

**UROLOGY SERVICES INQUIRY**

**USI Ref: Section 21 Notice No 75 of 2022**

**Date of Notice: 20<sup>th</sup> September 2022**

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**Witness Statement of: Patricia Thompson**

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**I, Patricia Thompson, will say as follows:-**

**SECTION 1 – GENERAL NARRATIVE****General**

**1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order. The Inquiry is aware that you have previously been provided with a questionnaire. If you replied and wish to rely on that questionnaire in reply to any question, please attach that questionnaire as an Appendix to your reply to this Notice and identify the section on which you rely. However, you are encouraged to provide as full as answers as possible to this Notice, including further details or information not contained in your questionnaire.**

1.1 I commenced my employment with the Southern Trust in August 2020. In 1999 I was first introduced into the specialty of Urology when I took a post in the Surgical Operating Theatre Department at Belfast City Hospital. During that time I did work in different specialities but progressed to specialising in Urology and Gynaecology. In 2002 I took up a senior staff Nurse position in Urology Theatres and Urology Day Care in Belfast City Hospital. In 2005 I applied for a Macmillan

**WIT-86670**



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**Signed: Patricia Thompson**

**Date: 14/11/2022**



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returned to pre covid. My current job plan is structured and my roles specialise in cancer liaison (key worker), nurse led renal cancer review and flexible cystoscopy service for patients with red flag symptoms of bladder cancer and cancer surveillance with patients with known bladder cancer. If I had any concerns with fulfilling my role or in regards to patient safety, I can speak to both Paula McKay and Wendy Clayton. *Please see:*

3. *Flexible cystoscopy certificate*
4. *Excellence in Cancer Care the contribution of clinical nurse specialists*

**7. Did you ever report any problems? If so, please provide full details, including any outcomes. Were you satisfied with how any concerns you raised were handled? Please explain.**

- 7.1 Since I started my employment at the Southern Trust in August 2020, I can say that I have never reported any problems. If I had an issue to discuss for example if a patient's review was delayed and this would have an impact on their treatment pathway I would report this to both Wendy Clayton or Paula McKay and I am happy to say I would feel that this would be addressed. I do feel that currently both Wendy Clayton and Paula McKay would handle any issues effectively.

**8. Did you and do you have adequate administrative support to carry out your role properly? If no, please explain. If yes, please describe your use of admin staff.**

- 8.1 No I don't have adequate administrative support for my role as a urology nurse specialist. The support I do have consists of:
- (a) Administrative support of 18 ½ hours a week for five Urology Nurse Specialists. The specific role of the administrative support is to appoint patients for the nurse specialists at the nurse led clinics. My clinic is a virtual renal cancer review clinic 1-2 times a week. I would provide dates of availability within an adequate period of 4-6 weeks. Initially the administrative support role was to type clinic letters for the nurse specialist clinics. However as the support is 18 ½ hours a week for five full time nurse specialists each working 37 ½ hours this has been a challenge. The admin support is excellent at their job, but one concern has been that there is no cover in times of sick leave, study leave and annual leave. As mentioned, part of their role is to type letters for nurse led clinics and there has been a significant 8 week backlog of letters awaiting to be typed. This can result in delays of information being provided to GPs or other specialities relating to the patient's recent consultation. This has been brought to their management's attention Matthew McAlinden. I have been informed by Matthew McAlinden that there has been a problem with staff recruitment and absenteeism and this has been the reason for letters not being typed in an appropriate timeframe. The



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### 14. How do you think methods of communication and action planning could be improved to ensure follow ups and other matters central to clinical care are not missed or delayed?

- 14.1 In my role as a Urology Nurse Specialist, I request imaging for patients who are currently under surveillance for bladder cancer surveillance, renal cell cancer review and for any patients presenting with symptoms suspicious of cancer. As previously mentioned, I request these investigations through Sectra or ECR. However, when the examination has been completed and reported I do not be notified but the consultants are informed. The consultant would write to me or notify me of the completed investigation. This is not an issue with the Southern Trust but is a regional issue. However, I can see if a result is available and this has been signed off and actioned by a consultant.
- 14.2 In the G2 dictation system as previously stated some typing is delayed due to low staffing levels. I don't get notified if letters are not typed in a specific timescale. Again as previously mentioned I can place the letter as urgent or email the secretary or audio typist. I find out if letters have not been typed by looking into the G2 system to view my dictation.
- 14.3 DARO - At the end of an outpatient clinic all attendances and discharges must be recorded on PAS. Recording "Attendances and Disposals" is an essential part of the outpatient flow and is required for statistical analysis of clinic outcomes and activity and can be used for future planning of services and determining capacity and demand. Patients who are awaiting results prior to a decision regarding follow up are recorded as Discharged Awaiting Results. This is recorded by consultant secretaries and patients are so recorded if investigations and tasks are outstanding. This is excellent and is a fail-safe mechanism but the again the Urology CNSs administration support does not have access to this service and this would improve follow ups if they had access to this. *Please see*

#### *5. Discharge Patient Awaiting Results (DARO)*

### Staff Performance Reviews

### 15. Did you complete Staff Performance Reviews and, if so, with whom? Did you ever identify problems or concerns via this route? What is your view of the effectiveness of such Reviews in terms of both your nursing practice and as a way of improving service provision?

- 15.1 Since commencing my employment at the Southern Trust in August 2020 I have not completed any staff performance reviews on other colleagues. I have had my own staff appraisals since I started at the Southern Trust with Sarah Ward. My first appraisal was on the 27th November 2020 as part of my 3 month induction and then on 25th February 2021 as my 6 months' induction period



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consultant secretaries can DARO (discharge awaiting results – outpatients). If a consultant's patient is awaiting results prior to a decision regarding follow up treatment being made, they must be recorded as a discharge (DIS) and not added to the OP Waiting List for review. Unfortunately the CNSs administrative support does not provide this facility, therefore we have to keep a database of patients awaiting results. *Please see*

### 5. *Discharge Patient Awaiting Results (DARO)*

8.2 Macmillan administrative support 7 hours a week for the 3 urology nurse Specialists (Cancer). This administrative support works alongside the cancer CNSs. Initially they were to deal with patients who have less complex needs, to signpost patients who had completed their cancer treatment to the Macmillan Move More physical rehabilitation scheme or to refer patients to the Macmillan Benefits and to offer support. Unfortunately, due to the 7 hours allocated to 3 urology CNSs (cancer) our support worker appoints patients for Holistic Needs Assessment and sets up their online concerns checklist.

### 8.3 Support from Consultant secretaries

(b) This support is given at the flexible cystoscopy service. The consultant secretaries appoint patients who are due their routine flexible cystoscopy (cancer surveillance). I am provided with a list of patients attending prior to the clinic. I dictate my findings and letters to the appropriate consultant secretary. Communication is excellent and if there are any queries that need brought to my attention such as a date for surgery or patients who have been in contact with the secretary with concerns, I am emailed promptly by the secretaries. The concern I would have is the backlog of letters being typed. On occasions my letters for flexible cystoscopy may not be typed for a number of weeks (4 weeks). This is due to recruitment. The consultant secretaries' number is not adequate to support the CNSs as they have their own duties, being responsible for the consultants' administration. However, I ensure that letters that need urgent attention are typed in an appropriate timeframe by marking G2 a dictation system which is a speech report for letters to be transcribed as Urgent or Cancer letter. I can also email the audio typist requesting for a letter to be typed urgently.

### 8.4 Appointments booking team (medical records, red flag booking team)

(c) The appointments and red flag booking team are two teams that are responsible for booking routine, urgent or red flag appointments. They help me in my role, as they are responsible for appointing new patients who are attending my red flag flexible cystoscopy service (patients who have a suspected cancer). I have a good relationship with both teams and can email if I have any queries with

**From:** Thompson, PatriciaA [Personal Information redacted by the USI]  
**Sent:** 08 September 2023 12:51  
**To:** Avril Frizell  
**Cc:** Emmet Fox  
**Subject:** FW: SAI Panel

Hi Avril

I have forward an email chain first from Martina Corrigan on 16<sup>th</sup> August 2020 asking for me to sit on the SAI panel. My reply on 17<sup>th</sup> August 2020 and reply from Patricia Kingsnorth on 17<sup>th</sup> August 2020.

Many Thanks

Patricia

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**From:** Kingsnorth, Patricia <[Personal Information redacted by the USI]>  
**Sent:** 17 August 2020 14:55  
**To:** Thompson, PatriciaA [Personal Information redacted by the USI]; Corrigan, Martina <[Personal Information redacted by the USI]>  
**Cc:** Reddick, Fiona [Personal Information redacted by the USI]  
**Subject:** RE: SAI Panel

Hi Patricia

Many thanks for agreeing to assist with the SAI process.

We have a number of cases to be discussed and will measure them against the existing pathway. Can you be available to meet with the review team on **Thursday 10<sup>th</sup> September at 09:30 in the Meeting Room Trust Head Quarters.**

Many thanks

Patricia

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



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**From:** Thompson, PatriciaA  
**Sent:** 17 August 2020 11:43  
**To:** Corrigan, Martina  
**Cc:** Kingsnorth, Patricia  
**Subject:** RE: SAI Panel

Hello Martina

All is well and settling in very well everyone is very helpful.

I would be happy to sit on the panel for SAI with relation to urology. Hope to speak soon.

Many Thanks

Patricia

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**From:** Corrigan, Martina  
**Sent:** 16 August 2020 12:53  
**To:** Thompson, PatriciaA  
**Cc:** Kingsnorth, Patricia  
**Subject:** SAI Panel

Hi Patricia

Hope all is well and you are settling in?

Firstly apologies as I haven't got to spend any time with you, which hadn't been my intention but as you will have seen last Thursday it is all a bit mad at the moment! Hoping for things to settle and I will get you up to see me for a proper 'welcome'.

I had hoped to speak with you direct about some Serious Adverse Incident panels that we have nominated you to sit on in relation to some urology cases. Dr Dermot Hughes (retired Medical Director) is chairing the panel and had asked for a Urology CNS to input. After discussion it was agreed that since you are new to the team but have the knowledge and experience that you would be best placed to sit with him and Fiona Reddick (Head of Cancer Services).

Patricia Kingsnorth, Head of Governance will be in touch with you next week to arrange the date and time of initial meeting.

Speak soon and thanks

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)



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### 12. SAI overarching report

#### Learning

**56. Are you now aware of governance concerns arising out of the provision of urology services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.**

- 56.1 I am now aware of governance concerns since having commenced my employment with the Southern Trust in August 2020. I was made aware of these concerns when I was part of the review group for the nine SAIs. Such governance concerns include the prescribing of Bicalutamide, delay in dictation of clinics, the lack of engagement of the Urology Nurse Specialist at the results clinic, results not being signed off on ECR and actioned and medical notes being removed from trust property. I was not employed at the time and these concerns were highlighted after I started my employment when the SAIs were being investigated. *Please see:*

*12. SAI overarching report*

**57. Having had the opportunity to reflect, do you have an explanation as to what went wrong within Urology services and why?**

- 57.1 I have been a Urology CNS since 2005. Over fourteen years of my time as a CNS was at the South Eastern Trust. I love my job; I would not have been a urology CNS so long if I was not passionate about it. The reason I left to work in the Southern Trust was for travelling as it is so close to home for me. In addition, the team are so dedicated and I can say I feel privileged to work with such a great team. I was so excited when I took up my post in the Southern Trust. I feel for my colleagues, management, medical and nursing. . It is difficult for me to answer as to what went wrong with the Urology service.

**58. What do you consider the learning to have been from a governance perspective regarding the issues of concern within Urology services and regarding the concerns involving Mr. O'Brien in particular?**

- 58.1 I consider the learning from a governance perspective regarding the issues of concern within Urology services and regarding the concerns involving Mr O'Brien to be strong leadership. A manager or leader needs to have a skill to ensure staff don't overstep boundaries that can have an impact on the service. These need to be addressed however strong personalities can be difficult if issues have to be addressed by managers. I have mentioned issues in my answer to Question 56. There was no capability process in place. I am aware that nursing staff go through a capability procedure if there have been concerns with their