1st sign-off agreement			Suresh
1st sign-off agreed - awaiting 2nd sign-off agreement		16 Sep 2016	Mr Colin Weir
2nd sign-off agreed - awaiting 3rd sign-off agreement		29 Sep 2016	Dr Charles McAllister
Signed off		3 Oct 2016	Mr Ronan Carroll

Hours Breakdown

	Main Employer PAs	Total PAs	Total hours
Direct Clinical Care (DCC)	9.771	9.771	39:05
Supporting Professional Activities (SPA)	1.458	1.458	5:50
Total	11.229	11.229	44:55

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	6	6	A	5%	1.000

Type	Normal	Premium	Cat.	PA
			Total:	1.000
Predictable	n/a	n/a	DCC	0.000
Unpredictable	n/a	n/a	DCC	1.000

The total PAs arising from your on-call work is:	1.000
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

On-call Rota (PA entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Craigavon Area Hospital
What is your on-call classification?	A
Weekday work	
What is the frequency of your weekday on-call work?	1 in 6.00
	Predictable Unpredictable
How many PAs arise from your weekday on-call work?	**0.000 1.000**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 6.00
	Predictable Unpredictable
How many PAs arise from your weekend on-call work?	**0.000 0.000**
Other information	
Which objective does this on-call work relate to?	
Comments	

Sign off

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Role: Clinical Manager	Role: Consultant	Role: Board Member
Name: Mr Weir, Colin (Con)	Name: Dr McAllister, Charles (Con)	Name: Mr Carroll, Ronan
Signed:	Signed:	Signed:
Date:	Date:	Date:

Timetable

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 09:00 - 13:00 Patient related admin (reports, results etc) 13:00 - 17:00	Day surgery 09:00 - 13:00 New patient Clinic 13:30 - 17:30	Pre-op ward round 07:30 - 08:00 Planned in-patient operating sessions 08:00 - 12:00 Post-op ward round 12:00 - 12:30 Sub Specialty clinic 13:30 - 17:30	Uroradiology meeting 08:30 - 10:00 Grand Round 10:00 - 12:00 Departmental meeting 12:00 - 14:00 Surgery MDT 14:00 - 17:30	Continuous professional development. 09:00 - 12:00 Pre-op ward round 12:00 - 13:00 Planned in-patient operating sessions 13:00 - 17:00 Post-op ward round 17:00 - 17:30		

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
New patient Clinic 09:00 - 13:00 Stone treatment clinic 13:30 - 17:00	Continuous professional development. 08:30 - 13:30	Pre-op ward round 07:30 - 08:00 Planned in-patient operating sessions 08:00 - 12:00 Post-op ward round 12:00 - 12:30 Review Outpatients clinic 13:30 - 17:30	Uroradiology meeting 08:30 - 10:00 Grand Round 10:00 - 12:00 Departmental meeting 12:00 - 14:00 Surgery MDT 14:00 - 17:30	Continuous professional development. 09:00 - 12:00 Pre-op ward round 12:00 - 13:00 Planned in-patient operating sessions 13:00 - 17:00 Post-op ward round 17:00 - 17:30		

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 09:00 - 13:00 Patient related admin (reports, results etc) 13:00 - 17:00	Day surgery 09:00 - 13:00 New patient Clinic 13:30 - 17:30	Pre-op ward round 07:30 - 08:00 Planned in-patient operating sessions 08:00 - 12:00 Post-op ward round 12:00 - 12:30 Sub Specialty clinic 13:30 - 17:30	Uroradiology meeting 08:30 - 10:00 Grand Round 10:00 - 12:00 Departmental meeting 12:00 - 14:00 Surgery MDT 14:00 - 17:30	Continuous professional development. 09:00 - 12:00 Pre-op ward round 12:00 - 13:00 Planned in-patient operating sessions 13:00 - 17:00 Post-op ward round 17:00 - 17:30		

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
New patient Clinic 09:00 - 13:00 Stone treatment clinic	Continuous professional development. 08:30 - 13:30	Pre-op ward round 07:30 - 08:00 Planned in-patient operating	Uroradiology meeting 08:30 - 10:00 Grand Round	Continuous professional development. 09:00 - 12:00 Pre-op ward		

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

13:30 - 17:00		sessions 08:00 - 12:00 Post-op ward round 12:00 - 12:30 Review Outpatients clinic 13:30 - 17:30	10:00 - 12:00 Departmental meeting 12:00 - 14:00 Surgery MDT 14:00 - 17:30	round 12:00 - 13:00 Planned in-patient operating sessions 13:00 - 17:00 Post-op ward round 17:00 - 17:30		

Week 5

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 09:00 - 13:00 Patient related admin (reports, results etc) 13:00 - 17:00	Day surgery 09:00 - 13:00 New patient Clinic 13:30 - 17:30	Pre-op ward round 07:30 - 08:00 Planned in-patient operating sessions 08:00 - 12:00 Post-op ward round 12:00 - 12:30 Sub Specialty clinic 13:30 - 17:30	Uroradiology meeting 08:30 - 10:00 Grand Round 10:00 - 12:00 Departmental meeting 12:00 - 14:00 Surgery MDT 14:00 - 17:30	Continuous professional development. 09:00 - 12:00 Pre-op ward round 12:00 - 13:00 Planned in-patient operating sessions 13:00 - 17:00 Post-op ward round 17:00 - 17:30		

Week 6

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Consultant of the week 09:00 - 17:00	Consultant of the week 09:00 - 17:00	Consultant of the week 09:00 - 17:00	Consultant of the week 09:00 - 17:00	Consultant of the week 09:00 - 17:00		

Activities

A Additional Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
								Total:	10.229	40:55
	Mon	09:00 - 13:00	wks 2, 4	New patient Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	14	0.333	1:20
	Mon	09:00 - 13:00	wks 1, 3, 5	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	21	0.500	2:00
	Mon	09:00 - 17:00	wk 6	Consultant of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7	0.333	1:20
	Mon	13:00 - 17:00	wks 1, 3, 5	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	21	0.500	2:00
	Mon	13:30 - 17:00	wks 2, 4	Stone treatment clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	14	0.292	1:10
	Tue	08:30 - 13:30	wks 2, 4	Continuous professional development.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	14	0.417	1:40
	Tue	09:00 - 13:00	wks 1, 3, 5	Day surgery	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	21	0.500	2:00
	Tue	09:00 - 17:00	wk 6	Consultant of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7	0.333	1:20

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
	Tue	13:30 - 17:30	wks 1, 3, 5	New patient Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	21	0.500	2:00
	Wed	07:30 - 08:00	wks 1-5	Pre-op ward round	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.104	0:25
	Wed	08:00 - 12:00	wks 1-5	Planned in-patient operating sessions	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.833	3:20
	Wed	09:00 - 17:00	wk 6	Consultant of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7	0.333	1:20
	Wed	12:00 - 12:30	wks 1-5	Post-op ward round	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.104	0:25
	Wed	13:30 - 17:30	wks 1, 3, 5	Sub Specialty clinic Comments: Oncology clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	21	0.500	2:00
	Wed	13:30 - 17:30	wks 2, 4	Review Outpatients clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	14	0.333	1:20
	Thu	08:30 - 10:00	wks 1-5	Uroradiology meeting	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.313	1:15
	Thu	09:00 - 17:00	wk 6	Consultant of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7	0.333	1:20
	Thu	10:00 - 12:00	wks 1-5	Grand Round	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.417	1:40
	Thu	12:00 - 14:00	wks 1-5	Departmental meeting	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	35	0.417	1:40
	Thu	14:00 - 17:30	wks 1-5	Surgery MDT	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.729	2:55
	Fri	09:00 - 12:00	wks 1-5	Continuous professional development.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	35	0.625	2:30
	Fri	09:00 - 17:00	wk 6	Consultant of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7	0.333	1:20
	Fri	12:00 - 13:00	wks 1-5	Pre-op ward round	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.208	0:50
	Fri	13:00 - 17:00	wks 1-5	Planned in-patient operating sessions	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.833	3:20
	Fri	17:00 - 17:30	wks 1-5	Post-op ward round	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	35	0.104	0:25

No specified day

"( )" Refers to an activity that replaces or runs concurrently
A Additional Programmed Activities
H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
You have not added any activities.									

Resources

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

No comments made

Urology Departmental Meeting
18 June 2015

AGENDA

1. New OP
2. Review OP
3. Dashboard
4. Elective – IN's/Days – Urgents
5. Urodynamics
6. Cancer performance paper
7. Peer Review
8. Red Flag capacity over July (escalation email from Mandeville)
9. Workshop on 26 June 2015
10. Future dates for workshops
11. AOB

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Urology Departmental Meeting
23 July 2015

AGENDA

1. Introduction of New Medical Director and discussion of the issues and challenges in Urology.
2. Infection Control issues – 4th Floor
3. RQIA Visit to 3 South
4. Regional Review Paper for discussion along with nominations for sub-groups
5. Peer Review – Serious Concerns (update)
6. New Clinics – Stocktake
7. Any Other Business

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Urology Departmental Meeting
8 October 2015

AGENDA

1. Apologies
2. Administration of Mitomycin
3. Infection control
4. FY1 duties on the wards
5. Saline TURP System (agree a date that suits for Susan England at meeting)
6. Antibiotic Stewardship (do we need to invite Melanie Pathiraja – Consultant microbiologist to a future meeting?)
7. Paediatrics – Daisy Hill Hospital
8. Emergency Theatre utilisation
9. Urology oncall Registrar rota
10. Working Group updates (SBA/CCG referral for advice and banner guidance)
11. Triage
12. Greenlight laser – Rep Mark Devoy would like to attend a future meeting to provide information on this.
13. Hospital at night
14. TROC pathway (Kate and Jenny to attend)
15. FPSA or not FPSA?? (Derek McKillop attending the meeting on 22 October at 12:30)
16. Any other Business

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

UROLOGY PERFORMANCE – 20 MAY 2015

New Outpatient waiting lists
Total on waiting list = 1842 patients
Total with a date = 70 patients

Total URGENT waiting a date is 266
(longest = 1x 45 weeks, 1 x 38 week and 1 x 34 weeks)
225 patients waiting 0-9 weeks
41 patients waiting 10-45 weeks – longest after the 34 weeks = 13 weeks

Total ROUTINE waiting a date is 1506 (longest = 50 weeks)
254 patients waiting over 40 weeks
312 patients waiting 30-39 weeks
330 patients waiting 20-29 weeks
345 patients waiting 10 – 19 weeks
265 patients waiting 0-9 weeks

Update on urology review backlog:

Data Validation (PAS) commenced December 2014 – to look for duplicate episodes etc. to ensure lists were cleansed before patient validation (letters) were sent.
There were a number of duplicates identified, as well as other PAS issues/errors such as:

- patients added to OPWL incorrectly, or to the wrong OPWL
- patients added to Consultant OPWL instead of Nurse-Led
- Date Required not changed (patient appeared to be in backlog, but should have had a future Date Required for review)
- Patients not booked from OPWL, but had been seen since their stated Date Required
- OP Discharges per Consultant letter not followed up on PAS – i.e. Episode not closed down on PAS
- Under 18 discharges – must receive confirmation from consultants first – not being processed efficiently

All PAS issues identified (mostly recurring problems) have been highlighted to Service Administrators/PAS User Group/Data Quality Team/Information Team – for action and future PAS training/refresher training

Total patients data validated – 1900 approx

Patient letter validation – commenced last week February 2015
Total 973 letters sent (to longest waiters).
260 patients were discharged (either didn't want appointment or didn't respond)
713 patients still wanted an appointment = 73%

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Review Backlog position as of 30 April 2015

CONSULTANT	URGENCY	OPWL CODE	TOTAL	LONGEST WAIT
MR M YOUNG	ROUTINE	BURM4R	6	Mar-13
MR M YOUNG	URGENT	BURM4UR	0	0
MR M YOUNG	ROUTINE	CURMYR	406	Dec-12
MR M YOUNG	URGENT	CURMYUR	57	Jun-14
MR M YOUNG	ROUTINE	CMYUOR	0	0
MR M YOUNG	ROUTINE	CMYSTCR	286	Feb-14
MR M YOUNG		TOTAL	755	Dec-12
MR A O'BRIEN	ROUTINE	CAU4R	80	Nov-11
MR A O'BRIEN	URGENT	CAU4UR	10	Jan-15
MR A O'BRIEN	ROUTINE	CU2R	448	Dec-11
MR A O'BRIEN	URGENT	CU2UR	105	Sep-14
MR A O'BRIEN	ROUTINE	CAOBUOR	273	Sep-13
MR O'BRIEN		TOTAL	916	Nov-11
MR A GLACKIN	ROUTINE	CAJGR	206	Apr-13
MR A GLACKIN	URGENT	CAJGUR	45	Feb-14
MR A GLACKIN	ROUTINE	CAJGUOR	5	Apr-15
MR GLACKIN		TOTAL	256	Apr-13
MR K SURESH	ROUTINE	CKSR	54	Apr-13
MR K SURESH	URGENT	CKSUR	174	Apr-13
MR K SURESH	ROUTINE	CKSUOR	28	Feb-15
MR SURESH		TOTAL	256	Apr-13
MR MD HAYNES	ROUTINE	CMDHR	0	0
MR MD HAYNES	URGENT	CMDHUR	0	0
MR MD HAYNES	ROUTINE	CMDHUOR	0	0
MR HAYNES		TOTAL	0	0
MR JP O'DONOGHUE	ROUTINE	CJODR	27	Feb-15
MR JP O'DONOGHUE	URGENT	CJODUR	3	Feb-15
MR O'DONOGHUE		TOTAL	30	Feb-15
UN-NAMED REVIEWS	ROUTINE	EUROR	42	Dec-13
UN-NAMED REVIEWS	URGENT	EUROUR	6	Feb-15
ENNISKILLEN		TOTAL	48	Dec-13
MR AKHTAR	ROUTINE	CMAR	125	Dec-12
MR AKHTAR		TOTAL	125	Dec-12
OVERALL TOTAL AND LONGEST WAIT			2386	Nov-11

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Inpatient and Daycase waiting lists

Total = 924 on waiting list = 172 with dates

249 urgent inpatients without a date longest = 91 weeks

Consultant	Total URGENT Inpts without date	Waiting time
Mr Young	56 patients	Longest = 84 weeks 38 between 14-84 weeks 19 between 0-13 weeks
Mr O'Brien	112 patients	Longest = 81 weeks 26 > 51 weeks 60 between 14-50 weeks 26 between 0-13 weeks
Mr Glackin	13 patients	Longest = 33 weeks 1 x 33 weeks 12 between 0-13 weeks
Mr Haynes	18 patients	Longest = 52 weeks 6 between 14-52 weeks 12 between 0-13 weeks
Mr Suresh	20 patients	Longest = 25 weeks 7 between 14-25 weeks 13 between 0-13 weeks
Mr O'Donoghue	30 patients	Longest 91 weeks 11 between 14-91 weeks 19 between 0-13 weeks

116 urgent daycases without a date longest = 69 weeks

Consultant	Total URGENT Inpts without date	Waiting time
Mr Young	48 patients	Longest = 69 weeks 17 between 14-69 weeks 31 between 0-13 weeks
Mr O'Brien	14 patients	Longest = 54 weeks 4 between 14-54 weeks 10 between 0-13 weeks
Mr Glackin	11 patients	Longest = 13 weeks 11 between 0-13 weeks
Mr Haynes	3 patients	Longest = 17 weeks 1 at 8 weeks 1 at 3 weeks
Mr Suresh	23 patients	Longest = 27 weeks 8 between 14-27 weeks 15 between 0-13 weeks
Mr O'Donoghue	17 patients	Longest 35 weeks 4 between 14-35 weeks 13 between 0-13 weeks

Flexible Cystoscopy

Consultant	Planned Flexis To be seen by end of June	Waiting time	On D/C list	Waiting time
Mr Young	6 patients	2 April 1 May 3 June	4 patients	7 weeks
Mr O'Brien	8 patients	1 Feb 6 May 1 June	4 patients	38 weeks
Mr Glackin	9 patients	2 May 7 June	12 patients	14 weeks
Mr Haynes	7 patients	2 May 5 June	0 patients	-
Mr Suresh	1 patient	1 April	12 patients	27 weeks
Mr O'Donoghue	0 patients	-	25 patients	25 weeks

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

UROLOGY PERFORMANCE – 18 June 2015

New Outpatient waiting lists Total on waiting list = 1963 patients

Total Urgent = 381 with longest being 14 weeks (great improvement)

Review Backlog position as of 31 May 2015

CONSULTANT	URGENCY	OPWL CODE	TOTAL As of 30/04/15	Total as of 31 May 2015	LONGEST WAIT
MR M YOUNG	ROUTINE	BURM4R	6	6	Mar-13
MR M YOUNG	URGENT	BURM4UR	0	0	0
MR M YOUNG	ROUTINE	CURMYR	406	375	Dec-12
MR M YOUNG	URGENT	CURMYUR	57	54	Jun-14
MR M YOUNG	ROUTINE	CMYUOR	0	0	0
MR M YOUNG	ROUTINE	CMYSTCR	286	320	Feb-14
MR M YOUNG		TOTAL	755	755	Dec-12
MR A O'BRIEN	ROUTINE	CAU4R	80	77	Nov-11
MR A O'BRIEN	URGENT	CAU4UR	10	19	Jan-15
MR A O'BRIEN	ROUTINE	CU2R	448	447	Dec-11
MR A O'BRIEN	URGENT	CU2UR	105	119	Sep-14
MR A O'BRIEN	ROUTINE	CAOBUOR	273	271	Sep-13
MR O'BRIEN		TOTAL	916	933	Nov-11
MR A GLACKIN	ROUTINE	CAJGR	206	214	Apr-13
MR A GLACKIN	URGENT	CAJGUR	45	56	Feb-14
MR A GLACKIN	ROUTINE	CAJGUOR	5	14	Apr-15
MR GLACKIN		TOTAL	256	284	Apr-13
MR K SURESH	ROUTINE	CKSR	54	56	Apr-13
MR K SURESH	URGENT	CKSUR	174	180	Apr-13
MR K SURESH	ROUTINE	CKSUOR	28	38	Feb-15
MR SURESH		TOTAL	256	274	Apr-13
MR MD HAYNES	ROUTINE	CMDHR	0	2	May 15
MR MD HAYNES	URGENT	CMDHUR	0	1	May 15
MR MD HAYNES	ROUTINE	CMDHUOR	0	1	May 15
MR HAYNES		TOTAL	0	4	May 15
MR JP O'DONOGHUE	ROUTINE	CJODR	27	47	Feb-15
MR JP O'DONOGHUE	URGENT	CJODUR	3	15	Feb-15
MR O'DONOGHUE		TOTAL	30	62	Feb-15
UN-NAMED REVIEWS	ROUTINE	EUROR	42	42	Dec-13
UN-NAMED REVIEWS	URGENT	EUROUR	6	6	Feb-15
ENNISKILLEN		TOTAL	48	48	Dec-13
MR AKHTAR	ROUTINE	CMAR	125	121	Dec-12
MR AKHTAR		TOTAL	125	121	Dec-12
OVERALL TOTAL AND LONGEST WAIT			2386	2481	Nov-11

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Inpatient and Daycase waiting lists

Total = 935 on waiting list = 172 with dates
249 urgent inpatients without a date longest = 91 weeks

457 Urgent - 89 booked, 368 not booked
Urgent Longest Waiter = 94 weeks (date)

Cluster of patients around 73 weeks
10 > 73 weeks

Profile of Urgent Long waiters without dates:
90+ weeks - 1 patients; no date
80-89 weeks - 4 patients; 0 with dates
70-79 weeks - 13 patients; 0 with date
60-69 weeks - 17 patients; 0 with dates
50-59 weeks - 26 patients; 3 with dates
40-49 weeks - 27 patients; 1 with date
30-39 weeks - 42 patients, 11 with dates
20-29 weeks - 44 patients, 4 with dates
10-19 weeks - 98 patients, 12 with dates
0-9 weeks - 203 patients, 60 with dates

478 Routine - 67 with dates, 411 with no dates
Longest waiter = 95 weeks (no date)

Consultant	Total URGENT Inpts without date May Position	Total URGENT Inpts without date June Position
Mr Young	56 patients 84 weeks	59 patients 88 weeks
Mr O'Brien	112 patients 81 weeks	104 patients 81 weeks
Mr Glackin	13 patients 33 weeks	19 patients 38 weeks
Mr Haynes	18 patients 52 weeks	21 patients 61 weeks
Mr Suresh	20 patients 25 weeks	19 patients 28 weeks
Mr O'Donoghue	30 patients 91 weeks	23 patients 24 weeks

Urgent daycases without a date longest = 69 weeks

Consultant	Total URGENT Daycases without date May Position	Total URGENT Daycases without date June Position
Mr Young	48 patients 69 weeks	54 patients 73 weeks
Mr O'Brien	14 patients 54 weeks	12 patients 46 weeks
Mr Glackin	11 patients 13 weeks	7 patients 14 weeks
Mr Haynes	3 patients 17 weeks	2 patients 21 weeks
Mr Suresh	23 patients 27 weeks	21 patients 19 weeks
Mr O'Donoghue	17 patients 35 weeks	16 patients 17 weeks

Chris Wamsley

SHSCT GOVERNANCE TEAM (IR2) Form -NEW June 2018

Incident Details
ID & Status

Incident Reference ID	Personal Information redacted by the USI
Submitted time (hh:mm)	

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	24/01/2014
Time (hh:mm)	17:00
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	
Does this incident involve a Staff Member?	
Description Enter facts, not opinions. Do not enter names of people	ACCIDENTAL OF SPLASHING OF CONTAMINATED FLUID INTO THE EYES OF SCRUBBED NURSE DURING TURP, WHILE USING ELLICKS EVACUATOR
Action taken Enter action taken at the time of the incident	Informed theatre manager MS MULHOLLAND. Eyes washed out with saline immediately and referred to A7E. risk assessment form completed.
Learning Initial	
Reported (dd/MM/yyyy)	24/01/2014
Reporter's full name	K SURESH
Reporter's SHSCT Email Address	
Opened date (dd/MM/yyyy)	28/02/2014
Last updated	Brigeen Kelly 05/21/2014 08:30:12
Has safeguarding been considered?	
Were restrictive practices used?	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Anaesthetics/Theatres/ICU area
Loc (Exact)	Theatres 1-4 CAH
Directorate	Acute Services
Division	Surgery and Elective Care
Service Area	Anaesthetics, Theatres and IC Services
Speciality / Team	Theatres

Staff initially notified upon submission

Recipient	Recipient E-mail	Date/Time	Contact	Telephone	Job title	Originated

Name			ID	Number		from
Kelly, Brigeen	Personal Information redacted by the USI	24/01/2014 19:03:31	Personal Information redacted by the USI	Personal Information redacted by the USI	Head of Trauma and Orthopaedics	Level 1 Form
No details found for the contact with ID Personal Information	Personal Information redacted by the USI	24/01/2014 19:03:30				Level 1 Form
Johnston, Pamela	Personal Information redacted by the USI	24/01/2014 19:03:30		Personal Information redacted by the USI	Ward Sister, Theatres (CAH)	Level 1 Form
No details found for the contact with ID Personal Informati	mary.mcgeough Personal Information redacted by the USI	24/01/2014 19:03:30				Level 1 Form
No details found for the contact with ID Personal Informatio	Sam.Hall(Personal Information redacted by the USI	24/01/2014 19:03:29				Level 1 Form

Management of Incident

Handler Enter the manager who is handling the review of the incident	Pamela Johnston
Additional/dual handler If it is practice within your team for two managers to review incidents together use this field to record the second handler	Brigeen Kelly
Escalate You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.	
Date of final approval (closed date) (dd/MM/yyyy)	21/05/2014
Date Notification Sent to External Agency	
Date Terms of Reference Due	
Date SAI Report Due	
SAI Level (1,2 or 3)	
External Agency SAI Ref No.	
Date SAI Report Sent to External Agency	
Date SAI Report Shared with Family/NOK	

Date HSCB/RQIA/Coroner Queries Received	

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Accident that may result in personal injury
Sub Category	Exposure to electricity, hazardous substance, infection etc
Detail	Exposure to biological hazard

Datix CCS2

Type	
Category	
Sub-Category	
Detail	
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	No
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

SAI / RIDDOR / NIAIC?
Click here To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? Click To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.	No
Is this incident RIDDOR reportable? Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition): 1. Employee or self-employed person working on Trust premises is killed or suffers a major injury 2. A member of the public on Trust premises is killed or taken to hospital 3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident	No

but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work)

4. Dangerous Occurence attributable to the work of the Trust

5. A doctor has notified you in writing that a Trust employee suffers from a reportable work-related disease

Is this a NIAIC Incident NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable; - design or manufacturing problems - inadequate servicing and maintenance - inappropriate local modifications - unsuitable storage and use conditions - selection of the incorrect device for the purpose - inappropriate management procedures - poor user instructions or training (which may result in incorrect user practice	No

Investigation

Investigator	Pamela Johnston
Date started (dd/MM/yyyy)	28/02/2014
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Minor

Risk grading
Click here

When the incident has a Severity (actualimpact/harm, grading of insignificant to moderate, you need to plot on the matrix oppositethe Potential impact/harm. Deciding what are the chances of the incidenthappening againunder similar circumstances. (Likelihod) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting:

	Consequence				
Likelihood of recurrence	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain (Expected to occur daily)	○	○	○	○	○
Likely (Expected to occur weekly)	○	○	○	○	○
Possible (Expected to occur monthly)	○	○	○	○	○
Unlikely (Expected to	◉	○	○	○	○

consequence multiplied by likelihood = risk grading. Refer to impact table here:	**occur annually)**					
	Rare (NOT expected to occur for years)	○	○	○	○	○
		Grade: Low Risk				

Action taken on review Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)	28/2/14: Following investigation and discussion with [Personal Information redacted by the USI] it transpired that [Personal Information redacted by the USI] was not wearing eye protection at that time. She fully realised that she should have been wearing eye protection and seemingly she could not find eye goggles int TH6 but understands that that is her responsibility to follow our policy and protect herself. I dicussed this incident at our staff meeting as a shared learning.All staff are very aware of policy. I can confirm that there is availability of eye protection in all theatres (goggles and visors). Blood results -nil of note thankfully.PM
Action Plan Required? A formal action plan is required for all Moderate to Catstrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.	No

Lessons learned

Lessons learned If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".	As above.PM
Date investigation completed (dd/MM/yyyy)	28/02/2014
Was any person involved in the incident?	Yes
Was any equipment involved in the incident?	No

Notepad

Notes
Use this section to record any efforts you have made as part of your investigation e.g. phonecalls / requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations etc, and reduce the amount of phone calls/emails to you requesting same information

Communication

Recipients

Message

Message history

Date/Time	Sender	Recipient	Body of Message	Attachments
28/02/2014 11:35:50	Johnston, Pamela	brigeen.kelly [Personal Information redacted by the USI]	This is a feedback message from Pamela Mulholland. Incident form reference is [Personal Information redacted by the USI] The feedback is: 28/2/14: Following investigation and discussion with [Personal Information redacted by the USI] it transpired that [Personal Information redacted by the USI] was not wearing eye protection at that time. She fully realised that she should have been wearing eye protection and seemingly she could not find eye goggles int TH6 but understands that that is her responsibility to follow our policy and protect herself. I dicussed this incident at our staff meeting as a shared learning.All staff are very aware of policy. I can	

			confirm that there is availability of eye protection in all theatres (goggles and visors). Blood results -nil of note thankfully.PM	

Medication details

Stage
Prescriber Name
Medication error
Medication involved If multiple medications involved enter the primary medication affecting the incident, and record the others in the description
Correct medication
Form administered
Correct form
Dose and strength involved
Correct dose
Route involved
Correct route

Falls Information
Please Quality Assure all information as part of your investigation

Did the fall occur in Hospital or Community Setting?
Specific Location of Fall
Exact location of Fall Please describe in free-text exactly where the fall occurred
Injury Suspected?
Harm?
Buzzer / bell available within reach before fall?
Floor surface
Footwear suitable?
Walking aid in use / reach?
Mental State
First fall this admission or repeat?
Days since admission
Was the patient receiving medication which may affect the risk of falling?
Family informed of fall?
Outcome of Bedrails Assessment

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?

Equipment details

Product type

Brand name

Serial no

Description of device

Current location

CE marking?

Description of defect

Model/size

Documents added

Created	Type	Description	ID
24/01/2014	Form	risk assessent form	15072

People Affected

	ID	Title	Forenames	Surname	Type	Approval status
▶	[redacted] Personal Information redacted by the USI				Staff - Nursing and Midwifery	Unapproved

Employees

No Employees

Other Contacts

No Other Contacts

DatixWeb 14.1.2 © RLDatix 2021

Chris Wamsley

SHSCT GOVERNANCE TEAM (IR2) Form -NEW June 2018

Incident Details
ID & Status

Incident Reference ID	Personal Information redacted by the USI
Submitted time (hh:mm)	

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	24/04/2014
Time (hh:mm)	17:00
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	
Does this incident involve a Staff Member?	
Description Enter facts, not opinions. Do not enter names of people	New antibodies were found while group & save prior to urgent operation for bladder cancer(TURBT) and as the sample had to be sent to Belfast for further analysis, the opertion had to be cancelled on 8/4/2014 . The following day after liaisng with blood bank and after getting clearance from the lab, this patien was rebooed for the procedure to be one on 25/4/2014. She attened pre op assessment clinic on 23/4/014. New anibodies were found on repeat grouping,but this was not communicated to the appropriate team promptly, resulting in cancellation of the opeation again.
Action taken Enter action taken at the time of the incident	Discussed with blood bank. Explained & apologised to patient. rebooked the opertion for 9/5/2014
Learning Initial	
Reported (dd/MM/yyyy)	24/04/2014
Reporter's full name	Kothandaraman suresh
Reporter's SHSCT Email Address	
Opened date (dd/MM/yyyy)	06/06/2014
Last updated	
Has safeguarding been considered?	
Were restrictive practices used?	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Laboratory
Loc (Exact)	Blood Transfusion Lab
Directorate	Acute Services
Division	IMWH - Cancer and Clinical Services
Service Area	Laboratory Services

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Speciality / Team Haematology / Blood Transfusion

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
No details found for the contact with ID Personal Information redacted by the USI	gillian.henry Personal Information redacted by the USI	24/04/2014 18:20:27	Personal Information redacted by the USI			Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	dorothy.sharpe Personal Information redacted by the USI	24/04/2014 18:20:27				Level 1 Form
Nelson, Amie	Personal Information redacted by the USI	24/04/2014 18:20:27			Head of Service	Level 1 Form
Corrigan, Martina	Personal Information redacted by the USI	24/04/2014 18:20:26			Head of ENT and Urology	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	Sam.Hall Personal Information redacted by the USI	24/04/2014 18:20:26				Level 1 Form

Management of Incident

Handler Enter the manager who is handling the review of the incident	BRM
Additional/dual handler If it is practice within your team for two managers to review incidents together use this field to record the second handler	
Escalate You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.	
Date of final approval (closed date) (dd/MM/yyyy)	11/08/2014
Date Notification Sent to External Agency	
Date Terms of Reference Due	
Date SAI Report Due	
SAI Level (1,2 or 3)	
External Agency SAI Ref No.	

Date SAI Report Sent to External Agency	
Date SAI Report Shared with Family/NOK	
Date HSCB/RQIA/Coroner Queries Received	

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Clinical assessment (investigations, images and lab tests)
Sub Category	Laboratory investigations
Detail	Failure/delay to order correct tests, image etc

Datix CCS2

Type	
Category	
Sub-Category	
Detail	
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	Yes
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

SAI / RIDDOR / NIAIC?
Click here To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? Click To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.	No
Is this incident RIDDOR reportable? Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition): 1. Employee or self-employed person working on Trust premises is killed or suffers a major injury 2. A member of the public on Trust premises is killed or taken	No

to hospital 3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work) 4. Dangerous Occurence attributable to the work of the Trust 5. A doctor has notified you in writing that a Trust employee suffers from a reportable work-related disease	
Is this a NIAIC Incident NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable; - design or manufacturing problems - inadequate servicing and maintenance - inappropriate local modifications - unsuitable storage and use conditions - selection of the incorrect device for the purpose - inappropriate management procedures - poor user instructions or training (which may result in incorrect user practice	No

Investigation

Investigator	BRM
Date started (dd/MM/yyyy)	11/08/2014
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Minor

Risk grading

	Consequence				

Click here

When the incident has a Severity (actualimpact/harm, grading of insignificant to moderate, you need to plot on the matrix oppositethe Potential impact/harm. Deciding what are the chances of the incidenthappening againunder similar circumstances. (Likelihod) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

Likelihood of recurrence	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain (Expected to occur daily)	○	○	○	○	○
Likely (Expected to occur weekly)	○	○	○	○	○
Possible (Expected to occur monthly)	○	◉	○	○	○
Unlikely (Expected to occur annually)	○	○	○	○	○
Rare (NOT expected to occur for years)	○	○	○	○	○
	Grade: Medium Risk				

Action taken on review Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)	The results of the repeat test were posted on the laboratory system on
Action Plan Required? A formal action plan is required for all Moderate to Catstrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.	No

Lessons learned

Lessons learned If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".	it is the requestors responsibility to check the results of investigations ordered in advance of any treatment or intervention.
Date investigation completed (dd/MM/yyyy)	11/08/2014
Was any person involved in the incident?	Yes
Was any equipment involved in the incident?	No

Notepad

Notes Use this section to record any efforts you have made as part of your investigation e.g. phonecalls / requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations	

etc, and reduce the amount of phone calls/emails to you requesting same information

Communication

Recipients

Message

Message history				
Date/Time	**Sender**	**Recipient**	**Body of Message**	**Attachments**
No messages				

Medication details

Stage

Prescriber Name

Medication error

Medication involved
If multiple medications involved enter the primary medication affecting the incident, and record the others in the description

Correct medication

Form administered

Correct form

Dose and strength involved

Correct dose

Route involved

Correct route

Falls Information
Please Quality Assure all information as part of your investigation

Did the fall occur in Hospital or Community Setting?

Specific Location of Fall

Exact location of Fall
Please describe in free-text exactly where the fall occurred

Injury Suspected?

Harm?

Buzzer / bell available within reach before fall?

Floor surface

Footwear suitable?

Walking aid in use / reach?

Mental State

First fall this admission or repeat?

Days since admission	
Was the patient receiving medication which may affect the risk of falling?	
Family informed of fall?	
Outcome of Bedrails Assessment	

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?	

Equipment details

Product type	
Brand name	
Serial no	
Description of device	
Current location	
CE marking?	
Description of defect	
Model/size	

Documents added

No documents.

People Affected

	ID	Title	Forenames	Surname	Type	Approval status
▶	[redacted] Personal Information redacted by the USI				Patient/Client/Service User	Unapproved

Employees

No Employees

Other Contacts

No Other Contacts

DatixWeb 14.1.2 © RLDatix 2021

Chris Wamsley

SHSCT GOVERNANCE TEAM (IR2) Form -NEW June 2018

Incident Details
ID & Status

Incident Reference ID	Personal Information redacted by the USI
Submitted time (hh:mm)	

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	15/12/2014
Time (hh:mm)	16:00
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	
Does this incident involve a Staff Member?	
Description Enter facts, not opinions. Do not enter names of people	This gentleman was admitted on 14/12/2014 after SIX attempts of urethral catheterisation in A&E. Pt was septic while in the ward 4N. He was not handed over to urology team till 4p.m on 15/12/2014. HE WAS SEPTIC
Action taken Enter action taken at the time of the incident	Taken to theatre foe catheterisation
Learning Initial	
Reported (dd/MM/yyyy)	15/12/2014
Reporter's full name	Kothandaraman Suresh
Reporter's SHSCT Email Address	
Opened date (dd/MM/yyyy)	22/12/2014
Last updated	Sister Kathryn Sheridan 04/29/2016 14:32:54
Has safeguarding been considered?	
Were restrictive practices used?	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Ward or Care Area
Loc (Exact)	4 North
Directorate	Acute Services
Division	Surgery and Elective Care
Service Area	General Surgery
Speciality / Team	General Surgery

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
Trouton, Heather	Personal Information redacted by the USI	15/12/2014 21:22:20	Personal Information redacted		Assistant Director of Acute Services	Level 1 Form
Connolly, Connie	Personal Information redacted by the USI	15/12/2014 21:22:20	Personal Information		Acting Acute Governance Co-Ordinator	Level 1 Form
No details found for the contact with ID Personal Information	Eamon.Mackle Personal Information redacted by the USI	15/12/2014 21:22:20	Personal Information			Level 1 Form
Nelson, Amie	Personal Information redacted by the USI	15/12/2014 21:22:19	Personal Information		Head of Service	Level 1 Form
Smyth, Paul	Personal Information redacted by the USI	15/12/2014 21:22:19	Personal Information		Head of Unscheduled Care	Level 1 Form
No details found for the contact with ID Personal Information	gillian.henry Personal Information redacted by the USI	15/12/2014 21:22:18	Personal Information			Level 1 Form
No details found for the contact with ID Personal Information	sheila.mulligan Personal Information redacted by the USI	15/12/2014 21:22:18	Personal Information			Level 1 Form
No details found for the contact with ID Personal Information	Sam.Hal Personal Information redacted by the USI	15/12/2014 21:22:18	Personal Information			Level 1 Form
Sheridan, Kathryn Sister	Personal Information redacted by the USI	15/12/2014 21:22:17	Personal Information redacted by		Clinical Sister	Level 1 Form
Wilson, Sarah Sr	Personal Information redacted by the USI	15/12/2014 21:22:17	Personal Information redacted by		Clinical Sister	Level 1 Form

Management of Incident

Handler Enter the manager who is handling the review of the incident	Paul Smyth
Additional/dual handler If it is practice within your team for two managers to review incidents together use this field to record the second handler	
Escalate You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication	

section to notify the manager the incident has been escalated to them.	
Date of final approval (closed date) (dd/MM/yyyy)	29/04/2016
Date Notification Sent to External Agency	
Date Terms of Reference Due	
Date SAI Report Due	
SAI Level (1,2 or 3)	
External Agency SAI Ref No.	
Date SAI Report Sent to External Agency	
Date SAI Report Shared with Family/NOK	
Date HSCB/RQIA/Coroner Queries Received	

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Implementation of care or ongoing monitoring/review
Sub Category	Possible delay or failure to Monitor
Detail	Delay/failure in acting on complication of treatment

Datix CCS2

Type	
Category	
Sub-Category	
Detail	
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	No
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

SAI / RIDDOR / NIAIC?
Click here To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? Click To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.	No

Is this incident RIDDOR reportable? Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition): 1. Employee or self-employed person working on Trust premises is killed or suffers a major injury 2. A member of the public on Trust premises is killed or taken to hospital 3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work) 4. Dangerous Occurence attributable to the work of the Trust 5. A doctor has notified you in writing that a Trust employee suffers from a reportable work-related disease	No
Is this a NIAIC Incident NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable; - design or manufacturing problems - inadequate servicing and maintenance - inappropriate local modifications - unsuitable storage and use conditions - selection of the incorrect device for the purpose - inappropriate management procedures - poor user instructions or training (which may result in incorrect user practice	No

Investigation

Investigator	Paul Smyth
Date started (dd/MM/yyyy)	22/12/2014
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Moderate

Risk grading
Click here

When the incident has a Severity (actualimpact/harm, grading of insignificant to moderate, you need to plot on the matrix oppositethe Potential impact/harm. Deciding what are the chances of the incidenthappening againunder similar circumstances. (Likelihod) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

	Consequence				
Likelihood of recurrence	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain (Expected to occur daily)	○	○	○	○	○
Likely (Expected to occur weekly)	○	○	○	○	○
Possible (Expected to occur monthly)	○	◉	○	○	○
Unlikely (Expected to occur annually)	○	○	○	○	○
Rare (NOT expected to occur for years)	○	○	○	○	○
	Grade: Medium Risk				

Action taken on review Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)	inpatient notes requested as patient has been discharged
Action Plan Required? A formal action plan is required for all Moderate to Catstrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.	No

Action Plan

No actions

Lessons learned

Lessons learned If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".	as above
Date investigation completed (dd/MM/yyyy)	
Was any person involved in the incident?	No
Was any equipment involved in the incident?	No

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Notepad

Notes
Use this section to record any efforts you have made as part of your investigation e.g. phonecalls / requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations etc, and reduce the amount of phone calls/emails to you requesting same information

Communication

Recipients

Message

Message history				
Date/Time	**Sender**	**Recipient**	**Body of Message**	**Attachments**
No messages				

Medication details

Stage

Prescriber Name

Medication error

Medication involved
If multiple medications involved enter the primary medication affecting the incident, and record the others in the description

Correct medication

Form administered

Correct form

Dose and strength involved

Correct dose

Route involved

Correct route

Falls Information
Please Quality Assure all information as part of your investigation

Did the fall occur in Hospital or Community Setting?

Specific Location of Fall

Exact location of Fall
Please describe in free-text exactly where the fall occurred

Injury Suspected?

Harm?

Buzzer / bell available within reach before fall?

Floor surface

Footwear suitable?	
Walking aid in use / reach?	
Mental State	
First fall this admission or repeat?	
Days since admission	
Was the patient receiving medication which may affect the risk of falling?	
Family informed of fall?	
Outcome of Bedrails Assessment	

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?	

Equipment details

Product type	
Brand name	
Serial no	
Description of device	
Current location	
CE marking?	
Description of defect	
Model/size	

Documents added

No documents.

People Affected

	ID	Title	Forenames	Surname	Type	Approval status
▶	[redacted] Personal Information redacted by the USI				Patient/Client/Service User	Unapproved

Employees

No Employees

Other Contacts

No Other Contacts

DatixWeb 14.1.2 © RLDatix 2021

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Chris Wamsley

SHSCT GOVERNANCE TEAM (IR2) Form -NEW June 2018

Incident Details
ID & Status

Incident Reference ID	Personal Information redacted by the USI
Submitted time (hh:mm)	17:17

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	17/11/2014
Time (hh:mm)	14:00
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	
Does this incident involve a Staff Member?	
Description Enter facts, not opinions. Do not enter names of people	Patient was waitlisted for removal of ureteric stent on 17/11/2014, This request was registered in the book in stone treatment centre. A green booking form was also filled in at the same time. But this was overlooked. Patient had to have the stent in unnecessarily too long.
Action taken Enter action taken at the time of the incident	He was reviewed in clinic today and realised that the stent was still ins itu. Arranged to remove the stent only today.
Learning Initial	
Reported (dd/MM/yyyy)	30/03/2015
Reporter's full name	Kothandaraman Suresh
Reporter's SHSCT Email Address	
Opened date (dd/MM/yyyy)	14/04/2015
Last updated	Martina Corrigan 09/07/2015 12:32:31
Has safeguarding been considered?	
Were restrictive practices used?	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Patient 136

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Clinical Area
Loc (Exact)	X-ray Dept (Radiology)
Directorate	Acute Services
Division	Surgery and Elective Care
Service Area	General Surgery
Speciality / Team	Urology Surgery

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
Trouton, Heather	Personal Information redacted by the USI	30/03/2015 17:18:15	Personal Information redacted by the USI		Assistant Director of Acute Services	Level 1 Form
Connolly, Connie	Personal Information redacted by the USI	30/03/2015 17:18:15			Acting Acute Governance Co-Ordinator	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	Eamon.Mackle Personal Information redacted by the USI	30/03/2015 17:18:15				Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	caroline.moorcroft Personal Information redacted by the USI	30/03/2015 17:18:14				Level 1 Form
Smyth, Paul	Personal Information redacted by the USI	30/03/2015 17:18:14			Head of Unscheduled Care	Level 1 Form
Corrigan, Martina	Personal Information redacted by the USI	30/03/2015 17:18:13			Head of ENT and Urology	Level 1 Form
Glenny, Sharon	Personal Information redacted by the USI	30/03/2015 17:18:13			Operational Support Lead	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	cathy.rocks Personal Information redacted by the USI	30/03/2015 17:18:13				Level 1 Form
Newell, DeniseE	Personal Information redacted by the USI	30/03/2015 17:18:12			Head of Diagnostic Services	Level 1 Form
Graham, Andrene	Personal Information redacted by the USI	30/03/2015 17:18:12			Modality Lead	Level 1 Form

Management of Incident

Handler Enter the manager who is handling the review of the incident	Martina Corrigan
Additional/dual handler If it is practice within your team for two managers to review incidents together use this field to record the second handler	
Escalate You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.	

Date of final approval (closed date) (dd/MM/yyyy)	07/09/2015
Date Notification Sent to External Agency	
Date Terms of Reference Due	
Date SAI Report Due	
SAI Level (1,2 or 3)	
External Agency SAI Ref No.	
Date SAI Report Sent to External Agency	
Date SAI Report Shared with Family/NOK	
Date HSCB/RQIA/Coroner Queries Received	

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Treatment, procedure
Sub Category	Urinary
Detail	Delay

Datix CCS2

Type	
Category	
Sub-Category	
Detail	
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	No
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

SAI / RIDDOR / NIAIC?
Click here To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? Click To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.	No
Is this incident RIDDOR reportable?	No

Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition): 1. Employee or self-employed person working on Trust premises is killed or suffers a major injury 2. A member of the public on Trust premises is killed or taken to hospital 3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work) 4. Dangerous Occurence attributable to the work of the Trust 5. A doctor has notified you in writing that a Trust employee suffers from a reportable work-related disease	
Is this a NIAIC Incident NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable; - design or manufacturing problems - inadequate servicing and maintenance - inappropriate local modifications - unsuitable storage and use conditions - selection of the incorrect device for the purpose - inappropriate management procedures - poor user instructions or training (which may result in incorrect user practice	No

Investigation

Investigator	Martina Corrigan

Date started (dd/MM/yyyy)	07/09/2015
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Minor

Risk grading
Click here

When the incident has a Severity (actualimpact/harm, grading of insignificant to moderate, you need to plot on the matrix oppositethe Potential impact/harm. Deciding what are the chances of the incidenthappening againunder similar circumstances. (Likelihod) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

	Consequence				
Likelihood of recurrence	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain (Expected to occur daily)	○	○	○	○	○
Likely (Expected to occur weekly)	○	○	○	○	○
Possible (Expected to occur monthly)	○	◉	○	○	○
Unlikely (Expected to occur annually)	○	○	○	○	○
Rare (NOT expected to occur for years)	○	○	○	○	○
	Grade: Medium Risk				

Action taken on review Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)	040915KR- PAS interogatition confirmed that the green form had been actioned on PAS. Therefore this is not an admin issue. The wait is related to capacity. Communication email sent to HOS to comment and close
Action Plan Required? A formal action plan is required for all Moderate to Catstrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.	No

Lessons learned

Lessons learned If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".	discussed at Urology departmental and governance meetings and a new process agreed that all patients that have a stent fitted need to be added to a waiting list with a planned date to come in
Date investigation completed (dd/MM/yyyy)	07/09/2015
Was any person involved in the incident?	No
Was any equipment involved in the incident?	No

Notepad

Notes
Use this section to record any efforts you have made as part of your investigation e.g. phonecalls

/ requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations etc, and reduce the amount of phone calls/emails to you requesting same information

Communication

Recipients

Message

Message history

Date/Time	Sender	Recipient	Body of Message	Attachments
04/09/2015 14:48:24	Robinson, Katherine	Cardwell, David	This is a feedback message from Katherine Robinson. Incident form reference is Personal Information redacted by the USI The feedback is: David- can you ensure this is passed over to SEC. Thanks K. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid=Personal Information to view the incident	
04/09/2015 14:47:08	Robinson, Katherine	Smyth, Paul	This is a feedback message from Katherine Robinson. Incident form reference is Personal Information redacted by the USI The feedback is: Martina: I have looked at this and there was no recording issue. I have handed this over to SEC to comment and close Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid Personal Information redacted by the to view the incident	
04/09/2015 14:47:07	Robinson, Katherine	Corrigan, Martina	This is a feedback message from Katherine Robinson. Incident form reference is Personal Information redacted by the USI The feedback is: Martina: I have looked at this and there was no recording issue. I have handed this over to SEC to comment and close Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid Personal Information redacted by the to view the incident	
04/09/2015 14:47:07	Robinson, Katherine	Connolly, Connie	This is a feedback message from Katherine Robinson. Incident form reference is Personal Information redacted by the USI The feedback is: Martina: I have looked at this and there was no recording issue. I have handed this over to SEC to comment and close Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid Personal Information redacted by the to view the incident	
25/08/2015 17:30:57	Connolly, Connie	Corrigan, Martina	This is a feedback message from Connie Connolly. Incident form reference is Personal Information redacted by the USI The feedback is: Moved to FSS for management Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid Personal Information redacted by the to view the incident	
25/08/2015 17:30:56	Connolly, Connie	Carroll, Anita	This is a feedback message from Connie Connolly. Incident form reference is Personal Information redacted by the USI The feedback is: Moved to FSS for management Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid Personal Information redacted by the to view the incident	
25/08/2015 17:30:56	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident form reference is Personal Information redacted by the USI The feedback is: Moved to FSS for management Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid Personal Information redacted by the to view the incident	

Medication details

Stage

Prescriber Name

Medication error

Medication involved
If multiple medications involved enter the primary medication

affecting the incident, and record the others in the description
Correct medication
Form administered
Correct form
Dose and strength involved
Correct dose
Route involved
Correct route

Falls Information
Please Quality Assure all information as part of your investigation

Did the fall occur in Hospital or Community Setting?
Specific Location of Fall
Exact location of Fall Please describe in free-text exactly where the fall occurred
Injury Suspected?
Harm?
Buzzer / bell available within reach before fall?
Floor surface
Footwear suitable?
Walking aid in use / reach?
Mental State
First fall this admission or repeat?
Days since admission
Was the patient receiving medication which may affect the risk of falling?
Family informed of fall?
Outcome of Bedrails Assessment

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?

Equipment details

Product type
Brand name
Serial no
Description of device
Current location
CE marking?
Description of defect
Model/size

Documents added

No documents.

People Affected

	ID	Title	Forenames	Surname	Type	Approval status
▶	[redacted]		Patient 136		Patient/Client/Service User	Unapproved

Employees

No Employees

Other Contacts

No Other Contacts

DatixWeb 14.1.2 © RLDatix 2021

Chris Wamsley

SHSCT GOVERNANCE TEAM (IR2) Form -NEW June 2018

Incident Details
ID & Status

Incident Reference ID	Personal Information redacted by the USI
Submitted time (hh:mm)	12:33

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	15/03/2015
Time (hh:mm)	09:45
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	
Does this incident involve a Staff Member?	
Description Enter facts, not opinions. Do not enter names of people	This pateint underwent uretric stenting on 13/03/2014 and was supposed to readmitted in 4-6 weeks for stent removal and ureteroscopy. But, this detail was overlooked and was dischrged without the follow up plan.
Action taken Enter action taken at the time of the incident	I contacted him over telephone, apologised and arranged to admit him on 5/6/2015 for the procedure. I will raise this issue in the governance meeting to emphasise the need for stent registry.
Learning Initial	
Reported (dd/MM/yyyy)	26/05/2015
Reporter's full name	Kothandaraman Suresh
Reporter's SHSCT Email Address	
Opened date (dd/MM/yyyy)	07/09/2015
Last updated	Martina Corrigan 09/07/2015 11:03:25
Has safeguarding been considered?	
Were restrictive practices used?	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Ward or Care Area
Loc (Exact)	3 South
Directorate	Acute Services
Division	Surgery and Elective Care
Service Area	General Surgery
Speciality / Team	Urology Surgery

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
No details found for the contact with ID Personal Information redacted by the USI	Eamon.Mackle Personal Information redacted by the USI	26/05/2015 12:33:39	Personal Information redacted by the USI			Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	emma.mccann Personal Information redacted by the USI	26/05/2015 12:33:39				Level 1 Form
Smyth, Paul	Personal Information redacted by the USI	26/05/2015 12:33:38			Head of Unscheduled Care	Level 1 Form
Trouton, Heather	Personal Information redacted by the USI	26/05/2015 12:33:38			Assistant Director of Acute Services	Level 1 Form
Connolly, Connie	Personal Information redacted by the USI	26/05/2015 12:33:38			Acting Acute Governance Co-Ordinator	Level 1 Form
Nelson, Amie	Personal Information redacted by the USI	26/05/2015 12:33:37			Head of Service	Level 1 Form
Young, Michael	Personal Information redacted by the USI	26/05/2015 12:33:37			Consultant	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	Sam.Hall Personal Information redacted by the USI	26/05/2015 12:33:36				Level 1 Form
Glenny, Sharon	Personal Information redacted by the USI	26/05/2015 12:33:36			Operational Support Lead	Level 1 Form
Corrigan, Martina	Personal Information redacted by the USI	26/05/2015 12:33:35			Head of ENT and Urology	Level 1 Form
Glackin, Anthony Jude	Personal Information redacted by the USI	26/05/2015 12:33:34			Consultant Urologist	Level 1 Form
Sheridan, Patrick CN	Personal Information redacted by the USI	26/05/2015 12:33:34			Practice Education Facilitator	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	Brona.Conway Personal Information redacted by the USI	26/05/2015 12:33:33				Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	gillian.henry Personal Information redacted by the USI	26/05/2015 12:33:33				Level 1 Form
No details found for the	sharon.kennedy Personal Information redacted by the USI	26/05/2015 12:33:33				Level 1 Form

contact with ID Personal Information redacted by the USI						

Management of Incident

Handler Enter the manager who is handling the review of the incident	Martina Corrigan
Additional/dual handler If it is practice within your team for two managers to review incidents together use this field to record the second handler	
Escalate You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.	
Date of final approval (closed date) (dd/MM/yyyy)	07/09/2015
Date Notification Sent to External Agency	
Date Terms of Reference Due	
Date SAI Report Due	
SAI Level (1,2 or 3)	
External Agency SAI Ref No.	
Date SAI Report Sent to External Agency	
Date SAI Report Shared with Family/NOK	
Date HSCB/RQIA/Coroner Queries Received	

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Treatment, procedure
Sub Category	Urinary
Detail	Delay

Datix CCS2

Type	
Category	

Sub-Category	
Detail	
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	No
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

SAI / RIDDOR / NIAIC?
Click here To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? Click To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.	No
Is this incident RIDDOR reportable? Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition): 1. Employee or self-employed person working on Trust premises is killed or suffers a major injury 2. A member of the public on Trust premises is killed or taken to hospital 3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work) 4. Dangerous Occurence attributable to the work of the Trust 5. A doctor has notified you in writing that a Trust employee suffers from a reportable work-related disease	No
Is this a NIAIC Incident NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable;	No

- design or manufacturing problems

- inadequate servicing and maintenance

- inappropriate local modifications

- unsuitable storage and use conditions

- selection of the incorrect device for the purpose

- inappropriate management procedures

- poor user instructions or training (which may result in incorrect user practice

Investigation

Investigator	Martina Corrigan
Date started (dd/MM/yyyy)	07/09/2015
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Moderate

Risk grading
Click here

When the incident has a Severity (actualimpact/harm, grading of insignificant to moderate, you need to plot on the matrix oppositethe Potential impact/harm. Deciding what are the chances of the incidenthappening againunder similar circumstances. (Likelihod) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

	Consequence				
Likelihood of recurrence	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain (Expected to occur daily)	○	○	○	○	○
Likely (Expected to occur weekly)	○	○	○	○	○
Possible (Expected to occur monthly)	○	○	◉	○	○
Unlikely (Expected to occur annually)	○	○	○	○	○
Rare (NOT expected to occur for years)	○	○	○	○	○
	Grade: Medium Risk				

Action taken on review Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)	discussion has taken place at the Urology departmental/audit and governance meetings and a new process has been agreed to address patients who have insertation of stents so that they are added to the planned waiting list with a date for removal included
Action Plan Required? A formal action plan is required for all Moderate to Catstrophic incidents. If you tick yes an "Action plan" section will appear	No

below. Use this to create your action plan.

Action Plan

No actions

Lessons learned

Lessons learned If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".	all consultants and registrars are aware of the need to ensure that when they insert a ureteric stent that the patient is added to the waiting list with a date for planned removal
Date investigation completed (dd/MM/yyyy)	07/09/2015
Was any person involved in the incident?	No
Was any equipment involved in the incident?	No

Notepad

Notes
Use this section to record any efforts you have made as part of your investigation e.g. phonecalls / requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations etc, and reduce the amount of phone calls/emails to you requesting same information

Communication

Recipients

Message

Message history				
Date/Time	**Sender**	**Recipient**	**Body of Message**	**Attachments**
No messages				

Medication details

Stage
Prescriber Name
Medication error
Medication involved If multiple medications involved enter the primary medication affecting the incident, and record the others in the description
Correct medication
Form administered
Correct form
Dose and strength involved

Correct dose	
Route involved	
Correct route	

Falls Information
Please Quality Assure all information as part of your investigation

Did the fall occur in Hospital or Community Setting?	
Specific Location of Fall	
Exact location of Fall Please describe in free-text exactly where the fall occurred	
Injury Suspected?	
Harm?	
Buzzer / bell available within reach before fall?	
Floor surface	
Footwear suitable?	
Walking aid in use / reach?	
Mental State	
First fall this admission or repeat?	
Days since admission	
Was the patient receiving medication which may affect the risk of falling?	
Family informed of fall?	
Outcome of Bedrails Assessment	

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?	

Equipment details

Product type	
Brand name	
Serial no	
Description of device	
Current location	
CE marking?	
Description of defect	
Model/size	

Documents added

No documents.

People Affected

	ID	Title	Forenames	Surname	Type	Approval status

Employees

No Employees

Other Contacts

No Other Contacts

DatixWeb 14.1.2 © RLDatix 2021

Chris Wamsley

SHSCT GOVERNANCE TEAM (IR2) Form -NEW June 2018

Incident Details
ID & Status

Incident Reference ID	Personal Information redacted by the USI
Submitted time (hh:mm)	17:45

Incident IR1 details

Notification email ID number	Personal Information redacted by the
Incident date (dd/MM/yyyy)	13/07/2016
Time (hh:mm)	16:00
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	
Does this incident involve a Staff Member?	
Description Enter facts, not opinions. Do not enter names of people	CT renal was done on 17/9/15. Report was received by secretary on 25/9/15. CT raised a suspicion of myeloma. Report was seen by me on 26/9/16 and I requested urgent OPD within 1-2 weeks with a specific mention that 'I am happy to see him as an extra patient' But, an OPD appointment was made only 13/7/16.
Action taken Enter action taken at the time of the incident	MRI and blood tests requested 13/7/16. We need to wait for the reports. Hopefully, there is no malignancy.
Learning Initial	
Reported (dd/MM/yyyy)	13/07/2016
Reporter's full name	Kothandaraman Suresh
Reporter's SHSCT Email Address	
Opened date (dd/MM/yyyy)	14/07/2016
Last updated	Martina Corrigan 09/05/2016 10:53:39
Has safeguarding been considered?	
Were restrictive practices used?	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Outpatient Clinic
Loc (Exact)	Urology Clinic
Directorate	Acute Services
Division	Surgery and Elective Care
Service Area	Outpatients
Speciality / Team	Outpatients

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
Graham, Andrene	Personal Information redacted by the USI	13/07/2016 17:46:07	Personal Information redacted by the USI		Modality Lead	Level 1 Form
Connolly, Connie	Personal Information redacted by the USI	13/07/2016 17:46:07			Acting Acute Governance Co-Ordinator	Level 1 Form
Reid, Trudy	Personal Information redacted by the USI	13/07/2016 17:46:07			Interim Assistant Director of Corporate Governance	Level 1 Form

Management of Incident

Handler Enter the manager who is handling the review of the incident	Martina Corrigan
Additional/dual handler If it is practice within your team for two managers to review incidents together use this field to record the second handler	
Escalate You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.	
Date of final approval (closed date) (dd/MM/yyyy)	05/09/2016
Date Notification Sent to External Agency	
Date Terms of Reference Due	
Date SAI Report Due	
SAI Level (1,2 or 3)	
External Agency SAI Ref No.	
Date SAI Report Sent to External Agency	
Date SAI Report Shared with Family/NOK	
Date HSCB/RQIA/Coroner Queries Received	

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Access, Appointment, Admission, Transfer, Discharge
Sub Category	Appointment
Detail	Urgent appointment not available when required

Datix CCS2

Type	
Category	
Sub-Category	
Detail	
Is this a Haemovigilance /Blood Transfusion or Labs-related Incident?	No
Is this an incident relating to confidentiality? This may include inappropriate access / disclosure, loss or theft of records etc	No

SAI / RIDDOR / NIAIC?

Click here To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? Click To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.	No
Is this incident RIDDOR reportable? Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition): 1. Employee or self-employed person working on Trust premises is killed or suffers a major injury 2. A member of the public on Trust premises is killed or taken to hospital 3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work)	No

4. Dangerous Occurence attributable to the work of the Trust 5. A doctor has notified you in writing that a Trust employee suffers from a reportable work-related disease	
Is this a NIAIC Incident NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable; - design or manufacturing problems - inadequate servicing and maintenance - inappropriate local modifications - unsuitable storage and use conditions - selection of the incorrect device for the purpose - inappropriate management procedures - poor user instructions or training (which may result in incorrect user practice	No

Investigation

Investigator	Martina Corrigan
Date started (dd/MM/yyyy)	05/09/2016
Actual Impact/Harm This has been populated by the reporter. To be quality assured by the investigating manager.	Moderate

Risk grading
Click here

When the incident has a Severity (actualimpact/harm, grading of insignificant to moderate, you need to plot on the matrix oppositethe Potential impact/harm. Deciding what are the chances of the incidenthappening againunder similar circumstances. (Likelihod) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

	Consequence				
Likelihood of recurrence	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain (Expected to occur daily)	○	○	○	○	○
Likely (Expected to occur weekly)	○	○	○	○	○
Possible (Expected to occur monthly)	○	○	◉	○	○
Unlikely (Expected to occur annually)	○	○	○	○	○
Rare (NOT					

	expected to occur for years)	○	○	○	○	○
		Grade: Medium Risk				

Action taken on review Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)	140716cc-this incident was incorrectly classified on submission. Has been amended to be managed by SEC with FSS. AD and HOS notified by communication emails today. Access provided. Access also provided to KR and AC to support investigation. Communication emails sent. Response from AC-I can confirm that the Secretary emailed the Referral & Booking Centre to book this appointment as per Consultant instruction (the clinics are usually booked 6 weeks in advance and the Secretary does not have the facility to overbook clinics). I have therefore liaised with Acting RBC Manager and on this occasion it would appear that this has been an oversight i.e. human error due to the volume and lack of capacity of clinic appointment slots. The RBC Manager and I will review process to ensure failsafe's and avoid recurrence.
Action Plan Required? A formal action plan is required for all Moderate to Catstrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.	No

Action Plan

No actions

Lessons learned

Lessons learned If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".	this was human error so very hard to draw up lessons learned
Date investigation completed (dd/MM/yyyy)	05/09/2016
Was any person involved in the incident?	No
Was any equipment involved in the incident?	No

Notepad

Notes Use this section to record any efforts you have made as part of your investigation e.g. phonecalls / requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations etc, and reduce the amount of phone calls/emails to you requesting same information	

Communication

Recipients

Message

Message history

Date/Time	Sender	Recipient	Body of Message	Attachments
30/08/2016 12:25:08	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: I have copied the clerical response into investigation for your information. My view would b e this is a joint issue between Urology and RBC which need caref ul monitoring. You may want to consider closing this now that ca use and contributing factor have been identified. Please go to htt p://vsrdatixweb/Datix/Development/index.php?action=incident&r ecordid [redacted]to view the incident	
30/08/2016 12:25:08	Connolly, Connie	Cunningha m, Andrea	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: I have copied the clerical response into investigation for your information. My view would b e this is a joint issue between Urology and RBC which need caref ul monitoring. You may want to consider closing this now that ca use and contributing factor have been identified. Please go to htt p://vsrdatixweb/Datix/Development/index.php?action=incident&r ecordid [redacted]to view the incident	
30/08/2016 12:25:08	Connolly, Connie	Haynes, M ark Mr	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: I have copied the clerical response into investigation for your information. My view would b e this is a joint issue between Urology and RBC which need caref ul monitoring. You may want to consider closing this now that ca use and contributing factor have been identified. Please go to htt p://vsrdatixweb/Datix/Development/index.php?action=incident&r ecordid [redacted]to view the incident	
30/08/2016 12:25:08	Connolly, Connie	Kothandar aman.Sure sh [redacted]	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: I have copied the clerical response into investigation for your information. My view would b e this is a joint issue between Urology and RBC which need caref ul monitoring. You may want to consider closing this now that ca use and contributing factor have been identified. Please go to htt p://vsrdatixweb/Datix/Development/index.php?action=incident&r ecordid [redacted]to view the incident	
30/08/2016 12:25:07	Connolly, Connie	Corrigan, Martina	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: I have copied the clerical response into investigation for your information. My view would b e this is a joint issue between Urology and RBC which need caref ul monitoring. You may want to consider closing this now that ca use and contributing factor have been identified. Please go to htt p://vsrdatixweb/Datix/Development/index.php?action=incident&r ecordid [redacted]to view the incident	
14/07/2016 10:11:23	Connolly, Connie	Corrigan, Martina	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: Access has also been prov ided for K Robinson and A Cunningham to support investigation. emails sent today. Please go to http://vsrdatixweb/Datix/Develop ment/index.php?action=incident&recordid [redacted]to view the inc ident	
14/07/2016 10:11:23	Connolly, Connie	Cunningha m, Lucia Mrs	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: Access has also been prov ided for K Robinson and A Cunningham to support investigation. emails sent today. Please go to http://vsrdatixweb/Datix/Develop ment/index.php?action=incident&recordid [redacted]to view the inc ident	
14/07/2016 10:11:22	Connolly, Connie	Cunningha m, Andrea	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: Access has also been prov ided for K Robinson and A Cunningham to support investigation. emails sent today. Please go to http://vsrdatixweb/Datix/Develop ment/index.php?action=incident&recordid [redacted]to view the inc ident	
14/07/2016 10:11:22	Connolly, Connie	Robinson, Katherine	This is a feedback message from Connie Connolly. Incident form reference is [redacted]The feedback is: Access has also been prov ided for K Robinson and A Cunningham to support investigation. emails sent today. Please go to http://vsrdatixweb/Datix/Develop ment/index.php?action=incident&recordid [redacted]to view the inc ident	

14/07/2016 10:11:22	Connolly, Connie	Carroll, Ro nan MR	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: Access has also been prov ided for K Robinson and A Cunningham to support investigation. emails sent today. Please go to http://vsrdatixweb/Datix/Develop ment/index.php?action=incident&recordid=[redacted] to view the inc ident	
14/07/2016 09:55:22	Connolly, Connie	Cardwell, David	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: David- FYI as this is has b een re-directed to SEC in case you receive queries while I am on leave Please go to http://vsrdatixweb/Datix/Development/index.p hp?action=incident&recordid=[redacted] to view the incident	
14/07/2016 09:51:39	Connolly, Connie	Trudy.Reid [redacted]	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:51:38	Connolly, Connie	Reid, Trud y	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:51:38	Connolly, Connie	Boyce, Tra cey	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:51:38	Connolly, Connie	Tracey.Boy ce [redacted]	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:50:19	Connolly, Connie	Forde, Hel en	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:50:19	Connolly, Connie	Carroll, Ro nan MR	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:50:19	Connolly, Connie	Corrigan, Martina	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incid ent&recordid=[redacted] to view the incident	
14/07/2016 09:50:19	Connolly, Connie	Cunningha m, Lucia Mrs	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SE C for primary management but will require input from FSS. Acces s provided today. See initial communication comments. Please go	

			to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid [redacted] to view the incident	
14/07/2016 09:50:19	Connolly, Connie	Kothandaraman Suresh [redacted]	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: this incident was classified incorrectly at the time of submission. This has been moved to SEC for primary management but will require input from FSS. Access provided today. See initial communication comments. Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid [redacted] to view the incident	
14/07/2016 09:47:46	Connolly, Connie	Kothandaraman Suresh [redacted]	This is a feedback message from Connie Connolly. Incident form reference is [redacted] The feedback is: Mr Suresh-can you confirm the year you viewed the report. Please email-Trudy.Reid@southerntrust.hscni.net Please go to http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid [redacted] to view the incident	

Medication details

Stage	
Prescriber Name	
Medication error	
Medication involved If multiple medications involved enter the primary medication affecting the incident, and record the others in the description	
Correct medication	
Form administered	
Correct form	
Dose and strength involved	
Correct dose	
Route involved	
Correct route	

Falls Information
Please Quality Assure all information as part of your investigation

Did the fall occur in Hospital or Community Setting?	
Specific Location of Fall	
Exact location of Fall Please describe in free-text exactly where the fall occurred	
Injury Suspected?	
Harm?	
Buzzer / bell available within reach before fall?	
Floor surface	
Footwear suitable?	
Walking aid in use / reach?	
Mental State	
First fall this admission or repeat?	
Days since admission	

Was the patient receiving medication which may affect the risk of falling?	
Family informed of fall?	
Outcome of Bedrails Assessment	

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?	

Equipment details

Product type	
Brand name	
Serial no	
Description of device	
Current location	
CE marking?	
Description of defect	
Model/size	

Documents added

No documents.

People Affected

	ID	Title	Forenames	Surname	Type	Approval status
▶	[redacted] Personal Information redacted by the USI				Patient/Client/Service User	Unapproved

Employees

No Employees

Other Contacts

No Other Contacts

DatixWeb 14.1.2 © RLDatix 2021

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

ID	Ref	Incident date	Time	Directorate	Loc (Type)	Loc (Exact)	Speciality / Team	Description	Incident affecting	Incident type tier one	Incident type tier two	Incident type tier three	Result	Severity	Grade	Action taken	Action taken (Investigation)
Personal Information redacted by the USI		17/11/2014	14:00	Acute Services	Clinical Area	X-ray Dept (Radiology)	Urology Surgery	Patient was waitlisted for removal of ureteric stent on 17/11/2014, This request was registered in the book in stone treatment centre. A green booking form was also filled in at the same time. But this was overlooked. Patient had to have the stent in unnecessarily too long.						Minor	Medium Risk	He was reviewed in clinic today and realised that the stent was still ins itu. Arranged to remove the stent only today.	040915KR- PAS interogatition confirmed that the green form had been actioned on PAS. Therefore this is not an admin issue. The wait is related to capacity. Communication email sent to HOS to comment and close
Personal Information redacted by the USI		15/03/2015	09:45	Acute Services	Ward or Care Area	3 South	Urology Surgery	This pateint underwent uretric stenting on 13/03/2014 and was supposed to readmitted in 4-6 weeks for stent removal and ureteroscopy. But, this detail was overlooked and was dischrged without the follow up plan.						Moderate	Medium Risk	I contacted him over telephone, apologised and arranged to admit him on 5/6/2015 for the procedure. I will raise this issue in the governance meeting to emphasise the need for stent registry.	discussion has taken place at the Urology departmental/audit and governance meetings and a new process has been agreed to address patients who have insertation of stents so that they are added to the planned waiting list with a date for removal included
Personal Information redacted by the USI		24/04/2014	17:00	Acute Services	Laboratory	Blood Transfusion Lab	Haematology / Blood Transfusion	New antibodies were found while group & save prior to urgent operation for bladder cancer(TURBT) and as the sample had to be sent to Belfast for further analysis, the opertion had to be cancelled on 8/4/2014 . The following day after liaisng with blood bank and after getting clearance from the lab, this patien was rebooed for the procedure to be one on 25/4/2014. She attened pre op assessment clinic on 23/4/014. New anibodies were found on repeat grouping,but this was not communicated to the appropriate team promptly, resulting in cancellation of the opeation again.						Minor	Medium Risk	Discussed with blood bank. Explained & apologised to patient. rebooked the opertion for 9/5/2014	The results of the repeat test were posted on the laboratory system on
Personal Information redacted by the USI		15/12/2014	16:00	Acute Services	Ward or Care Area	4 North	General Surgery	This gentleman was admitted on 14/12/2014 after SIX attempts of urethral catheterisation in A&E. Pt was septic while in the ward 4N. He was not handed over to urology team till 4p.m on 15/12/2014. HE WAS SEPTIC						Moderate	Medium Risk	Taken to theatre foe catheterisation	inpatient notes requested as patient has been discharged
Personal Information redacted by the USI		13/07/2016	16:00	Acute Services	Outpatient Clinic	Urology Clinic	Outpatients	CT renal was done on 17/9/15. Report was received by secretary on 25/9/15. CT raised a suspicion of myeloma. Report was seen by me on 26/9/16 and I requested urgent OPD within 1-2 weeks with a specific mention that 'I am happy to see him as an extra patient' But, an OPD appointment was made only 13/7/16.						Moderate	Medium Risk	MRI and blood tests requested 13/7/16. We need to wait for the reports. Hopefully, there is no malignancy.	140716cc-this incident was incorrectly classified on submission. Has been amended to be managed by SEC with FSS. AD and HOS notified by communication emails today. Access provided. Access also provided to KR and AC to support investigation. Communication emails sent. Response from AC-I can confirm that the Secretary emailed the Referral & Booking Centre to book this appointment as per Consultant instruction (the clinics are usually booked 6 weeks in advance and the Secretary does not have the facility to overbook clinics). I have therefore liaised with Acting RBC Manager and on this occasion it would appear that this has been an oversight i.e. human error due to the volume and lack of capacity of clinic appointment slots. The RBC Manager and I will review process to ensure failsafe's and avoid recurrence.

Personal Information redacted by the USI		24/01/2014	17:00	Acute Services	Anaesthetics/Theatres/ICU area	Theatres 1-4 CAH	Theatres	ACCIDENTAL OF SPLASHING OF CONTAMINATED FLUID INTO THE EYES OF SCRUBBED NURSE DURING TURP, WHILE USING ELLICKS EVACUATOR						Minor	Low Risk	Informed theatre manager MS MULHOLLAND. Eyes washed out with saline immediately and referred to A7E. risk assessment form completed.	28/2/14: Following investigation and discussion with Perso nal it transpired that Perso nal was not wearing eye protection at that time. She fully realised that she should have been wearing eye protection and seemingly she could not find eye goggles int TH6 but understands that that is her responsibility to follow our policy and protect herself. I dicussed this incident at our staff meeting as a shared learning.All staff are very aware of policy. I can confirm that there is availability of eye protection in all theatres (goggles and visors). Blood results -nil of note thankfully.PM

Antibiotic Guidelines for URINARY TRACT/ UROLOGY infections

- Obtain urine specimen before starting antibiotic therapy-initial antibiotic therapy should be guided by previous urine culture results.
- Change antibiotic according to culture and susceptibility results of urine.
- ASYMPTOMATIC BACTERIURIA; do not treat unless pregnancy or urology procedures planned, even if catheter present.
    - In males asymptomatic bacteriuria is unusual in uncatheterised patients and merits further investigation. Send repeat urine culture. If persistently positive consider discussion with urology and microbiology
- Aminoglycosides (e.g. gentamicin): Prolonged therapy is associated with oto- and nephrotoxicity. Where gentamicin is used, consideration must be given to switching to less toxic agents once culture sensitivities are known if treatment is likely to be prolonged.
- Trimethoprim:
    - avoid in patients with an eGFR <30 who are on concurrent angiotensin-converting enzyme inhibitors/ angiotensin-II receptor blockers / spironolactone / eplerenone / amiloride therapy.
    - avoid in patients on methotrexate due to increased risk of haematological toxicity.
- Nitrofurantoin: contraindicated if eGFR<45; may be used with caution as short-course therapy only for the treatment of uncomplicated lower urinary tract infection in individual cases with an eGFR between 30-44 ml/min to treat resistant pathogens, when the benefits are expected to outweigh the risks.

CLINICAL GUIDELINES ID TAG	
Title:	***Antibiotic Guidelines for Urinary Tract/ Urology infections***
Author:	***Dr Martin Brown and Mrs A McCorry***
Speciality / Division:	***Microbiology, Pharmacy***
Directorate:	***Acute***
Date Uploaded:	
Review Date	***December 2016***
Clinical Guideline ID	

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Antibiotic Guidelines for URINARY TRACT/ UROLOGY infections				
Antibiotic Guidelines for URINARY TRACT/ UROLOGY infections				
CLINICAL CONDITION	**RECOMMENDATIONS**		**ALTERNATIVE (suitable in serious penicillin allergy)**	**COMMENTS**
(Acute cystitis): Catheter-associated UTIs Most patients with catheters develop bacteriuria. Treat with antibiotics *only* if patient becomes pyrexial *or* systemically ill.	Gentamicin 5mg/kg* IV once daily *or* Piperacillin/Tazobactam 4.5g 8 hourly IV **if** gentamicin contraindicated	Trimethoprim 200mg 12 hourly PO OR Nitrofurantoin 100mg 6 hourly PO *or* Gentamicin IV 5mg/kg* once daily	Gentamicin 5mg/kg* IV once daily *or* Aztreonam 2g 8 hourly IV **if** gentamicin contraindicated	• Remove catheter if possible - if not possible change catheter if in situ > 2 weeks. • Allow patient to remain without catheter for as long as possible between removal of catheter and insertion of new catheter. • Removal of catheter/insertion of new catheter should be done after antibiotic dose to minimise risk of septicaemia. • Bladder washouts with antiseptics are *not* recommended. Duration: 7-10 days
Complicated UTI Risks include: • recent urinary tract instrumentation • diabetes • immunosuppression • symptoms >7 days duration • structural abnormality of the renal tract		Gentamicin 5mg/kg* IV once daily *or* Piperacillin/Tazobactam 4.5g 8 hourly IV **if** gentamicin contraindicated	Gentamicin 5mg/kg* IV once daily *or* Aztreonam 2g 8 hourly IV **if** gentamicin contraindicated Duration: 7-10 days	• Females: 3-5 days. • Males: 7 days. Catheter removal/change should be performed as below where catheter is the source.
Prophylaxis for recurrent infections in women (≥3 per year)	Trimethoprim 100mg nocte PO OR Nitrofurantoin 50-100mg nocte PO Prophylactic use at night - take before going to bed, after emptying bladder.			**Diagnosis of recurrent UTI should be based on detection of a urinary pathogen on culture of the urine and on clinical judgement -** the number of recurrences regarded as clinically significant depends on the risks of infection and the impact on the patient.
Upper UTI (Pyelonephritis) Urosepsis Sepsis: Clinical impression of infection + 2 of: • Temperature >38^{0}C or <36^{0}C • Tachycardia >90 bpm • RR >20/min • WCC <4 or >12 X 10^9/L.	Treat for 3 months, then review. Repeat MSSU after 1 month of treatment.	Gentamicin 5mg/kg* IV once daily *or* Piperacillin/Tazobactam 4.5g 8 hourly IV **if** gentamicin contraindicated	Gentamicin 5mg/kg* IV once daily *or* Aztreonam 2g 8 hourly IV **if** gentamicin contraindicated	**Note:** • Relapse is recurrent UTI with *the same strain* of organism. Relapse is the likely cause if infection recurs within a short period (for example within 2 weeks) after treatment. • Reinfection is recurrent UTI with *a different strain or species* of organism. Reinfection is the likely cause if UTI recurs more than 2 weeks after treatment. Catheter removal/change as above is

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

Antibiotic Guidelines for URINARY TRACT/ UROLOGY infections			
CLINICAL CONDITION	**RECOMMENDATIONS**	**ALTERNATIVE (suitable in serious penicillin allergy)**	**COMMENTS**
Epididymitis	*Sexually transmitted*: Doxycycline 100mg 12 hourly PO for 10 -14 days *AND GIVE a SINGLE dose Ceftriaxone 500mg IM* Men at risk of infection by both enteric organisms and STI (e.g. men who practice insertive anal intercourse) should be considered for cover for enteric organisms in addition to Chlamydia and Gonococcus even if thought sexually acquired. *Risk of enteric and STIs:* Ofloxacin 200mg 12 hourly PO for 14 days, then review *AND GIVE a SINGLE dose Ceftriaxone 500mg IM* *Nonsexually transmitted*: Ciprofloxacin 500mg 12 hourly PO for 10 days, then review.		Where STI is suspected this should be investigated. If severe cephalosporin allergy, expert infectious diseases consultation is recommended; the best available treatment option is cephalosporin treatment following desensitization. If desensitization is not an option, consider Azithromycin 2g PO; it is effective against uncomplicated gonococcal infection, but concerns over emerging antimicrobial resistance to macrolides should restrict its use.
Prostatitis	*Not secondary to STI:* Ciprofloxacin 500mg 12 hourly PO Most cases of infectious prostatitis are caused by enterobacteriaceae. Where STI is strongly suspected Gonococcus should be covered with ceftriaxone and doxycycline is preferred to a quinolone. Caution should be exercised in moving away from enterobacteriaceae cover in the absence of a laboratory diagnosis. If need to cover both enterobacteriaceae and STI empirically please discuss with microbiology. *Secondary to STI:* Doxycycline 100mg 12 hourly PO AND GIVE a SINGLE dose Ceftriaxone 500mg IM		Gram stain and culture of urine should be performed. Where this suggests infection other than with ciprofloxacin sensitive gram negatives discuss with microbiology. Where STI is suspected this should be investigated. Duration: 2 weeks for STI 4 weeks for acute 4-6+ weeks for chronic

References:

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry

1. 2010 United Kingdom national guideline for the management of epididymo-orchitis. Clinical Effectiveness Group, British Association for Sexual Health and HIV.
2. United Kingdom National guideline for the management of prostatitis (2008). Clinical Effectiveness Group, British Association of Sexual Health and HIV.
3. SIGN 88. Management of suspected bacterial urinary tract infection in adults. July 2012.
4. European Association of Urology Guidelines, 2014 edition.

Received from Kothandaraman Suresh on 02/09/22. Annotated by Urology Services Inquiry