.

Do you consider the matter resolved, or are there ongoing concerns?

This matter is ongoing. The Minister for Health Northern Ireland has commissioned a statutory public inquiry regarding Mr O'Brien's practice.

966

Has the doctor been notified about the concerns and if so when?

Mr O'Brien has been informed of these concerns via his solicitor when the issues were discovered (25th October 2020)

Please provide all relevant documentation to support the concerns raised in this form.

Add another concern

Details about an additional concern

Click here to remove this page ☐

Have you discussed the concerns with an employer liaison adviser? Yes ☒ No ☐

Details about the concern

Record Keeping - Patient Administration System

In an email dated 7th June 2020, Mr O'Brien put forward a list of 10 patients for inclusion on a surgical waiting list. On the booking paperwork some of these patients appeared to have been diagnosed with stents requiring treatment. There was concern that the patients had appeared not to have been added to the Trust waiting list for revision of indwelling ureteric stents in a timely fashion. This raised concerns that other patients might not also have been added to the Trust waiting list for revision of their stents in a timely fashion. Delay in this procedure increases the risk of patient morbidity. It appeared that months had gone by since they were recognised as requiring further procedures or investigations and they had not been processed in the interim.

The specific concern was that there had been a failure to adhere to standard administrative processes following stenting and as a result these patients would be unduly delayed, not dealt with chronologically or potentially lost to followup until they presented as emergencies.

There were concerns about the attendant risks of delayed treatment; 2 of these patients required urgent attention. This concern triggered a further review of 41 other patients who had stents inserted in the previous 18 months. Of the total of 147 patients who had emergency procedures, 46 patients with stents were reviewed, 5 patients in total were identified as delayed due to failure to adhere to standard administrative processes.

Details about any local actions and outcomes (e.g. local restrictions, investigations, audits, practice reviews, or HR/disciplinary processes)

As a result of these potential patient safety concerns, an initial scoping exercise in relation to the consultant's work was conducted to quickly ascertain if there were other related areas of immediate concern. This initial scoping exercise, which considered cases over a 18 month period of the consultant's work in the Southern Trust (from 1st January 2019 - 30 June 2020), concentrated on whether patients had a stent inserted during a particular procedure and if this stent had been removed within the clinically recommended time frame, during this exercise there were a total of 5 patients who had a delay in the removal of their stent.

Evidence of insight and remediation can reduce the need for us to take action. Please provide details about any remediation, or retraining the doctor has agreed or undertaken, including NCAS assessments, action plans, statements from supervisors or mentors, and course certificates.

Mr O'Brien has now retired. Communication with the Trust is via his solicitor

967

Do you consider the matter resolved, or are there ongoing concerns?

This matter is ongoing. The Minister for Health Northern Ireland has commissioned a statutory public inquiry regarding Mr O'Brien's practice.

Has the doctor been notified about the concerns and if so when?

Mr O'Brien has been informed of these concerns initially on 11 July 2020 and then via his solicitor as these concerns were explored (25th October 2020)

Please provide all relevant documentation to support the concerns raised in this form.

Add another concern

Details about an additional concern

[Click here to remove this page](#) ☐

Have you discussed the concerns with an employer liaison adviser?

Yes

No

Details about the concern

Delayed Dictation

Another scoping exercise looked at the patients that Mr O'Brien had operated on electively between 1 January 2019 and 30 June 2020. There were 352 patients operated on during this period:

- Of these 352 patients, 120 patients were found to have undergone delays in dictation of their discharge information. (one letter was completed 41 weeks after patient's procedure). These cases have not yet been fully reviewed.
- A further 36 patients have no record of their discharge information recorded on the Trust's electronic care record (NIECR) and is not untypical in this part of the service which relies on handwritten discharge.
- However, of these 36 patients, following full case review, 2 incidents have been identified that meet the threshold for a Serious Adverse Incident (SAI) review based on concerns about suboptimal management including non follow up of results.

Details about any local actions and outcomes (e.g. local restrictions, investigations, audits, practice reviews, or HR/disciplinary processes)

Scoping exercise of 352 patients and follow-up on patients that had no dictation completed to ensure that there was no immediate patient safety concerns/ additional follow-up required

Evidence of insight and remediation can reduce the need for us to take action. Please provide details about any remediation, or retraining the doctor has agreed or undertaken, including NCAS assessments action plans, statements from supervisors or mentors, and course certificates.

Mr O'Brien has now retired. Communication with the Trust is via his solicitor

968

Do you consider the matter resolved, or are there ongoing concerns?

This matter is ongoing. The Minister for Health Northern Ireland has commissioned a statutory public inquiry regarding Mr O'Brien's practice.

Has the doctor been notified about the concerns and if so when?

Mr O'Brien has been informed of these concerns via his solicitor when the issues were discovered (25th October 2020)

Please provide all relevant documentation to support the concerns raised in this form.

Add another concern

Details about an additional concern

[Click here to remove this page](#) ☐

Have you discussed the concerns with an employer liaison adviser?

Yes

No

Details about the concern

Delays in Referrals

During the scoping exercise into the 352 elective patients who were taken to theatre during the 18 month timeframe there were patients who were identified who had a delays in their onward referral to oncology, pathology, cytology and radiology which in turn led to delays in staging and timely management.

Details about any local actions and outcomes (e.g. local restrictions, investigations, audits, practice reviews, or HR/disciplinary processes)

Through a scoping exercise of the Northern Ireland Electronic Care Record (NIECR) patient results that appear not to have been actioned (not electronically signed off) have been identified as :

Pathology/Cytology (168 patients) - this review has been completed and 3 SAI have been raised with a potential 3 more SAIs.

Radiology - 1536 episodes (1028 patients) this review is ongoing

969

Evidence of insight and remediation can reduce the need for us to take action. Please provide details about any remediation, or retraining the doctor has agreed or undertaken, including NCAS assessments action plans, statements from supervisors or mentors, and course certificates.

Mr O'Brien has now retired. Communication with the Trust is via his solicitor

Do you consider the matter resolved, or are there ongoing concerns?

This matter is ongoing. The Minister for Health Northern Ireland has commissioned a statutory public inquiry regarding Mr O'Brien's practice.

Has the doctor been notified about the concerns and if so when?

Mr O'Brien has been informed of these concerns via his solicitor as the issues have been explored (25th October 2020)

Please provide all relevant documentation to support the concerns raised in this form.

Add another concern

Details about an additional concern

Click here to remove this page ☐

Have you discussed the concerns with an employer liaison adviser?

Yes

No

Details about the concern

No Actioning Multi-Disciplinary Meetings Outcomes

There were 271 patients of Mr O'Briens whose cases were discussed at the Oncology Multidisciplinary Team Meetings and it has come to light that recommendations/outcomes from these discussions may not all have been actioned by Mr O'Brien.

Details about any local actions and outcomes (e.g. local restrictions, investigations, audits, practice reviews, or HR/disciplinary processes)

Scoping exercise has commenced into the 271 MDM records that had been discussed under his name during the 18 month timeframe in particular this is to ascertain if treatment plans have been instigated in a timely fashion. A review of these patient records is currently being undertaken and to date there are currently 4 confirmed SAI's (one of these relates to Mr O'Brien not arranging a review oncology

970
outpatient consultation) and a further 1 potential SAI requiring a review follow-up to determine if this patient have come to harm. This exercise is ongoing.

Evidence of insight and remediation can reduce the need for us to take action. Please provide details about any remediation, or retraining the doctor has agreed or undertaken, including NCAS assessments action plans, statements from supervisors or mentors, and course certificates.

Mr O'Brien has now retired. Communication with the Trust is via his solicitor

Do you consider the matter resolved, or are there ongoing concerns?

This matter is ongoing. The Minister for Health Northern Ireland has commissioned a statutory public inquiry regarding Mr O'Brien's practice.

Has the doctor been notified about the concerns and if so when?

Mr O'Brien has been informed of these concerns via his solicitor as issues have been explored (25th October 2020)

Please provide all relevant documentation to support the concerns raised in this form.

Add another concern

Patient safety concerns

To your knowledge, has the doctor raised concerns about patient safety with your, or any other organisation, i.e. that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisation in which they work?

Yes No X

When did the doctor raise the concerns?

To the best of my knowledge at this time, there is no known written record of the doctor having raised specific concerns about patient safety. At times he appears to have hinted verbally at concerns but these do not appear to have been described or elaborated.

Were the concerns investigated?

Yes No X

Please list any supporting information in regard to the patient safety issue(s) raised and any investigation. If the concern was not investigated, please provide an explanation.

971

No additional concernsNo additional concerns ☐

If you are unable to provide any additional information or if there have been no additional concerns then please tick the 'No additional concern' box.

972

Declaration

In accordance with my duty to raise concerns about the fitness to practise of doctors, I confirm that:

- any information is provided in good faith, based on all the information that is available to me at the present time.
- I have taken reasonable steps to ensure that the information provided is fair and accurate.

Signature

Date

27 Nov 2020

Your full name

Ellen Maria O'Kane

Your role

Medical Director

Organisation

Southern Health and Social Care Trust

Where you are a nominated delegate, please provide the name and role of the person you are acting on behalf of, if applicable:

Acting on behalf and with the knowledge of

Role (e.g. Responsible Officer, Suitable Person, Medical Director, or Chief Executive)

Organisation

Personal information
redacted by USI

19th September 2016

Corporate Complaints Officer
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Dear Sir/Madam,

Patient 84

DOB: Personal information redacted by USI
H&C No.: Personal information redacted by USI

I am writing to make an official complaint about the neglect towards myself resulting in my total dissatisfaction on how I have been treated over the past few months.

To give you the background into my situation, I was phoned by a consultant (Mr Puyson I believe) on Friday 25th March 2016 (Good Friday) to say that I had a blockage in my ureter, noticed on a recent CT scan, and that it would be best that I come into hospital as soon as possible to get surgery. I was informed that the Easter weekend would be a good time as there was some capacity to do the surgery as I was on an emergency list. I was obviously a bit alarmed and was in the middle of packing for the Easter weekend away. Of course, I realised the seriousness of my condition so I cancelled my plans and the consultant and I agreed that I would receive a telephone call on the Saturday morning to confirm bed availability. I didn't receive this call and then had to do some chasing myself. The staff currently on weren't aware of the plans for surgery. I eventually got confirmation on Easter Sunday morning to come to hospital for the surgery planned on Monday but when I arrived the staff were surprised as I shouldn't have needed to stay pre-operatively and therefore could have just come to hospital on Monday morning. This is just to highlight the severe lack of communication from the start and the fact that my weekend plans were cancelled unnecessarily. However, in saying all that, what followed is the real reason for this letter.

After the surgery by Mr O'Brien, I was told that the blockage had been removed (although the stone escaped back up to the kidney) and that I did have a lot of stones in both kidneys and a stent was placed in the right ureter. I understood the logic for a stent and I was informed that it will be uncomfortable at first and that I may feel the urgency to pass urine a bit more frequently as the stent protrudes inside the bladder slightly. I was informed that the stent should be removed in 6 weeks' time. I felt that this was fine and that this would be good timing for my pre-booked holiday at the end of May.

Unfortunately, from the beginning I had persistent pain with the stent at the tip of my penis particularly when passing urine, and I was passing fresh red blood post exercise and had severe urgency and severe frequency. This clearly had a major impact on my life both at home and in work. I was on regular Ibuprofen and Paracetamol to alleviate the pain but the pain was not being controlled. I was worried about my severe signs and symptoms so I contacted Mr O'Brien's secretary and asked could I speak to him or a member of his team for some medical advice and to discuss the symptoms I was

feeling as I was concerned something was wrong. Unfortunately the secretary said I would not be able to speak to anybody in the medical profession but I should contact my GP and that she would send an email to Mr O'Brien. I felt my issues were not being taken seriously and I was being neglected.

I contacted my GP who kindly offered some general advice but obviously it was a specialist opinion that I needed at this time. I re-contacted Mr O'Brien's secretary to ascertain where I was on the waiting list for my stent removal but this information was not even available. Again, I was informed that an e-mail would be sent to Mr O'Brien.

My symptoms as mentioned were getting worse and I was getting increasingly concerned at this point as I was going on holidays Personal Information redacted by the USI and didn't want get ill abroad. Mr O'Brien's team were aware of my concerns regarding the stent still being in situ while I was abroad as by this stage the stent had been in for 6 weeks. So again I had to contact my GP, who prescribed Amoxicillin based on signs of a urinary infection.

On holidays the pain was unbearable at times. I had severe urgency so it meant finding public toilets whenever we were out and making sure I was near one or knew the location of one at all times. I had severe frequency especially at night. I was determined not to let this ruin my holidays with my Personal Information redacted by the USI. I went to the local chemist and had to get more Ibuprofen equivalent and continued to drink as much water as I could, being very aware of the fact I was in a warmer climate.

I phoned the secretary again on my return expressing my concerns, again the same response. She'll send an email and Mr O'Brien will phone me directly to let me know when the appointment is arranged. I also phoned my GP who was concerned and I believe a letter was sent to Mr O'Brien.

In desperation from knowing I was unwell I had to continue making calls to the secretary but I was made to feel like a nuisance and never actually got to speak to a medical professional or get an appointment for surgery. I was informed that the waiting list was over 200, this however is not acceptable and I do feel like I was severely neglected.

Three courses of antibiotics (Amoxicillin (x2) and Ciprofloxacin) and regular paracetamol and ibuprofen brought me to the weekend of 6th August, 5 months later. I felt lethargic on Saturday but felt it was due to another disturbed sleep as I woke 3 times to pass water. I endured it as usual as this had been daily since discharge but when I woke on Sunday I felt very unwell and had pain in my right side. At this stage I had been unwell and had the stent in for 5 months and I had an increasing concern that the stent could affect the long-term function of my kidneys. I went to A&E at 11am, and was later taken up to 3 South at around 7pm because the urine sample I submitted had "all kinds of things in it" and my white blood cell count and CRP count were very high. I was relieved to be finally admitted as I wanted the stent removed and my kidneys cleared of stones. However I was very frustrated that my concerns of being unwell had not been taken seriously and I had to basically wait until I became so unwell that I had to attend A&E and be admitted to hospital, all of which could have definitely been avoided.

I was told by my new consultant Mr O'Donaghue that potentially surgery would be on Tuesday 9th August but thought it was best to postpone it until Wednesday due to the infection. Although a minor point, I was still fasted from 12pm on Monday night; but this again highlighted the miscommunication within the Urology department. On Tuesday the ward got a call from the microbiologists saying that I had "very nasty bacteria" in my urine that produced Extended-Spectrum Beta-Lactamases (ESBLs). This was likely a result of the overuse of antibiotics taken to date which all could have been avoidable if the stent had been removed in the appropriate timeframe. As a result the current IV antibiotic wasn't

working so I was given Tazocin and that the surgery would need to be postponed to a later date until the infection cleared as it could be very dangerous if they were to continue, all of which was very concerning as I was starting to hear the word 'Septicaemia'. I also learned from a further CT scan that a stone was still in my Ureter and it lay next to the stent.

Following this I grew more annoyed however as I am certain this all could have been avoidable. Even during the pre-operative assessment on 11th August this thought was at the forefront of my mind. The doctor informed me that the stent may not be so easily removed and that there may be damage to the Ureter etc. I know the stent was the route of my long-term pain and I am absolutely convinced it was the sole reason for my infections to date. During my stay I was wide-eyed in disbelief what I was hearing from other consultants that they don't favour stents and where they are needed they target the removal in 5 weeks, for the exact reason of potential UTIs etc. I am aware that they can sometimes stay in for 6 months, but given my known complications and my signs and symptoms, I should have been taken more seriously before I became so unwell.

I was in hospital (3 South) from 7th – 14th August for this period. I was discharged on the Sunday 14th August, but I hadn't felt well afterwards, which I put down to being a bit tired after the surgery. However I had tenderness in my kidneys on Monday night affecting my sleep, Tuesday I felt quite lethargic but by Wednesday I had a high temperature. I got a GP appointment for 4pm that day who sent me straight to A&E. I was very worried about the issue of blood poisoning at this point. Following a blood test in A&E, my white blood cell was high as was my CRP level, so I was put on another antibiotic called Meropenem based on the advice that the doctor sought from the microbiologists. I was then transferred to 3 South, with possible Sepsis and I was on another IV antibiotic for 7 days. I was in hospital (3 South) from 17th – 24th August for this third period. I was discharged on Wednesday 24th and was given further antibiotics that I needed to take for 10 more days. It also led me to question if I should have been discharged without further antibiotics the previous time.

I want to make it clear that the staff during my stays were excellent but the duty of care potentially with serious implications between March and August was incredibly poor. If I had been dealt with in the correct manner after the insertion of the stent with it being removed after a 5-6 week period, not only could I have avoided enduring all that pain for 5 months but I wouldn't have to stay in the hospital for 2 full weeks to clear up a serious infection and the procedure could obviously have been much more straightforward.

I suggest you vastly improve consultant and patient communication when the patient is not in the hospital, particularly knowing they are required to return to finish a procedure. Medical concerns should be addressed by the consultant or a member of his/her medical team, not by administrative staff. I understand there is a risk that the consultant could find all his time taken up with external patient concerns, but maybe this is where his/her administrative team and a member of his medical team work together to screen non-urgent/ less important issues, then a window in the day is left for the consultant to phone patients with real urgent concerns. If Mr O'Brien hadn't ignored my many calls and failed to return any of them, I wouldn't have been in this situation and the tax payer's money would be better spent. I can't understand in this cost conscious NHS system why it seemed a better plan to ignore my issues for so long and wait until I needed to be admitted to hospital for a 2 week period; taking up a bed, using up time, resources and antibiotics in addition to the impact on my health.

I look forward to hearing from you and hope for the sake of others, this letter makes a difference to patient care, so there is no future repeat in this type and level of care.

Yours Faithfully,

Patient 84

20th September 2016**Our Ref:** AS206.16/17**Your Ref:****Private & Confidential**

Patient 84

Personal Information
redacted by the USI

Dear Patient 84

I refer to your complaint in respect of the quality of care and lack of communication you faced when attending 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 our 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 we are unable to provide you with a response within the timeframe above, a member of our team 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 us 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 USI

DAVID CARDWELL
Clinical and Social Care Governance Officer

enc



19 October 2016

Our Ref: AS206.16/17

Your Ref:

Private & Confidential

Patient 84

Personal Information
redacted by the USI

Dear

Patient 84

I refer to your complaint which was received on 20 September 2016 in which you expressed concern regarding quality of care in Craigavon Area Hospital.

On receipt of your complaint I asked senior staff to investigate the concerns you have raised. Unfortunately there has been a delay in the investigation so I will be unable to respond to you within 20 working days. I would like to assure you that we are taking very seriously your concerns. Please accept my apologies for any undue distress caused by this delay.

When the investigation has concluded our Director of Acute Services will write to you with the findings and I would hope this will be relatively soon. However in the interim if you wish to speak to me regarding this delay please telephone Personal Information redacted by the USI or email AcutePatient.ClientLiaison@southerntrust.hscni.net

Yours sincerely

Personal Information redacted by USI

pp **DAVID CARDWELL**
Governance Officer

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

Telephone: Personal Information redacted by the USI
Email: AcutePatient.ClientLiaison@southerntrust.hscni.net

23 November 2016

Our Ref: AS206.16/17

Private & Confidential

Patient 84

Personal information redacted
by USI

Dear Patient 84

I refer to your complaint in relation to the quality of care provided to you in Craigavon Hospital.

Please note that unfortunately there continues to be a delay in the investigation of the issues which you have raised. However, I have been advised that the response will be agreed and finalized as soon as possible.

I apologise for this continued delay and I appreciate your patience.

Yours sincerely

David Cardwell
Governance Officer, Acute Services

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

Telephone: Personal information
redacted by the USI

**Southern Health
and Social Care Trust**

1 December 2016 **Our Ref:** AS206.16/17

Private & Confidential

Patient 84

Personal Information
redacted by the USI

Dear

Patient 84

I refer to your complaint in respect of the care provided to you by the Urology Department at Craigavon Area Hospital. Thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

Firstly may I begin by apologising for the delay in responding to your letter. As part of the investigation into your concerns I have spoken to Mr O'Brien Consultant Urologist, about your complaint.

Mr O'Brien advises me that you had haematuria assessed in 2002 and 2003 at which times you were found to have renal calculi associated with a left hydronephrosis. In September 2015, the radiology department received a referral from your GP requesting a plain radiograph of your urinary tract; this xray was performed on 25 September 2015 and reported on 17 November 2015. The reporting radiologist suggested that most likely you had bilateral renal calculi with a probable right upper ureteric calculus. On 29th January 2016 your GP made a referral to the Urology Department for further management.

On receipt of this referral, Mr Glackin triaged the letter and then wrote to you on 2nd February 2016 advising that he had requested a CT scan of your urinary tract to assess for stones and that you would be sent an appointment to attend as an outpatient to the stone clinic. On the 4 March 2016 you were seen by Mr Young Consultant Urologist. You had an xray done during this appointment and whilst the bilateral renal calculi were evident on this xray, the right ureteric calculus was not. So when you had your CT scan on 22 March 2016 it was reported that you had a gross right hydronephrotic kidney and hydroureter. It was from this report that Mr O'Brien deemed that you needed to be admitted to have a ureteroscopy performed as an emergency.

Mr O'Brien asked for his Registrar, Mr Tyson to contact you and ask that you come in for admission on the Sunday. Mr O'Brien then emailed the Ward to give them your details and advise them that you would be admitted on the Sunday for your procedure on Monday. I would like to apologise for the misunderstanding when you arrived on the Ward as Mr O'Brien's email hadn't been picked up on this occasion and therefore the ward were not expecting you. As learning from this I have asked that Mr O'Brien and his Registrars follow up with a phone call to the Ward and also that the ward ensures that they check their emails at least a few times daily.

I am advised that on Monday 28 March 2016 you had a right ureteric stenting performed following an ureteroscopy and migration of the obstructing stone into the hydronephrotic right kidney.

Mr O'Brien confirms that ideally patients who have a stent inserted should have this removed and have an ureteroscopic lithotripsy performed four to six weeks later. However, the demand on the Urology Service is unrelenting with an increased number of patients with suspected and confirmed cancer diagnoses requiring progression along their cancer pathway. The result of cancer urgent demand is that the waiting times for other procedures such as yours are increasing on a monthly basis. For this wait we would like to apologise and whilst not ideal nor what we want for you or any of our patients it is something that is currently outside of our control.

I note from your complaint that you have contacted Mr O'Brien's secretary on a number of occasions. Mr O'Brien confirms this and advises me that an email was sent to him via his secretary advising that you had a holiday [redacted] and that you were enquiring whether you could have surgery performed before then. Unfortunately as explained in the previous paragraph with the clinical prioritisation of patients, Mr O'Brien unfortunately could not accommodate your request. At the time of your request Mr O'Brien had 232 patients awaiting inpatient admission of which 136 of them were categorised as urgent. Mr O'Brien apologises that you had to contact him on a number of occasions but with his clinical commitments and the number of patient enquiries that he receives daily it is not possible for him to respond to them all individually, but advises that you did the correct thing by going to your own GP for advice.

I understand that you had two emergency admissions to 3 South in August 2016 under the care of Mr O'Donoghue and Mr Glackin who were the Urologists oncall during these admissions. I would like to apologise that you had to fast unnecessarily whilst you were in the first time but I have been advised that this was a precaution in case you were well enough to go to theatre and there was a slot available on the Tuesday and I am sorry that this wasn't communicated properly with you at the time.

The Urology Department are currently working at improving the pathway for patients experiencing similar symptoms such as yours. This will involve having a 7 day week stone service with detailed information leaflets for patients with more access to health care professionals if advice is needed. It is hoped through the development of this service it will mean that patients will have their treatment and follow-up done in a timelier manner and hopefully avoid the poor experience that you had endured.

On behalf of the Urology Service I would like to apologise again for your poor experience and I am advised that you have a follow-up outpatient appointment with Mr Glackin on 20 December 2016 and I hope that your health issues have improved.

I hope that you will find this response has addressed the issues that you raised. However, if you are unhappy with any aspect of this response you should contact a member of our Clinical & Social Care Governance Team on [redacted] or email: AcutePatient.ClientLiaison@southerntrust.hscni.net within 3 months of the date on this letter so that we can attempt to resolve any outstanding issues.

Should you remain dissatisfied at the end of the complaints process, you can then refer your complaint to the NI Public Services Ombudsman at the following address, "Freepost NIPSO", Freephone: 0800 34 34 24 or email nipso@nipso.org.uk within 6 months of the completion of the Trust's internal complaints process. Further information on the role of the NI Public Services Ombudsman can be found at www.nipso.org.uk. Please note that the Ombudsman will not normally accept your complaint until the complaints process with the Trust has been exhausted.

Yours sincerely

Personal Information redacted by USI

ESTHER GISHKORI (MRS)
Director of Acute Services

For Mr F Rice, Interim Chief Executive

13/3 - records re-opened
on dated and book

held in re-opened clinic

Personal information
redacted by USI

28th February 2017

Corporate Complaints Officer
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Dear Sir/Madam,

Patient 84

DOB: Personal Information
redacted by USI

H&C No.: Personal Information
redacted by USI

I appreciate your apology on behalf of the Urology Service but an apology direct from Mr O'Brien would have been more acceptable.

Mr O'Brien had the opportunity to call in to see me during either of my two emergency admissions to 3 South in August 2016 to try and explain his decision not to remove the stent. He owed me that at least and treat me with some respect and have the common decency to do so, or simply a returned call would have sufficed to allay my concerns with the stent in place at any time over the 5 month period. I find it hard to believe he couldn't spare me 5-10 minutes during this time.

I fully appreciate the demand is unrelenting on the Urology Service with 'an increased number of patients with suspected and confirmed cancer diagnoses requiring progression along their cancer pathway' and 'the result of cancer urgent demand is that the waiting times for other procedures such as yours are increasing on a monthly basis'. However, to me this is all more reason to deal with my issue there and then so the Urology Service can concentrate their time and efforts to these cancer patients. The insertion of the stent to me seemed like a very short sighted decision, while I was grateful the blockage was detected in my ureter, it felt like the minimum action possible was taken. To insert a stent to temporarily mitigate the effects of the blockage i.e. the pressure on my kidney, felt like a kind of 'that will do for now' scenario but there was never no plan or intention to aim for the 4 to 6 week target for stent removal with ureteroscopic lithotripsy.

Also, I should not be made to feel guilty because of the more urgent cancer demand, as I waited in excess of 3 and a half months more than I should have and endured this pain for this length of time which is ample time to wait for this situation to be rectified for me. If I hadn't have presented myself to A&E in August through a severe infection, I feel I'd still be waiting months later. This response has not acknowledged once the severe infection I had that Mr O'Brien's decisions had led to, and rounds of strong antibiotics I needed to rid me of this infection. You have carefully avoided this area altogether in your response which in effect minimised the pain, suffering and nuisance I suffered for five months.

Furthermore, after my procedure on 28th March 2016 I was led to believe that the offending stone causing the blockage had disappeared back up into the kidney during the procedure but the scans during my emergency admission in August 2016 highlighted that a stone was embedded in my ureter alongside the stent. Either this was the same one from earlier that wasn't adequately removed, hence

a failure at the time to remove the blockage properly or if it was a new stone that somehow found its way down my ureter as it squeezed past the stent, you can imagine the pain this caused. So again, I really have to question the decision for the insertion of a stent; this was very much a makeshift measure. Surely the offending stone could have been removed competently like it was done on 11th August 2016 by Mr Glackin where no subsequent stent was inserted; hence avoiding all this pain and aggravation I endured over the 5 month period. This nearly and could have had serious consequences for myself and I can only guess what the outcome would have been if this level of care had of been provided for the vulnerable in our society.

A complete removal of the stone without a follow-up stent would saved everybody's time and as I mentioned in my previous letter I can't understand in this cost conscious NHS system why it seemed a better plan to ignore my issues for so long and wait until I needed to be admitted to hospital for a 2 week period; taking up a bed, using up time, resources and antibiotics in addition to the impact on my health. All this wasted time, effort and money could have been directed towards the care for these cancer patients.

Overall, the response I have received is unsatisfactory. After my surgery I was informed that the stent should be removed in six weeks' time. If that is the clinical target then it should be met. If that target is unrealistic then it should not be communicated to patients. The Trust has a duty of care to me; I feel there was a breach of that duty due to the evident negligence and the loss I suffered to my quality of life and earnings over this time.

Yours Faithfully,

Patient 84



**Southern Health
and Social Care Trust**

14 March 2017

Our Ref: AS206.16/17

Private & Confidential

Patient 84

Personal information redacted by
USI

Dear Patient 84

Thank you for your letter dated 28 February 2017. I am sorry that you feel the response you received was unsatisfactory.

The contents of your letter has been shared with the Urology Team in order that they can consider how best to meet the needs of patients who require stents to be removed after surgery.

Yours sincerely

Personal Information redacted by USI

ESTHER GISHKORI (MRS)
Director of Acute Services

For Mr F Rice, Interim Chief Executive



Urology Services Inquiry

Urology Services Inquiry Questionnaire

www.urologyservicesinquiry.org.uk

Points to assist with completion of the USI Questionnaire

- A helpful **Guide to Completing the USI Questionnaire** is available (see attached) and you are advised to read these guidance notes before attempting to complete this questionnaire.
- This questionnaire will assist the Inquiry to gain information from you regarding your experience of Urology services provided within the Southern Health and Social Care Trust (SHSCT).
- We appreciate that some patients/former patients or their families may have concerns about identifying themselves by name etc on the questionnaire. We would however reassure you that any personal details noted will only be seen by those parties, organisations or the core participants involved in our investigations who need to see it for the purpose of progressing Inquiry business. All core participants must adhere to the terms of our Restriction Orders which are now in place and available to view on our website. The term “core participant” is also defined on our website under the heading “Frequently Asked Questions – FAQ’s”. Our USI website address is noted below:
www.urologyservicesinquiry.org.uk.
- We would encourage you to fill out your personal details as fully as possible in Section A as it will increase the value of the information to our investigative work and may also enhance your potential input to the Inquiry. We would reassure you that your name and personal details will be protected and will be anonymised unless you consent to them being made public. Your personal information will be handled in compliance with the applicable legislation including the Data Protection Act 2018 and the General Data Protection Regulations 2018.
- Please note that it is not the intention of this Inquiry to publish the questionnaires that are submitted to assist us with our work, although the report may refer to some of the content.
- If you require assistance completing this questionnaire please do not hesitate to contact our office directly on telephone number: **028 90251005**.

- The work of this Inquiry is entirely independent of all other organisations including healthcare providers, regulators and government departments.
- Only certain sections of the form will apply to you. We would ask everyone to complete Section A but thereafter please only complete those sections which apply to you.
- When you have completed the relevant sections please complete Section F and then ensure you have signed the completed questionnaire at Section G.

SECTION A – Personal Details

Name	Patient 84
Address	Personal information redacted by USI
Contact Telephone Number	Personal information redacted by USI
Mobile Phone Number	Personal information redacted by USI
Email Address	Personal information redacted by USI
HSC Number (if known)	HCN Personal Information redacted by the USI

	Yes/No
With regard to Section A above, have you read the ' Personal Details ' section of the 'Guide to Completing the USI Questionnaire'?	Yes
Are you completing this questionnaire as a patient/former patient? (If your answer is Yes, go to Section B)	Yes

Are you completing this questionnaire as a relative of a patient/former patient?	
If you are completing this questionnaire as a relative of a patient/former patient , do you have the express authority of the patient to engage with the Inquiry and provide information that relates to their care and treatment? (If your answer is Yes, go to Section B)	
If you are completing this questionnaire as a relative of a deceased patient , have you discussed providing information concerning the deceased patient with other relatives/former next of kin and no objection is being raised. (If your answer is Yes, go to Section B)	

If you are completing this questionnaire and you are not the patient/former patient or a relative of one please state your role.	
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SECTION B – Contact with Urology Services

Please complete the table below setting out details of each occasion when you accessed urology services. Provide details of the dates attended, relevant consultant, hospital/clinic etc and a brief description of the reason for the visit/treatment received. If you cannot remember exact dates then please give approximate dates where possible.

Date(s)	Seen By (e.g. name of consultant/healthcare professional)	Location (e.g. Craigavon Area Hospital)	Brief description of reason for visit and/or treatment received
March 2016	Mr O'Brien	Craigavon Area Hospital	Emergency Ureteroscopy. A blockage was noticed on a very recent CT scan. A stent was inserted during the operation.
6 th August 2016 – 14 th August 2016	Mr O' Donaghue	CAH	Removal of the stent. By this time I have a bad infection (ESBL).
17 th August 2016 – 24 th August 2016	Mr Glackin	CAH	Queried Sepsis. Put on IV anti-biotic.
			I accessed urology service on many more occasions due to a kidney stone issue, these are too numerous to list here. The occasions above are my main concern and the biggest issue.

Continue on a separate sheet if necessary

SECTION C – Details of concerns raised/complaints reported

1. Please provide full details of any concerns and/or complaints raised by you, specifying the nature of those concerns in as much detail as possible.

I submitted a formal complaint letter to the Corporate Complaints Officer on the 19th September 2016.

I was notified by Mr O'Brien via Mr Tyson to come into for admission to CAH on Easter Sunday 27th March 2016 as I needed to be admitted to have a ureteroscopy performed as an emergency. When I arrived at the ward, they were not expecting me, this hadn't been communicated to them. A minor thing overall, but it was an inconvenience as it was Easter Sunday and I was away for the weekend, so I had to cut things short.

The operation was undertaken on Monday 28th March 2016 and I had a stent inserted, this is where my main complaint lies. As admitted by the hospital later on 1st December 2016, in a response to my complaint letter, a stent inserted should have this removed and have an ureteroscopic lithotripsy performed four to six weeks later. I didn't get this stent removed until 10th August, nearly 5 months later. During these 5 months I was in excruciating pain throughout, right from the start, particularly when passing urine. I was passing fresh blood post exercise and had severe urgency and severe frequency. It was very disruptive to my home and work life. I had to bear the pain for so long and take painkillers all the time, likely putting more strain on my kidneys.

I only got this stent removed because I was so ill and had to get admitted via A&E on 6th August 2016. I had a very nasty bacteria in my urine that produced Extended-Spectrum Beta-Lactamases (ESBLs). To remove this infection, I needed different kinds of strong anti-biotics. I was fearful of septicaemia at this point. I also learnt at this time from a further CT scan that a stone was still in my ureter and it lay next to the stent. The stent removal went well thankfully as I was warned about a risk of damage during its removal as it had been in there for that length of time. However, while I was discharged on 14th August I was re-admitted on 17th August. I felt poorly since I was discharged, so I visited my GP, who sent me straight to A&E. I was then transferred to 3 South, with query Sepsis, and I was on another anti-biotic for 7 days. The anti-biotic was an even stronger one named Meropenem. Finally, I was discharged on 24th August 2016.

The stent not only worsened the kidney stone blockage issue I was originally admitted for, but it was also causing extreme pain while inserted, and it then caused me to become really ill by causing infections. It should have been removed much sooner as was recommended and known but I continued to get fobbed off by Mr O'Brien via his secretary. I phoned many times to speak to him.

I feel there was a definite breach of duty of care to me. The staff including the different consultants during my unnecessary stays were excellent but Mr O'Brien

and his admin staff provided a poor quality of care and very little communication, and this all could have been avoidable.

2. Please specify the date when any concern or complaint was raised and if you cannot recall date(s) please try to indicate an approximate timescale.

I submitted a formal complaint letter to the Corporate Complaints Officer on the 19th September 2016.

3. Please note the name and/or position held of the person you raised any concern with or reported any complaint to at the time.

I submitted a formal complaint letter to the Corporate Complaints Officer on the 19th September 2016.

I got a few intermediate holding replies saying they were taking time to investigate the complaint for me, receiving the main response from Esther Gishkori (MRS), Director of Acute Services on 1st December 2016 for F Rice, Interim Chief Executive.

4. Please advise for each occasion a concern or complaint was raised whether this was done verbally or in writing (e.g. via letter/email etc).

See above. I submitted a letter.

Verbally I raised my concern to Mr O'Brien's secretary on multiple occasions. I never heard from Mr O'Brien.

5. If your concern or complaint was made in writing, please provide copies of that correspondence if possible.

Ok.

6. Please advise if you received any acknowledgment or response (whether a holding response or a detailed response) to your complaint. If so, can you please provide copies?

Yes

7. Please advise the outcome of any concern made or complaint raised by you.

There was no outcome.

I just got an unsatisfactory response from them, blaming the demand on Urology Service. While I can appreciate the demand on the staff, and prioritising confirmed cancer diagnoses, I think it was illogical to keep my stent in as this later put a strain on resources elsewhere throughout the hospital like in 3 South when I was admitted twice with bad infections and for the riskier stent removal.

SECTION D - Details of concerns held but NOT raised/reported

1. Please provide full details of any concerns you held at the relevant time specifying the nature of those concerns in as much detail as possible.

None

2. Please explain why you did not raise your concern(s) at the time and state if there was something that prevented you from raising your concern(s).

N/A

SECTION E – Personal impact/additional information

Please outline the personal impact that the treatment received, which forms the basis of your complaint(s), has had on the patient/deceased patient and provide any additional information which you feel may be of assistance to this Inquiry.

Key effects:

- I had to endure excruciating pain for a long time.
- I had severe urgency and severe frequency passing urine which affected by life at home, raising a young family, and at work. I always needed to be very near a toilet. I woke several times during the night to use the toilet through this time. This affected my mental health during this time, as I was very tired and sore.
- I passed fresh blood heavily post-exercise, affecting me doing any exercise during this time.
- I had to take time off work during my admissions to hospital.
- The poor care ran the risk of causing long-term damage to my kidneys and ureter by having this stent inserted so long, as it caused a blockage, not allowing the kidney to drain properly. I can only hope there is no long-term damage.

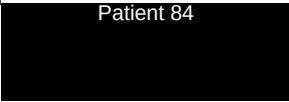
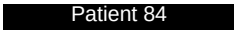
Additional sheets, if needed, can be attached

SECTION F – Sharing information / Other related reviews

The Inquiry may consider that the information you have provided is more relevant to one of the other organisations carrying out a review or investigation as detailed in the 'Guide to Completing the USI Questionnaire' under the heading 'Other Related Reviews'.

	Yes/No
Would you be content for the Inquiry to share the contents of this questionnaire with other relevant organisations?	Yes
Would you like to discuss this in more detail with the Inquiry before making a decision on the sharing of information?	No

SECTION G – Signature

Signed:	
Name in Block Capitals:	
Date:	04/01/2022

SECTION H - Returning your Questionnaire

Please ensure that you have enclosed the following items:

- A fully completed questionnaire.
(Check the questionnaire has been signed and dated).
- All supporting documentation and/or correspondence.
(Please provide copies and **NOT** originals of your supporting material).
- If you require additional sheets to complete your responses to this questionnaire, please ensure that they are securely attached.
- If you require assistance completing this questionnaire please do not hesitate to contact our office directly on telephone number: **028 90251005**.

Completed questionnaires can be emailed to evidence@usi.org.uk or returned by post to:-

The Urology Services Inquiry

1st Floor Bradford Court

1 Bradford Court

Belfast

BT8 6RB

Personal Information
redacted by USI

19th September 2016

Corporate Complaints Officer
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Dear Sir/Madam,

Patient 84

DOB:

Personal Information
redacted by USI

H&C No.:

Personal Information redacted by
USI

I am writing to make an official complaint about the neglect towards myself resulting in my total dissatisfaction on how I have been treated over the past few months.

To give you the background into my situation, I was phoned by a consultant (Mr Puyson I believe) on Friday 25th March 2016 (Good Friday) to say that I had a blockage in my ureter, noticed on a recent CT scan, and that it would be best that I come into hospital as soon as possible to get surgery. I was informed that the Easter weekend would be a good time as there was some capacity to do the surgery as I was on an emergency list. I was obviously a bit alarmed and was in the middle of packing for the Easter weekend away. Of course, I realised the seriousness of my condition so I cancelled my plans and the consultant and I agreed that I would receive a telephone call on the Saturday morning to confirm bed availability. I didn't receive this call and then had to do some chasing myself. The staff currently on weren't aware of the plans for surgery. I eventually got confirmation on Easter Sunday morning to come to hospital for the surgery planned on Monday but when I arrived the staff were surprised as I shouldn't have needed to stay pre-operatively and therefore could have just come to hospital on Monday morning. This is just to highlight the severe lack of communication from the start and the fact that my weekend plans were cancelled unnecessarily. However, in saying all that, what followed is the real reason for this letter.

After the surgery by Mr O'Brien, I was told that the blockage had been removed (although the stone escaped back up to the kidney) and that I did have a lot of stones in both kidneys and a stent was placed in the right ureter. I understood the logic for a stent and I was informed that it will be uncomfortable at first and that I may feel the urgency to pass urine a bit more frequently as the stent protrudes inside the bladder slightly. I was informed that the stent should be removed in 6 weeks' time. I felt that this was fine and that this would be good timing for my pre-booked holiday at the end of May.

Unfortunately, from the beginning I had persistent pain with the stent at the tip of my penis particularly when passing urine, and I was passing fresh red blood post exercise and had severe urgency and severe frequency. This clearly had a major impact on my life both at home and in work. I was on regular Ibuprofen and Paracetamol to alleviate the pain but the pain was not being controlled. I was worried about my severe signs and symptoms so I contacted Mr O'Brien's secretary and asked could I speak to him or a member of his team for some medical advice and to discuss the symptoms I was

feeling as I was concerned something was wrong. Unfortunately the secretary said I would not be able to speak to anybody in the medical profession but I should contact my GP and that she would send an email to Mr O'Brien. I felt my issues were not being taken seriously and I was being neglected.

I contacted my GP who kindly offered some general advice but obviously it was a specialist opinion that I needed at this time. I re-contacted Mr O'Brien's secretary to ascertain where I was on the waiting list for my stent removal but this information was not even available. Again, I was informed that an e-mail would be sent to Mr O'Brien.

My symptoms as mentioned were getting worse and I was getting increasingly concerned at this point as I was going on holidays Personal Information redacted by the USI and didn't want get ill abroad. Mr O'Brien's team were aware of my concerns regarding the stent still being in situ while I was abroad as by this stage the stent had been in for 6 weeks. So again I had to contact my GP, who prescribed Amoxicillin based on signs of a urinary infection.

On holidays the pain was unbearable at times. I had severe urgency so it meant finding public toilets whenever we were out and making sure I was near one or knew the location of one at all times. I had severe frequency especially at night. I was determined not to let this ruin my holidays with my Personal Information redacted by the USI. I went to the local chemist and had to get more Ibuprofen equivalent and continued to drink as much water as I could, being very aware of the fact I was in a warmer climate.

I phoned the secretary again on my return expressing my concerns, again the same response. She'll send an email and Mr O'Brien will phone me directly to let me know when the appointment is arranged. I also phoned my GP who was concerned and I believe a letter was sent to Mr O'Brien.

In desperation from knowing I was unwell I had to continue making calls to the secretary but I was made to feel like a nuisance and never actually got to speak to a medical professional or get an appointment for surgery. I was informed that the waiting list was over 200, this however is not acceptable and I do feel like I was severely neglected.

Three courses of antibiotics (Amoxicillin (x2) and Ciprofloxacin) and regular paracetamol and ibuprofen brought me to the weekend of 6th August, 5 months later. I felt lethargic on Saturday but felt it was due to another disturbed sleep as I woke 3 times to pass water. I endured it as usual as this had been daily since discharge but when I woke on Sunday I felt very unwell and had pain in my right side. At this stage I had been unwell and had the stent in for 5 months and I had an increasing concern that the stent could affect the long-term function of my kidneys. I went to A&E at 11am, and was later taken up to 3 South at around 7pm because the urine sample I submitted had "all kinds of things in it" and my white blood cell count and CRP count were very high. I was relieved to be finally admitted as I wanted the stent removed and my kidneys cleared of stones. However I was very frustrated that my concerns of being unwell had not been taken seriously and I had to basically wait until I became so unwell that I had to attend A&E and be admitted to hospital, all of which could have definitely been avoided.

I was told by my new consultant Mr O'Donaghue that potentially surgery would be on Tuesday 9th August but thought it was best to postpone it until Wednesday due to the infection. Although a minor point, I was still fasted from 12pm on Monday night; but this again highlighted the miscommunication within the Urology department. On Tuesday the ward got a call from the microbiologists saying that I had "very nasty bacteria" in my urine that produced Extended-Spectrum Beta-Lactamases (ESBLs). This was likely a result of the overuse of antibiotics taken to date which all could have been avoidable if the stent had been removed in the appropriate timeframe. As a result the current IV antibiotic wasn't

working so I was given Tazocin and that the surgery would need to be postponed to a later date until the infection cleared as it could be very dangerous if they were to continue, all of which was very concerning as I was starting to hear the word 'Septicaemia'. I also learned from a further CT scan that a stone was still in my Ureter and it lay next to the stent.

Following this I grew more annoyed however as I am certain this all could have been avoidable. Even during the pre-operative assessment on 11th August this thought was at the forefront of my mind. The doctor informed me that the stent may not be so easily removed and that there may be damage to the Ureter etc. I know the stent was the route of my long-term pain and I am absolutely convinced it was the sole reason for my infections to date. During my stay I was wide-eyed in disbelief what I was hearing from other consultants that they don't favour stents and where they are needed they target the removal in 5 weeks, for the exact reason of potential UTIs etc. I am aware that they can sometimes stay in for 6 months, but given my known complications and my signs and symptoms, I should have been taken more seriously before I became so unwell.

I was in hospital (3 South) from 7th – 14th August for this period. I was discharged on the Sunday 14th August, but I hadn't felt well afterwards, which I put down to being a bit tired after the surgery. However I had tenderness in my kidneys on Monday night affecting my sleep, Tuesday I felt quite lethargic but by Wednesday I had a high temperature. I got a GP appointment for 4pm that day who sent me straight to A&E. I was very worried about the issue of blood poisoning at this point. Following a blood test in A&E, my white blood cell was high as was my CRP level, so I was put on another antibiotic called Meropenem based on the advice that the doctor sought from the microbiologists. I was then transferred to 3 South, with possible Sepsis and I was on another IV antibiotic for 7 days. I was in hospital (3 South) from 17th – 24th August for this third period. I was discharged on Wednesday 24th and was given further antibiotics that I needed to take for 10 more days. It also led me to question if I should have been discharged without further antibiotics the previous time.

I want to make it clear that the staff during my stays were excellent but the duty of care potentially with serious implications between March and August was incredibly poor. If I had been dealt with in the correct manner after the insertion of the stent with it being removed after a 5-6 week period, not only could I have avoided enduring all that pain for 5 months but I wouldn't have to stay in the hospital for 2 full weeks to clear up a serious infection and the procedure could obviously have been much more straightforward.

I suggest you vastly improve consultant and patient communication when the patient is not in the hospital, particularly knowing they are required to return to finish a procedure. Medical concerns should be addressed by the consultant or a member of his/her medical team, not by administrative staff. I understand there is a risk that the consultant could find all his time taken up with external patient concerns, but maybe this is where his/her administrative team and a member of his medical team work together to screen non-urgent/ less important issues, then a window in the day is left for the consultant to phone patients with real urgent concerns. If Mr O'Brien hadn't ignored my many calls and failed to return any of them, I wouldn't have been in this situation and the tax payer's money would be better spent. I can't understand in this cost conscious NHS system why it seemed a better plan to ignore my issues for so long and wait until I needed to be admitted to hospital for a 2 week period; taking up a bed, using up time, resources and antibiotics in addition to the impact on my health.

I look forward to hearing from you and hope for the sake of others, this letter makes a difference to patient care, so there is no future repeat in this type and level of care.

Yours Faithfully,

Patient 84

Patient 84



**Southern Health
and Social Care Trust**

20th September 2016

Our Ref: AS206.16/17

Your Ref:

Private & Confidential

Patient 84

Personal Information
redacted by the USI

Dear Patient 84

I refer to your complaint in respect of the quality of care and lack of communication you faced when attending 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 our 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 we are unable to provide you with a response within the timeframe above, a member of our team 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 us 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 USI

DAVID CARDWELL
Clinical and Social Care Governance Officer

enc

Clinical and Social Care Governance Team
Directorate of Acute Services
Ground Floor, 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



**Southern Health
and Social Care Trust**

19 October 2016

Our Ref: AS206.16/17

Your Ref:

Private & Confidential

Patient 84

Personal Information
redacted by the USI

Dear

Patient 84

I refer to your complaint which was received on 20 September 2016 in which you expressed concern regarding quality of care in Craigavon Area Hospital.

On receipt of your complaint I asked senior staff to investigate the concerns you have raised. Unfortunately there has been a delay in the investigation so I will be unable to respond to you within 20 working days. I would like to assure you that we are taking very seriously your concerns. Please accept my apologies for any undue distress caused by this delay.

When the investigation has concluded our Director of Acute Services will write to you with the findings and I would hope this will be relatively soon. However in the interim if you wish to speak to me regarding this delay please telephone Personal Information redacted by the USI or email AcutePatient.ClientLiaison@southerntrust.hscni.net

Yours sincerely

Personal Information redacted by USI

pp **DAVID CARDWELL**
Governance Officer

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

Telephone: Personal Information redacted by the USI
Email: AcutePatient.ClientLiaison@southerntrust.hscni.net



**Southern Health
and Social Care Trust**

23 November 2016

Our Ref: AS206.16/17

Private & Confidential

Patient 84

Personal Information
redacted by the USI

Dear Patient 84

I refer to your complaint in relation to the quality of care provided to you in Craigavon Hospital.

Please note that unfortunately there continues to be a delay in the investigation of the issues which you have raised. However, I have been advised that the response will be agreed and finalized as soon as possible.

I apologise for this continued delay and I appreciate your patience.

Yours sincerely

Personal Information redacted by USI

David Cardwell
Governance Officer, Acute Services

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

Telephone: Personal Information
redacted by the USI

**Southern Health
and Social Care Trust**

1 December 2016 **Our Ref:** AS206.16/17

Private & Confidential

Patient 84

Personal Information
redacted by the USI

Dear Patient 84

I refer to your complaint in respect of the care provided to you by the Urology Department at Craigavon Area Hospital. Thank you for taking the time to highlight your concerns and for providing me with the opportunity to address them.

Firstly may I begin by apologising for the delay in responding to your letter. As part of the investigation into your concerns I have spoken to Mr O'Brien Consultant Urologist, about your complaint.

Mr O'Brien advises me that you had haematuria assessed in 2002 and 2003 at which times you were found to have renal calculi associated with a left hydronephrosis. In September 2015, the radiology department received a referral from your GP requesting a plain radiograph of your urinary tract; this xray was performed on 25 September 2015 and reported on 17 November 2015. The reporting radiologist suggested that most likely you had bilateral renal calculi with a probable right upper ureteric calculus. On 29th January 2016 your GP made a referral to the Urology Department for further management.

On receipt of this referral, Mr Glackin triaged the letter and then wrote to you on 2nd February 2016 advising that he had requested a CT scan of your urinary tract to assess for stones and that you would be sent an appointment to attend as an outpatient to the stone clinic. On the 4 March 2016 you were seen by Mr Young Consultant Urologist. You had an xray done during this appointment and whilst the bilateral renal calculi were evident on this xray, the right ureteric calculus was not. So when you had your CT scan on 22 March 2016 it was reported that you had a gross right hydronephrotic kidney and hydroureter. It was from this report that Mr O'Brien deemed that you needed to be admitted to have a ureteroscopy performed as an emergency.

Mr O'Brien asked for his Registrar, Mr Tyson to contact you and ask that you come in for admission on the Sunday. Mr O'Brien then emailed the Ward to give them your details and advise them that you would be admitted on the Sunday for your procedure on Monday. I would like to apologise for the misunderstanding when you arrived on the Ward as Mr O'Brien's email hadn't been picked up on this occasion and therefore the ward were not expecting you. As learning from this I have asked that Mr O'Brien and his Registrars follow up with a phone call to the Ward and also that the ward ensures that they check their emails at least a few times daily.

I am advised that on Monday 28 March 2016 you had a right ureteric stenting performed following an ureteroscopy and migration of the obstructing stone into the hydronephrotic right kidney.

Mr O'Brien confirms that ideally patients who have a stent inserted should have this removed and have an ureteroscopic lithotripsy performed four to six weeks later. However, the demand on the Urology Service is unrelenting with an increased number of patients with suspected and confirmed cancer diagnoses requiring progression along their cancer pathway. The result of cancer urgent demand is that the waiting times for other procedures such as yours are increasing on a monthly basis. For this wait we would like to apologise and whilst not ideal nor what we want for you or any of our patients it is something that is currently outside of our control.

I note from your complaint that you have contacted Mr O'Brien's secretary on a number of occasions. Mr O'Brien confirms this and advises me that an email was sent to him via his secretary advising that you had a holiday Personal Information redacted by the USI and that you were enquiring whether you could have surgery performed before then. Unfortunately as explained in the previous paragraph with the clinical prioritisation of patients, Mr O'Brien unfortunately could not accommodate your request. At the time of your request Mr O'Brien had 232 patients awaiting inpatient admission of which 136 of them were categorised as urgent. Mr O'Brien apologises that you had to contact him on a number of occasions but with his clinical commitments and the number of patient enquiries that he receives daily it is not possible for him to respond to them all individually, but advises that you did the correct thing by going to your own GP for advice.

I understand that you had two emergency admissions to 3 South in August 2016 under the care of Mr O'Donoghue and Mr Glackin who were the Urologists oncall during these admissions. I would like to apologise that you had to fast unnecessarily whilst you were in the first time but I have been advised that this was a precaution in case you were well enough to go to theatre and there was a slot available on the Tuesday and I am sorry that this wasn't communicated properly with you at the time.

The Urology Department are currently working at improving the pathway for patients experiencing similar symptoms such as yours. This will involve having a 7 day week stone service with detailed information leaflets for patients with more access to health care professionals if advice is needed. It is hoped through the development of this service it will mean that patients will have their treatment and follow-up done in a timelier manner and hopefully avoid the poor experience that you had endured.

On behalf of the Urology Service I would like to apologise again for your poor experience and I am advised that you have a follow-up outpatient appointment with Mr Glackin on 20 December 2016 and I hope that your health issues have improved.

I hope that you will find this response has addressed the issues that you raised. However, if you are unhappy with any aspect of this response you should contact a member of our Clinical & Social Care Governance Team on Personal Information redacted by the USI or email: AcutePatient.ClientLiaison@southerntrust.hscni.net within 3 months of the date on this letter so that we can attempt to resolve any outstanding issues.

Should you remain dissatisfied at the end of the complaints process, you can then refer your complaint to the NI Public Services Ombudsman at the following address, "Freepost NIPSO", Freephone: 0800 34 34 24 or email nipso@nipso.org.uk within 6 months of the completion of the Trust's internal complaints process. Further information on the role of the NI Public Services Ombudsman can be found at www.nipso.org.uk. Please note that the Ombudsman will not normally accept your complaint until the complaints process with the Trust has been exhausted.

Yours sincerely

Personal Information redacted by USI

ESTHER GISHKORI (MRS)
Director of Acute Services

For Mr F Rice, Interim Chief Executive

Personal Information
redacted by the USI

28th February 2017

Corporate Complaints Officer
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Dear Sir/Madam,

Patient 84

DOB: Personal Information
redacted by USI

H&C No.: Personal Information
redacted by USI

I appreciate your apology on behalf of the Urology Service but an apology direct from Mr O'Brien would have been more acceptable.

Mr O'Brien had the opportunity to call in to see me during either of my two emergency admissions to 3 South in August 2016 to try and explain his decision not to remove the stent. He owed me that at least and treat me with some respect and have the common decency to do so, or simply a returned call would have sufficed to allay my concerns with the stent in place at any time over the 5 month period. I find it hard to believe he couldn't spare me 5-10 minutes during this time.

I fully appreciate the demand is unrelenting on the Urology Service with 'an increased number of patients with suspected and confirmed cancer diagnoses requiring progression along their cancer pathway' and 'the result of cancer urgent demand is that the waiting times for other procedures such as yours are increasing on a monthly basis'. However, to me this is all more reason to deal with my issue there and then so the Urology Service can concentrate their time and efforts to these cancer patients. The insertion of the stent to me seemed like a very short sighted decision, while I was grateful the blockage was detected in my ureter, it felt like the minimum action possible was taken. To insert a stent to temporarily mitigate the effects of the blockage i.e. the pressure on my kidney, felt like a kind of 'that will do for now' scenario but there was never no plan or intention to aim for the 4 to 6 week target for stent removal with ureteroscopic lithotripsy.

Also, I should not be made to feel guilty because of the more urgent cancer demand, as I waited in excess of 3 and a half months more than I should have and endured this pain for this length of time which is ample time to wait for this situation to be rectified for me. If I hadn't have presented myself to A&E in August through a severe infection, I feel I'd still be waiting months later. This response has not acknowledged once the severe infection I had that Mr O'Brien's decisions had led to, and rounds of strong antibiotics I needed to rid me of this infection. You have carefully avoided this area altogether in your response which in effect minimised the pain, suffering and nuisance I suffered for five months.

Furthermore, after my procedure on 28th March 2016 I was led to believe that the offending stone causing the blockage had disappeared back up into the kidney during the procedure but the scans during my emergency admission in August 2016 highlighted that a stone was embedded in my ureter alongside the stent. Either this was the same one from earlier that wasn't adequately removed, hence

a failure at the time to remove the blockage properly or if it was a new stone that somehow found its way down my ureter as it squeezed past the stent, you can imagine the pain this caused. So again, I really have to question the decision for the insertion of a stent; this was very much a makeshift measure. Surely the offending stone could have been removed competently like it was done on 11th August 2016 by Mr Glackin where no subsequent stent was inserted; hence avoiding all this pain and aggravation I endured over the 5 month period. This nearly and could have had serious consequences for myself and I can only guess what the outcome would have been if this level of care had of been provided for the vulnerable in our society.

A complete removal of the stone without a follow-up stent would saved everybody's time and as I mentioned in my previous letter I can't understand in this cost conscious NHS system why it seemed a better plan to ignore my issues for so long and wait until I needed to be admitted to hospital for a 2 week period; taking up a bed, using up time, resources and antibiotics in addition to the impact on my health. All this wasted time, effort and money could have been directed towards the care for these cancer patients.

Overall, the response I have received is unsatisfactory. After my surgery I was informed that the stent should be removed in six weeks' time. If that is the clinical target then it should be met. If that target is unrealistic then it should not be communicated to patients. The Trust has a duty of care to me; I feel there was a breach of that duty due to the evident negligence and the loss I suffered to my quality of life and earnings over this time.

Yours Faithfully,

Patient 84

Patient 84

Response to Letter of Complaint from Patient 84

In responding to the letter of complaint from Patient 84, I firstly emphasise that I have much sympathy for him.

It would appear that Patient 84 had haematuria assessed in 2002 and 2003 when he was found to have renal calculi associated with a left hydronephrosis, and for which reason he may have later undergone ureteroscopy in 2007. Having reported recurring right lower abdominal pain, his GP requested a plain radiograph of his urinary tract and which was performed on 25 September 2015. It was reported on 17 November 2015 that he probably had bilateral renal calculi and a probable right upper ureteric calculus. He was referred to our Department, four months later, on 29 January 2016. Upon receipt of the referral, Mr. Glackin wrote to the patient, advising that he had requested a CT scan of his urinary tract and requested that an appointment be arranged for Patient 84 to attend the Stone Clinic at Craigavon Area Hospital. A not uncommon occurrence, he was offered an appointment at the Stone Clinic on 04 March 2016 and prior to the diagnostic CT scan being performed on 22 March 2016. Whilst the bilateral renal calculi were evident on the XRay of the urinary tract performed on the 04 March 2016, the right ureteric calculus was not. On renal ultrasound scanning on 04 March 2016, he was reported to have gross right hydronephrosis and hydroureter. When Patient 84 did have CT scanning performed on 22 March 2016, he was found to have a stone located in the upper third of his right ureter, and associated with severe right hydronephrosis which appeared to have been of long-standing as it was associated with marked loss of cortical tissue. It also reaffirmed the presence of several calculi in both kidneys.

I am not familiar with the communications regarding his admission to hospital on Sunday 27 March 2016 as I do not recall being involved. If I had been personally involved, I would hope that there would have been a greater awareness by other staff of his impending admission, though the best of efforts have not guaranteed that in the past. I do believe that it was correct to have him admitted on Sunday 27 March 2016, if it were hoped to be able to perform ureteroscopy on an emergency list on Monday 28 March 2016, as there may well not have been a bed for him on the morning of intended surgery. Rather than there being a serious lack of communication, I believe

that this is one example of too much wrong communication from those who may not be there the following morning.

Patient 84 had right ureteric stenting performed on 28 March 2016 following ureteroscopy and migration of the obstructing stone into the hydronephrotic right kidney. Another example of wrong communication is the advice, information or assurance that Patient 84 claims to have been given that the stent would or should be removed during or after six weeks. In almost 25 years as a consultant urologist, I have never, ever committed myself to perform a procedure within any particular time unless I have actually fixed a date. However, during those 25 years, such commitments have been given to patients on numerous occasions by junior staff who have never once seen a waiting list.

In my view, it would have been ideal or optimal for Patient 84 to have had his stent removed and to have had ureteroscopic lithotripsy two to four weeks later as stent-induced, ureteric relaxation by then would have been adequate to permit ureteroscopy. If it had been possible for Patient 84 to be readmitted after such an interval, then all of his subsequent morbidity would have been avoided. It is in that regard that I have complete empathy for him. Unfortunately, that was not possible as he was then competing for readmission with scores of other patients waiting for longer periods with similar priorities.

In my defence, I have been entirely aware of the morbidity, sometimes serious, associated with ureteric stents since the 1980s. Most substantively, I have used every available, additional operating session during those months in an attempt to reduce the waiting times for patients in similar situations, and have done so without remuneration. As a consequence, the total number of patients on my inpatient waiting list has been reduced from 275 on 28 April 2016 to 232 on 13 October 2016. Unlike Patient 84 or my colleagues whose sessions I used, I did not have any family holiday during that time. To some degree as a consequence, I have not had the time to read every email sent to me each day, never mind resolve the issues raised.

An email was sent to me advising me that Patient 84 had a holiday Personal Information redacted by the USI, and that he was wondering whether he could have his surgery performed before then. I was unable to facilitate that request. I did not read the email of the 05 May 2016 requesting that I contact Patient 84 to give him advice concerning his stent while on holiday. I did read the

email of 17 June advising that Patient 84 had had urinary infection and requesting his admission as soon as possible. Once again, other patients in an identical situation were waiting longer to have the same procedure. I was unaware that I had ignored numerous calls made by Patient 84

I have tried my very best to contact and communicate with as many patients as possible but have found it physically impossible to contact all of them. It is necessary to contact patients during their waking hours. Contacting and communicating with patients during their waking hours has resulted in administrative work being displaced to their sleeping hours, and rendering it all the more difficult to complete that work, even with the use of most of my supposedly free time.

More importantly, with a total of 232 patients awaiting inpatient admission, 136 of them categorised as urgent, it has been impossible to facilitate all patients, enquiring about and seeking admission, irrespective of the gravity of the indication. However, recently circulated data has revealed that four of my consultant colleagues have had totals of 29, 77, 59 and 41 patients awaiting inpatient admission. Indeed, the total number of patients of those four colleagues awaiting urgent admission was 131 on 13 October 2016, less than the number of patients awaiting urgent admission on my waiting list. It is my view that these figures portray such a disparity in the fortunes of patients on different waiting lists as to render that disparity indefensible.

Patient 84 suggested that a 'window' be established each day to phone patients with urgent concerns. This could well be considered an attractive and practical proposal for those who have such relatively small cohorts of patients from whom concerns may be received. I believe that it would be more profitable to pool operative resources to ensure that such patients are admitted after the shortest period possible, thereby minimising the need for any such window of communication,

Aidan O'Brien.

16 October 2016