### WIT-104212



### **UROLOGY SERVICES INQUIRY**

USI Ref: Section 21 Notice Number 63 of 2022 Date of Notice: 7th June 2022

#### Addendum Witness Statement of: Matthew Tyson

I, Matthew Tyson, will say as follows:-

I wish to make the following amendments and additions to my existing response, dated 12<sup>th</sup> August 2022, to Section 21 Notice Number 63 of 2022:

1. I commenced my employment as a Consultant with the Southern Trust on Monday 25<sup>th</sup> February 2019 and not Sunday 24<sup>th</sup> February 2019. This should be amended in the following paragraphs:

4.7, 5.1(iv), 6.1(iv), 7.4, 9.2, 10.1, 12.1, 16.1, 17.2, 20.3, 26.1, 28.1, 29.1, 32.2, 33.2, 34.2, 36.1 (x2), 37.2, 39.1 ,40.1, 43.1, 44.1, 46.1, 47(iv) and (ix), 47.2 (x2), 50.2, 51.1, 53.1, 57.2, 60.1, 61.1, 63.1, 64.1, 66.1, 66.3, 66.4, 69.1, 70.3, 70.4 and 71.2

2. At paragraph 14.2 (WIT-42202), I have stated 'Low staffing however from a Nursing and Doctor Perspective leads to a tied and stressed work force and increases the probability of 'things going wrong' from a clinical perspective.' This should state 'Low staffing however from a Nursing and Doctor Perspective leads to a <u>tired</u> and stressed work force and increases the probability of 'things going wrong' from a clinical perspective leads to a <u>tired</u>.

3. At paragraph 66.3 (WIT-42222), I have stated 'I have been made aware that there was administrate issues of triage not being returned in a timely manner and that the administration team now ensures they have accounted for all referrals and that the triaging Doctor returns the outcomes in a timely manner.' This should state 'I have been made aware that there <u>were administrative</u> issues of triage not being returned in a timely manner, <u>not related to myself</u>, and that the administration team now ensures they have accounted for all referrals and that the triaging Doctor returns the outcomes in a timely manner.'

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4. Upon review of my witness disclosure bundle, I have noted at WIT-13114 that Mr Carroll has stated that I was the Standards and Guidelines Lead. In relation to this reference by Ronan Carroll I would say as follows:

I was the Standards and Guidelines Lead for 'Benign Urology', the Cancer related Guidelines were incorporated into the roles of Mr Glackin and Mr Haynes for their specialist roles with Cancer Services and the Cancer MDM. I undertook my role from 24<sup>th</sup> October 2021 until July 2023. The role was for mainly Urology Stone related guidelines to help transform the Stone Pathways for the SHSCT and development of regional ESWL stone service.

5. Upon review of my attendance record for MDM's from January 2022 until May 2022 (WIT-24251), I would make the following comment:

Attendance at MDM was affected by annual leave, <sup>Personal information reducted by</sup>, occasional elective theatre list and a possible virtual attendance episode not recorded. I am no longer part of the Cancer MDM due to my sub-specialist role and development of regional stone services.

6. Upon review of Patient 82's notes and records and specifically the discharge letter at PAT-00176, I would like to make the following comments:

I was involved in this case from the perspective of a first year Urology Trainee in 2013, undertaking a supervised injection of Intravesical Botox into the bladder for treatment of bladder storage symptoms under Mr O'Brien. I note a written discharge from Mr O'Brien was provided to the patient and GP upon discharge from the procedure. A further dictated discharge was provided by myself for the procedure as a typed letter. My typed letter states I note the patient to be on 50mgs Bicalutamide and Tamoxifen, which will be from reading the paper discharge summary, my role was to provide a discharge summary for the procedure of Intravesical Botox to the bladder, undertaken as a first year Urology Trainee.

The perceived delay in dictation may relate to the time it took the notes to arrive to Mr O'Brien's secretary's office for dictation, possible annual leave, on-call commitment or the date dictated recorded on the letter may also be inaccurate. This was done at the time on a Tape Recorded Dictaphone and it was the role of the registrar to provide dictated discharge letters for inpatient activity, both acute and elective admissions.

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Current practice is for a dictated discharge to be undertaken immediately following operation, most commonly by the Consultant Urologist, via digital dictation software. Further inpatient discharge is generated by the Foundation Doctor, but with oversight of the Urology Team.

Finally, I would like to state that I handed in my notice on the 25<sup>th</sup> October 2023

I will be leaving. My

employment with the Southern Trust will end on the 18<sup>th</sup> January 2023.

### Statement of Truth

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

Personal Information re

Signed: Matthew Tyson

Date: 03/11/2023