

**UROLOGY SERVICES INQUIRY**

USI Ref: Section 21 Notice Number 26 of 2022
Date of Notice: 29th April 2022

Section 21 Notice Number 25 of 2023
Date of Notice: 19th October 2023

Addendum Witness Statement of: John Simpson

I, John Simpson, will say as follows:-

1. I wish to make the following amendments and additions to my existing Section 21 responses, namely:
 - i. Response dated 29th June 2022 to Section 21 Notice Number 26 of 2022, dated 29th April 2022; and
 - ii. Response dated 27th October 2023 to Section 21 Notice Number 25 of 2023, dated 19th October 2023.

Amendments to existing paragraphs of my response dated 29th June 2022 to Section 21 Notice Number 26 of 2022, dated 29th April 2022

2. I wish to correct the following minor errors:
 - i. At paragraph 45.3 (WIT-25721/ page 47) I have wrongly named the GMC Employment Liaison Adviser (ELA) as Anne Donnelly. The correct name of the ELA for Northern Ireland is **Joanne** Donnelly.



Urology Services Inquiry

- ii. At paragraph 1.2.(g) (WIT-25699/ page 25) I have wrongly referred to an email of 19 December 2012 regarding job plans in surgery. The correct date of this email is 19 **November** 2012 (see TRU-250634/ page 456).

Amendments to existing paragraphs of my response dated 27th October 2023 to Section 21 Notice Number 25 of 2023, dated 19th October 2023

3. I wish to correct the following minor errors:

- i. At paragraph 1.01 (WIT-103285/ page 713) I have wrongly stated that I became aware of the regional approach when same was agreed at the Medical Leaders' Forum on 4 November 2013. The correct date of the Medical Leaders' Forum was **3** November **2014** (as confirmed by minutes of same at TRU-396018).
- ii. At paragraph 3.01 (WIT-103289/ page 717) I have wrongly referred to Attachment 37. The correct attachment is Attachment **36**.

Additional Material

4. I wish to provide some updated evidence and additional information in respect of the 'retained swab' SAI (SAI Personal Information redacted by the UST) and my involvement with same:
 - i. On 14th November 2011 Diane Corrigan wrote to Debbie Burns asking whether the issue regarding the practice of a Consultant Urologist (of not reviewing laboratory or radiology reports until patients attended their next outpatient appointment) had been taken forward (see *1. 20111104 Ltr from D Corrigan*).
 - ii. This letter was forwarded via email to Debbie Burns by Diane Corrigan's PA, Heather Martin, at 11:48 on 14th November 2011. Diane Corrigan, Jocelyn Magennis, Janis McCulla, Julie Connolly, Gillian



Urology Services Inquiry

Rankin, and I were cc'd. At 12:21 Debbie Burns replied to Heather Martin and advised that SHSCT had considered the issue and would respond with its actions in the very near future. At 12:23 she then wrote to Gillian Rankin, cc'ing me, and asked if she and Heather Trouton could liaise to provide a draft response for Gillian and I to approve prior to sending to Diane Corrigan. Gillian Rankin replied to Debbie Burns, cc'ing me, at 17:35 advising her to proceed with the drafting of the response. She also commented that the "only specific issue is with one urologist." (*see 2. 20111114 E From GR Re Response to D Corrigan*).

- iii. For the sake of completeness, I do not recall if I was ever made aware of the name of the one Consultant Urologist involved in this issue.
- iv. Further to the email exchanges of 14th November 2011, on 9th December 2011 at 13:13 Anne Brennan, on my behalf and instruction, emailed Debbie Burns (cc'ing Eamon Mackle and Gillian Rankin) asking for an update as to how matters were progressing (*see 3. 20111209 E from AB to DB*).
- v. In response to this, Debbie Burns provided an update by emailing Gillian Rankin, Heather Trouton, Margaret Marshall, Jocelyn Magennis, and me at 17:58 on 9th December 2011 to advise that a response had been sent to Diane Corrigan that same day. She attached a copy of same (*see 4. 20111209 Final Response to D Corrigan re Patient 95 SAI A1*). She further advised that Heather Trouton and Margaret Marshall were working together to "help all the divisions get a baseline assessment re result reviewing" and that the next step would be to agree a uniform way forward that would suit consultant staff and accommodate the move to online reporting (*see 5. 20111209 Final Response to D Corrigan re Patient 95 SAI*).



Urology Services Inquiry

- vi. I would have expected that Gillian Rankin, as Operational Director, and Eamon Mackle, as AMD, would have been responsible for overseeing the next steps and providing assurances of same to the Assistant Director for Clinical Governance, Debbie Burns. I believe that this was the appropriate course of action. To the best of my knowledge, I was not subsequently alerted to any further issues.

Statement of Truth

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

Personal Information redacted by the USI

Signed: _____

Date: 9th November 2023

**Strictly Confidential**

South Office
Tower Hill
ARMAGH
Co Armagh
BT61 9DR

Ms D Burns
Assistant Director Clinical &
Social Care Governance
Southern Health & Social Care Trust
Old College of Nursing
Craigavon Area Hospital
68 Lurgan Road
PORTADOWN
BT63 5QQ

Tel :

Personal Information redacted by the USI

Fax :

Personal Information redacted by the USI

Web Site : www.publichealth.hscni.net

14 November 2011

Dear Ms Burns

I refer to the Trust's report on the Root Cause Analysis of this incident. The report is thorough, clearly identifying the chronology of events and making recommendations on actions to avoid recurrence. As might be expected, the report concentrates on the primary event, which occurred during the patient's operation on 15th July 2009 and the x-ray findings which might have aided detection prior to her emergency admissions in July 2010.

The patient was expected to have an outpatient review four months after her major complex cancer surgery in July 2009. It was also expected that at that review attendance the CT scan, undertaken three months post-operatively, would be available for the consultant urologist to see. This scan was done promptly in early October 2009 and the report identified an abnormality. Although not identified as a retained swab, one of the differential diagnoses was recurrence of the patient's cancer.

The RCA report identifies that, due to a backlog in outpatient reviews, in fact the patient was not seen at outpatients in the 12 months after surgery, at which stage she was admitted as an emergency. The recommendation relating to this issue was that outpatient backlog reviews should be cleared. This recommendation is reasonable, albeit not necessarily easy for the Trust to

Improving Your Health and Wellbeing

implement given the resources required to do so. However, this aspect of the SAI does raise a wider cause for concern which has not been addressed directly in the RCA or the recommendations.

The report records that it was the practice of the patient's consultant urologist not to review laboratory or radiology reports until patients attended their outpatient appointment. There was no further comment on this practice, nor any recommendation relating to this. I believe that this highlights an area where the Trust would have considered action to be appropriate. It is possible that this was not seen as directly relevant to the actions required to minimise the likelihood for further SAIs relating to retained swabs, hence there were no recommendations for action in this particular RCA report. I am writing to ask whether this issue has been taken forward, for example by considering whether there is a need for a formal Trust policy, such as review of all test results by medical staff before filing, whether or not the patient is awaiting outpatient review.

Yours sincerely

Personal Information redacted by the USI

Dr D Corrigan
Consultant in Public Health Medicine

cc Dr J Simpson
Dr G Rankin
Mrs J McCulla

Stinson, Emma M

From: Rankin, Gillian [Personal Information redacted by the USI]
Sent: 14 November 2011 17:35
To: Burns, Deborah
Cc: Simpson, John; Trouton, Heather
Subject: RE: Re SHSCT SAI ref number - [Personal Information redacted by the USI] /HSCB SAI ref number - [Personal Information redacted by the USI]
Sensitivity: Confidential

Debbie,

That would be great. This has been discussed with all AMDs on 2 occasions in past year and I think our only specific issue is with one urologist. Heather has been working on this in detail,

Gillian

From: Burns, Deborah
Sent: 14 November 2011 12:23
To: Rankin, Gillian
Cc: Simpson, John
Subject: Fw: Re SHSCT SAI ref number - [Personal Information redacted by the USI] /HSCB SAI ref number - [Personal Information redacted by the USI]
Sensitivity: Confidential

Hi gillian I know u have a plan and actions re this issue. Can heather and I liaise to provide a draft response for u and john to approve for diane?

From: Burns, Deborah
To: [Heather Martin's email address]
Sent: Mon Nov 14 12:21:11 2011
Subject: Re: Re SHSCT SAI ref number - [Personal Information redacted by the USI] /HSCB SAI ref number - [Personal Information redacted by the USI] Thanks for this heather. The trust has considered this issue and we will respond with our actions in the very near future

From: Heather Martin [Personal Information redacted by the USI]
To: Burns, Deborah
Cc: Magennis, Joscelyn; Diane Corrigan [Personal Information redacted by the USI] Janis McCulla [Personal Information redacted by the USI]
[Personal Information redacted by the USI] Julie Connolly [Personal Information redacted by the USI]; Rankin, Gillian; Simpson, John
Sent: Mon Nov 14 11:48:13 2011
Subject: Re SHSCT SAI ref number - [Personal Information redacted by the USI] /HSCB SAI ref number - [Personal Information redacted by the USI] "This email is covered by the disclaimer found at the end of the message."

Deborah

Please find enclosed letter in respect of the above SAI from Dr Diane Corrigan, Consultant in Public Health Medicine.

Regards.

Heather
PA to Dr D Corrigan
Public Health Agency
Tower Hill

ARMAGH BT61 9DR

Tel:- [REDACTED] Personal Information redacted by the USI

Fax:- [REDACTED] Personal Information redacted by the USI

email:- [REDACTED] Personal Information redacted by the USI

"The information contained in this email and any attachments is confidential and intended solely for the attention and use of the named addressee(s). No confidentiality or privilege is waived or lost by any mistransmission. If you are not the intended recipient of this email, please inform the sender by return email and destroy all copies. Any views or opinions presented are solely those of the author and do not necessarily represent the views of HSCNI. The content of emails sent and received via the HSC network may be monitored for the purposes of ensuring compliance with HSC policies and procedures. While HSCNI takes precautions in scanning outgoing emails for computer viruses, no responsibility will be accepted by HSCNI in the event that the email is infected by a computer virus. Recipients are therefore encouraged to take their own precautions in relation to virus scanning. All emails held by HSCNI may be subject to public disclosure under the Freedom of Information Act 2000."

Stinson, Emma M

From: Rankin, Gillian [Personal Information redacted by the USI]
Sent: 09 December 2011 13:13
To: Stinson, Emma M
Subject: FW: SAIdb14112011 (2).doc
Attachments: SAIdb14112011 (2).doc

Follow Up Flag: Follow up
Flag Status: Flagged

From: Brennan, Anne
Sent: Friday, December 09, 2011 1:13:00 PM
To: Burns, Deborah
Cc: Mackle, Eamon; Rankin, Gillian
Subject: SAIdb14112011 (2).doc
Auto forwarded by a Rule

Dear Debbie
How is this progressing?
Regards,
John
<<SAIdb14112011 (2).doc>>

Stinson, Emma M

From: Burns, Deborah [Personal Information redacted by the USI]
Sent: 09 December 2011 17:58
To: Rankin, Gillian; Simpson, John; Trouton, Heather; Marshall, Margaret
Cc: Magennis, Joscelyn
Subject: Fw: SAI [Personal Information redacted by USI] Response
Attachments: Dr D Corrigan response re [Personal Information redacted by USI] nov 11.doc

Hi all please see final draft that went today to diane. I know that margaret and heather are working together to help all the divisions get a baseline assessment re result reviewing and then the next step will b to agree a fairly uniform way forward that both works for consultant staff and accomodates the move to online reporting especially for labsm I know that gillian intends to keep this on her gov agenda also

Hope this is useful update
D

From: Magennis, Joscelyn
To: [Diane Corrigan's email address]
Cc: Burns, Deborah
Sent: Fri Dec 09 15:13:37 2011
Subject: SAI [Personal Information redacted by USI] Response

Dr Corrigan

Please find attached response from Debbie Burns A/Director of Corporate Clinical & Social Care Governance SHSCT re SAI [Personal Information redacted by USI]

Kindest Regards

Joscelyn Magennis

Governance Admin Assistant
Corporate Clinical & Social Care Governance Dept Trust HQ
[Personal Information redacted by the USI]

Dr D Corrigan,
Consultant in Public Health Medicine
Public Health Agency
Tower Hill
Armagh
BT61 9DR

24 November 2011

Dear Dr Corrigan,

Thank you for your letter dated 14 November 2011 in relation to Serious Adverse Incident Personal
information and your constructive comments on the subsequent review report. The Trust agrees that you raise a very pertinent issue which should have been listed as a recommendation and subsequent action, namely the requirement for assurance that Consultant medical staff review all diagnostic results as they become available and do not wait until the patient is reviewed at an outpatient appointment, specifically in light of the improving but on-going backlog in outpatient review appointments.

Although this issue was not included as a recommendation or action the Trust has recognised the need for the above assurance and ~~of~~ a Trust protocol and has taken the following actions:

- The current practice of Consultant surgical staff in relation to review of diagnostic results has been scoped and this baseline of practice is being widened to all four acute divisions where appropriate.
- Initial scoping indicates that in the main Consultant surgeons are reviewing diagnostics in a timely manner, although variances in how this is being done have been highlighted.

As a result of the above findings and with the added impact of on line results being available for diagnostics, for example via PACS and order comms, it is timely that the Trust

undertakes a thorough review of practices which may lead to a Trust protocol being devised. Action on this issue, while not outlined in the review report, is therefore on going, and the Trust would be happy to share the conclusions of this work with you.

Yours sincerely

D Burns