



## Urology Services Inquiry

*20150123- email missing charts MY*

*20130512-email chart removed from Trust DB*

*20150123- email missing charts*

*20160316 - email attachment Confidential letter - updated March 2016*

*Documents attached namely;*

*334. 20131112 - E Mr O'Brien and charts*

*335. 20131112 - E Mr O'Brien and charts DB*

*336. 20131112 - E Mr O'Brien and charts AC*

*and can be located in folder - Martina Corrigan - no 24 of 2022 - attachments*

#### *iv. Not dictating on patients after clinics or day procedures*

This first came to my attention in 2014 when the consultants Mr Haynes, Mr Glackin, and Mr O'Donoghue were doing some extra sessions to help address the review backlogs. Whilst doing this exercise they raised informally that there appeared to be a number of patients who didn't have a clinic letter on the Patient Centre system which meant they needed to see the patient face to face to make a decision on their follow-up care. Whilst I was informed about this, and discussed it with Mrs Trouton and Mr Mackle during 2015, it was very difficult to quantify how many patients didn't have a clinic letter as there was no electronic system to capture this information and therefore there was nothing further formally done on this issue until Mrs Trouton and Mr Mackle included this in their letter of March 2016. It became apparent that, despite it being raised with Mr O'Brien formally in March 2016, this didn't improve and, in January 2017 before his return to work, Mr O'Brien revealed to me that there were 668 patients who had not had a dictation dating back to 2014, which is in line of when this was brought to my attention.

1.1 When I began my tenure as Head of Service in September 2009, there were two Clinical Nurse Specialists in post, Kate O'Neill and Jenny McMahon. I would regularly have been in the Thorndale Unit, as often as once or twice a week in the earlier years of my tenure (2009-2015) and at least once per month from 2016-2019 (the reduction in frequency was due to my workload), when I would have called down to speak with either the CNS, the Consultants or other staff.

1.2 It was my impression that Mr O'Brien didn't recognise the potential value of having a nurse with him at clinics generally. I do not recall all the factors which led to me forming this impression of Mr O'Brien but I believe it was influenced by things like the following: when the two Clinical Nurse Specialists attended meetings and made suggestions about the services – examples could have been changing appointment slots for the clinics so that there were not too many people in the waiting room, equipment suggestions, suggestions regarding training for the other nurses in the Unit, and so on - Mr O'Brien, whilst he would have listened, never got involved in these conversations or showed any interest in taking forward their suggestions and I therefore personally felt that he didn't value the role that they held. This was not an impression formed, I believe, as a result of a single meeting but one that developed over time between approximately 2009 and 2015.

**(i) That Mr O'Brien never involved them in his oncology clinics.**

1.3 The CNS team expanded in about 2014 with two temporary Band 6s being appointed, Janice Holloway and Dolores Campbell (see my previous s.21 statement no.24 of 2022 at WIT-26197 to 26198). Kate and Jenny had plans and suggestions for these two new appointments including having additional staff to support all clinics. It was during conversations with both CNS (Kate and Jenny) that they would have mentioned that this was for all of the consultants although not as much for Mr O'Brien as he rarely had a nurse in attendance at his clinics.

1.4 I should emphasise in this regard that I do not ever recall, during any of my conversations with nurses in the Unit on this broad issue, any specific mention of oncology clinics or their cancer key worker role when they were mentioning Mr O'Brien's non-use of nurses. It was usually couched in much more general terms. I also note, in this regard, that the handwritten note of the 18 January 2021 meeting records me saying (1<sup>st</sup> page, 11<sup>th</sup> line of text *down* from the top of the page) that Mr O'Brien 'never involved them in clinics', with no specific reference to oncology. In this regard, the handwritten note better reflects what I believe I said at the 18 January 2021 meeting, during which I would have referenced my knowledge regarding Mr O'Brien's approach generally rather than in respect of any specific cancer or key worker role.

[The handwritten 18 January 2021 meeting notes were provided to me by the Trust on or about 11 May 2023, having recently been located, and I confirm that they are now attached to this Witness Statement.]

1.5 Of course, I now reflect and accept that, had I thought about the matter in more detail, I would likely have realised that this approach by Mr O'Brien might have included the nurses' cancer key worker roles. However, I believe I was perhaps less conscious or less sighted as to this aspect of their work for a number of reasons including, I believe, because I did not attend MDT meetings and because of Cancer (as opposed to Acute) Services' role in respect of these.

**(b) Please identify to whom you are referring when you say "... some of the Clinical Nurse specialists would have asked to be at clinics but Mr O'Brien never included them", detailing how, when, and in what circumstances you came to be told or made aware of this information.**

1.6 The nurses that I am referring to are Kate O'Neill, Jenny McMahon and, laterally, Leanne McCourt and Jason Young. I can confirm that I have no evidence of dates and times but I believe this would have been mentioned

to me occasionally during casual conversations about various aspects of the running of the Unit if I had, for example, just called in to see how things were with them and the staff.

**2. Extract 2:**

...

*Dr Hughes asked if anyone expressed concerns about excluding nurses from the clinics. Martina advised that two of the Clinical Nurse Specialists did report that they did regularly challenge Mr O'Brien and asked him if he needed them to be in the clinic to assist with the follow-up of the patients but it got to the stage where staff were getting worn down by no action and they gave up asking as they knew that he wouldn't change. WIT 84355*

...

**(a) Please name the two nurses to whom you refer in this paragraph.**

2.1 The two nurses were Kate O'Neill and Leanne McCourt.

2.2 I should clarify in this regard that I do not recall the nurses saying they 'regularly' challenged Mr O'Brien. I note in this regard that this word does not appear in the relevant part of the handwritten meeting note – (1<sup>st</sup> page, 9<sup>th</sup> and 10<sup>th</sup> lines of text *up* from the bottom of the page).

**(b) Please explain the details of how and when they reported the details you provide in this paragraph. If not to you, to whom did they report and how and when did you find this information out?**

2.3 I can confirm that this was never formally reported to me. It was occasionally, but not regularly, mentioned to me conversationally and in passing and in the general terms referenced in my answer to Question 1

above. As Dr Hughes is recorded as observing in the notes, we all 'became habitualised' to Mr O'Brien's practice and, whilst we all periodically discussed the issue with each other, I can confirm that, to my knowledge, there was nothing formally raised in writing about the matter. I am therefore unable to provide dates or further details of these conversations.

**(c) What, if anything, did you or anyone else do on receipt of this information?**

2.4 I believe that I mentioned this matter during general conversations with Heather Trouton, Ronan Carroll, and Mr Mackle, as well as with the Clinical Directors, Mr Colin Weir and/or Mr Ted McNaboe, but did not do anything else with this information.

**3. Extract 3:**

...

*Dr Hughes advised that the Clinical Nurse Specialists are so important on the patient's journey. Martina agreed and said that this support from the CNS was vital both for oncology and for benign conditions, and advised that Mr O'Brien did include the CNS in urodynamics as it was the specialist nurse who performed the test, however he didn't include the CNS when he was consulting with the patient after the test. WIT 84355 - 84356*

...

**(a) Please explain your source for the statement that Mr O'Brien did include the CNS in urodynamics but that he did not do so when he was consulting the patient after the test.**

3.1 I believe that the source of this information was from conversations that I would have had with Jenny McMahon (who did the urodynamics tests) between approximately 2014 and 2019.

**(b) How and did you come to know this information and what, if anything, did you do on being told?**

3.2 I do not believe that I did anything with this information.

**4. Extract 4:**

...

*Dr Hughes reiterated – “at no stage were specialist nurses allowed to share patient care with Mr O’Brien? Martina confirmed that yes this was correct. She also confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics. (sic) WIT 84356*

...

**(a) Please explain, detailing the source and all other relevant information, the basis on which you confirmed that at no stage were specialist nurses allowed to share patient care with Mr O’Brien.**

4.1 I can confirm that I was aware from general conversations with the CNS (Kate and Leanne) that they would have occasionally mentioned in passing that most of the consultants used a nurse at their clinics (and this could have been any of the other Band 5s in the unit - Kate McCreesh, Dolores Campbell, or Janice Holloway - if Kate and Leanne were not available) but that this was not the case for Mr O’Brien’s clinics. To be clear, I did not base this statement upon a review or audit of the files of patients of Mr O’Brien.

4.2 I should clarify in this regard that I believe that, when Dr Hughes asked, ‘at no stage were specialist nurses allowed to share patient care with Mr

O'Brien?', and I replied 'yes' (second and third full paragraphs on WIT-84356), my response was in relation to what had come to light during the previous months, from approximately autumn 2020, when issues relating to MDT recommendations not being actioned were coming to light. I believe that this is supported by the handwritten note of the meeting which (on its 2<sup>nd</sup> page in the 6<sup>th</sup> line of text *down* from the top of the page) includes a reference to MDT recommendations not being followed through ('agreed MDT – not followed through') followed shortly thereafter (8<sup>th</sup> and 9<sup>th</sup> lines *down*) by Dr Hughes' question: 'no stage where (sic) specialist nurses allowed to share care with them?' I interpret the reference to 'them' at the end of this question to be a reference to the relevant MDT patients whose recommendations had not been actioned or followed through. In the typed version of the note, 'them' appears erroneously to have been replaced by 'Mr O'Brien'. My answer was, I believe, in respect of the relevant MDT patients.

**(b) Please explain, detailing the source and all other relevant information, the basis on which you state that all other consultants see the benefit of using a CNS and that they include them in their clinic.**

4.3 As was the case with the matter covered at paragraph (a) of this question, I did not base this statement upon a review or audit of the files of patients (in this case, of the other consultants). I believe that I based this statement upon a number of grounds. First, from speaking occasionally with the other consultants – Mr Haynes, Mr Glackin and Mr O'Donoghue - who would each have endorsed the value of having a CNS or nurse with them at clinic. Second, from the fact that nurses were not making comments to me in respect of the other consultants (as they had in respect of Mr O'Brien) about non-use of nurses and Clinical Nurse Specialists.

**5. Given your statements above to Dr Hughes, please explain the following paragraph from your section 21 Notice 24 of 2022 dated the 29 April 2022, where you state that you did not become aware of the issues around Key**

**Workers until November 2020 and only as a result of the SAI investigations (at WIT 26268):**

***54.1 Not providing oncology patients with access to a Key Worker (Clinical Nurse Specialist)***

**...**

***x. I became aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became aware of this in November 2020 from the outcome of the investigations into the most recent SAI patients. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these.***

5.1 I believe that two statements within my response to Section 21 Notice No.24 of 2022 are relevant here. They are:

Para 54.1.x (at WIT-26268)

*x. I became aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became aware of this in November 2020 from the outcome of the investigations into the most recent SAI patients. This was never raised with me as a concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these.*

Para 66.1.c (at WIT-26298)

*66.1 I can confirm that I am now aware of governance concerns arising out of the provision of urology services, which I was not aware of during my tenure. These are namely:*



...

*c. Mr O'Brien did not follow the recommended process of having a Clinical Nurse Specialist for his oncology patients and, had affected patients had such a key worker, this may have reduced or prevented harm;*

5.21 I believe, upon reflection and upon considering both the typed and handwritten copies of the 18 January 2021 notes, that both paragraphs are inaccurate and require revision as follows:

Para 54.1.x (at WIT-26268)

*x. I became specifically and acutely aware that Mr O'Brien did not permit the Clinical Nurse Specialists to provide support as key worker to his oncology patients. I only became specifically and acutely aware of this ~~in November~~ from approximately autumn 2020 from the outcome of the investigations into the most recent SAI patients. I believe that this cancer key worker issue was never raised with me as a specific concern and, as the oncology multi-disciplinary meetings are part of the Head of Oncology Services' remit, I was never involved in these. However, as mentioned in my response to Section 21 Notice No.7 of 2023 (at Question 1 thereof), the broad issue of Mr O'Brien's non-use of nurses and Clinical Nurse Specialists was mentioned to me a number of times by nurses in the years prior to 2020 and I ought, upon reflection, to have appreciated the potential cancer key worker issue as a result.*

Para 66.1.c (at WIT-26298)

*66.1 I can confirm that I am now aware of governance concerns arising out of the provision of urology services, which I was not aware of during my tenure. These are namely:*

...

*c. Mr O'Brien did not follow the recommended process of having a Clinical Nurse Specialist for his oncology patients and, had affected patients had such a key worker, this may have reduced or prevented harm; However, as mentioned in as mentioned in my response to Section 21 Notice No.7 of 2023 (at Question 1 thereof), the broad issue of Mr O'Brien's non-use of nurses and Clinical Nurse Specialists was mentioned to me a number of times by nurses in the years prior to 2020 and I ought, upon reflection, to have appreciated the potential cancer key worker issue as a result before that specific issue came to the fore during the 9 Dr Hughes SAIs from autumn 2020 onwards.*

- 6. Did you tell Dr Hughes at your meeting with him and Patricia Kingsnorth on the 18 January 2021 that you did not know anything about the CNS/Key Worker issue and were only made aware of it as a result of the SAI investigations in November 2020? If not, why not?**

6.1 I do not recall being asked a specific question to this effect. Rather, I was asked did I know if Mr O'Brien included nurses in his clinics and my answers were related to what I knew generally, as referenced at Question 1 above. Looking back now, I regret that the notes of the meeting and, quite possibly, what I stated verbally at it, were not as clear in this regard as they could have been.

- 7. If you did tell Dr Hughes, why do you think that is not included in the meeting notes?**

7.1 I refer to my previous answer. I also expect, in fairness to all concerned, that the notes were intended as minutes of the meeting and not as a verbatim transcript.

**8. Do you consider the notes of that meeting with Dr Hughes and Patricia Kingsnorth to be an accurate account of that meeting?**

8.1 I refer to my previous answers where I have clarified my understanding or recollection of what was said at the meeting (see, in particular, paragraphs 1.4, 2.2, and 4.2 above). I also refer to my response to Question 7.

8.2 Beyond the issues mentioned in the preceding paragraph, I have so far also identified the following issues with the notes:

8.2.1 The 3<sup>rd</sup> full paragraph on the 2<sup>nd</sup> page of the typed meeting notes (WIT-84356) records that I 'confirmed that all of the other consultants see the benefits of using a CNS and that they include them in all of their clinics'. I believe that I would have made the first statement regarding all the other consultants seeing the value or benefit of CNS. I believe I may also have indicated that I understood that the other consultants made wide use of them. However, I do not believe I would have said they used them in 'all' of their clinics as I believe I would have been aware that this was not always possible due to resourcing issues. In this regard, I see that the relevant portion of the handwritten note (11<sup>th</sup> line of text, 2<sup>nd</sup> page) records 'MC – all consultants see benefit of CNS.' It does not record me saying anything about their use of them in all clinics.

8.2.2 The 5<sup>th</sup> full paragraph on the 2<sup>nd</sup> page of the typed meeting notes (WIT-84356) records, 'Martina advised that during MDT on occasions there were issues raised about Mr O'Brien and at times these were escalated to the AD or AMD ...'. I think that the reference to 'MDT' here may be mistaken, as I would not have attended it. I note in this regard that the relevant exchange between myself and Dr Hughes appears to have been captured between the 12<sup>th</sup> and 17<sup>th</sup> lines of text on the 2<sup>nd</sup> page of the notes. It is clear from the 15<sup>th</sup> line that I was referring to our 'team meeting' and not to MDT.

**UROLOGY SERVICES INQUIRY**

**USI Refs:** Section 21 Notices Number 24 of 2022 and Number 7 of 2023

**Dates of Notices:** 29<sup>th</sup> April 2022 and 5<sup>th</sup> May 2023

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**Addendum Witness Statement of: Martina Corrigan**

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I, Martina Corrigan, will say as follows:-

I wish to make the following amendments and/or additions to my existing responses of 6<sup>th</sup> July 2022 (to s.21 Notice No.24 of 2022 dated 29<sup>th</sup> April 2022) and of 12<sup>th</sup> May 2023 (to s.21 Notice No.7 of 2023 dated 5<sup>th</sup> May 2023) and, beyond this, to provide some further information regarding the chronology of events surrounding the recruitment of Clinical Nurse Specialists for Urology in the decade from approximately 2010 to 2020 as I have become aware that this is an issue in respect of which the Inquiry would welcome further information:

**Section 21 Notice No.24 of 2022 dated 29<sup>th</sup> April 2022**

1. I wish to make the following amendments and/or additions to my existing response dated 6<sup>th</sup> July 2022:
  - 1.1 WIT-26198 - Para 16.3 (b) v – The existing paragraph below should be replaced by that in red:

**Existing para 16.3 (b) v**

‘The funding for this proposal was going to go ‘at risk’ but I presented that these were needed to assist in tackling the increasing waiting times for outpatient appointments. Mrs Burns agreed to go ‘at risk’ for these posts and we temporarily appointed 2 members of staff who were substantive Band 5s to these and then we backfilled their posts in the unit. To note, both of these Band 6s eventually have taken up permanent Band 7 Clinical Nurse Specialist roles



## Urology Services Inquiry

From June 2019 Clinical Nurse Specialists K O'Neill and J McMahon were re-banded from Band 7 Clinical Nurse Specialist to Band 8A and they came out of day to day management and concentrated on clinical work only.

### **Section 21 Notice No.7 of 2023 dated 5<sup>th</sup> May 2023**

2. I can confirm that I have now seen the email exchange and attachments exhibited to Patricia Kingsnorth's addendum witness statement of 2<sup>nd</sup> June 2023 (WIT-96809 – WIT-96827). In light of this, I would offer the following additional evidence:
  - 2.1 I had not recalled this email exchange when preparing, at relatively short notice, my statement of 12<sup>th</sup> May 2023 in response to s.21 Notice No.7 of 2023.
  - 2.2 I have no reason to doubt that this exchange occurred and I accept that I must have added to the draft typed minute of the 18 January 2021 meeting (prepared by Mrs Kingsnorth and sent to me on 24<sup>th</sup> January.
  - 2.3 I believe that I made the additions to the typed minute without access to Mrs Kingsnorth's handwritten meeting notes (which I only saw for the first time after 5<sup>th</sup> May 2023, when preparing my 12<sup>th</sup> May 2023 statement) and without any notes of my own from the 18 January 2021 meeting.
  - 2.4 I believe that all of these events (i.e., the 18<sup>th</sup> January 2021 meeting and the 24<sup>th</sup>-25<sup>th</sup> January 2021 email exchange) occurred at a time when I was particularly busy with my day to day work, it being the middle of the Winter of 2021/2022 COVID-19 lockdown and I having been asked to cover the Patient Flow Team in order to release the nurses to work on the wards. This regularly involved 13-hour shifts with the result that meetings such as that of 18 January 2021 and attention to emails such as that of 24<sup>th</sup> January 2021 occurred during breaks.



## Urology Services Inquiry

2.5 Where there is any conflict or discrepancy between Patricia's handwritten note of the 18<sup>th</sup> January 2021 meeting and the final typed note of the meeting (of 25<sup>th</sup> January 2021), I would place more reliance upon the handwritten note.

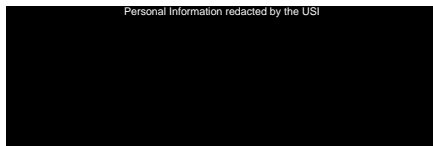
### **Recruitment of Clinical Nurse Specialists for Urology**

3. I have become aware, in preparing for my evidence next week, that the Inquiry would welcome further information on the chronology of events surrounding the recruitment of Clinical Nurse Specialists for Urology in the decade from approximately 2010 to approximately 2020 and that it would assist if this were provided ahead of my oral evidence. In the circumstances, I have attempted to provide a summary of my involvement in, and knowledge of, relevant events in chronological form. I have set this out in the table attached to this addendum witness statement and have also provided copies of the documents referenced in the right-hand column of the table and numbered [1] to [26].

### **Statement of Truth**

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

**Signed:**



**Date: 23<sup>rd</sup> June 2023**

**Timeline and supporting documentation for recruitment of Urology Clinical Nurse Specialists**

Year	Event	Supporting Documents
2009	<p>The March 2009 'Review of Adult Urology Services in Northern Ireland' addressed nurse staffing in urology regionally at paras 8.17 to 8.24. These were followed by Recommendation 23 which recommended as follows:</p> <p>'At least 5 Clinical Nurse Specialists (cancer) should be appointed (and trained). The deployment of these staff within particular teams will need to be decided and Trusts will be required to develop detailed job plans with caseload, activity and measurable outcomes agreed prior to implementation. A further review and benchmarking of cancer CNS's should be undertaken in mid-2010.'</p> <p>It was agreed that two of these should be in the Southern Trust. This is documented on the 3<sup>rd</sup> page of Appendix 2 to the letter from Hugh Mullen of HSCB to Trust Directors of Acute Services dated 27 April 2010.</p>	<p>[1] 20090301- Review of Adult Urology Services in Northern Ireland</p> <p>[2] 20100427- HM700-ltr to Trust Dir Acute re Urology review implementation</p>
2010	<p>Job plans were agreed for current Clinical Nurse Specialists. Jenny McMahon and Kate O'Neill.</p> <p>In respect of the second part of Recommendation 23 above ('A further review and benchmarking of cancer CNS's should be undertaken in mid-2010'), it is my recollection that this would have sat with Cancer and Clinical Services under Ronan Carroll or Alison Porter, that discussions commenced regarding the cancer CNS but that no funding had yet been made available for the 2 cancer CNS that had been identified in the 2009 Regional Review.</p>	<p>[3] 20100618 – Jobplan Template for CNS</p>
2014	<p>In October 2014 I prepared a paper for Mrs Burns, Director of Acute Services, requesting more staffing for the Thorndale Unit and it was agreed, after discussion, that the Trust would go 'at risk' for two Band 6's and 2 Band 3's.</p>	<p>[4] 20141002 – E paper for staffing TDU</p> <p>[5] 20141002 – E paper for staffing TDU a1</p> <p>[6] 20141003 - E paper for staffing TDU DB – MC</p> <p>[7] 20141114 - E EOI Band 6 TDU</p> <p>[8] 20141114 - E EOI Band 6 TDU a1</p> <p>[9] 20141101 - job description band 6</p>

**Stinson, Emma M**

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**From:** Rankin, Gillian [Personal Information redacted by USI]  
**Sent:** 26 August 2011 16:37  
**To:** Stinson, Emma M  
**Subject:** FW: Results and Reports of Investigations

-----  
From: Mackle, Eamon  
Sent: Friday, August 26, 2011 4:36:40 PM  
To: Rankin, Gillian  
Cc: Corrigan, Martina  
Subject: FW: Results and Reports of Investigations Auto forwarded by a Rule

Gillian

I have been forwarded this email by Martina and I think it raises a Governance issue as to what happen to the results of tests performed on Aidan's patients. It appears that at present he does not review the results until the patient appears back in OPD.

Eamon

From: Corrigan, Martina  
Sent: 25 August 2011 16:22  
To: Mackle, Eamon  
Cc: Trouton, Heather  
Subject: FW: Results and Reports of Investigations

Eamon,

I will need assistance when replying to this email.

Thanks

Martina

Martina Corrigan  
Head of ENT and Urology  
Craigavon Area Hospital

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

From: aidanpobrien [Personal Information redacted by USI]  
Sent: 25 August 2011 15:37



To: Corrigan, Martina  
Subject: Re: Results and Reports of Investigations

Martina,

I write in response to email informing us that there is an expectation that investigative results and reports to be reviewed as soon as they become available, and that one does not wait until patients' review appointments. I presume that this relates to outpatients, and arises as a consequence of patients not being reviewed when intended. I am concerned for several reasons:

- Is the consultant to review all results and reports relating to patients under his / her care, irrespective of who requested the investigation(s), or only those requested by the consultant?
- Are all results or reports to be reviewed, irrespective of their normality or abnormality?
- Are they results or reports to be presented to the reviewer in paper or digital form?
- Who is responsible for presentation of results and reports for review?
- Will reports and results be presented with patients' charts for review?
- How much time will the exercise of presentation take?
- Are there other resource implications to presentation of results and reports for review?
- Is the consultant to report / communicate / inform following review of results and reports?
- What actions are to be taken in cases of abnormality?
- How much time will review take?
- Are there legal implications to this proposed action?

I believe that all of these issues need to be addressed,

Aidan.

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

From: Corrigan, Martina  
To: Aidanpobrien ; Akhtar, Mehmoood ; O'Brien, Aidan ; Young, Michael  
CC: Dignam, Paulette ; Hanvey, Leanne ; McCorry, Monica ; Troughton, Elizabeth

Sent: Wed, 27 Jul 2011 5:30  
Subject: FW: Results  
Dear all

Please see below for your information and action

Mobile: Personal Information redacted by USI

Email: martina.corrigan@Personal Information redacted by USI

From: Trouton, Heather

Sent: 25 July 2011 15:07

To: Reid, Trudy; Devlin, Louise; Corrigan, Martina

Cc: Mackle, Eamon; Brown, Robin; Sloan, Samantha

Subject: Results

Dear All

I know I have addressed this verbally with you a few months ago , but just to be sure can you please check with your consultants that investigations which are requested, that the results are reviewed as soon as the result is available and that one does not wait until the review appointment to look at them.

I will need assistance when replying to this email.

Thanks

Martina

Martina Corrigan  
Head of ENT and Urology  
Craigavon Area Hospital

Tel: [Redacted] (Direct Dial)  
Mobile: [Redacted]  
Email: [Redacted]

From: [Redacted]  
Sent: 25 August 2011 15:37  
To: Corrigan, Martina  
Subject: Re: Results and Reports of Investigations

Martina,

I write in response to email informing us that there is an expectation that investigative results and reports to be reviewed as soon as they become available, and that one does not wait until patients' review appointments. I presume that this relates to outpatients, and arises as a consequence of patients not being reviewed when intended. I am concerned for several reasons:

- Is the consultant to review all results and reports relating to patients under his / her care, irrespective of who requested the investigation(s), or only those requested by the consultant?
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- Is the consultant to report / communicate / inform following review of results and reports?
- What actions are to be taken in cases of abnormality?
- How much time will review take?
- Are there legal implications to this proposed action?

I believe that all of these issues need to be addressed,

Aidan.

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

From: Corrigan, Martina <[Redacted]>  
 To: [Redacted]; Akhtar, Mehmood [Redacted]; O'Brien, Aidan <[Redacted]>; Young, Michael <[Redacted]>  
 CC: Dignam, Paulette <[Redacted]>; Hanvey, Leanne <[Redacted]>; McCorry, Monica <[Redacted]>; Troughton, Elizabeth <[Redacted]>  
 Sent: Wed, 27 Jul 2011 5:30  
 Subject: FW: Results  
 Dear all

**Willis, Lisa**

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**From:** Trouton, Heather  
**Sent:** 22 October 2015 09:01  
**To:** Corrigan, Martina; Mackle, Eamon  
**Subject:** RE: Fwd: Datix Incident Report Number [Personal Information redacted by the USI]

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Eamon

Does this need screened ?

Heather

From: Corrigan, Martina  
Sent: 21 October 2015 22:05  
To: Mackle, Eamon; Trouton, Heather  
Subject: Re: Fwd: Datix Incident Report Number [Personal Information redacted by the USI]

I will check tomorrow. I don't think so but I will let you know.

Martina

Martina Corrigan  
Head of ENT, Urology & Outpatients  
Mobile [Personal Information redacted by the USI]

From: Mackle, Eamon  
Sent: Wednesday, October 21, 2015 09:56 PM  
To: Corrigan, Martina; Trouton, Heather  
Subject: Fwd: Datix Incident Report Number [Personal Information redacted by the USI]

Please see below. Was this a missing chart patient?

Eamon

Sent from my iPad

Begin forwarded message:

From: Datix <[Personal Information redacted by the USI]>

Date: 21 October 2015 20:26:07 BST

To: "Mackle, Eamon" [Personal Information redacted by the USI]

Subject: Datix Incident Report Number [Personal Information redacted by the USI] An incident report has been submitted via the DATIX web form.

The details are:

Form number: [Personal Information redacted by the USI]

Description:

## Recipients

## Message

Message history				
Date/Time	Sender	Recipient	Body of Message	Attachments
22/03/2016 12:08:10	Kerr, Vivienne	Personal Information redacted by USI	This is a feedback message from Vivienne Kerr. Incident form reference is [redacted]. The feedback is: Please see Datix which is now coded under urology. Please go to [redacted].	
11/12/2015 14:55:26	Cardwell, David	Personal Information redacted by USI	This is a feedback message from David Cardwell. Incident form reference is [redacted]. The feedback is: Hi Martina, Helen Forde has asked me to send this to you with the following message: [redacted] - I think it should go to Martina Corrigan as it says there was no correspondence for the appointment - so it wasn't that the secretary didn't type it - I think it was that it wasn't dictated so that would need to go to Head of Service for urology to discuss with consultant. Regards David Cardwell Please go to [redacted].	
18/11/2015 14:29:44	Connolly, Connie	Carroll, Anita	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to [redacted].	
18/11/2015 14:29:44	Connolly, Connie	Personal Information redacted by USI	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to [redacted].	
18/11/2015 14:29:43	Connolly, Connie	Corrigan, Martina	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to [redacted].	
18/11/2015 14:29:43	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Martina- i have taken this back to SEC as it appears no dictation was done. Will need review by yourself and governance will support if needed. Connie Please go to [redacted].	
18/11/2015 11:41:44	Connolly, Connie	Personal Information redacted by USI	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to [redacted].	
18/11/2015 11:41:43	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to http: [redacted].	
18/11/2015 11:41:43	Connolly, Connie	Forde, Helen	This is a feedback message from Connie Connolly. Incident form reference is [redacted]. The feedback is: Hi all- i have moved this to FSS for investigation and close. There may be 2 teams which cross over in relation to this issue. I wasn't sure so i gave access to all. Moved to review Connie Please go to http: [redacted].	