Urology Services Inquiry

USI Ref: Section 21 Notice Number 8 of 2022

Date of Notice: 14th April 2022

Addendum Witness Statement of: Gillian Rankin

I, Gillian Rankin, will say as follows:-

I wish to make the following amendments to my existing response, dated 14th November 2022, to Section 21 Notice number 8 of 2022.

1. I would like to amend paragraph 6.2 (WIT-15787) to add the line that appears in red and underlined text below:

> '*6.2 Director of Acute Services reported directly to the Chief Executive - Mairead McAlinden. The role held responsibility for acute services in Craigavon Area Hospital (CAH), Daisy Hill Hospital (DHH) and Day Surgical Services in South Tyrone Hospital (STH). All hospital services including support services in CAH and DHH, with the exception of paediatrics and neonatology, came under the remit of the role. The directorate had 5 Assistant Directors leading divisions all of which were responsible for the staff from all disciplines and services across both CAH and DHH and where appropriate STH. These Assistant Directors all had several Heads of Services managing smaller groups of services. The 6th Assistant Director assisted the Director in strategic issues and the Best Care Best Value Trust Programme. The Head of Pharmacy for the Trust also had a direct reporting relationship to the Director of Acute Services. The Director role was supported by the appointment of a consultant from the division as an Associate Medical Director (AMD). Each AMD was supported by one or more Clinical Directors (CD) depending on the spread of specialties in the division. These divisions were:*

a. *Medicine and unscheduled care including outpatients, inpatient wards, emergency medicine, Minor Injury Units, cardiac catheterisation laboratory. The post holder was Barry Conway.*
b. *Surgery and elective care including outpatients, inpatient wards, managing outpatients departments and pre-operative assessments, managing administrative staff who worked with consultants to arrange lists of specific patients for each day case or main theatre session. The post holder was Heather Trouton.*
c. *Cancer and Clinical Services including radiology (including breast screening service), operating theatres, intensive care, day cancer services, and allied health professionals working in acute services. The post holder was Ronan Carroll.*
d. *Maternity services including community midwives, obstetric units, gynaecology. The post holder was Anne McVey.*
e. *Support Services including domestics, portering, telephony, canteens and patient and staff meals, decontamination of instruments, bed laundry, Referral and Booking Centre, administrative staff. The post holder was Anita Carroll.*
f. *Pharmacy for the Trust including pharmacy requirements for the provision of medicines safely for all inpatients in both hospitals, management of Controlled Drugs, medicines governance. The Head of Pharmacy was Dr Tracey Boyce.*
g. *Best Care Best Value development role and strategic support. The post holder was Simon Gibson'*

2. My response to Question 50 wrongly states that the Retained Swab RCA was completed in 2011, when in fact it was completed in 2010. I have also, since completing my witness statement remembered a number of other matters relevant to the retained Swab SAI. I would therefore propose to make the following amendments and additions to my existing answer to Question 50 (from 50.12.a at WIT-15890 to 50.12.f at WIT-15892):

'a. *A significant clinical incident occurred regarding the retaining of a swab after surgery on 15th July 2009, which was only identified when the patient was admitted as an emergency in July 2010. The post operative CT scan was undertaken in October 2009 as planned and identified an abnormality. Although not identified as a retained swab, one of the differential diagnoses was recurrence of the patient's cancer. A Root Cause Analysis (RCA) review of the case was required and undertaken. The final report of the RCA was taken to SMT in December 2010 ~~2011~~. The RCA identified that due to a backlog in outpatient reviews, the patient was not seen in outpatients in the 12 months after surgery, at which stage she was admitted as an emergency.*

b. *A draft of the report had been shared with the Commissioner as required and this resulted in the letter from Dr Corrigan to Mrs D Burns, AD for Clinical and Social Care Governance, on 14 November 2010 ~~2011~~. In this letter, Dr Corrigan states that ''the report records that it was the practice of the patient's consultant urologist not to review laboratory or radiology reports until patients attended for their outpatient appointment. … I believe this highlights an area where the Trust would have considered action to be appropriate. …. I am writing to ask whether this issues 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".*

c. While the draft report was formally shared with Dr Corrigan, resulting in her letter of 14 November 2011, the issue of medical staff reviewing test results before filing, whether or not the patient is awaiting an outpatient appointment was understood by the Trust as a clinical risk and as learning from the RCA prior to the receipt of this letter. The Trust took the necessary action to understand the current practice of medical staff in each speciality. In the Directorate of Acute Services this was to discuss and assess the risk in each specialty through discussion with the consultants at specialty meetings.

I believe that a copy of the draft report first came to me in October 2010. This resulted in two other immediate actions within Acute Services:

i. To set out an operating process for radiology staff to implement. The 'Notification of Urgent Reports to the Referrer or Cancer Tracker' was written and implemented in early November 2010. On 20 December 2010, the Head of Radiology Services assured the Medical Director's office on request, that the Notification of Urgent Reports to the Referrer or Cancer Tracker had been implemented and 'is in operation'. 20101221 RCA Retained Swab A1 pdf, 20110120 E with SAI and SOP.pdf.

ii. The second immediate action was undertaken through the Administrative and Clerical Staff Review which was commissioned by SMT in the Trust in 2010 which provided the vehicle to set out a new standardised process for 'discharge awaiting results'. In order to undertake the Administrative and Clerical Review I set up a Project Board for Acute Services chaired by myself, with a project manager assigned from within Acute Services. Heather Trouton as AD for SEC undertook a key role. This resulted in the many variances in administrative processes across the legacy Trusts being standardised through a process mapping exercise involving clerical staff from all parts of the Acute Services Directorate. There were 5 different hospital or community clinic locations where consultants provided outpatient clinics, and as these were across 3 legacy Trusts, standardisation of processes was of key importance. One of the areas which had an initial focus was to develop the Standard Operating Procedure (SOP) for administrative and secretarial staff to manage results in the context of 'Discharge Awaiting Results'. This was signed off and first implemented in November 2010 with workshops involving all clerical and administrative staff. This SOP was reviewed in November 2011. 20120914 Management of Results SOP A1.pdf. This SOP was again reviewed and a revised version implemented in October 2012. 20121008 E from MM re DARO SOP 2012 Version. An additional action taken through the Administrative and Clerical Review was to develop a specific SOP for secretarial and typing staff regarding the Management of Results. This was implemented in October 2011. 20120914 SOP A2.pdf

The AD for Surgery and Elective Care sent an email on 25 July 2011 regarding the issue to all Heads of Service for further assurance (after previous discussion) that test results were being read as soon as the results were available. The Head of Service for urology sent this email to the consultant urologists on 27 July 2011 and this resulted in an email response from Mr O'Brien on 25 August 2011. In this email Mr O'Brien raised 11 points regarding the potential impacts of reading the results of tests when they are received. This resulted in the email from Mr O'Brien being forwarded to the AMD, Mr Mackle, who raised this with myself identifying a governance issue as Mr O'Brien does not review the results until the patient appears back in outpatients.'

d. *A conversation followed with Mr O'Brien without success in terms of changing his clinical behaviour. The email sent by myself to Mr Mackle, the AD and Head of Service of 8 September outlines a high level plan as I was going on summer leave. The AD replied to state that she would look at the processes in other specialties in order to present current working processes in other areas should the need occur. Relevant to Acute, Evidence Added or Renamed 19 01 2022, Acute, Retired Staff, Dr Gillian Rankin, 20110826 E re Results and Reports of Investigations, 20110908 E re Results and Reports of Investigations, 20111209 SAI DB K, The relevant document can be located in S21 No 8 of 2022, 159. 20101221 RCA Retained Swab, 160. 20101221 RCA Retained Swab A1.*

I continued to raise the issue of not reading results when received with the AMDs. Heather Trouton as AD for SEC, at my request in my email of 8 September 2011, undertook a scoping exercise of the baseline position across all divisions in Acute Services. This scoping exercise identified that in the main results are read in a timely manner, although variances in how this is done have been highlighted. This was set out in the Trust's letter of response to the HSCB in late 2011 regarding the request for assurance on a Policy for the review of results when received. 20111205 E response to D Corrigan re. SAI,A1,A2.

The detailed results of this scoping exercise setting out the practice of each surgeon was sent by Heather Trouton to Margaret Marshall copied to myself on 30 December 2011. 20111230 E re Process Used For Dealing With Investigation Results, A1.

In September 2012, I wrote again to the Acute Services Assistant Directors, stating that despite all the efforts these procedures have not been implemented. I have no evidence on what information I had received to state this. I requested the ADs to urgently review and implement in their division, and stated that we would be 'auditing charts to see what is happening'. 20120914 (DARO); Management of results SOP.pdf

On 26 September 2012, I received assurance from Ronan Carroll, AD for Cancer Services, Anaesthetics, Theatres and Radiology, that the DARO SOP has been implemented, and staff workshops undertaken. 20120926,DARO SOP Actions Required Response from RC.pdf, 20120926,DARO SOP Actions Required Response from RC A1.pdf.

e. *Assurance that behaviour had changed was very difficult at that stage as there was no mechanism to record that any consultant had read the test results they had ordered at a point in time. A consultant could routinely order over 100 tests –both blood tests and diagnostic tests—in a week. Both the laboratory system and the WIT-15891 Page 134 regional radiology system did not report on results which had been left unread at a certain time after the report on the test was made available. The Trust undertook the implementation of the reporting process for the laboratory i.e. blood test results. In relation to the need for a report from the regional radiology system, a software upgrade was sought through the Business Services Organisation (BSO) to enable such a report to be made available. From memory the facility for a consultant to 'tick a box' when they had read a radiology result was made available in 2012. (The information in the last sentence was confirmed by Mr Mackle at my request.) A report on which results had been left unread was then feasible. However, I do not recall this being made available during my tenure*.

Urology Services Inquiry

The Guideline 'Importance of taking action on x-ray reports' Action Plan was developed by the Trust in response to the RCA. This plan was endorsed by the HSCB in late 2012. This plan identifies that the software of the regional radiology system had been developed to create a red flag where reports require follow up. This therefore enabled reports to be run to identify those reports which had not been read and signed by the relevant doctor. This report, once written after software implementation, could be run at a time interval chosen by the Trust. This therefore provided the audit required to identify all outstanding unread x-ray reports at various time intervals after reporting eg.1 week. I have no evidence to state when this red flag and reporting was made available to the Trust, but would presume it was late in 2012, after the Trust's request in 2011. I have no evidence to indicate the results of audits put in place. 20130124 Learning Letter re 'Importance of taking action on x-ray reports',20/11/2012

Prior to this full system audit process, there were manual audits. I have no evidence available to demonstrate the results of such audits.

f. ~~*This resulted in the reliance on the consultant behaviour to read test results in relation to radiology when they were received, without a system of assurance at that point in time.*~~ *When the regional radiology system was further developed in 2012 to provide a red flag function for reports which required follow up, this provided the facility for audit of those results not read within a timescale determined by the Trust eg. weekly. The Guideline Action Plan identified that the audit of the flag reporting of results was to provide a report by 31/5/2013. The manual audit set out as an action in the Guideline Action Plan was to report by 31/5/2013. I retired prior to this and therefore do not have sight of these results. 20130124 Learning Letter re 'Importance of taking action on x-ray reports', 20/11/2012.*

I do not have evidence to state whether the systems were successful in rectifying the problem as they were only being implemented late in 2012 just prior to my retirement. The Action Plan identifies that the audits are to report by

Urology Services Inquiry

31/5/2013. 20130124 Learning Letter re 'Importance of taking action on x-ray reports', 20/11/2012.

While I have no data to demonstrate the performance data, the plan was to be able to identify those radiology reports which had not been read within an agreed timescale through the red flag process and subsequent software generated report. The implementation and subsequent audit of this was to report b 31/5/2013. 20130124 Learning Letter re 'Importance of taking action on x-ray reports', 20/11/2012.

Please see:

1. *20120914 Management of Results SOP*
2. *20120914 Management of Results SOP A1*
3. *20120914 Management of Results SOP A2*
4. *20110120 E with SAI and SOP*
5. *20110120 E with SAI and SOP A1*
6. *20110120 E with SAI and SOP A2*

Statement of Truth

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

Signed: Personal Information redacted by USI

Date: 1 June 2023

Stinson, Emma M

From: Rankin, Gillian [redacted]
Sent: 14 September 2012 19:01
To: Burke, Mary; Reid, Trudy; Carroll, Ronan; McVey, Anne; Conway, Barry; Trouton, Heather
Cc: Carroll, Anita; Walker, Helen; Marshall, Margaret; Stinson, Emma M
Subject: FW: SOP needed
Attachments: DISCHARGE AWATING RESULTS PROCEDURE (DARO).doc; Management of results SOP.docx

Dear all,

It appears that despite all the effort these procedures have not been implemented.
They are linked to an SAI which Debbie is still fielding with HSCB and we are being asked for assurance that this is in place.

Comments which may need to be taken on board before you take explicit steps to implement in all specialities are:

..timescale to leave escalation is too long at 4 months and we may need to change to a stepped escalation with shorter timeframes ..consultant secretaries need to own and have processes in place rather than OSLs and be able to print off lists much more frequently than monthly ..what arrangements are we putting into place and into the procedure for secretary leave or for consultant leave?
..
I would request that you review this SOP urgently and agree followed by steps to implement across each of your systems.
We will also be auditing some charts to see what is happening before we build in a formal process across each speciality

For further discussion at directorate governance in October

Emma please bf,

Many thanks,
Gillian

From: Carroll, Anita
Sent: 06 September 2012 09:19
To: Rankin, Gillian
Cc: Stinson, Emma M
Subject: FW: SOP needed

Gillian
Here you are
Anita

From: Rankin, Gillian

To: Carroll, Anita
Sent: Wed Sep 05 19:32:50 2012
Subject: SOP needed
Anita,
Would you be able to track for me the Sop which guides what secretaries do with patient files awaiting results---may be known as the DARO SOP?

Thanks,
Gillian

Southern Health and Social Care Trust

Quality Care - for you, with you

ADMINISTRATIVE & CLERICAL Standard Operating Procedure

Title	Discharge Awaiting Results – Outpatients (DARO)	
S.O.P. Number		
Version Number	v1.0	**Supersedes:** v0.1
Author	Operational Support Leads	
Page Count	9	
Date of Implementation	November 2010	
Date of Review	November 2011	**To be Reviewed by: OSL's**
Approved by	Admin and Clerical Sub Group	

Standard Operating Procedure (S.O.P.)
Discharge Awaiting Results (DARO)

At the end of an outpatient clinic all attendances and disposals (AADs) 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 & demand. Using “AAD” can also be used as a “failsafe mechanism” by secretarial staff, so as to ensure that all patients who were booked to a specific clinic have had their attendance recorded; to ensure that letters have been dictated and typed for each patient; to ensure that the correct outcome is recorded for each patient – i.e. to ensure that patients are not “lost” in the system and that patients are added to WL for procedures or added for further OP review in the future.

If a patient has attended a clinic and is awaiting results before a decision is made regarding further treatment, the following process must be followed:

Recording Clinic Disposals on PAS

1) ensure all attendances for the clinic have been recorded on PAS using function “AAD” (Attendances and Disposals) – if function “ATT” (Appointment Attendance) has been used by reception staff to record the attendances immediately after the clinic, the attendance codes will default in (i.e. ATT, DNA, CND, WLK)
2) ensure all disposals are now recorded for each patient - the disposal codes which are used within the Trust are shown below:

```
     D i s p o s a l          C o d e   M a s t e r   F i l e
  Maintenance Details                                09/11/10 09:01 CAH
+-----------------------------------+----------------------------------------+
|  Command        :LIST             |Code  Description                       |
|                                   +----------------------------------------+
|  Disposal Code  :                 |ADM   ADMIT DIRECT FROM O.P.D           |
|                                   |BKD   DATE GIVEN AT OPD TO COME IN      |
|  Description    :                 |DIS   DISCHARGE                         |
|                                   |DNA   DNA - NO FURTHER APPOINTMENT      |
|                                   |DNAR  DNA - APPOINTMENT REBOOKED        |
|                                   |REV   REVIEW APPOINTMENT                |
|                                   |RVL   REVIEW AT A LATER DATE            |
|                                   |TRT   ADDED WAIT. LIST FOR OP TREAT     |
|                                   |WL    ADDED TO WAITING LIST             |
|                                   |                        |
|  Enter?         :                 |                        |
|                                   +----------------------------------------+
|                                                            |
+------------------------------------------------------------------------------+
```

3) If a 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.

4) All outcomes/disposals should be recorded on PAS for each patient. For those patients who have had a disposal code of DIS, WL, BKD, DNA or WL recorded, you will then be prompted to select each patient individually for discharge (when you enter "Yes" – when using AAD function).

```
    R e c o r d       A t t e n d a n c e   a n d  D i s p o s a l
  Outpatients                                          09/11/10 09:12 CAH
+-------------------------------------------------------------------------------+
| Clinic: CS1      Doctor:    CS1      Date: 25/10/2010  Session: 08:00-13:00  |
|                                                            |                  |
|Time  Status   Case Note No Name                  Attd      Disp Grade        |
|08:45 OP REG   CAH12345     BLOGGS, J              ATT      :REV :            |
|08:45 OP DSCH  CAH23456     GREEN, J              :ATT      :WL  :            |
|08:45 OP DSCH  CAH10000     SMIITH, M             :ATT      :DIS :            |
|09:00 OP DSCH  CAH45678     THOMPSON, P           :ATT      :DIS :            |
|09:00 OP REG   CAH56789     BROWN, C              :ATT      :REV :            |
|09:15 OP REG   CAH67890     WEIR, M               :ATT      :RVL :            |
|09:15 OP REG   CAH78900     MACKLE, C             :ATT      :RVL :            |
|09:15 OP DSCH  CAH54321     SLOAN, E              :ATT      :WL  :            |
|09:20 OP REG   CAH43210     MCKEOWN, G            :ATT      :REV :            |
|09:25 OP REG   CAH10101     CLARKE, J             :ATT      :RVL :            |
|09:25 OP REG   CAH10000     BLACK, N              :ATT      :REV :            |
|09:30 OP DSCH  CAHE0000     WHITE, D              :ATT      :WL  :            |
|                                                              |                |
|                                                              |                |
+-------------------------------------------------------------------------------+
```

For those patients who require test results before a decision is made regarding follow-up treatment:

Record using function "AAD" on PAS –

- Record "Discharge On" (discharge date) as the date of the clinic.
- Record Disposal "Reason Code" as ***DARO (Discharge Awaiting Results - Outpatients)***
- Record an appropriate comment in the "Reason Text" field – for example:

    - Await MRI results
    - Await CT scan/x-rays/barium enema/ultrasound etc.
    - Await injection
    - Await blood results
    - Await urodynamics
    - Await histology results
    - Await physiotherapy treatment
    - Await Anaesthetic Assessment

Recording an appropriate comment is vital, so that the reason for discharge and what results are awaited for the patient are known to relevant staff.

Example:

```
       D W          O u t p a t i e n t   D i s c h a r g e
  Referral Details                                  09/11/10 09:23 CAH
 ++Name+-------------------------------------------------------------------------+
++ SMITH, MARY                                        Casenote CAH10000       ++
|+-------------------------------------------------------------------------------+|
|  Consultant          :GENS       A GENERAL SURGEON            |
|  Specialty           :GSUR       GENERAL SURGERY(C)                          |
|                                                              |
|  Category            :NHS        NHS not formal              |
|  Ref By              :GPR        GP ROUTINE REFERRAL (N)                     |
|  Referral Date       :24/10/2008                             |
|  Ref comment         :SG OPD 28.10.08                        |
|  Reason for Ref      :ADV        ADVICE AND CONSULTATION                     |
|                                                              |
|  Priority Type       :1          Routine                     |
|                                                              |
|                                                              |
|  Discharge Date/Time :25/10/2010 12:42                 |
|  Reason Code         :DARO    DCHARGED AWAITING RESULTS OUTPTS       |
|  Reason Text         :AWAIT ULSTRASOUND RESULTS                                  |
|                                                              |
+-------------------------------------------------------------------------------+
```

UPDATING PAS AS PER CONSULTANT DECISION - *Add patient to Inpatient/Day Case Waiting List*

When the results are returned to the secretary, and the Consultant has determined that the patient needs to be added to the WL (inpatient or daycase) for a procedure, the OP DSCH **must** be updated:

1) Use function “ODD” (Outpatient Delete Discharge)
2) Type in the casenote number, and ensure the correct patient has been selected.
3) Select the correct OP episode.
4) The discharge details will be displayed for the patients (as shown below).
5) At the prompt ***“Are you sure you want to delete?”*** type in “Yes”.

The OP episode will now be re-opened.

6) Now use function “OD” (Outpatient Discharge) and select the now re-opened OP REG.
7) Record “Discharge On” (discharge date) as the date the tests were carried out.
8) Record Disposal “Reason Code” as ***WL***
9) Record a comment in the “Reason Text” field, “added to WL”

10) Enter “Yes”
11)This OP episode will now have the status of “OP Dsch”.

****This will ensure that the patient is removed from your DARO list.****

Example:

```
      D W          O u t p a t i e n t   D i s c h a r g e
  Referral Details                                  09/11/10 09:23 CAH
 ++Name+-------------------------------------------------------------------+
++ SMITH, MARY                                    Casenote CAH10000       ++
|+-------------------------------------------------------------------------+|
|  Consultant          :GENS       A GENERAL SURGEON            |
|  Specialty           :GSUR       GENERAL SURGERY(C)                        |
|                                                              |
|  Category            :NHS        NHS not formal               |
|  Ref By              :GPR        GP ROUTINE REFERRAL (N)                   |
|  Referral Date       :24/10/2008                              |
|  Ref comment         :SG OPD 28.10.08                         |
|  Reason for Ref      :ADV        ADVICE AND CONSULTATION                   |
|                                                              |
|  Priority Type       :1          Routine                      |
|                                                              |
|                                                              |
|  Discharge Date/Time :01/11/2010 15:42                |
|  Reason Code         :WL    ADDED TO WAITING LIST                    |
|  Reason Text         :ADDED TO WL PER MR MACKLE                        |
|                                                              |
+-------------------------------------------------------------------------+
```

UPDATING PAS AS PER CONSULTANT DECISION - *Patient can be discharged – review not required:*

When the results are returned to the secretary, and the Consultant has determined that the results are normal and the patient does not require further investigation/review, the OP DSCH **must** be updated:

1) Use function “ODD” (Outpatient Delete Discharge)
2) Type in the casenote number, and ensure the correct patient has been selected.
3) Select the correct OP episode.
4) The discharge details will be displayed for the patients (as shown below).
5) At the prompt ***“Are you sure you want to delete?”*** type in “Yes”.

The OP episode will now be re-opened.

6) Now use function “OD” (Outpatient Discharge) and select the now re-opened OP REG.
7) Record “Discharge On” (discharge date) as the date the tests were carried out.
8) Record Disposal “Reason Code” as ***DGP – Discharge to GP***

9) Record a comment in the “Reason Text” field, e.g., “per Mr Murnaghan 22/11/10”
10) Enter “Yes”
11) This OP episode will now have the status of “OP Dsch”.

****This will ensure that the patient is removed from your DARO list. ****

Example:

```
      D W          O u t p a t i e n t   D i s c h a r g e
  Referral Details                                  09/11/10 09:23 CAH
 ++Name+-------------------------------------------------------------------+
++ SMITH, MARY                                    Casenote CAH10000       ++
|+-----------------------------------------------------------------------+|
|  Consultant          :GENS       A GENERAL SURGEON            |
|  Specialty           :GSUR       GENERAL SURGERY(C)                     |
|                                                              |
|  Category            :NHS        NHS not formal              |
|  Ref By              :GPR        GP ROUTINE REFERRAL (N)                |
|  Referral Date       :24/10/2008                             |
|  Ref comment         :SG OPD 28.10.08                        |
|  Reason for Ref      :ADV        ADVICE AND CONSULTATION                |
|                                                              |
|  Priority Type       :1          Routine                     |
|                                                              |
|                                                              |
|  Discharge Date/Time :01/11/2010 15:42               |
|  Reason Code         :DGP    DISCHARGED TO GP                      |
|  Reason Text         :OP DSCH PER MR MACKLE                         |
+--------------------------------------+---------------------------------+
```

UPDATING PAS AS PER CONSULTANT DECISION – *Review patient at outpatient clinic*

If, following the test results, the Consultant determines that the patient is to be reviewed at the outpatient clinic; the secretary must delete the original discharge episode using ODD.

1) Use function “ODD” (Outpatient Delete Discharge)
2) Type in the casenote number, and ensure the correct patient has been selected.
3) Select the correct OP episode.
4) The discharge details will be displayed for the patient (as shown below).
5) At the prompt ***“Are you sure you want to delete?”*** type in “Yes”.

```
      D W          O u t p a t i e n t   D i s c h a r g e
  Referral Details                                    09/11/10 09:23 CAH
 ++Name+-------------------------------------------------------------------+
++ SMITH, MARY                                      Casenote CAH10000      ++
|+-----------------------------------------------------------------------+|
|  Consultant          :GENS       A GENERAL SURGEON            |
|  Specialty           :GSUR       GENERAL SURGERY(C)                     |
|                                                              |
|  Category            :NHS        NHS not formal               |
|  Ref By              :GPR        GP ROUTINE REFERRAL (N)                |
|  Referral Date       :24/10/2008                              |
|  Ref comment         :SG OPD 28.10.08                         |
|  Reason for Ref      :ADV        ADVICE AND CONSULTATION                |
|                                                              |
|  Priority Type       :1          Routine                      |
|                                                              |
|                                                              |
|  Discharge Date/Time :01/11/2010 15:42                |
|  Reason Code         :DGP    DISCHARGED TO GP                        |
|  Reason Text         :OP DSCH PER MR MACKLE                           |
+--------------------------------------+                       |
|Are you sure you want to delete? :   |                        |
+--------------------------------------+-----------------------+
```

****The OP episode will now be re-opened.****

You must now add the patient onto the OPWL for their review appointment (if review is required more than 6 weeks later).

6) Use function set “DWA” (District Wide Access)
7) Select function “OWL” (Waiting List Add/Revise/Del/List) and select the re-opened episode. Then you will see the following screen (which showed the last time the patient attended the clinic):

```
     D W          O P   W L   A d d / R e v / D e l / L i s t
  Existing Appointments                               09/11/10 09:45 CAH
 ++Name+-------------------------------------------------------------------+
++ SMITH, MARY                                     Casenote CAHB10000      ++
+-----------------------------------------------------------------------+
|    Status Department    Date      Day  Time   Clinic  Appt With Type    |
|    Site               (*Breach)  By  Date/Time     Rev Date/Time       |
+-----------------------------------------------------------------------+
|    OP WLB: CEMN      Con: EM        Spec: GSUR  Date Reqd:          REV  |
|    (NR) PB1D 23/08/10 CS1 BOOK SEPT                 DC6 07/09/10    14:15  |
|                                                              |
|    ATT                25/10/2010 MON  08:45  CS1   CS1          NR      |
|          Bk from WL : CEMN       DC6 07/09/10 14:15                    |
|                        ** End of List **                     |
|                                                              |
|                                                              |
|                                                              |
|                                                              |
+-----------------------------------------------------------------------+
   PRESS ENTER
```

8) then you must add the patient to the waiting list for their review appointment.
9) Enter the relevant Waiting List code. (then the Consultant and specialty codes will default in).
10) "Date Required" must be the timeframe the patient is to be reviewed in – this is now a mandatory field and cannot be by-passed.
11) Enter "Appointment Type" as Review.
12) In accordance with the new Regional PAS Technical Guidance, you must enter the Date Required in the "Comment" field – i.e if a patient requires an appointment in December 2010, you must enter ***"DR 12/10"*** (as shown below)
13) Record appropriate comment in the "Procedure Type" field, so that the reason for review can be ascertained (please see screen dump below):

Examples

- "cancer monitoring – patient must be seen Dec 2010"
- "cancer patient – must be seen by EM in Dec 2010"
- "review with results of MRI"
- "review with histology results"
- "Anaesthetic Assessment complete – review to discuss surgery" etc.

Recording an appropriate comment can also assist in determining whether the appointment is an urgent or routine review.

14) Enter "Date on List" – this should be recorded as the date the test was carried out, and not "T" for today.

Please see screen dump below to illustrate the steps to be taken:

```
      D W          O P   W L   A d d / R e v / D e l / L i s t
  Appointment Pending Details                          09/11/10 09:45 CAH
 ++Name+-------------------------------------------------------------------+
++ SMITH, MARY                                    Casenote CAH10000   ++
|+-----------------------------------------------------------------------+|
|                                                                         |
| Command       :ADD                                                      |
|                                                                         |
| WL Code       :CEMR                                                     |
| Consultant    :EM                                                       |
| Specialty     :GSUR                                                     |
|                                                                         |
| Date Required   : 12/2010                                               |
| Appointment type  :REV  REVIEW APPOINTMENT                              |
| Transport code  :                                                       |
| Comment         :DR 12/10                                                |
| Procedure Type  :**CANCER MONITORING - PT MUST BE SEEN IN DEC 2010**     |
| Category        :NHS  NHS not formal                                    |
| Date on List    :01/11/2010          Short Notice  :NO                   |
|                                                                         |
|                                                                         |
| Enter?          :                                                       |
+-------------------------------------------------------------------------+
```

Please Note – a patient must not be added to the OP Waiting List if they are awaiting results and no decision has been made regarding their review date.

Management & Monitoring

A list of all patients who have been discharged using the reason code DARO can be produced by the OSL's/ Service Administrators and used as a failsafe mechanism for checking that all results are returned and that all charts taken are returned.

Southern Health and Social Care Trust

Quality Care - for you, with you

ADMINISTRATIVE & CLERICAL Standard Operating Procedure

Title	Management of Results	
S.O.P. Section	Secretarial / Audio Typing	
Version Number	v1.0	**Supersedes:** v0.1
Author	A&C Review Implementation Group	
Page Count	2	
Date of Implementation	3 October 2011	
Date of Review	October 2012	**To be Reviewed by: OSL's**
Approved by	Admin and Clerical Manager's Group	

Management of Results
Standard Operating Procedure (SOP)

This SOP details the process for the management of results of Secretaries / Audio-Typists

1) On receipt of result date stamp

2) Check what clinic the patient has attended and what Consultant / Doctor needs to see the result

3) Retrieve the chart and match with results; leave out for consultant to see

4) Casenote track chart

5) Type and post result letter; if referral letter is dictated to Other Consultant follow SOP for 'Consultant to Consultant Referral'

6) Follow up actions on PAS as per dictation i.e add to WL, review appointment, discharge

7) Update DARO on PAS

8) File results and letter in chart

9) It is the secretaries responsibility that the results and letter are filled in the charts either by reciprocal arrangement or by retrieving the chart

If chart is not in office leave result for consultant to view and match when chart is returned

Stinson, Emma M

From: Moonan, Beatrice [redacted]
Sent: 20 January 2011 14:49
To: Donaghy, Kieran; Mallagh-Cassells, Heather; Rankin, Gillian; Stinson, Emma M
Cc: Wilson, Roberta; Loughran, Patrick
Subject: FW: final report
Attachments: NOTIFICATION OF URGENT REPORTS TO THE REFERRER OR CANCER TRACKER.docx; Final Report for SAI [redacted] Datix ref [redacted] 14.12.10.doc

Mr Donaghy,
Further to discussion with Dr Rankin today can you please advise me before end of Friday 21st January 2011, if you are in agreement with the contents of this report and its recommendations as it has to be finalised by SMT and then forwarded to the HSCB to complete the SAI process. The report deadline for submission to the HSCB has already expired.
Regards
Beatrice

From: Moonan, Beatrice
Sent: 20 December 2010 16:34
To: Stinson, Emma M [redacted] Rankin, Gillian
Cc: Wilson, Roberta; Loughran, Patrick
Subject: final report
Importance: High

Dr Rankin,
Please find attached the amended final report on SAI reference [redacted] and the reference document SHSCT 'Notification of Urgent Reports to the Referrer or Cancer Tracker' procedure 08.11.10 which Alexis has assured me is now in operation'.
Regards
Beatrice

Beatrice Moonan
Risk Manager Acute Services, Performance and Reform, Finance, HROD Medical Directorate
Southern Health and Social Care Trust Tel. Number Office [redacted] Mobile Number [redacted] email [redacted]

Southern Health and Social Care Trust

NOTIFICATION OF URGENT REPORTS TO THE REFERRER OR CANCER TRACKER

DOCUMENT CONTROL	
Author	Denise Newell, PACS Manager, SHSCT.
Issue Date	8th November 2010
Review Date	15th July 2011
Distribution	Radiology Staff, SHSCT

INTRODUCTION

Within radiology, we require a method of informing a referrer or the cancer tracker of an urgent report that requires immediate attention.

AIM

To provide a method of informing the referrer or cancer tracker of a report that needs acted upon immediately.

PARTICIPANTS

Those involved in the completion of this task include the radiologists, registrars, reporting radiographers and the clerical and admin staff based within radiology. When the reporter wants a report to go out urgently, they will put a flag on the examination, which will place the examination in a dynamic work list which the clerical team will review on a regular basis. Once the referrer or cancer tracker has been notified the clerical member of the team will remove the flag and notify the reporter using the messaging system of the action being completed.

METHODOLGY

For Reporting Personnel

1. The report is saved on the system by the reporting personnel
2. Prior to the authorisation of the examination, go to the dynamic work list and right click on the patients' examination.
3. At this stage you can choose either, communicate report urgently or cancer tracker, by highlighting this from the list. This will place them in a work list under the site level for the secretarial team.
4. At this stage, if you have set your dictation setting up that you automatically move onto the next examination in the work list, the patients' details will drop off your reporting list without the examination being authorised.
5. When the message comes back from the secretarial team that they have contacted the referrer you can then authorise the examination.

For Secretarial Team

1. Open the secretary function under the site work list on a regular basis each day
2. Check folders, "contact referrer immediately" and "contact cancer tracker immediately"
3. When there is a patient in this, contact the appropriate team.
4. Once the information has been sent to the appropriate team, send a message to the reporter of the examination via the messaging system in the RIS so they know that the report has gone out to be acted upon.
5. Remove flag, right click on patients examination and remove flag, patient should come off the dynamic work list

Appendix 1

Table of Reporters Username to assist in the usage of the message system

Dr Hall	Personal Information redacted by the USI	
Dr Fawzy		
Dr Gracey		
Dr Williams		
Dr Yarr		
Dr Porter		
Dr Briggs		
Dr Rice		
Dr McClure		
Dr McConville		
Dr Johnston		
Dr Ahmed		
Dr Carson		
Dr Todd		
Dr Conlan		
Dr Ahmad		
Dr Burns		
Dr Ang		
Dr O'Longain		
Amanda Clarke		
Alta Johnston		
Anne Tate		
Brona Conroy		
Bronagh McAleer		
Cathy Doherty		

Christine Johnston	Personal Information redacted by the USI	
Colette McDonald		
Claire Farrell		
Elizabeth Conway		
Emma Gardiner		
Elaine Watters		
Fiona O'Callaghan		
Fidelma O'Neill		
Grainne Forsythe		
Geraldine Doran		
Gillian Sanford		
Helena Kinkaid		
Hazel McBurney		
Julia Baltacioglu		
Janet Eagle		
Jane Johnston		
Julie McBride		
Janette McCartney		
Josephine O'Connor		
Lilian Donnelly		
Lisa Hughes		
Lorraine Hynds		
Linda McCoy		
Maura Fegan		
Margaret Holland		
Marie McStay		
Olga Ritchie-Akil		
Pat McDonald		

Patricia Boyle	Personal Information redacted by the USI	
Sinead Brady		
Susan Clarke		
Sarah Conway		
Sandra Murray		
Tracey Glendinning		
Wayne Heatrick		

Appendix 2

Messaging in the RIS

How to set up the messaging segment in the RIS

In order to send a message through the RIS, you have to manually go into the system and set yourself up.

Methodology

1. Log into the RIS
2. Go to user settings in the toolbar at the top
3. Select message settings
4. Tick all three boxes
5. Select OK
6. Your messaging has now been opened

How to send a message

Follow the instructions below to send a message

1. Log into RIS
2. Ensure the patient that you want to send a message about is in the background of the RIS. Therefore, search for the patient using H&C, select the relevant examination.
3. Go to the window tab in the toolbar at the top
4. Select tool window and then message
5. Select new tab to create a new message
6. Enter the recipient; this list contains all RIS users in Northern Ireland, so use list above to find the appropriate person. They are in alphabetical order, surname being the primary identifier.
7. Enter subject in this segment

8. Enter a message stating that you have contacted the referrer or the cancer tracker as requested
9. Select send and the message will open up in the RIS with the correct patients' information available.

Appendix 3

Cancer Tracking Team Contact Telephone Numbers

Cancer Trackers

Name	Tel. Extension	Email	Tumour Site currently covering
Sharon Reid	CAH ext Personal Informati	Personal Information redacted by the USI	Breast
Wendy Kelly	Personal Informati	Personal Information redacted by the USI	Skin Haematology
Hilda Kerr	Personal Informati	Personal Information redacted by the USI	Upper GI Colorectal
Ann Turkington	Personal Informati	Personal Information redacted by the USI	Lung ENT
Vicki Graham	Personal Informati	Personal Information redacted by the USI	Gynae Urology Other Suspect Cancers eg.Brain
Bronagh Larkin	DHH Personal Informati	Personal Information redacted by the USI (ONLY WORKS TUESDAY,WEDNESDAY & THURSDAY AS CANCER TRACKER)	All tumour sites in DHH

Other relevant contacts

Name	Tel. Extension	Email	Role
Angela Montgomery	ext Personal Informati	Personal Information redacted by the USI	Cancer Services Co-Ordinator
Shauna McVeigh	ext Personal Informati	Personal Information redacted by the USI	Higher Clerical Officer – Books Red Flag appointments
Marie Dabbous	ext Personal Informati	Personal Information redacted by the USI	Higher Clerical Officer – Books Red Flag appointments

Southern Health and Social Care Trust

Level 1 investigation report for SAI [redacted] Datix reference [redacted]

Background to the incident

An agency locum doctor (Doctor 1) [redacted] had commenced employment in Southern Health and Social Care Trust (SHSCT) on [redacted] through [redacted].
Doctor 1 was working in Craigavon Area Hospital (CAH) Accident and Emergency (A+E) department on [redacted] and felt unwell when on duty. Following assesment by the Consultant on duty (Doctor 2) and after investigations Doctor 1 was diagnosed with suspected Tuberculosis.

Membership of the investigation team

Dr G Rankin, Interim Director of Acute Services, SHSCT (Chair)
Dr A Black, Senior Consultant Occupational Health (OH)
Dr R Convery Consultant Respiratory Physician, SHSCT
Mrs C Campbell, Head of Occupational Health, SHSCT
Mrs B Moonan Risk Manager for Acute Services, Performance and Reform, Human Resources Organisational Development and Finance SHSCT

Terms of Reference

- To identify the Management of Care problems associated with the incident
- To determine what actions need to be taken to reduce the risk of a similar incident recurring

Appendices

Appendix 1 – Key to stakeholders

Appendix 2 - SHSCT 'Notification of Urgent Reports to the Referrer or Cancer Tracker' procedure 08.11.10

Chronology of events associated with the incident

Personal Information
Dr 1 commenced employment in SHSCT.

Personal Information
Medical staffing in the SHSCT contacted the OH department SHSCT to determine if Doctor 1 needed assessed by OH.

Personal Information
Dr 1 attended OH CAH for a pre employment health assessment at which a Mantoux test was carried out.
It was noted that an Equivocal BCG scar was present on Dr 1's arm.

Personal Information
Dr 1 attended OH CAH for the Mantoux reading which was18mm (criteria for Mantoux reading is as per NICE guidelines for Tuberculosis, *The National Collaborating Centre for Chronic Conditions 2006)*
Dr 1 reported that they were asymptomatic at this time
Dr 1 revealed that Personal had worked with Tuberculosis patients in 2002/2003
OH advised that a chest x ray was necessary as per Nice Guidelines and Dr 1 was issued with x ray card

Personal Information
Dr 1's x- ray report was received at OH and reported as *'focal area of consolidation at the upper aspect of right hilum. Remainder of the lungs are clear. Heart size and pulmonary vascularity within normal limits.*
Given the history of a positive Mantoux test appearances are concerning for tuberculosis infection. Radiographic follow-up required".
The report was discussed with Dr 3 OH, who advised he needed to see Dr 1.
An appointment was arranged for Personal Information - a date that was convenient for Dr 1.

The x ray report was sent to Dr 2 A&E as the referring clinician dated Personal Information.

The investigation team note the referring clinician on the X-Ray request card as Dr 2 A+E CAH and not Dr 3 OH.

A referral letter to the Chest clinic was dictated and typed and held on file. This letter however had been incorrectly dated as Personal Information redacted by the USI which should have been Personal Information

Personal Information
Dr 1 did not attend the OH appointment and a further appointment was arranged for Personal Information.

Personal Information
Dr 1 was seen and examined by Dr 3 and the following was documented in the occupational health notes.
'History of equivocal scar
O/E chest clear, symptom free, refer to chest clinic, advised to register with GP Review 6 weeks'
Dr 3 advised Dr 1 verbally of the need to report the onset of any symptoms immediately

Dr 3 contacted the chest clinic CAH for advice and spoke to Dr 4
Dr 3 considered Dr 1 to have Latent TB but this was not recorded in Dr 1's OH notes.
A draft referral letter dated Personal Information for the chest clinic remained on Dr 1's file and was not forwarded until Personal Information.

Personal Information
On dealing with a backlog of administration work Dr 3 discovered that Dr 1's referral letter which had been prepared on Personal Information had not been forwarded to the chest physician.
The referral letter was subsequently forwarded on Personal Information by post.
The investigation team note the backlog of administration work was due to:

1. Dr 3's annual leave
2. Dr 3 did not have any daily allocated administration time.
3. Secretarial sick leave

Personal Information
Dr 1 felt unwell whilst on duty in A+E department CAH

Personal Information
Dr 1 was seen by Dr 5 at the TB clinic CAH who noted that Dr 1 had been unwell for four weeks with upper respiratory tract problems which had been treated with Augmentin and inhalers for five days. Dr 5 ordered sputum for AFB (Acid fast bacilli)
The sputum result for AFB was positive for TB.

Service Delivery Problems Identified:

1. Dr 1 working prior to having had a health check with OH.
2. Confusion over the referring clinician in that Dr 2 was listed as Dr 1's Consultant on PACS
3. Delay in getting referral letter from OH to the Chest clinic

4. The SHSCT OH department is located on three sites, CAH, DHH and Armagh resulting in the dilution of the resource and difficulty with staff cover in the event of any leave.
5. The personal and professional responsibility on Dr 1 to advise OH when they became symptomatic.
6. Follow up of contacts with Dr 1

Key learning points

1. The availability of pre-employment health slots in OH for staff who need to commence work immediately.
2. As many Trust staff are on annual leave during the month of July the service is run at a slower pace. There is a need for an alert system on PACS to inform clinicians to read the x-ray report
3. There is a need for local interpretation of the NICE algorithm and referral to the chest clinic. This should highlight the instruction that if active latent TB is diagnosed in immigrant workers they should not work until assessed at the chest clinic – need a detailed protocol to set this out
4. The SHSCT OH department is disparate and should be centralised to benefit from the pooled resource.
5. Availability of a staff information leaflet regarding communicable diseases
6. The need to follow up all contacts with Dr 1 during the period of employment from Personal Information redacted by the USI

Action plan to effect change

Recommendation	Action	Lead Person Responsible	Timescale	Confirm Action Complete/Or Not/Comments

1. Availability of pre-employment health slots in OH	OH to explore the availability of holding one ½ hour appointment within the service each day for urgent pre employment health assessments.	C Campbell	31.12.10	
2.Clinicians need to be notified via PACS a. When x-rays results are on PACS b. If the reports are high risk.	An alert/flag system to be put on PACS to inform clinicians to: a. read the x-ray report b. that the report is high risk	A Davidson	Already in place as per SHSCT 'Notification of Urgent Reports to the Referrer or Cancer Tracker' procedure 08.11.10	
3.Local interpretation of the NICE algorithm and referral to the chest clinic needed	Detail localized protocol to be designed and implemented.	C Campbell	31.01.11	
4. The SHSCT Occupational Health service is disparate and should be centralised to benefit from the pooled resource.	a. Centralisation of the SHSCT Occupational health service	Director of Human Resources/Chief Executive		
	b. Daily allocation of administration time for Dr 3	C Campbell	With immediate effect	Completed
5. Staff need to be reminded of their personal and professional responsibility to advise OH of any contact with communicable diseases and if they develop any symptoms	Occupational Health will design a staff leaflet regarding communicable diseases	C Campbell	31.03.11	
6. All patients and staff who have been in contact with Dr 1from Personal Information redacted by the USI	Accident and emergency staff SHSCT will trace and follow up on	Dr Rankin Public Health Authority (PHA)	With immediate effect	Completed

should be health screened.	all patients and staff who have been in contact with Dr 1 from Personal Information redacted by the USI			