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HSCB PHA ACTION TAKEN:

29/10/20: Trust acknowledged. DRO Assigned. To be reviewed at weekly incident review meeting.

3/11/20: Email from Dboulter to AKane - At this mornings Acute meeting it was discussed re the number (there will be 9 in total) level 3 SAI's linked to urology in the ST. it was agreed I would be DRO for all and link with Jackie Mc Call and onward to the acute group when needed.

I wondered would it be possible to have one member of your team that also co ordinates all of these as there is undoubtedly going to be a considerable amount of back and forth and it may be useful to me if all the emails came from a person (copied into SI rather than from SI) in order that I can quickly see when something re this comes in

I am happy to discuss this

03/11/20: Reply from AKane - I have spoken to both Mareth and Elaine. For now Elaine will be the Band 7 to co-ordinate these SAIs and will do this in conjunction with Donna who is already the Band 4 responsible for all SHSCT SAIs and Early Alerts.

Mareth will liaise with Elaine in the first instance.

Hope this is helpful

Action Log Acute SAI Review Team Meeting 3 November 2020

First Review 3 November 2020 – This SAI is one of 9 SAIs linked to Urology and the Trust have advised that the SAIs will be subject to one overarching Level 3 review. Denise Boulter will be DRO for the Urology Level 3 reviews linking with Dr Jackie McCall and referral to the Acute SAI Review Team.

Governance Team to reassign SAI to Denise Boulter.

Action: Governance Team

Review next meeting

LO Reassigned to DBoulter

erarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI

Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.

Action Notes - Incident Review Meeting 4th November 2020

No immediate action, await the report.

13/11/20: Email from DRO - I am content to agree these terms of reference and membership with a minor change in the first paragraph should read "within which" rather than just "within"

I am content with the 4 month timescale outlined in the TOR

29/01/21: Email from GMcA - Denise and Anne have agreed that the SAIs linked to the Overarching Urology SAI Personal Information redacted can be deferred. All communication can therefore continue to be saved only to Datix record Personal Information redacted.

01/03/21: Email from SHSCT - Please find attached draft SAI Reports for the above SAI's, pending family engagement

Forwarded to DRO along with PR cc PCavanagh and EHamilton

Saved to Acute meeting Folder 9/03/21

ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 9 MARCH 2021

Update 9 March 2021: It was agreed a separate meeting will be held on 23 March 2021 to discuss this SAI and the 9 Urology SAIs linked to it. Governance Team to seek permission from SHSCT to share report with NICAN.

10/03/21: Email from DRO -As discussed at the acute meeting yesterday and following my meeting today

HSCB PHA ACTION TAKEN:

can we ask the Trust can we share these (or at least the overarching report) with NICAN please

10/03/21: Email from EHamilton - Can you please seek permission from Southern Trust to share report/s with NICAN please

11/03/21: Email to SHSCT - seek permission share reports with NICAN

15/03/21: Email from SHSCT - Please see response from Governance Team regarding the above Reports:

"The reports are in draft and awaiting factual accuracy checks. We are happy to share when the finalised reports are ready".

Forwarded to DRO CC EH and PC

16/03/21: Email from AKane enclosing email from JMcKimm SHSCT Comms team to DGordon DOH and PMoore - Both

See below current draft statement re: Urology SAls. It is anticipated these will be released to families etc. this week.

Please come back to me with comments etc.

Urology SAI Review

A spokesperson for the Southern Health and Social Care Trust said:

"The draft Serious Adverse Incident Reviews were issued to interested parties this week, including patients and families. SAls are reviews which identify learning and make recommendations to improve services. The independently-chaired SAI process has been a comprehensive review of nine individual patient journeys.

"At this stage the Trust will not be making any comment on specific issues raised through the SAI process as this will be part of the overarching Public Inquiry announced by the Health Minister in November.

"Any recommendations that relate to improved assurance around care standards will be actioned to ensure that the learning from the SAI process is quickly embedded in the Trust and shared with other HSC organisations."

On 15/03/21 RMorton advised I am content with this statement

Forwarded to EH for info

Acute SAI Review Level 2 3 Group Action Log 23 March 2021

Update 23 March 2021: Denise Boulter had a meeting to discuss this SAI and the 9 SAls which are linked to it. Minutes from this meeting will be added to the Datix record. A working group will be established to review the reports and to identify regional learning.

Denise also advised a paper will be sent to SMT to provide an update.

Elaine Hamilton to contact the Southern Trust to enquire about sharing of the Reports with NICAN as the Trust have advised to wait until they are checked for accuracy

Working Group to be established

Review at next meeting for update

30/03/21: Email from EHamilton - Lauren / Diane / Nicole,

I have been trying to call to speak with one someone regarding sharing of the Reports. We would like to share at least the overarching report with NICAN as soon as possible.

Can you advise if we would be able to share the overarching report as a minimum at this stage?

01/04/21: Email from EH enclosing email from SWallace SHSCT dated 31/03/21 - Elaine, the chair is due to receive final comments on the documents this week. As drafts there is potential for factual corrections at this stage.

We will be in a position to share the final versions soon however.

22/04/21: Email from SHSCT Hi

Please find attached SAI Reports for the above SAI's and Overarching Report

Forwarded to DRO cc EHamilton and PCavanagh

27/04/21: Email to SHSCT - We had been advised to wait until final reports were received before we could share them with NICAN. Can you advise if the Trust are now content we share the attached reports with NICAN.

29/04/21: Email from EHamilton to DRO - Southern Trust are happy that we share the recommendations only from the overarching report NICAN. Are you content we go ahead and do this?

Reply from DRO - Yes thanks that's great

04/05/21: Email from EH to Chief Exe Nias -

Please find attached recommendations from the overarching Urology Report from Southern Trust. We have received permission from SHSCT to share the recommendations with NICAN to obtain their view. I would be grateful if NICAN could review the attached and provide comments back to

HSCB PHA ACTION TAKEN:

Personal Information redacted by the USI copied to seriousincidents@hscni.net

The attached document is password protected. Please confirm receipt of email and I will forward the password.

If you wish to speak to the DRO for this SAI please dont hesitate to contact me and I will arrange this.

13/05/21: Email from EH to SHSCT - NICAN have reviewed the recommendations but would like to see more information. Could you confirm if we would be able to share the full overarching report with NICAN?

Update 25th May 2021: The following reports were contained within members papers: Personal Information redacted by the USI,

Personal Information redacted by the USI

Members agreed all 10 Urology SAIs should be deferred until the outcome from the independent review is available. Urgent learning will be issued if required.

04/11/21: Engagement update provided by Trust.

****Copy EHamilton into all correspondence****

*****ALL CORRESPONDENCE FROM 29/01/21 HAS BEEN SAVED TO OVERARCHING SAI - Datix ID**

Personal Information redacted by the USI **

****DEFERRAL REMOVED ON 18/05/21*****

Deferred on 25/05/21**

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 18 August 2020 15:20
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification [Personal Information]
Attachments: Notification Form [Personal Information].pdf
Categories: Ann, Work in progress

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted by the USI].

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

APPENDIX 1

Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT		2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE: Personal Information redacted by the	
3. HOSPITAL / FACILITY / COMMUNITY LOCATION S Craigavon Area Hospital		4. DATE OF INCIDENT: 31.10.2019	
5. DEPARTMENT / WARD / LOCATION EXACT Urology Department			
6. CONTACT PERSON: Mrs Patricia Kingsnorth		7. PROGRAMME OF CARE: Acute	
8. DESCRIPTION OF INCIDENT: XX was diagnosed with locally advanced prostate cancer in August 2019. An MDT discussion on 31 October 2019 recommended androgen deprivation therapy (ADT) and external beam radiation therapy (EBRT). XX was not referred for ERBT and his hormone treatment was not as per guidance. In March 2020 XX's PSA was rising and when restaged in June 2020 XX had developed metastatic disease. DOB: Personal Information redacted by the USI GENDER: M AGE: Personal Information redacted by the (complete where relevant)			
9. IS THIS INCIDENT A NEVER EVENT?		If 'YES' provide further detail on which never event - refer to DoH link below	
	NO	https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars	
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING			
STAGE OF CARE: (refer to Guidance Notes) D1000 - Diagnostic Processes/Procedures		DETAIL: (refer to Guidance Notes) D10700 - Monitoring/On-going Assessment of Patient Status ADVERSE EVENT: (refer to Guidance Notes) D10703 - Failure/insufficient/incomplete monitoring	
10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: - Patient has been seen in outpatients and diagnosis and future management plan discussed.			
11. CURRENT CONDITION OF SERVICE USER: - alive.			
12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)			NO
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)		YES	
14. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: (please select relevant criteria below)			
serious injury to, or the unexpected/unexplained death of:			
- a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit)			X
- a staff member in the course of their work			
- a member of the public whilst visiting a HSC facility.			
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM			
serious self-harm or serious assault (<i>including attempted suicide, homicide and sexual assaults</i>) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service			
serious self-harm or serious assault (<i>including homicide and sexual assaults</i>) <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
suspected suicide of a service user who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 			
15. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED: (<i>please select</i>)			NO
if 'YES' (<i>full details should be submitted</i>):			
16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?	YES	DATE INFORMED: 17/07/2020 specify reason: To be informed when review team meet	
17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? (<i>refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.</i>) please specify where relevant			NO
if 'YES' (<i>full details should be submitted including the date notified</i>):			
18. OTHER ORGANISATION/PERSONS INFORMED: (<i>please select</i>)	DATE INFORMED:	OTHERS: (<i>please specify where relevant, including date notified</i>)	
DoH EARLY ALERT			
HM CORONER			
INFORMATION COMMISSIONER OFFICE (ICO)			
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)			
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)			
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)			
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)			
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)			
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)			
19. LEVEL OF REVIEW REQUIRED: (<i>please select</i>)	LEVEL 2		
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6			
20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (<i>delete as appropriate</i>)			
Report submitted by: Patricia Kingsnorth Designation: Acting Acute Clinical & Social Care Governance Coordinator			
Email:	Personal Information redacted by the USI	Telephone:	Personal Information redacted by the USI
		Date:	10/08/2020

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM**21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION:** *(refer to Guidance Notes)*

Additional information submitted by: _____

Designation: _____

Email: _____

Telephone: _____

Date: DD / MM / YYYY

Completed proforma should be sent to: seriousincidents@hscni.net
and *(where relevant)* seriousincidents@rqia.org.uk

serious incidents

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: [Personal Information]

HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

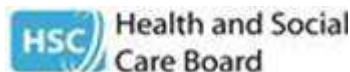
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
 Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information]

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

serious incidents

From: serious incidents
Sent: 18 August 2020 16:45
To: Anne-Marie Phillips
Cc: Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Denise Boulter; Elaine Hamilton (HSCB); Geraldine McArdle; Hugo Van Woerden; Jacqui Burns; Louise Herron; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton
Subject: DRO Assigned - Trust Ref: [Personal Information] / HSCB Ref: S [Personal Information]
Attachments: SAI Notification Form - [Personal Information].pdf

Anne-Marie

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the SHSCT received on 18 August 2020. This notification confirms that a **Level 2** Root Cause Analysis (RCA) review will be undertaken.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016.

Trust Reference: [Personal Information]

HSCB Reference: [Personal Information]

Programme of Care: Acute Services

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

An acknowledgement of receipt of this notification has been forwarded to the SHSCT, requesting:

- the **Terms of Reference and Membership** of the review team by no later than 15 September 2020 and;
- a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020.

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

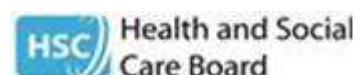
In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

If you require any further information, please do not hesitate to contact me.

Regards

Ann Redpath

Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI](#)]
Sent: 18 August 2020 15:20
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification [Personal Information redacted by the USI]

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted by the USI]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

serious incidents

From: Anne-Marie Phillips
Sent: 19 August 2020 11:27
To: serious incidents
Subject: RE: DRO Assigned - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Categories: Roisin

Dear Serious Incidents

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states “*patient has been seen in outpatients and diagnosis and future management plan discussed*”.

Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Many thanks
 Anne-Marie

From: serious incidents
Sent: 18 August 2020 16:46
To: Anne-Marie Phillips
Cc: Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Denise Boulter; Elaine Hamilton (HSCB); Geraldine McArdle; Hugo Van Woerden; Jacqui Burns; Louise Herron; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton
Subject: DRO Assigned -Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Anne-Marie

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the SHSCT received on 18 August 2020. This notification confirms that a **Level 2** Root Cause Analysis (RCA) review will be undertaken.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016.

Trust Reference: [Personal Information]

HSCB Reference: [Personal Information]

Programme of Care: Acute Services

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

An acknowledgement of receipt of this notification has been forwarded to the SHSCT, requesting:

- the **Terms of Reference and Membership** of the review team by no later than 15 September 2020 and;
- a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020.

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- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

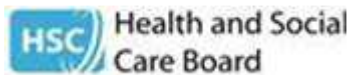
In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

If you require any further information, please do not hesitate to contact me.

Regards

Ann Redpath

Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information redacted by the USI]

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted by the USI].

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: serious incidents
Sent: 20 August 2020 14:22
To: Corporate.Governance (Personal Information redacted by the USI)
Subject: DRO Queries - Trust Ref: (Personal Information) / HSCB Ref: (Personal Information)
Importance: High

Diane,

Please see below DRO queries, in relation to the above SAI:

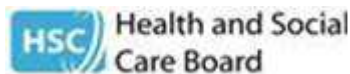
In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states “patient has been seen in outpatients and diagnosis and future management plan discussed”. Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox as soon as possible?

Many Thanks

Róisín

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI — Personal Information redacted by the USI

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement -Trust Ref: (Personal Information) / HSCB Ref: (Personal Information)

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: (Personal Information)

HSCB Ref: (Personal Information)

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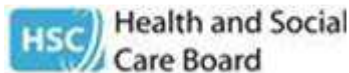
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

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Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification [Personal Information redacted by the USI](#)

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 25 August 2020 14:29
To: serious incidents
Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Categories: Work in progress

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

From: serious incidents [mailto:[Personal Information redacted by the USI]]
Sent: 20 August 2020 14:22
To: Corporate.Governance
Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "*patient has been seen in outpatients and diagnosis and future management plan discussed*".

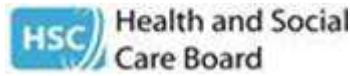
Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox as soon as possible?

Many Thanks

Roisin

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents

Sent: 18 August 2020 16:35

To: 'Corporate.Governance'

Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref:

[Personal Information]

HSCB Ref:

[Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

The DRO for this SAI is Anne-Marie Phillips.

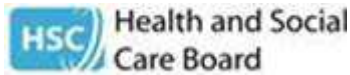
All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath

[Ann Redpath](#)



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: serious incidents
Sent: 26 August 2020 15:54
To: Anne-Marie Phillips
Subject: FW: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Hi Anne-Marie,

Please see below response from the SHSCT to your query regarding *immediate action*.

Let us know if you require any further information.

Regards,
John

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
Sent: 25 August 2020 14:29
To: serious incidents
Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

From: serious incidents [mailto:[Personal Information redacted by the USI]]
Sent: 20 August 2020 14:22
To: Corporate.Governance
Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states *"patient has been seen in outpatients and diagnosis and future management plan discussed"*.

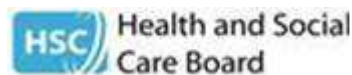
Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox as soon as possible?

Many Thanks

Róisín

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents

Sent: 18 August 2020 16:35

To: 'Corporate.Governance'

Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref:

[Personal Information]

HSCB Ref:

[Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

The DRO for this SAI is Anne-Marie Phillips.

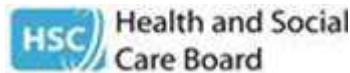
All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will

ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Anne-Marie Phillips
Sent: 26 August 2020 16:48
To: serious incidents
Subject: RE: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Categories: Donna, Work in progress

Thank you John. I have no further action.
Kind regards
Anne-Marie

From: serious incidents
Sent: 26 August 2020 15:54
To: Anne-Marie Phillips
Subject: FW: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information] 7

Hi Anne-Marie,

Please see below response from the SHSCT to your query regarding *immediate action*.

Let us know if you require any further information.

Regards,
John

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
Sent: 25 August 2020 14:29
To: serious incidents
Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site

Telephone Personal Information redacted by the USI

From: serious incidents [mailto:Personal Information redacted by the USI]
Sent: 20 August 2020 14:22
To: Corporate.Governance
Subject: DRO Queries - Trust Ref: Personal Information / HSCB Ref: Personal Information
Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

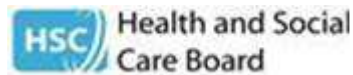
In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "*patient has been seen in outpatients and diagnosis and future management plan discussed*". Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox **as soon as possible?**

Many Thanks

Róisín

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement -Trust Ref: Personal Information / HSCB Ref: Personal Information

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: Personal Information

HSCB Ref: Personal Information

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

The DRO for this SAI is Anne-Marie Phillips.

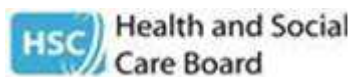
All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath

Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

Telephone Personal Information redacted by the USI

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Information and/or copyright material.

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serious incidents

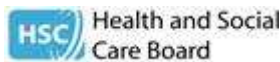
From: serious incidents
Sent: 01 September 2020 15:49
To: 'Corporate.Governance'
Subject: Further Query - Trust Ref: [Personal Information redacted] / HSCB Ref: [Personal Information redacted]

Diane

HSCB/PHA Officers have reviewed this initial SAI notification at the Incident Review meeting held on 26/08/2020 and would ask SHSCT to advise if this SAI (SHSCT [Personal Information redacted]) and SAI [Personal Information redacted] (SHSCT [Personal Information redacted]) are linked to the Urology Early Alert submitted on 31 July 2020 (Trust Ref: [Personal Information redacted] EA JULY 2020 20 - HSCB Ref: [Personal Information redacted]).

Please provide a response as soon as ever possible.

Warm Regards
 Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
Sent: 25 August 2020 14:29
To: serious incidents
Subject: DRO Queries - Trust Ref: [Personal Information redacted] / HSCB Ref: [Personal Information redacted]

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone [Personal Information redacted by the USI]

From: serious incidents [mailto:Personal Information redacted by the USI]
Sent: 20 August 2020 14:22
To: Corporate.Governance
Subject: DRO Queries - Trust Ref: Personal Information / HSCB Ref: Personal Information
Importance: High

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Diane,

Please see below DRO queries, in relation to the above SAI:

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "*patient has been seen in outpatients and diagnosis and future management plan discussed*".

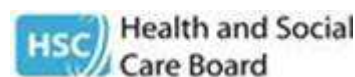
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Please send your response to seriousincidents@hscni.net mailbox **as soon as possible**?

Many Thanks

Roisin

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement - Trust Ref: Personal Information / HSCB Ref: Personal Information

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: Personal Information

HSCB Ref: Personal Information

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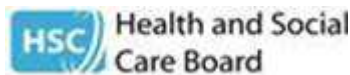
The DRO for this SAI is Anne-Marie Phillips.

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Regards

Ann Redpath
[Ann Redpath](#)



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [<mailto:> Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 03 September 2020 12:19
To: serious incidents
Subject: RE: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Categories: Work in progress, Ann

Donna,

There are 3 SAI's relating to the Early Alert, SHSCT [Personal Information] (HSCB Ref: [Personal Information]), SHSCT [Personal Information] (HSCB Ref: [Personal Information]) and SHSCT [Personal Information] (HSCB Ref: [Personal Information]).

Kind Regards
Diane

From: serious incidents [mailto:serious.incidents@hscni.net]
Sent: 01 September 2020 15:49
To: Corporate.Governance
Subject: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

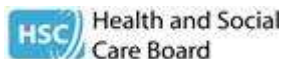
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Diane

HSCB/PHA Officers have reviewed this initial SAI notification at the Incident Review meeting held on 26/08/2020 and would ask SHSCT to advise if this SAI (SHSCT [Personal Information] and SAI [Personal Information] (SHSCT [Personal Information]) are linked to the Urology Early Alert submitted on 31 July 2020 (Trust Ref: [Personal Information redacted] EA JULY 2020 20 - HSCB Ref: [Personal Information]).

Please provide a response as soon as ever possible.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
Sent: 25 August 2020 14:29
To: serious incidents
Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

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Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

From: serious incidents [<mailto:serious.incidents@hscni.net>]

Sent: 20 August 2020 14:22

To: Corporate.Governance

Subject: DRO Queries - Trust Ref: Personal Information redacted by the USI / HSCB Ref: Personal Information redacted by the USI

Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "*patient has been seen in outpatients and diagnosis and future management plan discussed*".

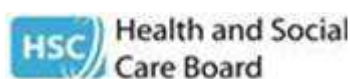
Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox **as soon as possible?**

Many Thanks

Roisin

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI — Personal Information redacted by the USI

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: [Personal Information]

HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

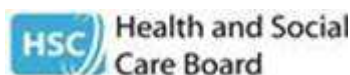
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
 Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI] [Personal Information redacted by the USI]

From: Corporate.Governance [[mailto:\[Personal Information redacted by the USI\]](mailto:[Personal Information redacted by the USI])]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information]

Good Afternoon,

Please find attached new SAI notification for ID Personal Information

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone Personal Information redacted by the USI

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serious incidents

From: serious incidents
Sent: 07 September 2020 13:18
To: Anne-Marie Phillips; Jackie McCall; Caroline Graham; Joanne McClean
Cc: Elaine Hamilton (HSCB)
Subject: Urology Linked Early Alert/SAIs - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Folks

Please note confirmation from SHSCT re: the linked urology Early Alert & SAIs.

SEA [Personal Information] – Lead Officer Joanne McClean. Joanne the Earl Alert has now been closed following submission of the SAIs.

SAI [Personal Information] – DRO Anne-Marie Phillips

SAI [Personal Information] – DRO Jackie McCall

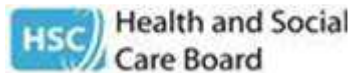
SAI [Personal Information] – DRO Caroline Graham

These have now been linked on Datix.

Regards

Ann Redpath

Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]

Sent: 03 September 2020 12:19

To: serious incidents

Subject: RE: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Donna,

There are 3 SAI's relating to the Early Alert, SHSCT [Personal Information] (HSCB Ref: [Personal Information]), SHSCT [Personal Information] (HSCB Ref: [Personal Information]) and SHSCT [Personal Information] (HSCB Ref: [Personal Information]).

Kind Regards

Diane

From: serious incidents [mailto:serious.incidents@hscni.net]

Sent: 01 September 2020 15:49

To: Corporate.Governance

Subject: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

"This email is covered by the disclaimer found at the end of the message."

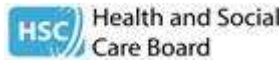
Diane

HSCB/PHA Officers have reviewed this initial SAI notification at the Incident Review meeting held on 26/08/2020 and would ask SHSCT to advise if this SAI (SHSCT [Personal Information]) and SAI [Personal Information] (SHSCT [Personal Information]) are linked to the Urology Early Alert submitted on 31 July 2020 (Trust Ref: [Personal Information redacted] EA JULY 2020 20 - HSCB Ref: [Personal Information]).

Please provide a response as soon as ever possible.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [[mailto:\[Personal Information redacted by the USI\]](mailto:[Personal Information redacted by the USI])]

Sent: 25 August 2020 14:29

To: serious incidents

Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

Telephone [Personal Information redacted by the USI]

From: serious incidents [<mailto:serious.incidents@hscni.net>]

Sent: 20 August 2020 14:22

To: Corporate.Governance

Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

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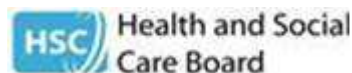
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Please send your response to seriousincidents@hscni.net mailbox **as soon as possible**?

Many Thanks

Roisin

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents

Sent: 18 August 2020 16:35

To: 'Corporate.Governance'

Subject: Acknowledgement - Trust Ref: [redacted] / HSCB Ref: [redacted]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB [redacted] mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref:

[redacted]

HSCB Ref:

[redacted]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
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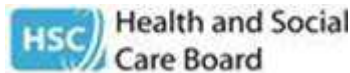
The DRO for this SAI is Anne-Marie Phillips.

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The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

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serious incidents

From: Anne Kane
Sent: 03 September 2020 14:37
To: Geraldine McArdle
Cc: Paul Cavanagh; serious incidents; Jacqui Burns; Mareth Campbell
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Categories: Ann, SHSCT actioned

Geraldine

Can you forward Paul a position report for each of the three SAIs stated below (email to Donna from SHSCT Corp governance)

Paul

My understanding is that these SAIs were reported much earlier than the actual early alert. I have asked Geraldine to forward you a position report on each of them which will provide you with the detail of the SAI, action taken by HSCB/PHA and current status of SAI.

Hope this is helpful

Regards
 Anne

From: Paul Cavanagh
Sent: 03 September 2020 14:27
To: Anne Kane
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Anne

Southern Trust colleagues have stated that they have submitted 3 SAIs re urology services. Please can you confirm.

Thanks

Paul

From: Wallace, Stephen [mailto:[Personal Information redacted by the USI]]
Sent: 03 September 2020 14:25
To: Paul Cavanagh; Brid Farrell
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Paul / Brid, just further to speaking earlier these are the references as discussed

Thanks
 Stephen

From: Corporate.Governance
Sent: 03 September 2020 12:19
To: serious incidents
Subject: RE: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Donna,

There are 3 SAI's relating to the Early Alert, SHSCT [Personal Information] (HSCB Ref: [Personal Information]), SHSCT [Personal Information] (HSCB Ref: [Personal Information]) and SHSCT [Personal Information] (HSCB Ref: [Personal Information]).

Kind Regards
Diane

From: serious incidents [mailto:serious.incidents@hscni.net]
Sent: 01 September 2020 15:49
To: Corporate.Governance
Subject: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

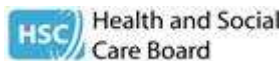
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Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
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Roisin.

Can you advise the DRO that :-

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This gentleman has subsequently passed away due to cancer.

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 Corporate Governance Assistant
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 Craigavon Area Hospital Site
 Telephone Personal Information redacted by the USI

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Subject: DRO Queries - Trust Ref: Personal Information redacted by the USI / HSCB Ref: Personal Information redacted by the USI
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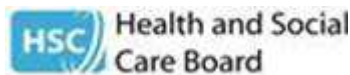
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Many Thanks
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 Roisin Hughes



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Trust Ref: [Personal Information]

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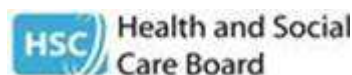
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Ann Redpath



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Kind Regards

Diane

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Corporate Governance Assistant

Beechfield House
Craigavon Area Hospital Site
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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Paul Cavanagh
Sent: 03 September 2020 14:47
To: Anne Kane; Geraldine McArdle
Cc: serious incidents; Jacqui Burns; Mareth Campbell
Subject: RE: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Categories: Work in progress, Ann

Thanks Anne

I had assumed the Early Alert would have come before the SAIs. I would welcome an update.

Regards

Paul

From: Anne Kane
Sent: 03 September 2020 14:37
To: Geraldine McArdle
Cc: Paul Cavanagh; serious incidents; Jacqui Burns; Mareth Campbell
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Geraldine

Can you forward Paul a position report for each of the three SAIs stated below (email to Donna from SHSCT Corp governance)

Paul

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Hope this is helpful

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To: Anne Kane
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Anne

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Thanks

Paul

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Sent: 03 September 2020 14:25
To: Paul Cavanagh; Brid Farrell
Subject: FW: Further Query - Trust Ref: Personal Information / HSCB Ref: Personal Information

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Stephen

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Subject: RE: Further Query - Trust Ref: Personal Information / HSCB Ref: Personal Information

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Kind Regards
Diane

From: serious incidents [mailto:serious.incidents@hscni.net]
Sent: 01 September 2020 15:49
To: Corporate.Governance
Subject: Further Query - Trust Ref: Personal Information / HSCB Ref: Personal Information

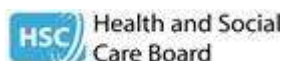
"This email is covered by the disclaimer found at the end of the message."

Diane

HSCB/PHA Officers have reviewed this initial SAI notification at the Incident Review meeting held on 26/08/2020 and would ask SHSCT to advise if this SAI (SHSCT Personal Information) and SAI Personal Information (SHSCT Personal Information) are linked to the Urology Early Alert submitted on 31 July 2020 (Trust Ref: Personal Information redacted by the USI EA JULY 2020 20 - HSCB Ref: Personal Information).

Please provide a response as soon as ever possible.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]
Sent: 25 August 2020 14:29

To: serious incidents

Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

From: serious incidents [<mailto:serious.incidents@hscni.net>]

Sent: 20 August 2020 14:22

To: Corporate.Governance

Subject: DRO Queries - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "*patient has been seen in outpatients and diagnosis and future management plan discussed*".

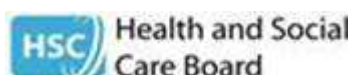
Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox **as soon as possible?**

Many Thanks

Roisin

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents

Sent: 18 August 2020 16:35

To: 'Corporate.Governance'

Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref:

[Personal Information]

HSCB Ref:

[Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

The DRO for this SAI is Anne-Marie Phillips.

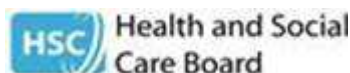
All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath

[Ann Redpath](#)



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [[mailto:\[Personal Information\]](mailto:[Personal Information])]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information redacted]

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Geraldine McArdle
Sent: 03 September 2020 16:06
To: Paul Cavanagh
Cc: Anne Kane; Jacqui Burns; Mareth Campbell; serious incidents
Subject: RE: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Attachments: Position Report [Personal Information].docx; Position Report [Personal Information].docx; Position Report [Personal Information].docx

Categories: Work in progress, Ann

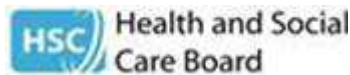
Paul, please see attached position reports for the following SAIs (usual password applies):

- [Personal Information] reported on 18/08/20
- [Personal Information] reported on 19/08/20
- [Personal Information] reported on 19/08/20

All SAIs are currently open on Datix awaiting the review report.

Regards
 Geraldine

Geraldine McArdle



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI - Personal Information redacted by the USI

From: Anne Kane
Sent: 03 September 2020 14:37
To: Geraldine McArdle
Cc: Paul Cavanagh; serious incidents; Jacqui Burns; Mareth Campbell
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Geraldine

Can you forward Paul a position report for each of the three SAIs stated below (email to Donna from SHSCT Corp governance)

Paul

My understanding is that these SAIs were reported much earlier than the actual early alert. I have asked Geraldine to forward you a position report on each of them which will provide you with the detail of the SAI, action taken by HSCB/PHA and current status of SAI.

Hope this is helpful

Regards

Anne

From: Paul Cavanagh
Sent: 03 September 2020 14:27
To: Anne Kane
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Anne

Southern Trust colleagues have stated that they have submitted 3 SAIs re urology services. Please can you confirm.

Thanks

Paul

From: Wallace, Stephen [mailto:[Personal Information redacted by the USI]]
Sent: 03 September 2020 14:25
To: Paul Cavanagh; Brid Farrell
Subject: FW: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Paul / Brid, just further to speaking earlier these are the references as discussed

Thanks
Stephen

From: Corporate.Governance
Sent: 03 September 2020 12:19
To: serious incidents
Subject: RE: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Donna,

There are 3 SAI's relating to the Early Alert, SHSCT [Personal Information] (HSCB Ref: [Personal Information]), SHSCT [Personal Information] (HSCB Ref: [Personal Information]) and SHSCT [Personal Information] (HSCB Ref: [Personal Information]).

Kind Regards
Diane

From: serious incidents [mailto:serious.incidents@hscni.net]
Sent: 01 September 2020 15:49
To: Corporate.Governance
Subject: Further Query - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

"This email is covered by the disclaimer found at the end of the message."

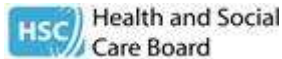
Diane

HSCB/PHA Officers have reviewed this initial SAI notification at the Incident Review meeting held on 26/08/2020 and would ask SHSCT to advise if this SAI (SHSCT [Personal Information]) and SAI [Personal Information] (SHSCT [Personal Information]) are linked to the Urology Early Alert submitted on 31 July 2020 (Trust Ref: [Personal Information redacted] EA JULY 2020 20 - HSCB Ref: [Personal Information]).

Please provide a response as soon as ever possible.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]

Sent: 25 August 2020 14:29

To: serious incidents

Subject: DRO Queries - Trust Ref: Personal Information / HSCB Ref: Personal Information

Roisin.

Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

From: serious incidents [<mailto:serious.incidents@hscni.net>]

Sent: 20 August 2020 14:22

To: Corporate.Governance

Subject: DRO Queries - Trust Ref: Personal Information / HSCB Ref: Personal Information

Importance: High

"This email is covered by the disclaimer found at the end of the message."

Diane,

Please see below DRO queries, in relation to the above SAI:

In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "patient has been seen in outpatients and diagnosis and future management plan discussed".

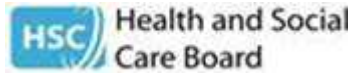
Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

Please send your response to seriousincidents@hscni.net mailbox **as soon as possible**?

Many Thanks

Roisin

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents

Sent: 18 August 2020 16:35

To: 'Corporate.Governance'

Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: [Personal Information]

HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

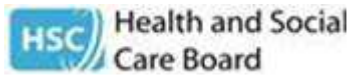
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]
Sent: 18 August 2020 15:20
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: serious incidents
Sent: 02 October 2020 15:26
To: Corporate.Governance (Personal Information redacted by the USI)
Subject: TOR Due - Trust Ref: (Personal Information) / HSCB Ref: (Personal Information)

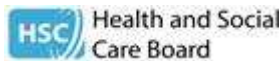
Diane

I refer to the above SAI and wish to advise the Terms of Reference and Membership are now overdue.

Please submit as soon as ever possible.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

(Personal Information redacted by the USI)

(Personal Information redacted by the USI)

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement - Trust Ref: (Personal Information) / HSCB Ref: (Personal Information)

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: (Personal Information)

HSCB Ref: (Personal Information)

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

The DRO for this SAI is Anne-Marie Phillips.

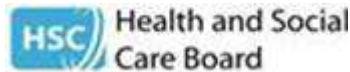
All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath

Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [<mailto:> Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

Telephone Personal Information redacted by the USI

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serious incidents

From: serious incidents
Sent: 15 October 2020 14:57
To: Jackie McCall
Cc: Anne-Marie Phillips
Subject: DRO Reassigned - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Attachments: Position report ([Personal Information]).docx; SAI Notification Form - ([Personal Information]).pdf

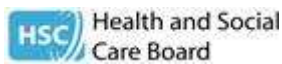
Dr McCall

At the Incident Review meeting on 14/10/20 It was noted that there is currently 5 SAIs linked to Early Alert SEA [Personal Information] It was agreed that they should all be assigned to one DRO.

Therefore the above SAI which was assigned to Anne-Marie will be reassigned to you.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 20 October 2020 09:26
To: serious incidents
Subject: TOR & TM - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Attachments: Terms of Reference [Personal Information].docx

Categories: Work in progress

Hi Donna,

Please find attached ToR and Membership for SAI [Personal Information] / [Personal Information].

Kind Regards
 Diane

From: serious incidents [mailto:serious.incidents@hscni.net]
Sent: 02 October 2020 15:26
To: Corporate.Governance
Subject: TOR Due - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

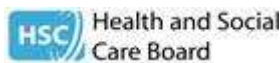
"This email is covered by the disclaimer found at the end of the message."

Diane

I refer to the above SAI and wish to advise the Terms of Reference and Membership are now overdue.

Please submit as soon as ever possible.

Warm Regards
 Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: serious incidents
Sent: 18 August 2020 16:35
To: 'Corporate.Governance'
Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: [Personal Information]

HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

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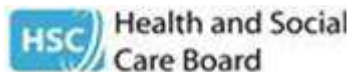
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

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Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [<mailto:> [Personal Information redacted by the USI]]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information]

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Terms of Reference

The terms of reference for the review of the care and treatment provided to XX were:

- To carry out a systematic review in the process used in the diagnosis, MDT decision making and subsequent follow up provided, using a Root Cause Analysis (RCA) Methodology.
- To use a multidisciplinary team approach to the review.
- To identify those factors which may have had an influence, or may have contributed to the process and subsequent outcome.
- To engage with XX's family ensuring where possible, questions presented to the review team are addressed.
- To agree the outcome of the review and subsequent recommendations.
- To action any recommendations and disseminate any lessons to be learnt.
- To report the findings and the recommendations of the review through the Director of Acute Services SHSCT, Medical Director of SHSCT and disseminate to the staff involved and XX's family.

Team Membership

Dr Dermot Hughes – Retired Medical Director (Leadership Centre)
Mr Hugh Gilbert – Retired Consultant Urologist
Mrs Fiona Reddick – Head of Clinical Cancer Services
Mrs Patricia Thompson – Specialist Nurse Urology
Mrs Patricia Kingsnorth – Acting Acute Clinical and Social Care Governance Coordinator

serious incidents

From: serious incidents
Sent: 20 October 2020 16:13
To: Jackie McCall
Subject: FW: TOR & TM - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Attachments: Position report [Personal Information] 20.10.20.docx; Terms of Reference and membership [Personal Information].pdf

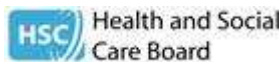
Dr McCall

Please see attached Terms of Reference and Review Team Membership received from the **SHSCT** for the above incident.

Following consideration, please advise seriousincidents@hscni.net if the Terms of Reference and Membership of the Review Team have been approved.

Please advise by 28 October 2020.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
Sent: 20 October 2020 09:26
To: serious incidents
Subject: TOR & TM - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Hi Donna,

Please find attached ToR and Membership for SA [Personal Information] / [Personal Information].

Kind Regards
Diane

From: serious incidents [mailto:seriousincidents@hscni.net]
Sent: 02 October 2020 15:26
To: Corporate.Governance
Subject: TOR Due - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

"This email is covered by the disclaimer found at the end of the message."

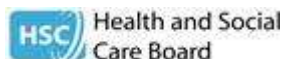
Diane

I refer to the above SAI and wish to advise the Terms of Reference and Membership are now overdue.

Please submit as soon as ever possible.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: serious incidents

Sent: 18 August 2020 16:35

To: 'Corporate.Governance'

Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref:

Personal Information

HSCB Ref:

Personal Information

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

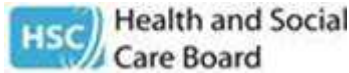
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant

Beechfield House

Craigavon Area Hospital Site

Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 27 October 2020 16:13
To: serious incidents
Subject: Amended Notification - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Attachments: Amended SAI Notification [Personal Information].pdf
Categories: Work in progress

Ann,

Please find attached amended SAI notification. Please note the above SAI is a level 3 and not level 2 as previously stated.

Kind Regards
Diane

From: serious incidents [mailto:[Personal Information redacted by the USI]]
Sent: 18 August 2020 16:35
To: Corporate.Governance
Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

"This email is covered by the disclaimer found at the end of the message."

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: [Personal Information]
HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

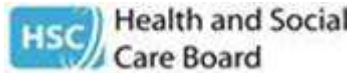
The DRO for this SAI is Anne-Marie Phillips.

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The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:Personal Information redacted by the USI]
Sent: 18 August 2020 15:20
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification Personal Information

Good Afternoon,

Please find attached new SAI notification for ID Personal Information.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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APPENDIX 1

Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT		2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE: Personal Information redacted by the	
3. HOSPITAL / FACILITY / COMMUNITY LOCATION S Craigavon Area Hospital		4. DATE OF INCIDENT: 31.10.2019	
5. DEPARTMENT / WARD / LOCATION EXACT Urology Department			
6. CONTACT PERSON: Mrs Patricia Kingsnorth		7. PROGRAMME OF CARE: Acute	
8. DESCRIPTION OF INCIDENT:			
<p>Patient 1 was diagnosed with locally advanced prostate cancer in August 2019. An MDT discussion on 31 October 2019 recommended androgen deprivation therapy (ADT) and external beam radiation therapy (EBRT). Patient 1 was not referred for ERBT and his hormone treatment was not as per guidance. In March 2020 Patient 1's PSA was rising and when restaged in June 2020 Patient 1 had developed metastatic disease.</p> <p>DOB: Personal Information redacted by the USI GENDER: M AGE: Personal Information redacted by the USI (complete where relevant)</p>			
9. IS THIS INCIDENT A NEVER EVENT?		If 'YES' provide further detail on which never event - refer to DoH link below	
	NO	https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars	
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING			
STAGE OF CARE: (refer to Guidance Notes) D1000 Diagnostic Processes/Procedures		DETAIL: (refer to Guidance Notes) D10700 Monitoring/On-going Assessment of Patient Status ADVERSE EVENT: (refer to Guidance Notes) D10703 Failure/insufficient/incomplete monitoring	
10. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: - Patient has been seen in outpatients and diagnosis and future management plan discussed.			
11. CURRENT CONDITION OF SERVICE USER: - alive.			
12. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)			NO
13. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)		YES	
14. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: (please select relevant criteria below)			
serious injury to, or the unexpected/unexplained death of:			
- a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit)			X
- a staff member in the course of their work			
- a member of the public whilst visiting a HSC facility.			
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

serious self-harm or serious assault (<i>including attempted suicide, homicide and sexual assaults</i>) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service			
serious self-harm or serious assault (<i>including homicide and sexual assaults</i>) <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
suspected suicide of a service user who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 			
15. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED: (<i>please select</i>)			NO
if 'YES' (<i>full details should be submitted</i>):			
16. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?	YES	DATE INFORMED: 17/07/2020 <i>specify reason</i> : To be informed when review team meet	
17. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? (<i>refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.</i>) <i>please specify where relevant</i>			NO
if 'YES' (<i>full details should be submitted including the date notified</i>):			
18. OTHER ORGANISATION/PERSONS INFORMED: (<i>please select</i>)	DATE INFORMED:	OTHERS: (<i>please specify where relevant, including date notified</i>)	
DoH EARLY ALERT			
HM CORONER			
INFORMATION COMMISSIONER OFFICE (ICO)			
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)			
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)			
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)			
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)			
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)			
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)			
19. LEVEL OF REVIEW REQUIRED: (<i>please select</i>)	LEVEL 3		
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6			
20. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (<i>delete as appropriate</i>)			
Report submitted by: Patricia Kingsnorth Designation: Acting Acute Clinical & Social Care Governance Coordinator			
Email:	Personal Information redacted by the USI	Telephone:	Personal Information redacted by the USI
		Date:	10/08/2020

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM**21. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION:** *(refer to Guidance Notes)*

Additional information submitted by: _____

Designation: _____

Email: _____

Telephone: _____

Date: DD / MM / YYYY

Completed proforma should be sent to: seriousincidents@hscni.net
and *(where relevant)* seriousincidents@rqia.org.uk

serious incidents

From: Corporate.Governance <[Redacted]>
Sent: 28 October 2020 09:25
To: serious incidents
Subject: SAI's amended from Level 2 to Level 3
Categories: Work in progress

Hi Donna,

Please be advised that all previously submitted SAI for urology will be subject to one overarching level 3 investigation. This has been discussed with Denise Boulter. Level 3 TOR to follow.

Kind Regards
Diane

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Southern Health & Social Care Trust IT [Redacted]

serious incidents

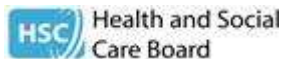
From: serious incidents
Sent: 28 October 2020 12:13
To: Jackie McCall
Cc: Denise Boulter; Mareth Campbell
Subject: FW: Amended Notifiation - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]
Attachments: SAI Notification form [Personal Information] V2.pdf

Dr McCall

Please find attached amended SAI Notification form submitted from the SHSCT.

The SHSCT have advised that all previously submitted SAI for urology will be subject to one overarching level 3 investigation. This has been discussed with Denise Boulter. Level 3 TOR to follow.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]
Sent: 27 October 2020 16:13
To: serious incidents
Subject: Amended Notifiation - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

Ann,

Please find attached amended SAI notification. Please note the above SAI is a level 3 and not level 2 as previously stated.

Kind Regards
 Diane

From: serious incidents [<mailto:serious.incidents@hscni.net>]
Sent: 18 August 2020 16:35
To: Corporate.Governance
Subject: Acknowledgement - Trust Ref: [Personal Information] / HSCB Ref: [Personal Information]

"This email is covered by the disclaimer found at the end of the message."

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 2** Root Cause Analysis (RCA) review relating to this SAI.

Trust Ref: [Personal Information]

HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, please provide the following:

- the **Terms of Reference and Membership** of the review team by completing sections 2 and 3 of the HSCB RCA template and submitting directly to seriousincidents@hscni.net by no later than 15 September 2020
- submit a copy of the redacted **RCA Report** for this SAI by no later than 10 November 2020 directly to seriousincidents@hscni.net.

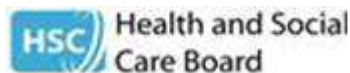
The DRO for this SAI is Anne-Marie Phillips.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

The HSCB recognise this is a particularly challenging time for all HSC staff and will continue to work closely with colleagues during this period.

Regards

Ann Redpath
Ann Redpath



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI] [Personal Information redacted by the USI]

From: Corporate.Governance [<mailto:>] [Personal Information redacted by the USI]

Sent: 18 August 2020 15:20

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information]

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

Donna Britton

From: Anne Kane
Sent: 03 November 2020 16:49
To: Denise Boulter
Cc: Elaine Hamilton (HSCB); Mareth Campbell; Donna Britton; Geraldine McArdle
Subject: RE: Urology SAI

Denise

I have spoken to both Mareth and Elaine. For now Elaine will be the Band 7 to co-ordinate these SAIs and will do this in conjunction with Donna who is already the Band 4 responsible for all SHSCT SAIs and Early Alerts.

Mareth will liaise with Elaine in the first instance.

Hope this is helpful

Regards
 Anne

From: Denise Boulter
Sent: 03 November 2020 13:17
To: Anne Kane; Mareth Campbell
Subject: Urology SAI

Hi Anne

At this mornings Acute meeting it was discussed re the number (there will be 9 in total) level 3 SAI's linked to urology in the ST. it was agreed I would be DRO for all and link with Jackie Mc Call and onward to the acute group when needed.

I wondered would it be possible to have one member of your team that also co ordinates all of these as there is undoubtedly going to be a considerable amount of back and forth and it may be useful to me if all the emails came from a person (copied into SI rather than from SI) in order that I can quickly see when something re this comes in

I am happy to discuss this

D

Denise Boulter
 Assistant Director Nursing Quality, Safety and Patient Experience (Interim)
 4th Floor
 Linenhall Street
 Belfast

Personal Information
 redacted by the UJSI

Personal Information
 redacted by the UJSI

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 30 October 2020 09:33
To: serious incidents
Subject: Level 3 SAI review draft Terms of Reference
Attachments: Level 3 SAI review draft Terms of Reference for HSCB (3).docx

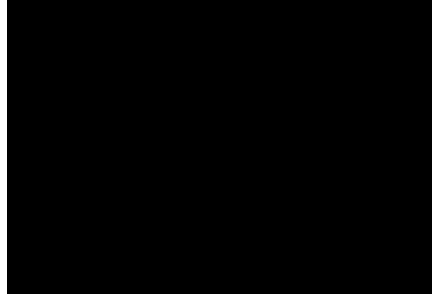
Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Work in progress

Good Morning,

Please find attached overarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI



Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone [Personal Information redacted by the USI]

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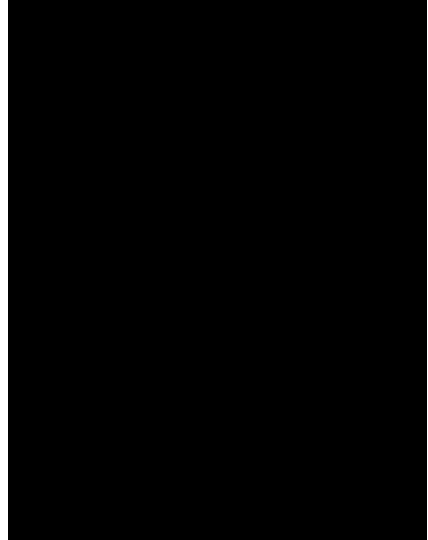
Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

Level 3 Serious Adverse Incident Review

Urology Services

Datix numbers

Personal Information redacted by the USI



Date 16th October 2020

PURPOSE OF PAPER

This paper seeks to provide a framework within to conduct a Level 3 Serious Adverse Incident Review regarding the treatment and care provided by a Urology Consultant (Doctor 1) who is no longer employed by Health and Social Care Services (Northern Ireland).

This paper will address the following:

- Proposed draft terms of reference for the review
- Confirmation of review panel
- Proposed timeline for conducting the review
- Outlining the process for engagement with families throughout the review

Draft Terms of Reference

Introduction

The core values of the Southern Health and Social Care Services (Northern Ireland) are of openness, honesty, respect and compassion. In keeping with these values, the Director of Acute Service has commissioned a level 3 SAI review to address the issues referenced above. The draft terms of reference may be amended pending engagement with all affected patients and families.

Purpose of Review

The purpose of the review is to consider the quality of treatment and the care provided by Doctor 1 and to understand if actual or potential harm occurred. The review findings will be used to promote learning, to understand system wide strengths and weaknesses and to improve the quality and safety of care and treatment provided.

Scope of Review

As part of an internal review of patients under the care of Doctor 1, a number of patients have been identified as possibly been exposed to increased or unnecessary risk.

Review Team

The proposed review team is as follows:

Chairperson / Lead Reviewer	Dr Dermot Hughes
Independent Consultant Urologist	Mr Hugh Gilbert
Cancer Services Lead	Mrs Fiona Reddick
Clinical Nurse Specialist	Ms Patricia Thompson
Clinical Governance Facilitator	Mrs Patricia Kingsnorth

Review Aims and Objectives

The aims and objectives of this review are to:

- To carry out a systematic multidisciplinary review of the process used in the diagnosis, multidisciplinary team decision making and subsequent follow up and treatment provided for each patient identified, using a Root Cause Analysis (RCA) Methodology.
- To review individually the quality of treatment and care provided to each patient identified and consider any factors that may have adversely influenced or contributed to subsequent clinical outcomes.

- To engage with patients / families to ensure where possible questions presented to the review team or concerns are addressed within the review.
- To develop recommendations to establish what lessons are to be learned and how our systems can be strengthened regarding the delivery of safe, high quality care.
- Examine any areas of good practice and opportunities for sharing learning from the incidents

Review Team Access Arrangements

Through the Review Commissioner, the Review Team will:

- Be afforded the assistance of all relevant staff and other relevant personnel.
- Have access to all relevant files and records (subject to any necessary consent/data protection requirements, where necessary).

Should immediate safety concerns arise, the Lead Reviewer will convey the details of these concerns to the Director of Acute Services / Trust Board (known as Review Commissioner) as soon as possible.

Review Methodology

The review will follow a review methodology as per the Regional Serious Adverse Incident Framework (2016) and will be cognisant of the rights of all involved to privacy and confidentiality and will follow fair procedures. The review will commence in October 2020 and will be expected to last for a period of 4 months approximately, provided unforeseen circumstances do not arise. Following completion of the review, an anonymised draft report will be prepared by the review team outlining the chronology, findings and recommendations. All who participated in the review will have an opportunity to provide input to the extracts from the report relevant to them to ensure that they are factually accurate and fair from their perspective.

Prior to finalising the report, the Lead Reviewer will ensure that the Review Team apply Trust quality assurance processes to ensure compliance of the review process with regional guidance prior to delivery of the final report to the Review Commissioner. The Review Commissioner will seek assurance that the quality assurance process has been completed.

Recommendations and Implementation

The report, when finalised, will be presented to the Review Commissioner. The Review Commissioner is responsible for ensuring that the local managers responsible for the service where the incident occurred will implement the recommendations of the review report. The Review

Commissioner is responsible for communicating regionally applicable recommendations to the relevant services for wider implementation.

serious incidents

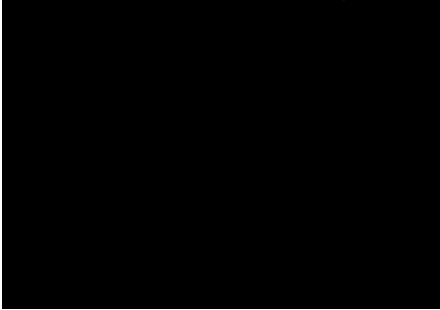
From: serious incidents
Sent: 04 November 2020 09:40
To: Denise Boulter
Cc: Elaine Hamilton (HSCB)
Subject: Level 3 Urology SAI Terms of Reference and Membership
Attachments: Level 3 Terms of Reference and Team Membership.pdf

Importance: High

Denise

Please find attached overarching Terms of Reference and Membership in relation to the urology SAI's below:

Personal Information redacted by the USI

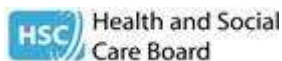


There will be 1 additional notification to follow which will also relate to these SAIs.

Please consider and advise of your approval / non approval.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:

Sent: 30 October 2020 09:33

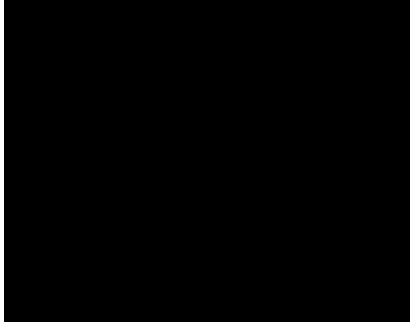
To: serious incidents

Subject: Level 3 SAI review draft Terms of Reference

Good Morning,

Please find attached overarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI



Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.

Kind Regards

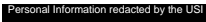
Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone 

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Southern Health & Social Care Trust IT Department 

serious incidents

From: Denise Boulter
Sent: 13 November 2020 08:41
To: serious incidents
Cc: Elaine Hamilton (HSCB)
Subject: RE: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Categories: Donna

Donna

I am content to agree these terms of reference and membership with a minor change in the first paragraph should read "within which" rather than just "within"

I am content with the 4 month timescale outlined in the TOR

Denise

From: serious incidents
Sent: 12 November 2020 14:58
To: Denise Boulter
Cc: Elaine Hamilton (HSCB)
Subject: FW: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Denise

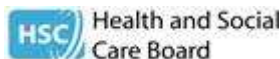
Further to the New SAI Notification form submitted from the SHSCT, please find attached overarching Terms of Reference and Membership in relation to the urology SAI's.

Also attached in an overarching SAI Notification listing all 9 Urology related SAI's.

The Terms of Reference and Membership of the Review Team have been listed for discussion / approval at the next Acute Professional Group Meeting.

Also please advise on timescale for submission of RCA Report.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: serious incidents
Sent: 12 November 2020 14:49
To: Denise Boulter
Cc: Louise Herron; Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Elaine Hamilton (HSCB); Geraldine

McArdle; Hugo Van Woerden; Jacqui Burns; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton

Subject: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information redacted by the USI] HSCB Ref: [Personal Information redacted by the USI]

Denise

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the **SHSCT** received on 12/11/2020. This notification confirms that a **Level 3** Root Cause Analysis (RCA) review will be undertaken.

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

(For Poc1 and PoC2 only) - Please remove if not applicable

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAls, November 2016.

Trust Reference: [Personal Information redacted by the USI]

HSCB Reference: [Personal Information redacted by the USI]

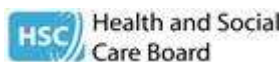
Programme of Care: Acute Services

An acknowledgement of receipt of this notification has been forwarded to the **SHSCT**. **Please liaise with the Trust to agree timescales** for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report. Please ensure that all communication with the Trust is copied to serious incidents for datix purposes.

If you require any further information, please do not hesitate to contact me.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [[mailto:\[Personal Information redacted by the USI\]](mailto:[Personal Information redacted by the USI])]

Sent: 12 November 2020 13:42

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information redacted by the USI]

Good Afternoon,

Please find attached new SAI notification and Terms of Reference for ID [Personal Information redacted]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

HSCB / PHA SAI POSITION REPORT

UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:		HSCB REFERENCE NUMBER
DATE SAI NOTIFIED		ORGANISATIONS NOTIFIED (EXTERNAL)
18 August 2020		
CURRENT LEVEL OF REVIEW		LSR/RCA REPORT DUE:
SAILV3		31 March 2021
DATE SAI OCCURRED:	DRO:	PROGRAMME OF CARE
31 October 2019	Ms Denise Boulter	Acute Services
CORONER'S REPORT:	DRO SUPPORT OFFICER/S	

KEY WORDS	HSCB / PHA Generic Coding

DATIX COMMON CLASSIFICATION SYSTEM CCS CODING		
STAGE OF CARE	DETAILS	ADVERSE EVENT
Diagnosis, failed or delayed	Cancer - Dx failed or delayed	Delay in diagnosis for no specified reason

DATIX COMMON CLASSIFICATION SYSTEM CCS2 CODING		
TIER 1	TIER 2	TIER 3
Diagnostic Processes/Procedures	Monitoring/On-going Assessment of Patient Status	Failure/insufficient/incomplete monitoring

DESCRIPTION OF INCIDENT
<p>**UROLOGY SAI**</p> <p>***SAVE ALL CORRESPONDENCE TO OVERARCHING SAI - Datix ID Personal Information **</p> <p>**Linked to EA Personal Information redacted by the USI **</p> <p>XX was diagnosed with locally advanced prostate cancer in August 2019. An MDT discussion on 31 October 2019 recommended androgen deprivation therapy (ADT) and external beam radiation therapy (EBRT).</p> <p>XX was not referred for ERBT and his hormone treatment was not as per guidance. In March 2020 XX's PSA was rising and when restaged in June 2020 XX had developed metastatic disease.</p> <p>DOB: Personal Information redacted by the USI GENDER: Male AGE: Personal Information redacted by the USI</p> <p>CURRENT CONDITION OF SERVICE USER: alive</p>

IMMEDIATE ACTION TAKEN BY REPORTING ORGANISATION:
- Patient has been seen in outpatients and diagnosis and future management plan discussed

IMMEDIATE ACTION TAKEN BY HSCB/PHA:
Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?

TOR DUE:	TOR RECEIVED:	SEA RECEIVED:	LSR RECEIVED:	RCA RECEIVED
	12 November 2020			1 March 2021
RR SENT TO RQIA	TRUST ACTION:	DATE DRO CLOSED	SAIRSG DATE	LEARNING REF

SERVICE USER / FAMILY ENGAGEMENT:

DATE SU/FAM INFORMED	DATE CLIST RECEIVED	DATE LSR/SEA/RCA SHARED SU/FAM
26 October 2020	1 March 2021	
REASON NO ENGAGEMENT		
REASON SEA/RCA NOT SHARED		

RATIONALE NOT INFORMING the S/User / Family / Carer that the incident was being reviewed as a SAI**RATIONALE FOR NOT SHARING LSR/SEA/RCA****HSCB PHA ACTION TAKEN:**

18/08/20: SAI Notification Form received, acknowledged and DRO assigned (A-M Phillips). Listed for WEEKLY SAI Review Meeting.

19/08/20: Email from DRO - 'In section 10 of the notification form: IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE, it states "patient has been seen in outpatients and diagnosis and future management plan discussed".

Can you kindly ask SHSCT to provide additional detail on section 10 as to what immediate action has been taken to prevent recurrence of this happening to any other patients, particularly given this is a level 2 RCA which will take some time to complete?'

20/08/20: DRO Q fwdd to Trust.

25/08/20: Response from Trust - Can you advise the DRO that :-

There was no immediate action however, as soon as incident was recognised an appointment was arranged for this patient and discussion at clinic re: further management was carried out.

This gentleman has subsequently passed away due to cancer.

26/08/20: Response fwdd to DRO.

27/08/20: Reply from DRO - I have no further action.

Incident Review Meeting 26 August 2020 Action Notes

Further Follow-up with SHSCT: HSCB/PHA Officers have reviewed this initial SAI notification and would ask SHSCT to advise if this SAI (SHSCT [Personal Information]) and SAI [Personal Information] (SHSCT [Personal Information]) are linked to the Urology Early Alert submitted on 31 July 2020 (Trust Ref: [Personal Information redacted] EA JULY 2020 20 - HSCB Ref: [Personal Information]).

01/09/20: Email to SHSCT enc IRM query

03/09/20: Email from Trust - There are 3 SAI's relating to the Early Alert, SHSCT [Personal Information] (HSCB Ref: [Personal Information]), SHSCT [Personal Information] (HSCB Ref: [Personal Information]) and SHSCT [Personal Information] (HSCB Ref: [Personal Information]).

03/09/20: Email from A Kane to P Cavanagh re: his enquiry re: urology SAI's - My understanding is that these SAI's were reported much earlier than the actual early alert. I have asked Geraldine to forward you a position report on each of them which will provide you with the detail of the SAI, action taken by HSCB/PHA and current status of SAI. Hope this is helpful

Geraldine, Can you forward Paul a position report for each of the three SAI's stated below (email to Donna from SHSCT Corp governance)

03/09/20: Email from P Cavanagh - I had assumed the Early Alert would have come before the SAI's. I would welcome an update.

03/09/20: Email to P Cavanagh - Paul, please see attached position reports for the following SAI's (usual password applies):

- [Personal Information] reported on 18/08/20
- [Personal Information] reported on 19/08/20
- [Personal Information] reported on 19/08/20

All SAI's are currently open on Datix awaiting the review report.

07/09/20: Trust's response confirming linked SAI's forwarded to DRO.

02/10/20: Reminder email to SHSCT - TOR overdue

Action Notes - Incident Review Meeting 14th October 2020

It was noted that there is currently 5 SAI's linked to Early Alert SEA 18190. It was agreed that they should all be assigned to one DRO.

Dr J McCall is currently DRO for [Personal Information]. Governance Team to assign Dr J McCall to the remaining 4 SAI's linked to this Early Alert:

HSCB PHA ACTION TAKEN:

- Personal Information
- Personal Information re
- Personal Information
- Personal Information

DROs currently assigned to above SAIs to be advised.

15/10/20: DRO Reassigned to JMcCall

20/10/20: Email from SHSCT - Please find attached ToR and Membership for SAI Personal Information redacted by the USI
Forwarded to DRO along with PR for consideration.

27/10/20: Email from SHSCT - Please find attached amended SAI notification. Please note the above SAI is a level 3 and not level 2 as previously stated.

27/10/20: Tel call to SHSCT re rationale for change of level - Diane will clarify with PKingsnorth and advise

28/10/20: Email from SHSCT - Please be advised that all previously submitted SAI for urology will be subject to one overarching level 3 investigation. This has been discussed with Denise Boulter. Level 3 TOR to follow.

28/10/20: Email to DRO - Please find attached amended SAI Notification form submitted from the SHSCT.

The SHSCT have advised that all previously submitted SAI for urology will be subject to one overarching level 3 investigation. This has been discussed with Denise Boulter. Level 3 TOR to follow.

3/11/20: Email from Dboulter to AKane - At this mornings Acute meeting it was discussed re the number (there will be 9 in total) level 3 SAI's linked to urology in the ST. it was agreed I would be DRO for all and link with Jackie Mc Call and onward to the acute group when needed.

I wondered would it be possible to have one member of your team that also co ordinates all of these as there is undoubtedly going to be a considerable amount of back and forth and it may be useful to me if all the emails came from a person (copied into SI rather than from SI) in order that I can quickly see when something re this comes in

I am happy to discuss this

03/11/20: Reply from AKane - I have spoken to both Mareth and Elaine. For now Elaine will be the Band 7 to co-ordinate these SAIs and will do this in conjunction with Donna who is already the Band 4 responsible for all SHSCT SAIs and Early Alerts.

Mareth will liaise with Elaine in the first instance.

Hope this is helpful

LO Reassigned to DBoulter

Action Notes - Incident Review Meeting 4th November 2020

ToRs received on 20/10/20 have been stood down as a request has since been made by the SHSCT for all 5 SAIs to be escalated to Level 3.

Denise Boulter will be DRO for all SHSCT Urology Level 3 SAIs linking with Jackie Mc Call and onward to the acute group when needed.

4/11/2020: Email to LO enc overarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI

Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.

13/11/20: Email from DRO - I am content to agree these terms of reference and membership with a minor change in the first paragraph should read "within which" rather than just "within"

I am content with the 4 month timescale outlined in the TOR

29/01/21: Email from GMcA - Denise and Anne have agreed that the SAIs linked to the Overarching Urology SAI Personal Information redacted by the USI can be deferred. All communication can therefore continue to be saved only to Datix record Personal Information redacted by the USI

01/03/21: Email from SHSCT - Please find attached draft SAI Reports for the above SAI's, pending family engagement

Forwarded to DRO along with PR cc PCavanagh and EHamilton

HSCB PHA ACTION TAKEN:

Saved to Acute meeting Folder 9/03/21

ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 9 MARCH 2021

Update 9 March 2021: It was agreed a separate meeting will be held on 23 March 2021 to discuss this SAI and the 9 Urology SAIs linked to it. Governance Team to seek permission from SHSCT to share report with NICAN.

10/03/21: Email from DRO -As discussed at the acute meeting yesterday and following my meeting today can we ask the Trust can we share these (or at least the overarching report) with NICAN please

10/03/21: Email from EHamilton - Can you please seek permission from Southern Trust to share report/s with NICAN please

11/03/21: Email to SHSCT - seek permission share reports with NICAN

15/03/21: Email from SHSCT - Please see response from Governance Team regarding the above Reports:

"The reports are in draft and awaiting factual accuracy checks. We are happy to share when the finalised reports are ready".

Forwarded to DRO CC EH and PC

16/03/21: Email from AKane enclosing email from JMcKimm SHSCT Comms team to DGordon DOH and PMoore - Both

See below current draft statement re: Urology SAIs. It is anticipated these will be released to families etc. this week.

Please come back to me with comments etc.

Urology SAI Review

A spokesperson for the Southern Health and Social Care Trust said:

"The draft Serious Adverse Incident Reviews were issued to interested parties this week, including patients and families. SAIs are reviews which identify learning and make recommendations to improve services. The independently-chaired SAI process has been a comprehensive review of nine individual patient journeys.

"At this stage the Trust will not be making any comment on specific issues raised through the SAI process as this will be part of the overarching Public Inquiry announced by the Health Minister in November.

"Any recommendations that relate to improved assurance around care standards will be actioned to ensure that the learning from the SAI process is quickly embedded in the Trust and shared with other HSC organisations."

On 15/03/21 RMorton advised I am content with this statement

Forwarded to EH for info

Acute SAI Review Level 2 3 Group Action Log 23 March 2021

Update 23 March 2021: Denise Boulter had a meeting to discuss this SAI and the 9 SAIs which are linked to it. Minutes from this meeting will be added to the Datix record. A working group will be established to review the reports and to identify regional learning.

Denise also advised a paper will be sent to SMT to provide an update.

Elaine Hamilton to contact the Southern Trust to enquire about sharing of the Reports with NICAN as the Trust have advised to wait until they are checked for accuracy

Working Group to be established

Review at next meeting for update

30/03/21: Email from EHamilton - Lauren / Diane / Nicole,

I have been trying to call to speak with one someone regarding sharing of the Reports. We would like to share at least the overarching report with NICAN as soon as possible.

Can you advise if we would be able to share the overarching report as a minimum at this stage?

01/04/21: Email from EH enclosing email from SWallace SHSCT dated 31/03/21 - Elaine, the chair is due to receive final comments on the documents this week. As drafts there is potential for factual corrections at this stage.

We will be in a position to share the final versions soon however.

22/04/21: Email from SHSCT Hi

Please find attached SAI Reports for the above SAI's and Overarching Report

The following amendments have been made in the final report.

Personal Information – Page 5, Para 5

Page 6, Point 6 & 7

Page 7, Family Engagement, Point 2

Page 8, Questions from Family, Questions reworded at family's request

HSCB PHA ACTION TAKEN:

Forwarded to DRO cc EHamilton and PCavanagh

27/04/21: Email to SHSCT - We had been advised to wait until final reports were received before we could share them with NICAN. Can you advise if the Trust are now content we share the attached reports with NICAN.

29/04/21: Email from EHamilton to DRO - Southern Trust are happy that we share the recommendations only from the overarching report NICAN. Are you content we go ahead and do this?

Reply from DRO - Yes thanks that's great

04/05/21: Email from EH to Chief Exe Nias -

Please find attached recommendations from the overarching Urology Report from Southern Trust. We have received permission from SHSCT to share the recommendations with NICAN to obtain their view. I would be grateful if NICAN could review the attached and provide comments back to

Personal Information redacted by the USI

copied to seriousincidents@hscni.net

The attached document is password protected. Please confirm receipt of email and I will forward the password.

If you wish to speak to the DRO for this SAI please don't hesitate to contact me and I will arrange this.

13/05/21: Email from EH to SHSCT - NICAN have reviewed the recommendations but would like to see more information. Could you confirm if we would be able to share the full overarching report with NICAN?

Update 25th May 2021: The following reports were contained within members papers: Personal Information redacted by the USI,

Personal Information redacted by the USI

It was noted in report Personal Information the patient's name is on page 6. Governance Team to request this to be removed.

Members agreed all 10 Urology SAIs should be deferred until the outcome from the independent review is available. Urgent learning will be issued if required.

09/06/21: Email to SHSCT to remove patient's name on page 6 of RCA

09/06/21: Amended RCA Report received.

10/06/21: Fwd to DRO.

04/11/21: Engagement update provided by Trust.

****Copy EHamilton into all correspondence****

*****ALL CORRESPONDENCE FROM 29/01/21 HAS ALSO BEEN SAVED TO OVERARCHING SAI -**

Datix ID Personal Information redacted

****DEFERRAL REMOVED ON 18/05/21*****

****Deferred on 25/05/21****

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 29 October 2020 16:19
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification
Attachments: SAI Notification [Personal Information redacted by the USI].pdf
Categories: New SAI notification

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted by the USI]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

APPENDIX 1

Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT		2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE	
3. HOSPITAL / FACILITY / COMMUNITY LOCATION S Craigavon Area Hospital		4. DATE OF INCIDENT 5. 18 April 2019	
6. DEPARTMENT / WARD / LOCATION EXACT Urology			
7. CONTACT PERSON: Patricia Kingsnorth		8. PROGRAMME OF CARE: Acute	
9. DESCRIPTION OF INCIDENT: Diagnosed with penile cancer, recommended by cancer MDM for CT scan of Chest, Pelvis and Abdomen to complete staging. Patient managed locally by MDT and delay to refer to tertiary centre in Western Trust. DOB: Personal Information redacted by the USI GENDER: Male AGE: Personal Information redacted by the USI (complete where relevant)			
10. IS THIS INCIDENT A NEVER EVENT?		If 'YES' provide further detail on which never event - refer to DoH link below https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars	
	NO	x	
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING			
STAGE OF CARE: (refer to Guidance Notes) AD0000 Administrative Processes (Excluding Documentation)		DETAIL: (refer to Guidance Notes) AD1000 Referrals	
		ADVERSE EVENT: (refer to Guidance Notes) AD1001 Referral delayed	
11. IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE: - Immediate learning for staff member.			
12. CURRENT CONDITION OF SERVICE USER: alive			
13. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)			NO
14. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)			NO
15. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: (please select relevant criteria below)			
serious injury to, or the unexpected/unexplained death of:			
- a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit)			x
- a staff member in the course of their work			
- a member of the public whilst visiting a HSC facility.			
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			
serious self-harm or serious assault (including attempted suicide, homicide and sexual assaults) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned			

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM			
service			
serious self-harm or serious assault (<i>including homicide and sexual assaults</i>) <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
suspected suicide of a service user who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 			
16. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED: (<i>please select</i>) No learning for Staff member			NO
if 'YES' (<i>full details should be submitted</i>):			
17. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?		DATE INFORMED: DD/MM/YY	
	NO	specify reason: To be informed when review team meet	
18. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? (<i>refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.</i>) please specify where relevant			NO
if 'YES' (<i>full details should be submitted including the date notified</i>):			
19. OTHER ORGANISATION/PERSONS INFORMED: (<i>please select</i>)		DATE INFORMED:	OTHERS: (<i>please specify where relevant, including date notified</i>)
DoH EARLY ALERT			
HM CORONER			
INFORMATION COMMISSIONER OFFICE (ICO)			
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)			
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)			
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)			
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)			
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI)			
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)			
20. LEVEL OF REVIEW REQUIRED: (<i>please select</i>)		LEVEL 3	
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6			
21. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (<i>delete as appropriate</i>)			
Report submitted by: Patricia Kingsnorth Designation: Acting Acute Clinical & Social Care Governance Coordinator			
Email:	Personal Information redacted by the USI		Telephone: Personal Information redacted by the USI
		Date:	11/09/2020

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM**22. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION:** *(refer to Guidance Notes)*

Additional information submitted by: _____

Designation: _____

Email: _____

Telephone: _____

Date: DD / MM / YYYY

Completed proforma should be sent to: seriousincidents@hscni.net
and *(where relevant)* seriousincidents@rqia.org.uk

serious incidents

From: serious incidents
Sent: 29 October 2020 17:19
To: 'Corporate.Governance'
Subject: Acknowledgement - Trust Ref: SHSCT SAI [Personal Information] HSCB Ref: [Personal Information]

Diane,

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the **Southern Trust** will complete a **LEVEL 3** Significant Event Audit (SEA) review relating to this SAI.

Trust Ref: SHSCT SAI [Personal Information]

HSCB Ref: [Personal Information]

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, **the timescales for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report will be agreed by the reporting organisation and the HSCB/PHA DRO.**

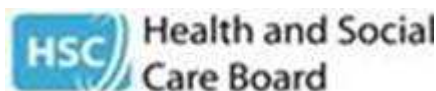
*The DRO for this SAI is Denise Boulter

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

Many Thanks

Róisín

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]

Sent: 29 October 2020 16:19

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: serious incidents
Sent: 29 October 2020 17:22
To: Denise Boulter
Cc: Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Elaine Hamilton (HSCB); Geraldine McArdle; Hugo Van Woerden; Jacqui Burns; Louise Herron; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton
Subject: New SAI Notification - Trust Ref: SHSCT SAI [Personal Information] HSCB Ref: [Personal Information]
Attachments: New SAI Notification [Personal Information].pdf

Denise,

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the **Southern Trust** received on 29 October 2020. This notification confirms that a **Level 3** Root Cause Analysis (RCA) review will be undertaken.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016.

Trust Reference: SHSCT SAI [Personal Information]

HSCB Reference: [Personal Information]

Programme of Care: Acute

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

An acknowledgement of receipt of this notification has been forwarded to the **Southern Trust**. **Please liaise with the Trust to agree timescales** for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report. Please ensure that all communication with the Trust is copied to serious incidents for datix purposes.

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

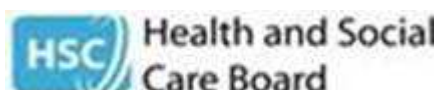
In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

If you require any further information, please do not hesitate to contact me.

Many Thanks

Róisín

Roisin Hughes



Governance Office - HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:[Personal Information redacted by the USI](#)]
Sent: 29 October 2020 16:19
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification

Good Afternoon,

Please find attached new SAI notification for ID [Personal Information redacted by the USI](#)

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI](#)

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI](#)

Mareth Campbell

From: Denise Boulter
Sent: 03 November 2020 13:17
To: Anne Kane; Mareth Campbell
Subject: Urology SAI

Hi Anne

At this mornings Acute meeting it was discussed re the number (there will be 9 in total) level 3 SAI's linked to urology in the ST. it was agreed I would be DRO for all and link with Jackie Mc Call and onward to the acute group when needed.

I wondered would it be possible to have one member of your team that also co ordinates all of these as there is undoubtedly going to be a considerable amount of back and forth and it may be useful to me if all the emails came from a person (copied into SI rather than from SI) in order that I can quickly see when something re this comes in

I am happy to discuss this

D

Denise Boulter
Assistant Director Nursing Quality, Safety and Patient Experience (Interim)
4th Floor
Linenhall Street
Belfast

Personal Information
redacted by the USI
Personal Information
redacted by the USI

Donna Britton

From: Anne Kane
Sent: 03 November 2020 16:49
To: Denise Boulter
Cc: Elaine Hamilton (HSCB); Mareth Campbell; Donna Britton; Geraldine McArdle
Subject: RE: Urology SAI

Denise

I have spoken to both Mareth and Elaine. For now Elaine will be the Band 7 to co-ordinate these SAIs and will do this in conjunction with Donna who is already the Band 4 responsible for all SHSCT SAIs and Early Alerts.

Mareth will liaise with Elaine in the first instance.

Hope this is helpful

Regards
 Anne

From: Denise Boulter
Sent: 03 November 2020 13:17
To: Anne Kane; Mareth Campbell
Subject: Urology SAI

Hi Anne

At this mornings Acute meeting it was discussed re the number (there will be 9 in total) level 3 SAI's linked to urology in the ST. it was agreed I would be DRO for all and link with Jackie Mc Call and onward to the acute group when needed.

I wondered would it be possible to have one member of your team that also co ordinates all of these as there is undoubtedly going to be a considerable amount of back and forth and it may be useful to me if all the emails came from a person (copied into SI rather than from SI) in order that I can quickly see when something re this comes in

I am happy to discuss this

D

Denise Boulter
 Assistant Director Nursing Quality, Safety and Patient Experience (Interim)
 4th Floor
 Linenhall Street
 Belfast

Personal Information
 redacted by the UJSI

Personal Information
 redacted by the UJSI

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 30 October 2020 09:33
To: serious incidents
Subject: Level 3 SAI review draft Terms of Reference
Attachments: Level 3 SAI review draft Terms of Reference for HSCB (3).docx

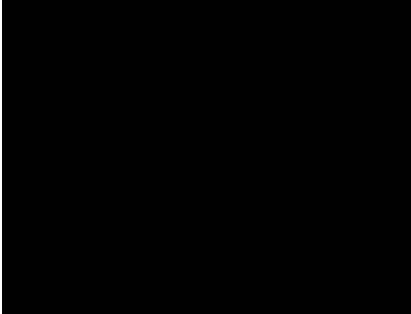
Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Work in progress

Good Morning,

Please find attached overarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI



Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone [Personal Information redacted by the USI]

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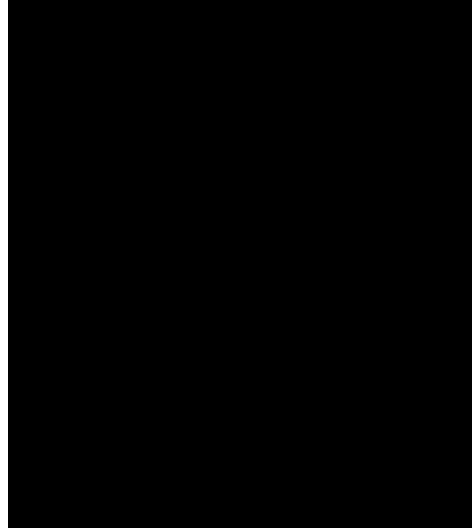
Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

Level 3 Serious Adverse Incident Review

Urology Services

Datix numbers

Personal Information redacted by the USI



Date 16th October 2020

PURPOSE OF PAPER

This paper seeks to provide a framework within to conduct a Level 3 Serious Adverse Incident Review regarding the treatment and care provided by a Urology Consultant (Doctor 1) who is no longer employed by Health and Social Care Services (Northern Ireland).

This paper will address the following:

- Proposed draft terms of reference for the review
- Confirmation of review panel
- Proposed timeline for conducting the review
- Outlining the process for engagement with families throughout the review

Draft Terms of Reference

Introduction

The core values of the Southern Health and Social Care Services (Northern Ireland) are of openness, honesty, respect and compassion. In keeping with these values, the Director of Acute Service has commissioned a level 3 SAI review to address the issues referenced above. The draft terms of reference may be amended pending engagement with all affected patients and families.

Purpose of Review

The purpose of the review is to consider the quality of treatment and the care provided by Doctor 1 and to understand if actual or potential harm occurred. The review findings will be used to promote learning, to understand system wide strengths and weaknesses and to improve the quality and safety of care and treatment provided.

Scope of Review

As part of an internal review of patients under the care of Doctor 1, a number of patients have been identified as possibly been exposed to increased or unnecessary risk.

Review Team

The proposed review team is as follows:

Chairperson / Lead Reviewer	Dr Dermot Hughes
Independent Consultant Urologist	Mr Hugh Gilbert
Cancer Services Lead	Mrs Fiona Reddick
Clinical Nurse Specialist	Ms Patricia Thompson
Clinical Governance Facilitator	Mrs Patricia Kingsnorth

Review Aims and Objectives

The aims and objectives of this review are to:

- To carry out a systematic multidisciplinary review of the process used in the diagnosis, multidisciplinary team decision making and subsequent follow up and treatment provided for each patient identified, using a Root Cause Analysis (RCA) Methodology.
- To review individually the quality of treatment and care provided to each patient identified and consider any factors that may have adversely influenced or contributed to subsequent clinical outcomes.

- To engage with patients / families to ensure where possible questions presented to the review team or concerns are addressed within the review.
- To develop recommendations to establish what lessons are to be learned and how our systems can be strengthened regarding the delivery of safe, high quality care.
- Examine any areas of good practice and opportunities for sharing learning from the incidents

Review Team Access Arrangements

Through the Review Commissioner, the Review Team will:

- Be afforded the assistance of all relevant staff and other relevant personnel.
- Have access to all relevant files and records (subject to any necessary consent/data protection requirements, where necessary).

Should immediate safety concerns arise, the Lead Reviewer will convey the details of these concerns to the Director of Acute Services / Trust Board (known as Review Commissioner) as soon as possible.

Review Methodology

The review will follow a review methodology as per the Regional Serious Adverse Incident Framework (2016) and will be cognisant of the rights of all involved to privacy and confidentiality and will follow fair procedures. The review will commence in October 2020 and will be expected to last for a period of 4 months approximately, provided unforeseen circumstances do not arise. Following completion of the review, an anonymised draft report will be prepared by the review team outlining the chronology, findings and recommendations. All who participated in the review will have an opportunity to provide input to the extracts from the report relevant to them to ensure that they are factually accurate and fair from their perspective.

Prior to finalising the report, the Lead Reviewer will ensure that the Review Team apply Trust quality assurance processes to ensure compliance of the review process with regional guidance prior to delivery of the final report to the Review Commissioner. The Review Commissioner will seek assurance that the quality assurance process has been completed.

Recommendations and Implementation

The report, when finalised, will be presented to the Review Commissioner. The Review Commissioner is responsible for ensuring that the local managers responsible for the service where the incident occurred will implement the recommendations of the review report. The Review

Commissioner is responsible for communicating regionally applicable recommendations to the relevant services for wider implementation.

serious incidents

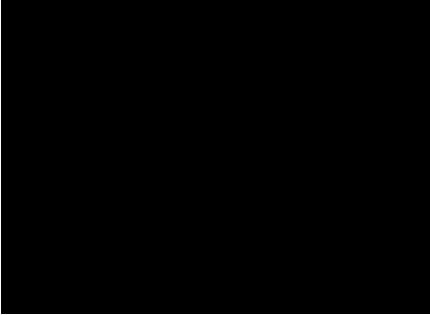
From: serious incidents
Sent: 04 November 2020 09:40
To: Denise Boulter
Cc: Elaine Hamilton (HSCB)
Subject: Level 3 Urology SAI Terms of Reference and Membership
Attachments: Level 3 Terms of Reference and Team Membership.pdf

Importance: High

Denise

Please find attached overarching Terms of Reference and Membership in relation to the urology SAI's below:

Personal Information redacted by the USI

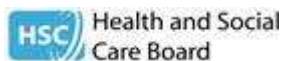


There will be 1 additional notification to follow which will also relate to these SAIs.

Please consider and advise of your approval / non approval.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information redacted by the USI

Personal Information redacted by the USI

From: Corporate.Governance [mailto:[Personal Information redacted by the USI](#)]

Sent: 30 October 2020 09:33

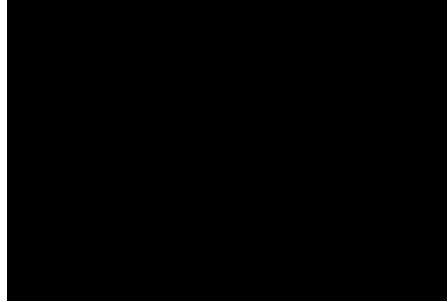
To: serious incidents

Subject: Level 3 SAI review draft Terms of Reference

Good Morning,

Please find attached overarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI



Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.

Kind Regards

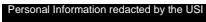
Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone 

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Southern Health & Social Care Trust IT Department 

serious incidents

From: Denise Boulter
Sent: 13 November 2020 08:41
To: serious incidents
Cc: Elaine Hamilton (HSCB)
Subject: RE: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Categories: Donna

Donna

I am content to agree these terms of reference and membership with a minor change in the first paragraph should read "within which" rather than just "within"

I am content with the 4 month timescale outlined in the TOR

Denise

From: serious incidents
Sent: 12 November 2020 14:58
To: Denise Boulter
Cc: Elaine Hamilton (HSCB)
Subject: FW: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Denise

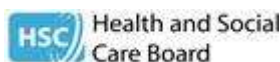
Further to the New SAI Notification form submitted from the SHSCT, please find attached overarching Terms of Reference and Membership in relation to the urology SAI's.

Also attached in an overarching SAI Notification listing all 9 Urology related SAI's.

The Terms of Reference and Membership of the Review Team have been listed for discussion / approval at the next Acute Professional Group Meeting.

Also please advise on timescale for submission of RCA Report.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: serious incidents
Sent: 12 November 2020 14:49
To: Denise Boulter
Cc: Louise Herron; Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Elaine Hamilton (HSCB); Geraldine

McArdle; Hugo Van Woerden; Jacqui Burns; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton

Subject: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information redacted by the USI] HSCB Ref: [Personal Information redacted by the USI]

Denise

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the **SHSCT** received on 12/11/2020. This notification confirms that a **Level 3** Root Cause Analysis (RCA) review will be undertaken.

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

(For Poc1 and PoC2 only) - Please remove if not applicable

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAls, November 2016.

Trust Reference: [Personal Information redacted by the USI]

HSCB Reference: [Personal Information redacted by the USI]

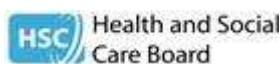
Programme of Care: Acute Services

An acknowledgement of receipt of this notification has been forwarded to the **SHSCT**. **Please liaise with the Trust to agree timescales** for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report. Please ensure that all communication with the Trust is copied to serious incidents for datix purposes.

If you require any further information, please do not hesitate to contact me.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [[mailto:\[Personal Information redacted by the USI\]](mailto:[Personal Information redacted by the USI])]

Sent: 12 November 2020 13:42

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information redacted by the USI]

Good Afternoon,

Please find attached new SAI notification and Terms of Reference for ID [Personal Information redacted]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

HSCB / PHA SAI POSITION REPORT

UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:		HSCB REFERENCE NUMBER
SHSCT SAI <small>Personal Information</small>		<small>Personal Information</small>
DATE SAI NOTIFIED	CURRENT LEVEL OF REVIEW	ORGANISATIONS NOTIFIED (EXTERNAL)
29 October 2020	SAILV3	
DATE SAI OCCURRED:	DRO:	LSR/RCA REPORT DUE:
18 April 2019	Ms Denise Boulter	31 March 2021
CORONER'S REPORT:	DRO SUPPORT OFFICER/S	PROGRAMME OF CARE
		Acute Services

KEY WORDS	HSCB / PHA Generic Coding THEME - Cancer, THEME - Urology
------------------	---

DATIX COMMON CLASSIFICATION SYSTEM CCS CODING		
STAGE OF CARE	DETAILS	ADVERSE EVENT

DATIX COMMON CLASSIFICATION SYSTEM CCS2 CODING		
TIER 1	TIER 2	TIER 3
Administrative Processes (Excluding Documentation)	Referrals	Referral delayed

DESCRIPTION OF INCIDENT	
<p>**UROLOGY SAI** ***SAVE ALL CORRESPONDENCE TO OVERARCHING SAI - Datix ID <small>Personal Information redacted</small> **SAI <small>Personal Information redacted by the USI</small> **</p> <p>Diagnosed with penile cancer, recommended by cancer MDM for CT scan of Chest, Pelvis and Abdomen to complete staging. Patient managed locally by MDT and delay to refer to tertiary centre in Western Trust.</p> <p>DOB: <small>Personal Information redacted by the USI</small> GENDER: Male AGE: <small>Personal Information redacted</small></p> <p>CURRENT CONDITION OF SERVICE USER: alive</p>	

IMMEDIATE ACTION TAKEN BY REPORTING ORGANISATION:
Immediate learning for staff member.

IMMEDIATE ACTION TAKEN BY HSCB/PHA:
Reviewed at WEEKLY Incident Review Meeting.

TOR DUE:	TOR RECEIVED:	SEA RECEIVED:	LSR RECEIVED:	RCA RECEIVED
	12 November 2020			1 March 2021
RR SENT TO RQIA	TRUST ACTION:	DATE DRO CLOSED	SAIRSG DATE	LEARNING REF

SERVICE USER / FAMILY ENGAGEMENT:		
DATE SU/FAM INFORMED	DATE CLIST RECEIVED	DATE LSR/SEA/RCA SHARED SU/FAM
26 October 2020	1 March 2021	27 April 2021
REASON NO ENGAGEMENT		
REASON SEA/RCA NOT SHARED		

I
To be informed when review team meet

I

HSCB PHA ACTION TAKEN:

29/10/20: Trust acknowledged. DRO Assigned. To be reviewed at weekly incident review meeting.
 3/11/20: Email from Dboulter to AKane - At this mornings Acute meeting it was discussed re the number (there will be 9 in total) level 3 SAI's linked to urology in the ST. it was agreed I would be DRO for all and link with Jackie Mc Call and onward to the acute group when needed.
 I wondered would it be possible to have one member of your team that also co ordinates all of these as there is undoubtedly going to be a considerable amount of back and forth and it may be useful to me if all the emails came from a person (copied into SI rather than from SI) in order that I can quickly see when something re this comes in
 I am happy to discuss this
 03/11/20: Reply from AKane - I have spoken to both Mareth and Elaine. For now Elaine will be the Band 7 to co-ordinate these SAIs and will do this in conjunction with Donna who is already the Band 4 responsible for all SHSCT SAIs and Early Alerts.
 Mareth will liaise with Elaine in the first instance.
 Hope this is helpful
 LO Reassigned to DBoulter
 Action Log Acute SAI Review Team Meeting 3 November 2020
 First Review 3 November 2020 – This SAI is one of 9 SAIs linked to Urology and the Trust have advised that the SAIs will be subject to one overarching Level 3 review. Denise Boulter will be DRO for the Urology Level 3 reviews linking with Dr Jackie McCall and referral to the Acute SAI Review Team.
 Review next meeting
 4/11/2020: Email to LO enc overarching terms of reference in relation to the urology SAI's below:

Personal Information redacted by the USI

Please be advised that there will be 1 additional notification to follow which will also relate to these SAIs.
 Action Notes - Incident Review Meeting 4th November 2020
 No immediate action, await the report.
 13/11/20: Email from DRO - I am content to agree these terms of reference and membership with a minor change in the first paragraph should read "within which" rather than just "within"
 I am content with the 4 month timescale outlined in the TOR
 29/01/21: Email from GMcA - Denise and Anne have agreed that the SAIs linked to the Overarching Urology SAI (Personal Information re) can be deferred. All communication can therefore continue to be saved only to Datix record (Personal Information re)
 01/03/21: Email from SHSCT - Please find attached draft SAI Reports for the above SAI's, pending family engagement
 Forwarded to DRO along with PR cc PCavanagh and EHamilton
 Saved to Acute meeting Folder 9/03/21
 ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 9 MARCH 2021
 Update 9 March 2021: It was agreed a separate meeting will be held on 23 March 2021 to discuss this SAI and the 9 Urology SAIs linked to it. Governance Team to seek permission from SHSCT to share report with NICAN.
 10/03/21: Email from DRO -As discussed at the acute meeting yesterday and following my meeting today can we ask the Trust can we share these (or at least the overarching report) with NICAN please
 10/03/21: Email from EHamilton - Can you please seek permission from Southern Trust to share report/s

HSCB PHA ACTION TAKEN:

with NICAN please

11/03/21: Email to SHSCT - seek permission share reports with NICAN

15/03/21: Email from SHSCT - Please see response from Governance Team regarding the above Reports:

"The reports are in draft and awaiting factual accuracy checks. We are happy to share when the finalised reports are ready".

Forwarded to DRO CC EH and PC

16/03/21: Email from AKane enclosing email from JMcKimm SHSCT Comms team to DGordon DOH and PMoore - Both

See below current draft statement re: Urology SAls. It is anticipated these will be released to families etc. this week.

Please come back to me with comments etc.

Urology SAI Review

A spokesperson for the Southern Health and Social Care Trust said:

"The draft Serious Adverse Incident Reviews were issued to interested parties this week, including patients and families. SAls are reviews which identify learning and make recommendations to improve services. The independently-chaired SAI process has been a comprehensive review of nine individual patient journeys.

"At this stage the Trust will not be making any comment on specific issues raised through the SAI process as this will be part of the overarching Public Inquiry announced by the Health Minister in November.

"Any recommendations that relate to improved assurance around care standards will be actioned to ensure that the learning from the SAI process is quickly embedded in the Trust and shared with other HSC organisations."

On 15/03/21 RMorton advised I am content with this statement

Forwarded to EH for info

Acute SAI Review Level 2 3 Group Action Log 23 March 2021

Update 23 March 2021: Denise Boulter had a meeting to discuss this SAI and the 9 SAls which are linked to it. Minutes from this meeting will be added to the Datix record. A working group will be established to review the reports and to identify regional learning.

Denise also advised a paper will be sent to SMT to provide an update.

Elaine Hamilton to contact the Southern Trust to enquire about sharing of the Reports with NICAN as the Trust have advised to wait until they are checked for accuracy

Working Group to be established

Review at next meeting for update

30/03/21: Email from EHamilton - Lauren / Diane / Nicole,

I have been trying to call to speak with one someone regarding sharing of the Reports. We would like to share at least the overarching report with NICAN as soon as possible.

Can you advise if we would be able to share the overarching report as a minimum at this stage?

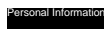
01/04/21: Email from EH enclosing email from SWallace SHSCT dated 31/03/21 - Elaine, the chair is due to receive final comments on the documents this week. As drafts there is potential for factual corrections at this stage.

We will be in a position to share the final versions soon however.

22/04/21: Email from SHSCT Hi

Please find attached SAI Reports for the above SAI's and Overarching Report

The following amendments have been made in the final report.

 – Page 2, Executive Summary, date of death was 16.1.2021

Conclusion, 1st paragraph

Page 5, Findings, Para 6

Forwarded to DRO cc EHamilton and PCavanagh

27/04/21: Email to SHSCT - We had been advised to wait until final reports were received before we could share them with NICAN. Can you advise if the Trust are now content we share the attached reports with NICAN.

29/04/21: Email from EHamilton to DRO - Southern Trust are happy that we share the recommendations only from the overarching report NICAN. Are you content we go ahead and do this?

Reply from DRO - Yes thanks that's great

04/05/21: Email from EH to Chief Exe Nias -

Please find attached recommendations from the overarching Urology Report from Southern Trust. We

HSCB PHA ACTION TAKEN:

have received permission from SHSCT to share the recommendations with NICaN to obtain their view. I would be grateful if NICaN could review the attached and provide comments back to

Personal Information redacted by the USI copied to seriousincidents@hscni.net

The attached document is password protected. Please confirm receipt of email and I will forward the password.

If you wish to speak to the DRO for this SAI please dont hesitate to contact me and I will arrange this.

13/05/21: Email from EH to SHSCT - NICAN have reviewed the recommendations but would like to see more information. Could you confirm if we would be able to share the full overarching report with NICAN?

Update 25th May 2021: The following reports were contained within members papers: Personal Information redacted by the USI,

Personal Information redacted by the USI

Members agreed all 10 Urology SAIs should be deferred until the outcome from the independent review is available. Urgent learning will be issued if required.

04/11/21: Engagement update provided by Trust.

****Copy EHamilton into all correspondence****

*****ALL CORRESPONDENCE FROM 29/01/21 HAS BEEN SAVED TO OVERARCHING SAI - Datix ID**

Personal Information redacted by the USI

*****DEFERRAL REMOVED ON 18/05/21*****

Deferred on 25/05/21**

serious incidents

From: Corporate.Governance <[Personal Information redacted by the USI]>
Sent: 12 November 2020 13:42
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification [Personal Information]
Attachments: Notification Form overarching SAI report.docx; Notification Form [Personal Information].pdf; Level 3 SAI review draft Terms of Reference for HSCB Updated.docx

Categories: Work in progress

Good Afternoon,

Please find attached new SAI notification and Terms of Reference for ID [Personal Information redacted by the USI]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
 Corporate Governance Assistant
 Beechfield House
 Craigavon Area Hospital Site
 Telephone [Personal Information redacted by the USI]

The Information and the Material transmitted is intended only for the person or entity to which it is addressed and may be Confidential/Privileged Information and/or copyright material.

Any review, transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from any computer.

Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

APPENDIX 1
Revised November 2016 (Version 1.1)

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

1. ORGANISATION: SHSCT		1. UNIQUE INCIDENT IDENTIFICATION NO. /REFERENCE	
3. HOSPITAL / FACILITY / COMMUNITY LOCATION S Craigavon Area Hospital		2. Personal Information redacted by the USI	
6. DEPARTMENT / WARD / LOCATION EXACT Urology		4. DATE OF INCIDENT 5. 20/8/2019	
7. CONTACT PERSON: Patricia Kingsnorth		8. PROGRAMME OF CARE: Acute	
9. DESCRIPTION OF INCIDENT: Diagnosed with high grade prostate cancer July 2019. MDM outcome '...commence an LHRHa, arrange a CT Chest and bone scan and for subsequent MDM review.' MDM recommendations not followed. Patient now deceased. DOB: Personal Information GENDER: Male AGE: Personal Information			
10. IS THIS INCIDENT A NEVER EVENT?		If 'YES' provide further detail on which never event - refer to DoH link below https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars	
	NO	x	
DATIX COMMON CLASSIFICATION SYSTEM (CCS) CODING			
STAGE OF CARE: (refer to Guidance Notes) AD00000 Administrative Processes (Excluding Documentation)		DETAIL: (refer to Guidance Notes) AD1000 Referrals	
		ADVERSE EVENT: (refer to Guidance Notes) AD1001 Referral delayed	
11. <u>IMMEDIATE</u> ACTION TAKEN TO PREVENT RECURRENCE: -			
12. CURRENT CONDITION OF SERVICE USER: Deceased			
13. HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)			NO
14. HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)			NO
15. WHY IS THIS INCIDENT CONSIDERED SERIOUS?: (please select relevant criteria below)			
serious injury to, or the unexpected/unexplained death of:			
- a service user (including a Looked After Child or a child whose name is on the Child Protection Register and those events which should be reviewed through a significant event audit)			x
- a staff member in the course of their work			
- a member of the public whilst visiting a HSC facility.			
unexpected serious risk to a service user and/or staff member and/or member of the public			
unexpected or significant threat to provide service and/or maintain business continuity			

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM

serious self-harm or serious assault (<i>including attempted suicide, homicide and sexual assaults</i>) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service			
serious self-harm or serious assault (<i>including homicide and sexual assaults</i>) <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public by a service user in the community who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
suspected suicide of a service user who has a mental illness or disorder (<i>as defined within the Mental Health (NI) Order 1986</i>) and/or known to/referred to mental health and related services (<i>including CAMHS, psychiatry of old age or leaving and aftercare services</i>) and/or learning disability services, in the 12 months prior to the incident			
serious incidents of public interest or concern relating to: <ul style="list-style-type: none"> - any of the criteria above - theft, fraud, information breaches or data losses - a member of HSC staff or independent practitioner 			
16. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED: (<i>please select</i>) No learning for Staff member			NO
if 'YES' (<i>full details should be submitted</i>):			
17. HAS THE SERVICE USER / FAMILY BEEN ADVISED THE INCIDENT IS BEING REVIEWED AS A SAI?		DATE INFORMED: 26 October 2020 <i>specify reason:</i> To be informed when review team meet	
18. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? (<i>refer to guidance notes e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HCPC etc.</i>) <i>please specify where relevant</i>			NO
if 'YES' (<i>full details should be submitted including the date notified</i>):			
19. OTHER ORGANISATION/PERSONS INFORMED: (<i>please select</i>)	DATE INFORMED:	OTHERS: (<i>please specify where relevant, including date notified</i>)	
DoH EARLY ALERT	31/7/2020		
HM CORONER			
INFORMATION COMMISSIONER OFFICE (ICO)			
NORTHERN IRELAND ADVERSE INCIDENT CENTRE (NIAIC)			
HEALTH AND SAFETY EXECUTIVE NORTHERN IRELAND (HSENI)			
POLICE SERVICE FOR NORTHERN IRELAND (PSNI)			
REGULATION QUALITY IMPROVEMENT AUTHORITY (RQIA)			
SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNi)			
NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)			
20. LEVEL OF REVIEW REQUIRED: (<i>please select</i>)	LEVEL 3		
* FOR ALL LEVEL 2 OR LEVEL 3 REVIEWS PLEASE COMPLETE AND SUBMIT SECTIONS 2 AND 3 OF THE RCA REPORT TEMPLATE WITHIN 4 WEEKS OF THIS NOTIFICATION REFER APPENDIX 6			
21. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. (<i>delete as appropriate</i>)			
Report submitted by: Patricia Kingsnorth Designation: Acting Acute Clinical & Social Care Governance Coordinator			
Email:	<div style="background-color: black; color: white; font-size: 0.8em;">Personal Information redacted by the USI</div>	Telephone	<div style="background-color: black; color: white; font-size: 0.8em;">Personal Information redacted by the USI</div>
		Date:	12/11/2020

SERIOUS ADVERSE INCIDENT NOTIFICATION FORM**22. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION:** *(refer to Guidance Notes)*

Additional information submitted by: _____

Designation: _____

Email: _____

Telephone: _____

Date: DD / MM / YYYY

Completed proforma should be sent to: seriousincidents@hscni.net
and *(where relevant)* seriousincidents@rqia.org.uk

serious incidents

From: serious incidents
Sent: 12 November 2020 14:42
To: 'Corporate.Governance'
Subject: ACKNOWLEDGEMENT – Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Diane

This communication acknowledges receipt of the Serious Adverse Incident Notification made to the HSCB seriousincidents@hscni.net mail box and confirms that the SHSCT will complete a **LEVEL 3** Significant Event Audit (SEA) review relating to this SAI.

Trust Ref: [Personal Information]

HSCB Ref: [Personal Information]

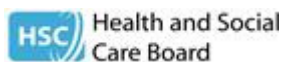
I note submission of the Terms of Reference / Membership of the Review Team.

In line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016, the timescales for submission of the Level 3 RCA Review Report will be agreed by the reporting organisation and the HSCB/PHA DRO.

The DRO for this SAI is Denise Boulter.

All communication between HSCB/PHA and reporting organisation must be conveyed between the HSCB Governance department and Governance departments in respective reporting organisations. This will ensure all communication both written and verbal relating to the SAI, is recorded on the HSCB DATIX risk management system.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]

Sent: 12 November 2020 13:42

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information]

Good Afternoon,

Please find attached new SAI notification and Terms of Reference for ID Personal Information redacted by the USI

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: serious incidents
Sent: 12 November 2020 14:49
To: Denise Boulter
Cc: Louise Herron; Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Elaine Hamilton (HSCB); Geraldine McArdle; Hugo Van Woerden; Jacqui Burns; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton
Subject: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]
Attachments: SAI Notification Form [Personal Information].pdf

Denise

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the **SHSCT** received on 12/11/2020. This notification confirms that a **Level 3** Root Cause Analysis (RCA) review will be undertaken.

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

(For Poc1 and PoC2 only) - Please remove if not applicable

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016.

Trust Reference: [Personal Information]

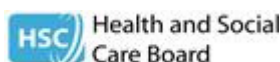
HSCB Reference: [Personal Information]

Programme of Care: Acute Services

An acknowledgement of receipt of this notification has been forwarded to the **SHSCT**. **Please liaise with the Trust to agree timescales** for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report. Please ensure that all communication with the Trust is copied to serious incidents for datix purposes.

If you require any further information, please do not hesitate to contact me.

Warm Regards
 Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:Personal Information redacted by the USI]
Sent: 12 November 2020 13:42
To: serious incidents
Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen
Subject: SAI Notification Personal Information redacted by the USI

Good Afternoon,

Please find attached new SAI notification and Terms of Reference for ID Personal Information redacted by the USI.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

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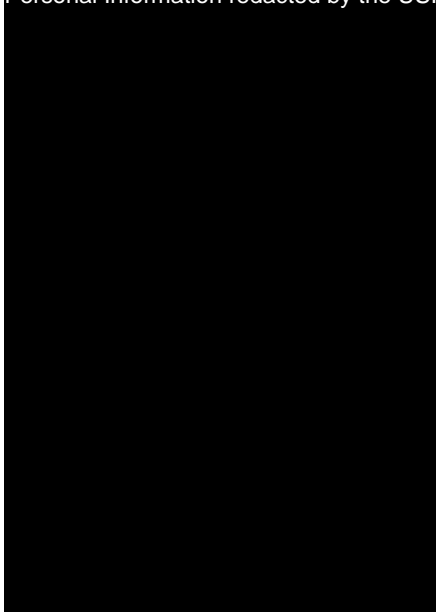
Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

Level 3 Serious Adverse Incident Review

Urology Services

Datix numbers

Personal Information redacted by the USI



Date 16th October 2020

PURPOSE OF PAPER

This paper seeks to provide a framework within to conduct a Level 3 Serious Adverse Incident Review regarding the treatment and care provided by a Urology Consultant (Doctor 1) who is no longer employed by Health and Social Care Services (Northern Ireland).

This paper will address the following:

- Proposed draft terms of reference for the review
- Confirmation of review panel
- Proposed timeline for conducting the review
- Outlining the process for engagement with families throughout the review

Draft Terms of Reference

Introduction

The core values of the Southern Health and Social Care Services (Northern Ireland) are of openness, honesty, respect and compassion. In keeping with these values, the Director of Acute Service has commissioned a level 3 SAI review to address the issues referenced above. The draft terms of reference may be amended pending engagement with all affected patients and families.

Purpose of Review

The purpose of the review is to consider the quality of treatment and the care provided by Doctor 1 and to understand if actual or potential harm occurred. The review findings will be used to promote learning, to understand system wide strengths and weaknesses and to improve the quality and safety of care and treatment provided.

Scope of Review

As part of an internal review of patients under the care of Doctor 1, a number of patients have been identified as possibly been exposed to increased or unnecessary risk.

Review Team

The proposed review team is as follows:

Chairperson / Lead Reviewer	Dr Dermot Hughes
Independent Consultant Urologist	Mr Hugh Gilbert
Cancer Services Lead	Mrs Fiona Reddick
Clinical Nurse Specialist	Ms Patricia Thompson
Clinical Governance Facilitator	Mrs Patricia Kingsnorth

Review Aims and Objectives

The aims and objectives of this review are to:

- To carry out a systematic multidisciplinary review of the process used in the diagnosis, multidisciplinary team decision making and subsequent follow up and treatment provided for each patient identified, using a Root Cause Analysis (RCA) Methodology.
- To review individually the quality of treatment and care provided to each patient identified and consider any factors that may have adversely influenced or contributed to subsequent clinical outcomes.

- To engage with patients / families to ensure where possible questions presented to the review team or concerns are addressed within the review.
- To develop recommendations to establish what lessons are to be learned and how our systems can be strengthened regarding the delivery of safe, high quality care.
- Examine any areas of good practice and opportunities for sharing learning from the incidents

Review Team Access Arrangements

Through the Review Commissioner, the Review Team will:

- Be afforded the assistance of all relevant staff and other relevant personnel.
- Have access to all relevant files and records (subject to any necessary consent/data protection requirements, where necessary).

Should immediate safety concerns arise, the Lead Reviewer will convey the details of these concerns to the Director of Acute Services / Trust Board (known as Review Commissioner) as soon as possible.

Review Methodology

The review will follow a review methodology as per the Regional Serious Adverse Incident Framework (2016) and will be cognisant of the rights of all involved to privacy and confidentiality and will follow fair procedures. The review will commence in October 2020 and will be expected to last for a period of 4 months approximately, provided unforeseen circumstances do not arise. Following completion of the review, an anonymised draft report will be prepared by the review team outlining the chronology, findings and recommendations. All who participated in the review will have an opportunity to provide input to the extracts from the report relevant to them to ensure that they are factually accurate and fair from their perspective.

Prior to finalising the report, the Lead Reviewer will ensure that the Review Team apply Trust quality assurance processes to ensure compliance of the review process with regional guidance prior to delivery of the final report to the Review Commissioner. The Review Commissioner will seek assurance that the quality assurance process has been completed.

Recommendations and Implementation

The report, when finalised, will be presented to the Review Commissioner. The Review Commissioner is responsible for ensuring that the local managers responsible for the service where the incident occurred will implement the recommendations of the review report. The Review

Commissioner is responsible for communicating regionally applicable recommendations to the relevant services for wider implementation.

serious incidents

From: serious incidents
Sent: 12 November 2020 14:58
To: Denise Boulter
Cc: Elaine Hamilton (HSCB)
Subject: FW: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]
Attachments: SAI Notification Form ([Personal Information]).pdf; Level 3 SAI draft ToR and TM [Personal Information].pdf; Overarching SAI Notification Form (9 SHSCT SAI'S).pdf

Denise

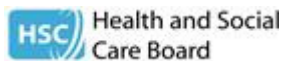
Further to the New SAI Notification form submitted from the SHSCT, please find attached overarching Terms of Reference and Membership in relation to the urology SAI's.

Also attached in an overarching SAI Notification listing all 9 Urology related SAI's.

The Terms of Reference and Membership of the Review Team have been listed for discussion / approval at the next Acute Professional Group Meeting.

Also please advise on timescale for submission of RCA Report.

Warm Regards
 Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

Personal Information
redacted by the USI

Personal Information redacted by the USI

From: serious incidents
Sent: 12 November 2020 14:49
To: Denise Boulter
Cc: Louise Herron; Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Elaine Hamilton (HSCB); Geraldine McArdle; Hugo Van Woerden; Jacqui Burns; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton
Subject: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Denise

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the **SHSCT** received on 12/11/2020. This notification confirms that a **Level 3** Root Cause Analysis (RCA) review will be undertaken.

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

(For Poc1 and PoC2 only) - Please remove if not applicable

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (relating secondary care issues) or;
- Brenda Bradley and copy to Matthew Dolan (relating to Primary Care issues).

In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016.

Trust Reference: [Personal Information redacted by the USI]

HSCB Reference: [Personal Information redacted by the USI]

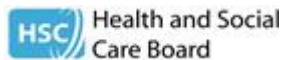
Programme of Care: Acute Services

An acknowledgement of receipt of this notification has been forwarded to the **SHSCT**. **Please liaise with the Trust to agree timescales** for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report. Please ensure that all communication with the Trust is copied to serious incidents for datix purposes.

If you require any further information, please do not hesitate to contact me.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [mailto:[Personal Information redacted by the USI]]

Sent: 12 November 2020 13:42

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen

Subject: SAI Notification [Personal Information redacted by the USI]

Good Afternoon,

Please find attached new SAI notification and Terms of Reference for ID [Personal Information redacted by the USI]

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office

Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted
by the USI

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Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

serious incidents

From: Denise Boulter
Sent: 13 November 2020 08:41
To: serious incidents
Cc: Elaine Hamilton (HSCB)
Subject: RE: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Categories: Donna

Donna

I am content to agree these terms of reference and membership with a minor change in the first paragraph should read "within which" rather than just "within"

I am content with the 4 month timescale outlined in the TOR

Denise

From: serious incidents
Sent: 12 November 2020 14:58
To: Denise Boulter
Cc: Elaine Hamilton (HSCB)
Subject: FW: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information] HSCB Ref: [Personal Information]

Denise

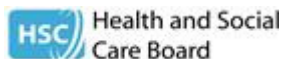
Further to the New SAI Notification form submitted from the SHSCT, please find attached overarching Terms of Reference and Membership in relation to the urology SAI's.

Also attached in an overarching SAI Notification listing all 9 Urology related SAI's.

The Terms of Reference and Membership of the Review Team have been listed for discussion / approval at the next Acute Professional Group Meeting.

Also please advise on timescale for submission of RCA Report.

Warm Regards
Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: serious incidents
Sent: 12 November 2020 14:49
To: Denise Boulter
Cc: Louise Herron; Anne Kane; Anne-Marie Phillips; Brid Farrell; Briege Quinn; Elaine Hamilton (HSCB); Geraldine

McArdle; Hugo Van Woerden; Jacqui Burns; Mareth Campbell; Margaret McNally HSCB; Patricia Crossan; Rodney Morton

Subject: UROLOGY SAI - New SAI Notification - Trust Ref: [Personal Information redacted by the USI] HSCB Ref: [Personal Information redacted by the USI]

Denise

You have been identified as the DRO for the above SAI.

I attach the Serious Adverse Incident Notification from the **SHSCT** received on 12/11/2020. This notification confirms that a **Level 3** Root Cause Analysis (RCA) review will be undertaken.

Please can you advise by email to seriousincidents@hscni.net on any immediate action you have taken or action required; the governance team will update the Datix record for this incident accordingly. **You do not need to respond if no immediate action is required.**

(For Poc1 and PoC2 only) - Please remove if not applicable

If you require advice in relation to **medication related issues** please contact:

- Angela Carrington, email: [Personal Information redacted by the USI] (*relating secondary care issues*) or;
- Brenda Bradley and copy to Matthew Dolan (*relating to Primary Care issues*).

In the case of interface incidents where there are both primary and secondary care issues, all three above people should be contacted.

This incident has been reported to the HSCB in line with the HSCB Procedure for the Reporting and Follow up of SAIs, November 2016.

Trust Reference: [Personal Information redacted by the USI]

HSCB Reference: [Personal Information redacted by the USI]

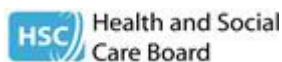
Programme of Care: Acute Services

An acknowledgement of receipt of this notification has been forwarded to the **SHSCT**. **Please liaise with the Trust to agree timescales** for submission of the Terms of Reference / Membership of the Review Team and the Level 3 RCA Review Report. Please ensure that all communication with the Trust is copied to serious incidents for datix purposes.

If you require any further information, please do not hesitate to contact me.

Warm Regards

Donna Britton



Governance Support Officer | HSCB | Tower Hill | Armagh | BT61 9DR

[Personal Information redacted by the USI]

[Personal Information redacted by the USI]

From: Corporate.Governance [[mailto:\[Personal Information redacted by the USI\]](mailto:[Personal Information redacted by the USI])]

Sent: 12 November 2020 13:42

To: serious incidents

Cc: Audit, Clinical; Connolly, Connie; OKane, Maria; O'Neill, Nicole; Reid, Trudy; Wallace, Stephen

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Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

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Southern Health & Social Care Trust archive all Email (sent & received) for the purpose of ensuring compliance with the Trust 'IT Security Policy', Corporate Governance and to facilitate FOI requests.

Southern Health & Social Care Trust IT Department [Personal Information redacted by the USI]

HSCB / PHA SAI POSITION REPORT

UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE:		HSCB REFERENCE NUMBER
[Personal Information]		[Personal Information]
DATE SAI NOTIFIED	CURRENT LEVEL OF REVIEW	ORGANISATIONS NOTIFIED (EXTERNAL)
12 November 2020	SAILV3	DOH
DATE SAI OCCURRED:	DRO:	LSR/RCA REPORT DUE:
20 August 2019	Ms Denise Boulter	31 March 2021
CORONER'S REPORT:	DRO SUPPORT OFFICER/S	PROGRAMME OF CARE
		Acute Services

KEY WORDS	HSCB / PHA Generic Coding THEME - Cancer, THEME - Urology
-----------	--

DATIX COMMON CLASSIFICATION SYSTEM CCS CODING		
STAGE OF CARE	DETAILS	ADVERSE EVENT

DATIX COMMON CLASSIFICATION SYSTEM CCS2 CODING		
TIER 1	TIER 2	TIER 3
Administrative Processes (Excluding Documentation)	Referrals	Referral delayed

DESCRIPTION OF INCIDENT
<p>**UROLOGY SAI</p> <p>***SAVE ALL CORRESPONDENCE TO OVERARCHING SAI - Datix ID [Personal Information redacted]</p> <p>**linked to SAI [Personal Information redacted by the USI] **</p> <p>**Linked to EA SHSCT/EA/31/07/20 [Personal Information redacted]</p> <p>Diagnosed with high grade prostate cancer July 2019. MDM outcome '...commence an LHRHa, arrange a CT Chest and bone scan and for subsequent MDM review.'</p> <p>MDM recommendations not followed. Patient now deceased.</p> <p>DOB: [Personal Information redacted by the USI] GENDER: Male AGE: [Personal Information redacted]</p> <p>CURRENT CONDITION OF SERVICE USER: Deceased</p>

IMMEDIATE ACTION TAKEN BY REPORTING ORGANISATION:

IMMEDIATE ACTION TAKEN BY HSCB/PHA:
Reviewed at Weekly Incident review meeting

TOR DUE:	TOR RECEIVED:	SEA RECEIVED:	LSR RECEIVED:	RCA RECEIVED
	12 November 2020			1 March 2021
RR SENT TO RQIA	TRUST ACTION:	DATE DRO CLOSED	SAIRSG DATE	LEARNING REF

SERVICE USER / FAMILY ENGAGEMENT:		
DATE SU/FAM INFORMED	DATE CLIST RECEIVED	DATE LSR/SEA/RCA SHARED SU/FAM
26 October 2020	1 March 2021	27 April 2021
REASON NO ENGAGEMENT		
REASON SEA/RCA NOT SHARED		

RATIONALE NOT INFORMING the S/User / Family / Carer that the incident was being reviewed as a SAI

RATIONALE FOR NOT SHARING LSR/SEA/RCA

HSCB PHA ACTION TAKEN:

12/11/20: SAI rec, saved and assigned to DBoulter
 12/11/20: Email to DRO - Further to the New SAI Notification form submitted from the SHSCT, please find attached overarching Terms of Reference and Membership in relation to the urology SAI's. Also attached in an overarching SAI Notification listing all 9 Urology related SAI's. The Terms of Reference and Membership of the Review Team have been listed for discussion / approval at the next Acute Professional Group Meeting.
 Also please advise on timescale for submission of RCA Report.
 Action Notes - Incident Review Meeting 18th November 2020
 No immediate action, await the report.
 29/01/21: Email from GMcA - Denise and Anne have agreed that the SAIs linked to the Overarching Urology SAI (Personal Information re) can be deferred. All communication can therefore continue to be saved only to Datix record (Personal Information re).
 01/03/21: Email from SHSCT - Please find attached draft SAI Reports for the above SAI's, pending family engagement
 Forwarded to DRO along with PR cc PCavanagh and EHamilton
 Saved to Acute meeting Folder 9/03/21
 ACUTE SERVICES SAI REVIEW TEAM MEETING - ACTION LOG UPDATED 9 MARCH 2021
 Update 9 March 2021: It was agreed a separate meeting will be held on 23 March 2021 to discuss this SAI and the 9 Urology SAIs linked to it. Governance Team to seek permission from SHSCT to share report with NICAN.
 10/03/21: Email from DRO -As discussed at the acute meeting yesterday and following my meeting today can we ask the Trust can we share these (or at least the overarching report) with NICAN please
 10/03/21: Email from EHamilton - Can you please seek permission from Southern Trust to share report/s with NICAN please
 11/03/21: Email to SHSCT - seek permission share reports with NICAN
 15/03/21: Email from SHSCT - Please see response from Governance Team regarding the above Reports:
 "The reports are in draft and awaiting factual accuracy checks. We are happy to share when the finalised reports are ready".
 Forwarded to DRO CC EH and PC
 16/03/21: Email from SHSCT - Please find attached amended draft reports for the following Urology SAI's:
 128057 page 6 in the findings the MDT was on 25.7.19 not 27.7.19
 forwarded to DRO cc EH and PC
 16/03/21: Email from AKane enclosing email from JMcKimm SHSCT Comms team to DGordon DOH and PMoore - Both
 See below current draft statement re: Urology SAIs. It is anticipated these will be released to families etc. this week.
 Please come back to me with comments etc.
 Urology SAI Review
 A spokesperson for the Southern Health and Social Care Trust said:
 "The draft Serious Adverse Incident Reviews were issued to interested parties this week, including patients and families. SAIs are reviews which identify learning and make recommendations to improve services. The independently-chaired SAI process has been a comprehensive review of nine individual patient journeys.
 "At this stage the Trust will not be making any comment on specific issues raised through the SAI process as this will be part of the overarching Public Inquiry announced by the Health Minister in November.
 "Any recommendations that relate to improved assurance around care standards will be actioned to ensure that the learning from the SAI process is quickly embedded in the Trust and shared with other

HSCB PHA ACTION TAKEN:

HSC organisations.”

On 15/03/21 RMorton advised I am content with this statement

Forwarded to EH for info

Acute SAI Review Level 2 3 Group Action Log 23 March 2021

Update 23 March 2021: Denise Boulter had a meeting to discuss this SAI and the 9 SAIs which are linked to it. Minutes from this meeting will be added to the Datix record. A working group will be established to review the reports and to identify regional learning.

Denise also advised a paper will be sent to SMT to provide an update.

Elaine Hamilton to contact the Southern Trust to enquire about sharing of the Reports with NICAN as the Trust have advised to wait until they are checked for accuracy

Working Group to be established

Review at next meeting for update

30/03/21: Email from EHamilton - Lauren / Diane / Nicole,

I have been trying to call to speak with one someone regarding sharing of the Reports. We would like to share at least the overarching report with NICAN as soon as possible.

Can you advise if we would be able to share the overarching report as a minimum at this stage?

01/04/21: Email from EH enclosing email from SWallace SHSCT dated 31/03/21 - Elaine, the chair is due to receive final comments on the documents this week. As drafts there is potential for factual corrections at this stage.

We will be in a position to share the final versions soon however.

22/04/21: Email from SHSCT Hi

Please find attached SAI Reports for the above SAI's and Overarching Report

Forwarded to DRO cc EHamilton and PCavanagh

27/04/21: Email to SHSCT - We had been advised to wait until final reports were received before we could share them with NICAN. Can you advise if the Trust are now content we share the attached reports with NICAN.

29/04/21: Email from EHamilton to DRO - Southern Trust are happy that we share the recommendations only from the overarching report NICAN. Are you content we go ahead and do this?

Reply from DRO - Yes thanks that's great

04/05/21: Email from EH to Chief Exe Nias -

Please find attached recommendations from the overarching Urology Report from Southern Trust. We have received permission from SHSCT to share the recommendations with NICAN to obtain their view.

I would be grateful if NICAN could review the attached and provide comments back to

Personal Information redacted by the USI

copied to seriousincidents@hscni.net

The attached document is password protected. Please confirm receipt of email and I will forward the password.

If you wish to speak to the DRO for this SAI please dont hesitate to contact me and I will arrange this.

13/05/21: Email from EH to SHSCT - NICAN have reviewed the recommendations but would like to see more information. Could you confirm if we would be able to share the full overarching report with NICAN?

Update 25th May 2021: The following reports were contained within members papers: Personal Information redacted by the USI,

Personal Information redacted by the USI

Members agreed all 10 Urology SAIs should be deferred until the outcome from the independent review is available. Urgent learning will be issued if required.

04/11/21: Engagement update provided by Trust.

****Copy EHamilton into all correspondence****

*****ALL CORRESPONDENCE FROM 29/01/21 HAS BEEN SAVED TO OVERARCHING SAI - Datix ID**

Personal Information ***

****DEFERRAL REMOVED ON 18/05/21*****

****Deferred on 25/05/21****

Appendix One

Detail on Previous Concerns with timeline details

Previous concerns relating to Consultant A

Previous concerns were raised in relation to Consultant A in March 2016, and managed within the Maintaining High Professional Standards framework from December 2016. The timeline for these previous concerns is detailed below:

March 2016

On 23 March 2016, Mr EM, the then Associate Medical Director (Consultant A's clinical manager) and Mrs HT, Assistant Director (Consultant A's operational manager) met with Consultant A to outline their concerns in respect of his clinical practice. In particular, they highlighted governance and patient safety concerns. Consultant A was provided with a letter dated 23 March 2016 detailing their concerns and asking him to respond with an immediate plan to address the concerns. Four broad concerns were identified:

- **Un-triaged outpatient referral letters**
It was identified at that time that there were 253 un-triaged referrals dating back to December 2014.
- **Current Review Backlog up to 29 February 2016**
It was identified at that time that there were 679 patients on Consultant A's review backlog dating back to 2013, with a separate oncology waiting list of 286 patients.
- **Patient Centre letters and recorded outcomes from clinics**
The letter noted reports of frustrated Consultant colleagues concerned that there was often no record of consultations / discharges made by Consultant A on Patient Centre or on patient notes.
- **Patients' hospital charts at Consultant A's home**
The letter indicated the issue of concern dated back many years. No numbers were identified within the letter.

April to October 2016

During the period April to October 2016, discussions were on-going between the then Director of Acute Services Acute Directorate and the previous Interim Medical Director about how best to manage the concerns raised with Consultant A in the letter of 23 March 2016. It was determined that formal action would not be considered as it was anticipated that the concerns could be resolved informally. Consultant A advised the review team he did not reply to the letter but did respond to the concerns raised in the letter by making changes to his practice.

November 2016

Consultant A was off work on sick leave from 16 November 2016 Personal information redacted by USI and was due to return to work on 2 January 2017. An on-going Serious Adverse Incident (SAI) review within the Trust identified a Urology patient (Patient 10) who with a poor clinical outcome because the GP referral was not triaged by Consultant A.

An SAI review was commenced in autumn 2016. Through the SAI it was identified that the referral for patient Patient 10 had not been triaged by Consultant A. An initial review exercise was undertaken and a number of other patients were identified as not having been triaged by Consultant A. Further assessment of the issue identified a significant number of patient's letters (783 letters dating back to June 2015) who had not been triaged by Consultant A.

It should be noted that the issues of concern relating to patient Patient 10 were wider than the referral delay. It was considered that the symptoms recorded by the patient's GP on the initial referral should have resulted in the referral being upgraded to a 'red-flag' referral and prioritised as such.

December 2016

The professional concerns arising from the SAI were notified to the Trust's Medical Director, Dr RW in late December 2016. As a result of the concerns raised with Consultant A on 23 March 2016 and the serious concern arising from the SAI review by late December 2016, the Trust's Medical Director determined that it was necessary to take formal action to address the concerns.

The information initially collated from the on-going SAI of Consultant A's administrative practices identified the following:

- from June 2015, 318 GP referrals had not been triaged in line with the agreed / known process for such referrals. Further tracking and review was required to ascertain the status of all referrals.
- there was a backlog of 60+ undictated clinics dating back over 18 months amounting to approximately 600 patients, who may not have had their clinic outcomes dictated. It was unclear what the clinical management plan was for these patients, and if the plan had been actioned
- there was concern that some of the patients seen by Consultant A had their clinical notes taken back to his home As such these were then not readily available within the Trust secure systems. The clinical management plan for these patients was unclear, and may have been delayed.

As a result of these concerns, work was undertaken to scope the full extent of the issues and to put a management plan in place to review the status of each patient. The management plan put in place aimed to provide the necessary assurances in respect of the safety of patients involved.

28 December 2016

Advice was sought from the National Clinical Assessment Service (NCAS) on 28 December 2016 and it was indicated that a formal process under the Maintaining High Professional Standards Framework was warranted.

30 December 2016

Consultant A was requested to attend a meeting on 30 December 2016 with Dr RW, Medical Director and Ms LH, HR Manager during which he was advised of a decision by the Trust to place him on a 4 week immediate exclusion in line with the Maintaining High Professional Standards (MHPS) Framework to allow for further preliminary enquiries to be undertaken. A letter was issued to Consultant A in a follow up to the meeting detailing the decision of immediate exclusion and a request for the return of all case notes and dictation from his home. The letter also advised Consultant A that Dr AK had been appointed as Case Manager for the case and Mr CW was identified as the Case Investigator under the terms of MHPS..

03 January 2017

Consultant A met with Mrs MC, Head of Service for Urology to return all case notes which he had at home and all undictated outcomes from clinics in line with the request made to him by Dr RW on 30 December 2017. (There were a total of 288 casenotes returned and 668 patients identified as having had no dictation done following their clinical episode).

20 January 2017

During the period of the 4 week immediate exclusion period notified to Consultant A on 30 December 2016, Mr CW Clinical Director wrote to Consultant A to request a meeting with him on 24 January 2017 to discuss the concerns identified and to provide an opportunity for Consultant A to state his case and propose alternatives to formal exclusion.

23 January 2017

On 23 January 2017, Mr CW wrote to Consultant A seeking information from him in respect of 13 sets of case-notes that were traced out on PAS to him but could not be located in his office and which had not been returned to the Trust with the other case-notes on 3 January 2017.

24 January 2017

The meeting between Mr CW and Consultant A took place on 24 January 2017 with Mrs SH, Head of Employee Relations present.

26 January 2017

In line with the MHPS Framework, prior to the end of the 4 week immediate exclusion period, a case conference meeting was held within the Trust to review Consultant A's immediate exclusion and to determine if, from the initial preliminary enquiries, Consultant A had a case to answer in respect of the concerns identified.

A preliminary report was provided for the purposes of this meeting. At the case conference meeting, it was determined by the Case Manager, Dr AK that Consultant A had a case to answer in respect of the 4 concerns previously notified to him and that a formal investigation would be undertaken into the concerns.

The matter of his immediate exclusion was also considered and a decision taken to lift the immediate exclusion with effect from 27 January 2017 as formal exclusion was not deemed to be required. Instead, Consultant A's return to work would be managed in line with a clear management plan for supervision and monitoring of key aspects of his work.

These decisions were communicated to Consultant A verbally by telephone following the case conference meeting on 26 January 2017.

6 February 2017

A letter was sent to Consultant A on 6 February 2017 confirming the decisions from the case conference meeting on 26 January 2017 and notifying him of a meeting on 9 February 2017 to discuss the detail of the management plan and monitoring arrangements to be put in place on his return to work.

9 February 2017

Consultant A attended a meeting with the Case Manager, Dr AK on 9 February to discuss the management arrangements that were to be put in place on his return to work following the immediate exclusion period. Mrs SH and Consultant A's son were in attendance at the meeting. The action plan was accepted and agreed with Consultant A at the meeting.

20 February 2017

Between 27 January 2017 when the immediate exclusion was lifted and 17 February 2017, Consultant A was unable to return to work due to ill health. He returned to work on 20 February 2017 in line with action plan agreed at the meeting on 9 February 2017.

As part of the action plan agreed, monitoring mechanisms were put in place to continuously assess his administrative processes to safeguard against a recurrence of the concerns raised with regards to his outpatient work. This monitoring arrangement was in place up until Consultant A's date of leaving. There were 3 occasions when there were deviations from the agreed actions, and on two occasions Consultant A offered acceptable explanations. On the third occasion,

Consultant A had no acceptable explanation for the delay in dictation, however all dictation was completed at the point of retirement.

January and February 2017

During January and February 2017, Consultant A made a number of representations to Dr RW, Medical Director and Mr JW, Non-Executive Director in respect of process and timescale. In considering the representations made, it was decided that Mr CW should step down as Case Investigator prior to the commencement of the formal investigation. Dr NC, Associate Medical Director and Consultant Psychiatrist was appointed as Case Investigator.

16 March 2017

The terms of reference for the formal investigation were shared with Consultant A along with an initial witness list.

April, May and June 2017

During April, May and June 2017 the Case investigator met with all witnesses relevant to the investigation. Witness statements were prepared and issued for agreement.

14 June 2017

Dr NC, Case Investigator wrote to Consultant A requesting to meet with him on 28 June 2017 for the purpose of taking a full response in respect of the concerns identified.

19 June 2017

Consultant A requested to reschedule the meeting to secure his preferred accompaniment to the meeting. This was facilitated. A meeting on 29 June, 30 June and 1st July was offered. Consultant A requested to defer the meeting until later in July until after a period of planned annual leave, and a meeting was confirmed for 31 July 2017.

05 July 2017

Consultant A advised the date of 31 July was not suitable and a date of 3 August 2017 was agreed.

03 August 2017

A first investigation meeting was held with Consultant A in order to seek his response to the issues of concern.

At the meeting on 3 August 2017 it was agreed that a response would not be taken in respect of term of reference number 4 in respect of private patients until patient information requested by Consultant A had been furnished to him. It was agreed that

a further meeting date would be arranged for this purpose once all information had been provided. Consultant A's responses to the remaining terms of reference were gathered.

16 October 2017

A meeting date for the second investigation meeting was agreed for 06 November 2017.

06 November 2017

A second investigation meeting was held with Consultant A in order to seek his response to the issues of concern in respect of term of reference 4. At the meeting of 6 November 2017, Consultant A advised Dr NC that he wished to make comment on both his first statement and also the witness statements provided to him. He further advised that his priority for November and December was completion of his appraisal and that he would not be able to provide his comments during this period. It was agreed his timescales would be facilitated.

15 February 2018

By 15 February 2018, Consultant A had not provided the comments he had previously advised he wished to make and therefore this was queried with Consultant A and an update sought.

22 February 2018

No response was received and a further email reminder was sent to Consultant A on 22 February 2018. On the same day, Consultant A responded to advise that he had not had time to attend to the process since the meeting in November 2017. He requested a copy of the statement from the November meeting and indicated he would provide commentary on all documents by 31 March 2018. Consultant A was asked to provide comments by 9 March 2018 rather than 31 March 2018.

16 March 2018

Comments on the documents were not received on 9 March 2018 and a further reminder was sent to Consultant A requesting his comments no later than 26 March 2018. It was advised that the investigation report would be concluded thereafter if comments were not provided by 26 March 2018.

26 March 2018

No comments were received from Consultant A.

29 March 2018

A final opportunity was provided to Consultant A to provide comments by 12 noon on 30 March 2018. It was advised that the investigation report would be thereafter drafted.

30 March 2018

No comments were received from Consultant A.

2 April 2018

Comments on the statements from the meetings of 3 August and 6 November were received from Consultant A. Consultant A also queried requested amendments to notes of meeting on 30 December 2016 and 24 January 2017.

21 June 2018

In the interests of concluding the investigation report without further delay, all comments from Consultant A were considered and a finalised report was provided to Consultant A on 21 June 2018 for comment.

14 August 2018

The Case Manager, Dr AK wrote to Consultant A acknowledging receipt of his comments and advising he would consider these along with the final report and reach his determination in terms of next steps.

1 October 2018

Dr AK, Case Manager met with Consultant A to outline outcome of his determination that the case should be forwarded to a Conduct Panel under MHPS.

The Findings from the investigation

There were 783 un-triaged referrals by Consultant A of which 24 were subsequently deemed to need upgraded and a further 4 with confirmed diagnoses of cancer (plus the original SAI patient.) There was therefore potential for harm of 783 patients.

Consultant A stored excessive numbers of case notes at his home for lengthy periods. 288 charts were brought by him from his home and returned in January 2017. This is outside normal acceptable practice. There were 13 case notes missing but the review team is satisfied with Consultant A's account that he does not have these.

There were 66 clinics (668 patients) undictated and 68 with no outcome sheets, some going back a few years. Consultant A gave an explanation of doing a summary account of each episode at the end. He indicated patients were added to waiting lists at the point they should have been in any event.

Some of Consultant A's private patients were added to the HSC waiting list ahead of HSC patients without greater clinical need by these private patients.

27 November 2018

Consultant A submitted a lengthy and detailed grievance of 40 pages, with 49 Appendices. It was lodged along with a request for information. The grievance was held in abeyance pending completion of the information requests.

9 April 2019

Consultant A was advised by Dr AK, Case Manager that a GMC referral was to be submitted following a discussion regarding the case with the GMC Liaison Officer.

Timeline for grievance process – November 2018 to June 2020:

The requested information relating to the information request was provided to Consultant A in 2 returns – one on 21 December 2018 and one on 11 January 2019. Consultant A wrote to the Trust again on 12 March 2019, and advised that he had sought the advice of the Medical Protection Society and also Legal Counsel, and that he was therefore submitting a request for further information. Consultant A advised that following its receipt, the Trust would be advised whether any further information was to be requested, and /or whether the Formal Grievance was to be amended.

HR Director wrote to Consultant A on 3 June 2019, seeking further clarity on information requested in his 12 March 2019 letter. The Trust advised him that the information request was extensive in nature and would require significant time and resources within the Trust to compile. The Trust advised him that all reasonable efforts were being made to gather the requested information, however within his request there were elements which were much too wide and not properly defined. Consultant A was therefore asked to refine and clarify the specifics of his request in respect of a number of points.

Consultant A responded on 24th June 2019, clarifying the information plus seeking 2 additional items. The request for information was still significant in nature, and took significant time and resources for the Trust to compile. The requested information was delivered to Consultant A's Secretary for his attention on 30th October 2019.

Since Consultant A had indicated that, following receipt of the requested information, he would advise whether or not his formal grievance was to be amended, the Trust awaited hearing from him in this regard. However, no further correspondence was received from Consultant A in respect of his grievance, or any amendments to it.

At this stage, from November 2019 through to end of January 2020, the Trust suffered significant disruption to its services and its HR function by reason of widespread Industrial Action by health service trade unions. Furthermore, work was ongoing to finalise the SAI (Serious Adverse Incident) processes in respect of the patients affected by the original concerns in respect of Consultant A's practise.

In recent months the Trust's services and normal HR processes has been very severely impacted by the Covid – 19 pandemic. This prevented any employee relations work, including the hearing of grievances, being taken forward for a 3 month period from March to start of June.

On 26th April 2020, Consultant A wrote to the Trust's HR Director again, highlighting that a number of pieces of information from original requests had not been provided, and he requested these by 15th May 2020. On 15th, 22nd May and also on 8th June the Director of HR wrote to Consultant A with responses to these requests. The Trust believes that all substantial and detailed information requests have now been responded to.

June 2020 – September 2020

Grievance process ongoing. The grievance panel is due to conclude by mid October 2020.

As Consultant A is no longer employed, the Conduct Hearing under MHPS cannot be concluded. The GMC processes will continue regarding Consultant A's fitness to practise in light of both the previous concerns and the most recent concerns.

Summary of previous Serious Adverse Incidents – from 2016 onwards

Following the SAI Index Case (Patient 10) which triggered the first MHPS case, the Trust identified a number of GP Urology referrals who were not triaged by Consultant A. 30 patients should have been red-flag referrals and of these 4 had cancer. A fifth patient, discovered during an outpatient clinic, was included as he was also not triaged and subsequently had a cancer confirmed. These five cases were subject to a further SAI review process.

Lessons Learned from the 5 SAI's

1. The clinical urgency category allocated by GPs to 30 patients referred to Urology were incorrect. The referrals using NICE guidance should have been referred as a Red Flag. Four (plus 1) of these patients were subsequently shown to have cancer.
2. The process of triaging Urology cancer referrals from Primary Care to Secondary Care, under the direction of the HSCB, appears to be less efficient than it could be, bearing in mind that NICE NG12 guidance has not been adopted and electronic referral using CCG is not being used as efficiently as it could.
3. GP's are not mandated to provide HSCB with an assurance that they comply with the most up to date NICE or other guidelines. Therefore, HSCB are unaware of any risks consequent upon the non-compliance with NICE and other guidance within GP practices.
4. GP's are not mandated to refer patients using CCG clinical criteria banners; this can lead to error and delay.
5. There is no Regional or Trust guidance or policy on what is expected of clinicians when triaging referral letters. Triage of patient referrals is obviously viewed as extremely important but does not seem to be at an equivalent level

of importance when ranked alongside other clinical governance issues. Despite being an evident problem for decades and requiring considerable time and effort to find a solution, it only really surfaced within the Trust after an Index case forced the situation out into the open.

6. Despite it being absolutely clear to Consultant A (based upon his close proximity to the development and signing off of regional guidance) of the consequences of non-triage, he did not routinely triage referral letters. The Review Team consider that Consultant A's refusal to triage to a level similar to other clinicians, led to patients not being triaged, and this resulted in delays in assessment and treatment. This may have harmed one patient.
7. Consultant A confirmed that despite the Trust reminding him of the requirement to triage, he did not consistently triage referrals. He argued that, due to time pressures, he felt he was unable to perform the duties of the Consultant of the Week and his triaging duties. He has highlighted those views to Trust operational and management teams over a number of years.
8. The Trust made efforts to address Consultant A's non-triage over time. However, the Trust failed to put systems, processes and fail safes in place to ensure Consultant A consistently triaged patient referrals until 2017. However, this safeguarding process is heavily dependent on the Head of Service checking triage is completed when Consultant A is Consultant of the Week.
9. The Informal Default Triage process allows patients who should be red flagged to remain on a waiting list of routine or urgent cases.



Report to Department of Health on Consultant A

Date:	14 October 2020
Title:	Clinical Concerns within Urology – Southern Trust
Lead Directors:	Mrs Melanie McClements – Director of Acute Services Dr Maria O’Kane – Medical Director
<u>Key Strategic aims:</u> Delivery of safe, high quality effective care	
<u>Key Issues/risks:</u> This report outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans to minimise risk or harm to patients. Consultant A is no longer employed as of 17th July 2020, having given his notice of his intention to retire from his substantive post. The Trust declined his request to return given outstanding employment matters relating to a previous MHPS case commenced on 30th December 2016. Any patients identified where clinical concerns have been raised will be reviewed and followed-up. Due to capacity issues there is likely to be impact on other patients who are awaiting urological appointments/follow up. Plans have been put in place to respond to primary care colleagues and to establish a targeted help line for patient concerns.	

Background

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Consultant A were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there could be wider service impacts.

As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there were wider patient safety concerns and service impacts. The internal reviews, which considered cases over an 18 month period (period 1st January 2019 – 30 June 2020), identified the following:

- The first internal review concentrated on whether the patients who had been admitted as an emergency had had a stent inserted during procedure and if this had been removed. There were 160 emergency patients listed as being taken to theatre. 3 patients had not had their stent management plans enacted. Clinical Management has been subsequently arranged for these 3 patients.
- The second internal review was for 343 elective-in patients taken to theatre. Out of the 343 patients reviewed there have been **2 of these patients who have been identified as meeting the threshold of needing a Serious Adverse Incident Review.**

The following areas have been identified that immediately need to be reviewed and actions taken on these patients to mitigate against potentially preventable harm

1. **Jan 2019- June 2020** - Pathology and Cytology results: 168 patients with 50 patients needing reviewed. From this there has been **3 confirmed SAI with a further 5 requiring a review follow-up** to determine if they have come to harm.
2. This exercise has also now identified concerns of clinical practice in the prescribing of Bicalutamide drug has revealed examples of poor practice, delay in following up the recommendations from results/MDM's and delay in dictation to other health care professionals in the ongoing care and treatment of the patients. The full extent of this is not yet clear.
3. **Jan 2019- June2020** - Radiology results –1536 patients listed on NIECR. These patients may have had the results manually signed off and actioned but as we have identified cases where this hasn't happened we need to review all of these records to reassure ourselves that these have all been actioned. This exercise is ongoing.
4. **Jan 2019-July 2020** - MDM discussions – there are 271 patients who were patients of Consultant A and who were discussed at MDM, a review of these patient records is being undertaken. There are currently **2 confirmed SAI's and a further 2 needing a review follow-up** to determine if they have come to harm. This exercise is ongoing.

5. **Oncology Review Backlog** – 236 review oncology outpatients will be seen face to face by a retired Urologist in the independent sector. This consultant will either discharge or make appropriate plans for ongoing management and referral back the Southern Trust Urology Team MDM for further review/management. (Note to date there has been **one SAI confirmed** from this backlog as the patient presented to Emergency Department and he has been followed up as a result of this attendance).
6. **Patients on Drug “Bicalutamide” (raised in point 2 above)** - *this is an Anti-androgen that has a number of recognised short term uses in the management of prostate cancer. In men with metastatic prostate cancer NICE Guidance states;*

‘1.5.9 For people with metastatic prostate cancer who are willing to accept the adverse impact on overall survival and gynaecomastia with the aim of retaining sexual function, offer anti-androgen monotherapy with bicalutamide^[6] (150 mg). [2008]

1.5.10 Begin androgen deprivation therapy and stop bicalutamide treatment in people with metastatic prostate cancer who are taking bicalutamide monotherapy and who do not maintain satisfactory sexual function. [2008]’

All patients currently receiving this treatment are being identified by a number of parallel processes utilising Trust and HSC / Primary Care systems in order to provide a review to ascertain if the ongoing treatment with this agent is indicated or if an alternative treatment / management plan should be offered.

Summary table of Serious Adverse Incidents

Element of Concern
MDM *RIP ** was diagnosed with locally advanced prostate cancer in August 2019. An MDT discussion on 31 October 2019 recommended androgen deprivation therapy (ADT) and external beam radiation therapy (EBRT). ** was not referred for EBRT and his hormone treatment was not as per guidance. In March 2020 ** PSA was rising and when restaged in June 2020 ** had developed metastatic disease
Review Op Backlog In May 2019 ** had an assessment which indicated he had a malignant prostate. ** was commenced on androgen deprivation therapy (ADT). Reviewed in July 2019 in outpatients and planned for repeat PSA and further review. Patient lost to review and attended Emergency Department in May 2020. Rectal mass investigated and diagnosed as locally advanced prostate cancer
Elective Exercise ** had a follow up CT scan of chest abdomen and pelvis performed on 17 December 2019 which was reported on 11 January 2020. The indicate for this was restaging of current renal cell carcinoma. ** had a right

radical nephrectomy March 2019. The report noted possible sclerotic metastasis in L1 vertebral body. Result was not actioned. Patient contacted with result on 28 July 2020 and further assessment required
Elective Exercise Patient underwent TURP on 29/1/20. Pathology reported incidental prostate cancer. No follow-up or action from pathology result until picked up from elective exercise
MDM CT renal report of 13/11/2019 unsigned on NIECR. No record of action taken recorded in NIECR. Case identified at urology MDM of 3/9/2020 following review of backlog
Pathology Patient diagnosed with prostate cancer Gleason 7. MDM 08/08/19- Significant Lower urinary tract symptoms but declined investigations. On maximum androgen blockade - No onward oncology referral was made.
Pathology Diagnosed with penile cancer, recommended by caner MDM for CT scan of Chest, Pelvis and Abdomen to complete staging. Same delayed by 3 months.
Pathology Patient diagnosed with a slow growing testicular cancer (Seminoma) had delayed referral to oncology and therefore delay in commencing chemotherapy.
MDM/ Bicalutamide (**RIP) MDM outcome not followed and inadequate treatment given. MDM outcome = commence LHRHa. Started on low dose of bicalutamide (unlicensed and sub-therapeutic dosage), subsequently represented with local progression January 2020 and appropriate treatment (Degeralex) was given along with TUR and stent / nephrostomy. The evidence for LHRHa in context of metastatic disease is that it reduces the risk of local progression (renal failure and spinal cord compression). This man had inadequate treatment and experienced a complication likely as a result of this.

Immediate actions following discovery of concerns in June 2020

- Advice sought from NHS Resolutions (formerly NCAS) who recommended restrictions of clinical practice.
- Referral of these concerns in respect of Consultant A was made to the GMC. This doctor is already known to the GMC.
- In consultation with NHS Resolutions and the GMC, from discovery until the date of termination of contract, restrictions were placed by the Trust on the Consultant's practice. Consultant A was to no longer undertake clinical work and could not access or process patient information either in person or through others either in hard copy or electronically. A request was also made that he voluntarily undertake to refrain from seeing any private patients at his home or any other setting and same was confirmed in writing via Consultant A's solicitor.

- Given that Consultant A is no longer employed by the Southern Trust since the 29th July 2020, the Responsible Officer authority has now passed to the GMC. Consultant A has asked for all correspondence through his solicitor, Tughan and Company, Belfast. In keeping with the Regional Guidance, Health and Social Care Board, Procedure for the Reporting and Follow up of Serious Adverse Incidents (November 2016), the Trust together with the PHA and the Board has facilitated the establishment of a panel to undertake the Serious Adverse Incident Reviews identified in the course of reviewing Consultant A's patients. This is chaired by an independent Chair, with a Urology Consultant recommended by the Royal College of Surgeons as a Urology Subject Expert (from England).
- Early Alerts have been submitted to the Department of Health advising them of the professional performance and patient safety concerns.
- Two separate weekly meetings have been established since 11 August 2020
 - i. Internal oversight meeting - chaired by Director of Acute Services and Medical Director as Deputy Chair;
 - ii. External – Chaired by Director of HSCB with representatives from Trust, PHA, HSCB and Department of Health.

Preliminary discussions have been undertaken with the Royal College of Surgeons Invited Review Service regarding Consultant A's practice and potential scope and scale of any independent external reviews

Timescales

Initial scoping exercises as outlined have been completed and initial reviews of aspects of Consultant A's work from January 2019 are underway as described. The Royal College of Surgeons has advised that any look backs required should be undertaken using a chronological and incremental approach, beginning with most recent first has been implemented. A resource plan is in development to identify clinical capacity for patient assessment and clinical management, information and communication; this will present significant challenges given the current workforce issues within the Urology speciality and in the context of an ongoing Covid 19 Pandemic

Previous concerns relating to Consultant A

Previous concerns relating to Consultant A were being addressed since March 2016, and under Maintaining High Professional Standards from December 2016. The timeline for these previous concerns is included in Appendix One.

Sarah McClatchey

From: Caroline Cullen
Sent: 16 September 2021 14:57
To: Paul Cavanagh
Subject: RE: Urology HSCB-SHSCT Co-Ordination Group Meeting - RQIA

Paul

I spoke with Annemarie Boville regarding RQIA involvement and although there was chat about them becoming involved with the private patient issue this has not, as yet, been actioned. I am aware that Stephen Wallace has been pursuing this and he may be able to give an update at the meeting

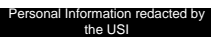
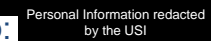
As regards the USI (Urology Services Inquiry) there has been no official involvement of RQIA to date. However, this has may change as the USI progresses – Annemarie’s comment was this “has not yet been fully explored”.

Laverne Montgomery has been designated as the departmental contact for USI and there is a USI website established as of 6th September

Robbie is currently on paternity leave and the next UAG is not expected to happen until late October

Hope this is of use, Caroline

Senior Commissioning Manager
Southern Area
Health and Social Care Board
Northern Ireland

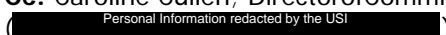
Tel: 
Mob: 

Due to Covid 19 I am primarily working from home



From: Paul Cavanagh
Sent: 16 September 2021 12:57
To: Caroline Cullen
Subject: FW: Urology HSCB-SHSCT Co-Ordination Group Meeting - Thursday 16th September @3.30pm

Did you follow up re RQIA?

From: Sylvia Irwin
Sent: 16 September 2021 10:03
To: Paul Cavanagh; Brid Farrell; Helen Rogers; OKane, Maria; Corrigan, Martina; damian gormley (SHSCT); Haynes, Mark; Carroll, Ronan; Wallace, Stephen; McKimm, Jane; Melanie McClements (SHSCT); heather trouton (SHSCT)
Cc: Caroline Cullen; DirectorofCommissioningPA; Stinson, Emma M; Campbell, Emma; Willis, Lisa; Davis, Anita
()
Subject: Urology HSCB-SHSCT Co-Ordination Group Meeting - Thursday 16th September @3.30pm

Good morning

Please find attached documents for today's HSCB/SHSCT Urology meeting at 3.30pm:-

- (i) Agenda - 16th September
- (ii) Draft minutes of the meeting held on 2nd September
- (iii) Copy of Ministerial announcement 31st August, including Terms of Reference for Public Inquiry
- (iv) Risk Template - Regional Guidance for Implementing a Lookback Review

I would appreciate if you could forward any apologies to me as soon as possible.

Regards

Sylvia

Business Support Manager
Commissioning
SLCG
Tower Hill
Armagh
BT61 9DR

E-mail:

Personal Information redacted by the USI

Office number:

Personal Information redacted by the USI

Mobile:

Personal Information redacted by the USI

(Monday to Thursday)

Due to Covid 19 I am primarily working from home



Southern Urology Coordination Group

Thursday 12 November 2020, 3.30pm

By zoom – INSERT LINK

AGENDA

1. Welcome and Introductions
2. Actions from previous meeting
 - Coordination Group Terms of Reference
3. Update and actions from Urology Assurance Group – 6 November 2020
 - Independent Review
 - Private patients
 - Ministerial statement
4. SAls terms of reference and update
5. Trust response update
6. Communications and Support Plan
 - Trust Helpline, Family Liaison and Counselling
7. Resource bid (IPT)
8. Any other business
9. Next meeting – Thursday 19 November at 3.30pm by Zoom

Southern Urology Coordination Group**Thursday 19 November 2020, 3.30pm****By zoom –** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and Introductions
2. Actions from previous meeting
 - Coordination Group Terms of Reference
3. Trust Update on progress
4. Update and actions from Urology Assurance Group – 13 November 2020
 - Ministerial statement
 - Independent review
 - RCS lookback
 - Private patients, including ROI
 - Correspondence to consultant
5. SAls Terms of Reference and update
6. Communications and Support Plan
 - FAQs
7. Resource bid (IPT)
8. Any other business
9. Next meeting – Thursday 26 November at 3.30pm by Zoom

Southern Urology Coordination Group

Thursday 26th November 2020, 3.30pm

By zoom - Irrelevant information redacted by the USI

AGENDA


1. Welcome and Introductions
2. Actions from previous meeting
 - Coordination Group Terms of Reference
3. Update and actions from Urology Assurance Group - 20 November 2020
 - Ministerial statement
4. Trust Update on progress - (to be tabled at meeting)
5. SAls update
6. Any other business
7. Next meeting – Thursday 3rd December at 3.30pm by Zoom

Southern Urology Coordination Group

Thursday 3rd December 2020, 3.30pm


By zoom - Irrelevant information redacted by the USI

AGENDA

1. Welcome and Apologies
 2. Minutes from Previous Meeting
 - Action Log attached
- 
- ActionLog-UrologyCo
ordGroup.xlsx
3. Preparation for Urology Assurance Group
 4. SAls update
 5. Any other business
 6. Next meeting - **Thursday 10th December at 3.30pm by Zoom**

Southern Urology Coordination Group**Thursday 10th December 2020, 3.30pm****By zoom -** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and Apologies
2. Minutes from Previous Meeting
 - Action Log attached



ActionLog-UrologyCo
ordGroup.xlsx
3. Preparation for Urology Assurance Group
4. SAls update
5. Any other business
6. Next meeting - **Thursday 17th December at 3.30pm by Zoom**

Southern Urology Coordination Group

Thursday 17th December 2020, 3.30pm

By zoom - Irrelevant information redacted by the USI

AGENDA

1. Welcome and Apologies

2. Minutes from Previous Meeting

- Action Log attached



ActionLog-UrologyCo
ordGroup.xlsx

3. Preparation for Urology Assurance Group - paper to be tabled at meeting

4. SAI Interim Report - to be tabled at meeting

5. Terms of Reference for the Clinical Records Review (attached)



TOR Clinical Records
Review.docx

6. Update on Outcome of Oncology Review Backlog - next steps

7. Any Other Business

8. Next meeting - to be confirmed

Southern Urology Coordination Group**Thursday 7th January 2021, 3.30pm****By zoom –** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and Apologies
2. Minutes from Previous Meeting
 - Summary of agreed actions
3. Preparation for Urology Assurance Group – report to be tabled at meeting
4. SAls and structured clinical review
5. Patient Records Scoping exercise
6. Communications/Management Plan
7. Notice of retention/non destruction of documents – letter from DCMO
8. Any other business
9. Next meeting – **14th January at 3.30 via zoom**

Southern Urology Coordination Group

Thursday 21st January 2021, 3.30pm

By zoom - [Irrelevant information redacted by the USI]

AGENDA

1. Welcome and Apologies
2. Minutes from Previous Meeting
 - Summary of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx

3. Preparation for Urology Assurance Group
 - i. Patient Records Scoping Exercise
 - ii. SAls and Structured Clinical Review
 - iii. Independent Sector
 - iv. Private Practice
4. Communications/Management Plan - Press re Local Support Group
5. Notice of retention/non destruction of documents - letter from Mr AOB's Solicitor
6. Any Other Business
7. Next meeting - **28th January at 3.30pm via zoom**

MEETING CANCELLED

Southern Urology Coordination Group

Thursday 28th January 2021, 3.30pm

By zoom - Irrelevant information redacted by the USI

AGENDA

1. Welcome and Apologies
2. Minutes from Previous Meeting
 - Summary of agreed actions (see attached)
Include Updated version
3. Preparation for Urology Assurance Group
 - i. Patient Records Scoping Exercise
 - ii. SAls and Structured Clinical Review
 - iii. Independent Sector
 - iv. Private Practice
4. Communications/Management Plan - Press re Local Support Group
5. Notice of retention/non destruction of documents - letter from Mr AOB's Solicitor
6. Any Other Business
7. Next meeting - **28th January at 3.30pm via zoom**


MEETING CANCELLED as UAG cancelled 5th Feb

Southern Urology Coordination Group

Thursday 4th February 2021, 3.30pm


By zoom - Irrelevant information redacted by the USI

AGENDA

1. Welcome and Apologies
 2. Minutes from Previous Meeting
 - Summary of agreed actions (see attached)
- 
ActionLog-UrologyCoordGroup.xlsx
3. Agreements required for Urology Assurance Group
 - i. Terms of Reference Clinical Records Review
 - ii. Urology Patient Review Form
 4. Urology Timeline
 5. Any Other Business
 - (i) b/f - Internal Audit 11th February 2021
 - (ii) Patterson Inquiry Presentation - (Dr O’Kane 18th February)
 6. Next meeting - **11th February 2021 at 3.30pm via zoom**

Southern Urology Coordination Group**Thursday 11th February 2021, 3.30pm****By zoom -** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and Apologies
2. Minutes from Previous Meeting - 21st January
 - Summary of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx
3. Agreements required for UAG meeting Friday 19th February
 - (i) Finalised proposal for Patient Reviews outside of SAI Process
 - (ii) Terms of Reference Clinical Records Review - (see attached)
 - (iii) Urology Patient Review Form (6 Questions) - (see attached)
4. Urology Timeline (see attached)
5. Any Other Business
 - (i) Internal Audit
 - (ii) Patterson Inquiry Presentation
6. Next meeting - **18th February 2021 at 3.30pm via zoom**

Southern Urology Coordination Group

Thursday 18th February 2021, 3.30pm

By zoom - Irrelevant information redacted by the USI

AGENDA

1. Welcome and Apologies
2. Minutes from Previous Meeting - 11th February
 - Summary of agreed actions (see attached)

An icon representing a Microsoft Excel spreadsheet, showing a green 'X' on a blue grid.

ActionLog-UrologyCo
ordGroup.xlsx
3. Patterson Inquiry Presentation
4. Agreements required for UAG meeting Friday 19th February
 - (i) Finalised proposal for Patient Reviews outside of SAI Process (SJR)
 - (ii) Terms of Reference Clinical Records (Invited) Review - (see attached)
 - (iii) Urology Patient Review Form - (see attached)
5. Any Other Business
6. Next meeting - **25th February 2021 at 3.30pm via zoom**


MEETING CANCELLED

Southern Urology Coordination Group

Thursday 25th February 2021, 3.30pm

By zoom - [irrelevant information redacted by the USI]

AGENDA

1. Welcome and Apologies
2. Minutes from Previous Meeting - 18th February
 - Summary of agreed actions (see attached)
- 

ActionLog-UrologyCoordGroup.xlsx
3. Agreements required for UAG meeting Friday 5th March
 - (i) Proposal for Patient Reviews outside of SAI Process (SJR) - training update
 - (ii) Urology Patient Review Form
4. Any Other Business
5. Next meeting - **4th March 2021 at 3.30pm via zoom**


Southern Urology Coordination Group

Thursday 4th March 2021, 3.30pm

By zoom - [Irrelevant information redacted by the USI]

AGENDA

1. Welcome and Apologies
2. Minutes from Previous Meeting - 18th February
 - Summary of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx
3. SAI Reports
4. Preparation for UAG meeting Friday 5th March
 - (i) Proposal for Patient Reviews outside of SAI Process (SJR) - training update
 - (ii) Final Version of Urology Patient Review Form/Update on Pilot Phase
 - (iii) Letter from Mr AOB's solicitor 5th February 2021 regarding Private Patients
 - (iv) Role of Patient Client Council in Co-ordination Group
5. Any Other Business
 - Update on SHSCT IPT
6. Next meeting - **18th March 2021 at 3.30pm via zoom**

Southern Urology Coordination Group

Thursday 18th March 2021, 3.30pm

By zoom - Irrelevant information redacted by the USI

AGENDA


1. Welcome and apologies
 2. Minutes of previous meeting
 - Summary of agreed actions (see attached)
- 
ActionLog-UrologyCo
ordGroup.xlsx
3. Draft SAI Reports – proposed oversight and implementation process
 4. Patient Records Scoping Exercise – update on progress
 5. Appointment of Public Inquiry Chair
 6. Communication update
 7. AOB
 8. Date of next meeting - **1st April 2021 at 3.30pm via zoom**

Southern Urology Coordination Group

Thursday 1st April 2021, 3.30pm

By zoom - [REDACTED]

AGENDA

1. Welcome and apologies
2. Minutes of previous meeting
 - Summary of agreed actions (see attached)
- 
ActionLog-UrologyCoordGroup.xlsx
3. Trust Update
 - (i) Patient Records Scoping Exercise
 - (ii) SAIs and Structured Clinical Record Review
 - (iii) Implementation of SAI Recommendations
 - (iv) Private Practice
4. Internal Audit Update
5. Communication update
6. AOB
7. Date of next meeting - **15th April 2021 at 3.30pm via zoom**

Meeting to discuss PCC involvement in Southern Urology Process

Thursday 8th April 2021, 11.30am

By zoom: [irrelevant information redacted by the US]

[redacted]

Meeting ID: [irrelevant information redacted by the US]

Passcode: [irrelevant information]

AGENDA


1. Welcome and Apologies
2. Current position – UAG update report
3. Liaison with patients/families to date
4. Learning from elsewhere e.g. Neurology, Muckamore Abbey and Paterson Inquiry
5. Role of The PCC in this process
6. AOB

Southern Urology Coordination Group

Thursday 15th April 2021, 11.30am

By zoom - [Irrelevant information redacted by the USI]

AGENDA

1. Welcome and apologies
 2. Minutes of previous meeting
 - Summary of agreed actions (see attached)
- 
ActionLog-UrologyCo
ordGroup.xlsx
3. Follow up/agreed actions from UAG meeting of 19th March
 4. Trust Update - draft report for UAG 16th April
 5. Trust report to monitor activity and review progress
 6. Internal Audit Update
 7. Follow up from meeting with PCC on 8th April
 8. AOB
 9. Date of next meeting - **29th April 2021 at 3.30pm via zoom**

**HSCB/PHA Meeting to Discuss Learning around
MDMs from Urology Inquiry Draft SAI Reports**

Thursday 15th April 2021, 12noon

By zoom - irrelevant information redacted by the

AGENDA


1. Welcome and apologies
2. Overview of Urology Process (Summary & Glossary)
3. Draft SMT Paper for discussion – (update following receipt of SAI overarching report)
4. MDM Guidance
5. Next steps
6. AOB
7. Date of next meeting

Southern Urology Coordination Group

Thursday 29th April 2021, 3.30pm


By zoom - Irrelevant information redacted by the USI

AGENDA

1. Welcome and apologies
 2. Minutes of previous meeting - 15th April
 - Summary of agreed actions (see attached)
- 
ActionLog-UrologyCo
ordGroup.xlsx
3. Follow up/agreed actions from UAG meeting of 16th April
 4. Trust report to monitor activity and review progress
 5. Internal Audit Update
 6. Update on PCC Workshop/Meeting
 7. AOB
 8. Date of next meeting - **13th May 2021 at 3.30pm via zoom**

Southern Urology Coordination Group**Thursday 13th May 2021, 3.30pm****By zoom -** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and apologies
2. Minutes of previous meeting - 29th April
 - Summary of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx
3. Follow up/agreed actions from UAG meeting of 16th April
 - Patient Records Scoping exercise
 - SAIs and Structured Clinical Record Review
 - Implementation of SAI recommendations
 - Private Practice
4. Updated Trust report - Summary of Patients under the care of AOB (10th May)
5. Internal Audit Update
6. Update on PCC Workshop/Meeting
7. AOB
8. Date of next meeting - **27th May 2021 at 3.30pm via zoom**

**HSCB/PHA Meeting to Discuss Learning around
MDMs from Urology Inquiry Draft SAI Reports**

Monday 17th May 2021, 1pm

By zoom - irrelevant information redacted by

AGENDA

1. Welcome and apologies
2. Draft Regional Lookback Policy and Guidance
3. Update on internal SAI processes
4. Agreement on SMT paper/recommendations
5. Next steps
6. AOB
7. Date of next meeting

Meeting to discuss PCC involvement in Southern Urology Process

Thursday 20th May 2021, 1.00pm

By zoom: [irrelevant information redacted by IT]

[Redacted line]

AGENDA

1. Welcome and Apologies
2. Update on current position - (Paul/Melanie)
3. Involvement of PCC (Vivian/Johnny)
4. Timeline for commencement of Public Inquiry (Michael)
5. Next steps
6. AOB

Southern Urology Coordination Group**Thursday 27th May, 3.30pm****By zoom****AGENDA**

1. Welcome and apologies
2. Minutes of previous meeting - 13th May 21
 - Completion of agreed actions
3. Update from UAG meeting (14th May)
 - Date of next meeting 18th June
4. Update from Trust: updated activity/monitoring report
5. SAI recommendations
6. Update from PCC meeting (20th May)
7. Internal Audit update
8. AOB
9. Date of next meeting – **10th June 2021 at 3.30pm via zoom**

Southern Urology Coordination Group**Thursday 10th June 2021, 3.30pm****By zoom -** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and apologies
2. Minutes of previous meeting - 27th May '21
 - Completion of agreed actions (see attached)

ActionLog-UrologyCo
ordGroup.xlsx

3. Update from Trust - Summary of Patients under care of AOB (**7June'21**)
4. Policy & Guidance for implementation of Lookback Review Process -
Option Appraisal to be discussed
5. AOB
6. Date of next meeting - **24th June 2021 at 3.30pm via zoom**
(Next UAG Meeting 18th June'21)

Southern Urology Coordination Group

Thursday 24th June 2021, 3.30pm

By zoom - [Irrelevant information redacted by the USI]

AGENDA

1. Welcome and apologies

2. Minutes of previous meeting - **10th June '21**

- Completion of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx

3. Update from Trust - Summary of Patients under care of AOB (21st June'21)

4. UAG Update 18th June

5. Trust draft Action Plan

6. Update on Trust IPT

7. Revised Terms of Reference for Co-ordination Group

8. SAI Overarching Report - recommendations re MDM

9. AOB

10. Date of next meeting - **to be agreed**

Southern Urology Coordination Group**Thursday 22nd July 2021, 3.30pm****By zoom -** [Irrelevant information redacted by the USI]
[Redacted]**AGENDA**

1. Welcome and apologies

2. Minutes of previous meeting - **24th June '21**

- Completion of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx

3. Update from Trust - Summary of Patients under care of AOB **(21st June'21)**

4. UAG Update **18th June**

5. Trust draft Action Plan

6. Update on Trust IPT

7. Trust update on Revised Terms of Reference for Co-ordination Group

8. SAI Overarching Report - recommendations re MDM

9. AOB

10. Date of next meeting - **to be agreed**

Southern Urology Coordination Group**Thursday 2nd September 2021, 3.30pm****By zoom -** [Irrelevant information redacted by the USI]
AGENDA

1. Welcome and apologies

2. Minutes of previous meeting - **23rd August'21**

- Completion of agreed actions (see attached)



ActionLog-UrologyCo
ordGroup.xlsx

3. Trust update on patients reviewed to date

- Summary of Patients under care of AOB (August'21)
- UAG Update (August'21)

4. Outcomes Report

5. Minister's Statement - 31st August'21 (copy attached)

6. Terms of Reference - Public Inquiry (copy attached)

7. AOB

8. Date of next meeting - **16th September 2021, 3.30pm**

Southern Urology Coordination Group**Thursday 16th September 2021, 3.30pm****By zoom -** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and apologies
2. Minutes of previous meeting - **2nd September 2021**
 - Completion of agreed actions
 - **Martina** to share SAI recommendations report with Paul
 - **Paul** to seek clarification regarding RQIA involvement In Urology Review
 - **Paul** to clarify if Urology Review to operate as a lookback or recall process
3. Minister's Statement - 31st August'21
4. Terms of Reference - Public Inquiry
5. Trust update
 - Risk Assessment for Implementing a Lookback Review
 - Summary of Patients under care of AOB
 - UAG Update
6. Outcomes Report
7. AOB
8. Date of next meeting - **30th September 2021, 3.30pm**

Southern Urology Coordination Group**Thursday 30th September 2021, 3.30pm****By zoom -** Irrelevant information redacted by the USI**AGENDA**

1. Welcome and apologies

2. Minutes of previous meeting - **16th September 2021**

- Completion of agreed actions



ActionLog-UrologyCo
ordGroup.xlsx

3. Trust update

- Risk Assessment Template for Implementing a Lookback Review (copy attached)
- Summary of Patients under care of AOB
- UAG Update

4. RQIA Involvement in Inquiry process

5. Outcomes Report

6. Prep for UAG

7. AOB

8. Date of next meeting - **14th October 2021, 3.30pm**

Southern Urology Co-Ordination Group Minutes

Thursday 26 November 2020, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Mark Haynes Melanie McClements Brid Farrell Stephen Wallace Ronan Carroll Martina Corrigan Caroline Cullen Maria O’Kane Sylvia Irwin Helen Rogers</p> <p>Apologies Jane McKimm</p>	
2	<p>Actions from Previous Meeting</p> <p>Paul requested an update from the Trust since the Ministerial announcement on Tuesday. Melanie referred to the preparatory work with communications and noted the Trust’s surprise at the announcement of a public inquiry.</p> <p>Melanie confirmed that a meeting had been held with the clinical teams the morning of the announcement and this had been followed up with a further meeting the next day.</p> <p>Melanie referred to the information line which was now operational. In the first few days since the announcement she noted the line had been steady, but not inundated with calls. She noted the mixture of sentiments and emotions and the affect that these personal accounts had on the staff manning the lines.</p> <p>The Trust confirmed there had been a few requests from the media for additional information, but the initial media interest had been less than expected.</p> <p>Martina confirmed there had been 37 calls to the information line on the first day, 36 calls the second day and currently 10 calls today prior to the meeting. One e-mail had been received into the designated e-mail address and as yet there had been no contact by GPs to the GP information line.</p>	

Paul noted there would be no Urology Assurance Group (UAG) meeting the following day and the next meeting would take place on Friday 4th December.

The Trust would finalise the paper for the Assurance Group after this meeting and would forward to Paul for sending to the DoH.

- **SAI Terms of Reference** – Brid confirmed that the SAI Terms of Reference document had been agreed and signed off. An interim update report is to be submitted by the Trust by 15th December 2020.

The involvement of HSCB DRO officer was discussed. Brid noted that the SAI process would be completely independent. Melanie confirmed to date there were 9 SAIs and 1 overarching SAI. There are potentially another 6 cases which may meet SAI classification but the process for these and other potential SAIs will need to be clarified following the Ministerial announcement of a public inquiry.


Brid added that SAIs can highlight completely different scenarios. Some SAIs may have potential for learning, but not all. Therefore a review is necessary.

Brid referred to the risk stratification approach and if the Trust had started a case note review, then a clinical review would also be necessary if it was found that the patient care was sub-optimal.

Brid enquired if a proforma had been developed to record the findings of each case and for use in extracting data from notes as part of the case review, as had happened in BHSCT Neurology Review. This would allow for the capturing of information on outcomes for patients called for review, i.e. no change, investigations ordered etc. Mark advised that he has had opening conversations with the external consultants regarding this, but they were unable to commence the development of this yet.

Mark highlighted that he has several concerns with the current process, and felt that this was even more so now that this was a Public Inquiry. For example, the fact that he has been identifying the cases, raising the datix, and seeing the patients and that he was coming from this from both his Clinician and AMD role. This he highlighted would be challenging for him as the process progressed. Mark advised that this was the reasons for engaging with the Subject Matter Experts, as they can review work to date and take part in identified issues going forward.

Paul added that if the SAI process ceases then a clear understanding of the future process must be evident before this happens. Maria highlighted the length of time taken to identify a Chair for the Muckamore inquiry and

	<p>noted her concerns would be around the gap from now until the public inquiry is up and running.</p> <p>Brid noted that the process to be followed may be a case note review and any themes from this may be fed into the public inquiry.</p> <p>Helen added that in her opinion a public inquiry was equivalent to a Level 3 SAI process and therefore would look at learning from the process. The Trust's role in this would therefore be to manage patients who have been affected. She also added her concerns about Mark's role and suggested that a panel should be established. She noted that the actions of the group before and after would form part of the inquiry and therefore it would need to be correct.</p> <p>Paul added that the question of further SAIs would need additional discussions at the DoH Urology Assurance Group (UAG) meeting next Friday 4th December.</p> <p>The FAQ's that had been prepared by the Trust are being revisited due to the Ministerial Announcement in respect to a Public Inquiry.</p> <p>GP Letter - Maria had confirmed that a letter had gone out via Dr M O'Brien in advance of the Ministerial statement.</p> <p>PCC Representative - It was agreed that Caroline would contact Patient Client Council (PCC) to invite them to participate in this group.</p>	<p>Clarification to be sought from Assurance Group 4th December</p> <p>Caroline to contact PCC regarding representation on this group.</p>
Trust update on Progress		
3	<p>Martina agreed to circulate the update to the team tomorrow, Friday 27th</p> <p>See below:</p>  <p>SHSCTUpdateUAG(27Nov20).docx</p>	<p>Martina to circulate update on progress to group by Friday 27th</p>
Update and actions from Urology Assurance Group – 13 November 2020		
4	<ul style="list-style-type: none"> Ministerial Statement - Already discussed under Point 2 'Actions from Previous Meeting'. 	
SAIs Terms of Reference and update		
5	<ul style="list-style-type: none"> SAIs Terms of Reference and Update – Already discussed under Point 2 'Actions from Previous Meeting'. 	
Resource Bid (IPT)		

6	<p>Martina advised that she had hoped to get the draft IPT to Caroline on Monday past but noted that Tuesday's announcement meant the draft IPT had to be amended to reflect costs associated with the review panel to be set up for the public inquiry.</p> <p>Paul noted that in the early stages of the process it would be difficult to predict exactly what is required within the IPT. He therefore suggested as costs will continue to fluctuate, the Trust should submit an IPT with the best estimate based on the current information available, as soon as possible. Martina agreed to submit a draft IPT, excluding costings to Caroline by Wednesday 2nd December.</p> <p>Caroline referred to the allocation due to be given to the Trust for the 7th Consultant who had not yet been appointed. She confirmed that she had sent an email to Lesley Leeman requesting clarification if the £200k funding could be redirected to the inquiry costs until the 7th post is filled.</p>	<p>Martina to submit draft IPT excluding costings to Caroline for consideration by Wednesday 2nd December</p>
Any Other Business		
7	<ul style="list-style-type: none"> • CURE Charity - Discussions are ongoing • Private Patients - Maria advised that any private patients who have contacted the information line have had arrangements made to bring them in for an appointment. • Family bereavement - Maria advised that the Trust solicitor had noted that Mr. O'Brien would not be contactable over the next 10 days <small>Personal information redacted by USJ</small> <p>In conclusion, as discussed above, it was agreed that further clarity was needed from DoH regarding the way forward, what the remit of the public inquiry would be and the role of SAls in this process.</p> <p>Paul requested that 'Preparation for Assurance Group meetings' is added to the agenda for future meetings.</p>	<p>Sylvia to add to agenda</p>
Date of Next Meeting		
8	Via Zoom – 3 rd December 2020 at 15:30	Martina to send out link
9	<p>Action Log</p> <ul style="list-style-type: none"> • Paul - Clarification to be sought from Assurance Group regarding future process. • Caroline to contact PCC regarding representation on this group. • Martina to circulate update on progress to group by Friday 27th November. • Martina to submit draft IPT excluding costings to Caroline for consideration by Wednesday 2nd December. • Sylvia to include 'Preparation for Assurance Group Meetings' as a standing agenda item to future agendas. 	

Southern Urology Co-Ordination Group Minutes

Thursday 3 December 2020, 15:30

Via Zoom

	Item	Actions														
1	<p>In Attendance</p> <table><tr><td>Paul Cavanagh (Chair)</td><td>Mark Haynes</td></tr><tr><td>Melanie McClements</td><td>Brid Farrell</td></tr><tr><td>Stephen Wallace</td><td>Jane McKimm</td></tr><tr><td>Martina Corrigan</td><td>Ronan Carroll</td></tr><tr><td>Maria O’Kane</td><td>Damian Gormley</td></tr><tr><td>Helen Rogers</td><td>Caroline Cullen</td></tr><tr><td></td><td>Sylvia Irwin</td></tr></table> <p>Apologies None</p>	Paul Cavanagh (Chair)	Mark Haynes	Melanie McClements	Brid Farrell	Stephen Wallace	Jane McKimm	Martina Corrigan	Ronan Carroll	Maria O’Kane	Damian Gormley	Helen Rogers	Caroline Cullen		Sylvia Irwin	
Paul Cavanagh (Chair)	Mark Haynes															
Melanie McClements	Brid Farrell															
Stephen Wallace	Jane McKimm															
Martina Corrigan	Ronan Carroll															
Maria O’Kane	Damian Gormley															
Helen Rogers	Caroline Cullen															
	Sylvia Irwin															
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none">Paul requested the notes of the meeting held on 26th November were amended to reflect Brid’s comments in her e-mail dated 3 December.Maria noted that DLS had requested that 2 additional questions were included in the structured Proforma. Paul noted that this would need to be discussed further at the UAG meeting tomorrow, Friday 4th December. <p><u>Action Log - 26th November</u></p> <ul style="list-style-type: none">Trust Update 4th December - Martina confirmed the update dated 4th December had been circulated to the group prior to the meeting.PCC Representation on Group - Caroline confirmed that Vivian McConvey, CEO of the PCC had contacted her in response to her invitation. However, although PCC would be interested in participating in the group, unfortunately due to current capacity within the PCC, they would be unable to make a commitment at this point.	<p>Sylvia to amend notes.</p> <p>Paul to discuss additional questions for structured proforma with UAG Friday 4th Dec</p> <p>Paul to discuss PCC representation at UAG 4th December and a meeting with Paul/Caroline and PCC to be organised</p>														

	<p>She noted that Vivian had requested a meeting with Paul to discuss how PCC could be involved on an informal basis. It was agreed to discuss this further at UAG meeting on Friday.</p> <ul style="list-style-type: none"> • IPT update - Martina confirmed that she had forwarded a draft to Caroline today for comments and they would meet next Monday 7th December to discuss further. Paul noted that he would update UAG tomorrow and whether there were available resources to support the IPT would be confirmed by the UAG in due course. Caroline agreed to forward a brief summary of the IPT to Paul after the meeting for the UAG meeting the following day. 	<p>Caroline to forward brief summary of IPT main points to Paul</p>
Preparation for Urology Assurance Group		
<p>3</p>	<p>Trust Weekly Update Report - The contents and format of the Trust weekly update on progress report was discussed and Paul suggested that as the report was getting quite detailed, the format may need to change in future to show only progress of the previous week.</p> <p>Martina presented an update on the Trust progress report dated 4th December, (see attached)</p> <div data-bbox="266 909 475 1026" data-label="Image"> <p>SHSCT update for DOH Urology Assurar</p> </div> <p>Mark clarified that of the 256 Bicalutamide patients only Mr O'Brien's 32 patients required further action.</p> <p>Maria updated the group on the recent meeting with the Royal College of Surgeons and advised that they have recommended an invited review.</p> <p>Paul requested an estimate of the timeframe for this process. Maria noted the Trust had developed a Terms of Reference for the process.</p> <p>Mark advised that to date, he had held 3 clinics for patients identified through the information line. Some had also come to light through MLAs involvement. He noted that 2 patients had inferred that the Trust had refused to review their case notes. Mark advised this had not been the case but that from his review at clinic the cases did not raise any concerns.</p> <p>Private Patients - Maria referred to a letter she had received the day of the Ministerial announcement which noted that the CMO had stood down the alert in relation to Mr O'Brien.</p> <p>She highlighted her concerns regarding this. She advised that 2 private patients who had recently contacted the information line indicating that they were still in contact with Mr O'Brien as private patients. The matter around these patients was discussed</p>	

	<p>in detail.</p> <p>Helen noted that the HSCB had been contacted by the GP regarding the bloods issue and this had now been sorted. However, she noted the patient may still need to be reviewed by the Trust. She requested clarification as to the process for highlighting such patients to the Trust and requested this information is relayed to GPs.</p> <p>Maria advised that this information had already been shared with GPs. Helen confirmed that she was now content that appropriate measures are in place regarding correspondence to GPs and the process for dealing with private patients.</p> <p>Paul suggested that if Helen felt further discussions were necessary to clarify any concerns; these should be followed up with Maria after the meeting.</p> <p>Maria noted that discussions with the Trust's solicitor and Mr O'Brien's legal team were still paused <small>Personal information redacted by USI</small>.</p> <p>CURE Charity - Maria advised that she had conversations with the Trust's Corporate Governance and requested that they review and highlight any mention of the charity within the Trust. Urology associates are also to consider their involvement, if any, with the charity. Maria noted the Trust also needs to understand what charity funding had been used for. She added that the charity is not managed by the Trust's Research and Development.</p> <p>Brid enquired as to where the charity funds had evolved and it was advised that as far as it could be determined funding had come from external fundraising charity functions.</p> <p>Paul noted there was also a suggestion the Charities Commission would become involved.</p>	
SAIs update		
4	<p>The issue of further SAIs was discussed and it was agreed the Trust required further clarity from DoH UAG as to whether SAIs were still to be raised by the Trust following the Ministerial announcement. Martina confirmed that a meeting had been arranged with DLS on Monday 7th December.</p> <p>Mark explained why the Trust felt that the SAI process should continue in the interim and he gave an example of a patient identified where a significant time had elapsed before the emergency removal of a stent. He noted the complexities around investigating why this may have happened, i.e. was it caused by capacity delays or were other patients taken out of chronological order.</p> <p>Mark highlighted a further case where the patient had a planned telephone review and the patient when answering advised him that they were sitting in their solicitor's office.</p>	

	<p>Paul confirmed the Trust should not raise further SAls until this was clarified with DoH Urology Assurance Group.</p> <p>Brid noted it was important for the Trust to ensure all patients are now on the correct pathway. She suggested the Trust should keep a log of all cases such as the late removal of a stent case and leave it at this without going through the SAI process.</p> <p>Mark noted that the Trust had a responsibility to investigate these cases as they come to light and ultimately answer any complaint now, and not wait for a lengthy public inquiry process.</p> <p>Brid noted that a public inquiry could take from 3 to 5 years to complete and she suggested the Trust should ensure it was on the right path and this would enable them to advise the public inquiry of its findings.</p> <p>Paul concurred with Brid's suggestion that a log of cases should be kept by the Trust and he confirmed that he would discuss further at UAG meeting the following day.</p> <p>Maria noted that a process needed to be clarified for the Trust to follow as the Trust could not just identify issues and not have a system in place to deal with them.</p> <p>Maria advised that an internal audit had just commenced to investigate pathway of private patients onto NHS waiting lists. She agreed to share this with the group once it had been finalised.</p> <p>Terms of Reference below:</p> <div data-bbox="289 1144 354 1203" data-label="Image"> </div> <p>ToRshsturologyDRA FT.docx</p> <p>Melanie confirmed that an interim SAI report would be available by 15th December.</p>	<p>Paul to clarify process for further SAls with UAG Friday 4th December</p> <p>Maria to share findings of Internal Audit with the group</p> <p>Melanie to submit interim SAI report by 15th December</p>
Any Other Business		
5	Nothing further discussed.	
Date of Next Meeting		
6	Via Zoom - 10th December 2020 at 15:30	Martina to send out link
7	<p>Action Log</p> <ul style="list-style-type: none"> • Sylvia to amend notes of 26th November as per Brid's e-mail 3rd December. • Paul to discuss additional questions for structured proforma with UAG Friday 4th Dec • Paul to discuss PCC representation at UAG 4th December • Sylvia to organise a meeting with Paul/Caroline and PCC. • Caroline to forward brief summary of IPT main points to Paul for UAG meeting Friday 4th December 	

	<ul style="list-style-type: none">• Paul to clarify process for further SAIs with UAG on Friday 4th December.• Maria to share findings of Internal Audit into pathway of private patients onto NHS waiting lists with the group.• Melanie to submit interim SAI report by 15th December	
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Southern Urology Co-Ordination Group Minutes

Thursday 10 December 2020, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Jane McKimm Melanie McClements Damian Gormley Martina Corrigan Caroline Cullen Helen Rogers Sylvia Irwin Ronan Carroll</p> <p>Apologies</p> <p>Maria O’Kane Brid Farrell Mark Haynes Stephen Wallace</p>	
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Revised Minutes 26th November - It was noted the minutes of the meeting held on 26th November had been amended and agreed. • Minutes 3rd December - Paul confirmed the minutes of the meeting held on 3rd December are agreed. • Trust Update on Progress Report - It was agreed that this report wouldn’t be shared with this group until it had been presented by Paul and the Trust at the Friday UAG meeting. Following this meeting Paul will forward the report to Caroline, who will share with HSCB/PHA colleagues on the Southern Co-ordination Group. • Meeting with PCC - Caroline confirmed the meeting with PCC to discuss their membership of the Co-ordination Group had been scheduled to take place on Thursday 17th December. • Trust Internal Audit - The cut-off date for the completion of the Internal Audit into Private Patient’s Pathway into NHS was discussed. Martina noted this had not yet been agreed by the Trust. She advised the process would involve looking at individual patient records and would take longer than had been previously anticipated. <p>Melanie noted that Michael McBride, DoH, had suggested the Trust should consider representation from Public & Patient Involvement (PPI) panel. She noted that internal Trust discussions would need to happen before a representative could be agreed on.</p>	

	<p>There was further discussion around whether there should be involvement from Patient & Client Council (PCC) and Public & Patient Involvement (PPI), or both. Melanie suggested that PPI involvement would sit better in the Public Inquiry and Patient & Client Council (PCC) involvement would be more suitable for involvement in this group.</p> <p>Paul noted that he was keen for PCC involvement in the Co-ordination Group, but acknowledged this may be difficult given their current lack of resources. Melanie noted the difference in PCC paid officers and public representation and suggested representation could come from public representation. Caroline noted this should be clarified at the meeting with PCC on 17th December. Caroline agreed to report back to the Group following this meeting.</p> <p>Paul requested clarification as to whether the Trust had access to private patient information. Martina confirmed the Trust would only have access to those private patients who had already been identified to them.</p> <p>Melanie confirmed the audit would only look at those private patients currently known to the Trust. Damian noted that a response should come from Mr O'Brien this week regarding his private patients, following the pause due to the family bereavement. He added that the Interim Orders Panel was due to meet next week and he would provide feedback following this.</p> <p>Melanie noted that the Internal Audit would also investigate CURE.</p> <ul style="list-style-type: none"> • Interim SAI Report - Paul asked for confirmation that the interim SAI report would be ready by the agreed submission date of 15th December. Melanie confirmed that the Trust was aiming to have the report submitted by Tuesday 15th if possible. Paul advised that submission before the Co-ordination Group meeting on 17th December would be useful. 	<p>Caroline to provide feedback to the Group following the meeting with PCC on 17th December</p> <p>Damian to provide feedback on Interim Orders Panel</p>
Preparation for Urology Assurance Group		
3	<p>Trust Weekly Update Report - It was agreed that the Trust's Report on the update on progress would only focus on the new updates from the previous week. Paul acknowledged the important progress made to date by the Trust and that going forward the progress should still be included but to think of presenting it in a different format.</p>	Martina and Caroline
SAIs update		
4	<p>As previously discussed, it was acknowledged interim report would be submitted by 15th December, if possible and at the latest prior to the next Co-ordination Group meeting on 17th December. The final report, as previously agreed, will be submitted by 31 January 2021.</p> <p>The Group discussed the potential of additional SAIs and noted these should still be logged by the Trust and they may be considered as part of the Trust Led Rapid Review Process which would be followed by a Clinical Review. Paul acknowledged that the results of any additional SAIs would not be available for inclusion in the report due January 2021.</p> <p>Melanie acknowledged that the inquiry process would incur too long a wait for</p>	

	<p>patients and the Trust needed to look at a process for dealing with future identified cases outside the SAI process. Damian added the Trust would still have a formal process and were considering a Royal College of Surgeon's structured process. He also noted the structured judgement review should be known by next Thursday 17th December.</p> <p>Helen noted the need for urgency in getting answers for those patients involved as the Trust will ultimately be judged on what its immediate response is. Melanie noted the Trust echoed her sentiments and were endeavouring to follow up urgent cases as they are identified.</p> <p>Martina noted that an additional weekly clinic was being held by Mark in Armagh to see any of these patients who had concerns. Paul acknowledged Mark's commitment to ensuring that those patients affected by this inquiry are the main priority in this process.</p> <p>Helen questioned if the Trust had taken appropriate measures to identify all Mr O'Brien's private patients. The letter sent to Mr O'Brien requesting details of all his private patients was highlighted and Damian noted that a response was due this week, following the pause due to the family bereavement.</p>	
Any Other Business		
5	<ul style="list-style-type: none"> • Trust IPT - Caroline acknowledged that she had received a copy of the IPT from Martina. However costs remain outstanding and Martina and Caroline will meet regularly to progress this further. • Clinical work - Damian noted that during a meeting with DLS that it had come to light that Mr O'Brien had gone to GMC to offer his services to do Medico Legal Reports for other Trusts. Damian confirmed that any offers of work made to Mr O'Brien had now been withdrawn. • Discussion at last UAG meeting - Melanie referred to discussions regarding a letter to be sent out with respect to the retention of records and requested clarification as to who should send the letter out. Paul asked Caroline to follow this up with DoH and confirm with Melanie. <p>Melanie also referred to discussions at UAG meeting which highlighted the second victims in all of this process as being all staff involved. She highlighted the fortnightly meetings with clinical and nursing staff but added that the impact was felt across all staffing specialties. Therefore it was important that all staff had the relevant support throughout this process. She highlighted that a recent meeting for nursing staff had identified the feeling there was need for legal guidance at this stage. There was further discussion around where the legal support should come from. Paul suggested legal involvement at this early stage of the process may cause even more distress to staff. Paul noted this may be more appropriate once the inquiry had been set up and a QC identified.</p> <p>Caroline agreed to forward the Muckamore engagement letter, previously</p>	<p>Martina to forward IPT costs</p> <p>Caroline to clarify with DoH regarding letter discussed at UAG on 4th December and confirm with Melanie</p> <p>Caroline to forward Muckamore engagement letter</p>

	circulated by Vivian McConvey, PCC, as this may help address any immediate questions.	to Melanie
Date of Next Meeting		
6	Via Zoom - 17th December 2020 at 15:30	Martina to send out link
7	Action Log <ul style="list-style-type: none"> • Caroline to provide feedback to the Group following the meeting with PCC on 17th December. • Damian to provide feedback on Interim Orders Panel. • Martina to forward IPT costs to Caroline. • Caroline to clarify with DoH regarding letter discussed at UAG meeting on 4th December and confirm with Melanie. • Caroline to forward Muckamore engagement letter to Melanie. 	

Southern Urology Co-Ordination Group Minutes

Thursday 17 December 2020, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Stephen Wallace Martina Corrigan Damian Gormley Maria O’Kane Sylvia Irwin Helen Rogers Ronan Carroll</p> <p>Apologies</p> <p>Melanie McClements Jane McKimm Caroline Cullen Brid Farrell Mark Haynes</p>	
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Minutes 10th December - Paul noted that any changes to the draft minutes of 10th December should be forwarded to Sylvia as soon as possible. • Meeting with PCC - Paul advised that the meeting due to take place earlier today to discuss PCC membership of the Co-ordination Group had been postponed due to unforeseen circumstances. Sylvia to re-arrange the meeting in January 2021. • RCS Interim Orders Panel - Damian advised the meeting that the Interim Orders Panel had suspended Mr O’Brien’s GMC registration for 18 months, subject to review. This suspension prohibits Mr O’Brien from carrying out work as a medical consultant in any capacity for the duration of the suspension, including medical legal work. • IPT update - Martina advised that the IPT is currently with finance for finalisation of the full year costs and will be submitted to Trust SMT for approval in January. 	<p>Sylvia to re-arrange meeting with PCC January 2021</p>

	<p>She noted the expected full year effect (FYE) cost was estimated to be in the region of £2.6m. Martina advised that she would have more detail on the costings following the SMT meeting in January. It was agreed that Caroline and Martina would continue to liaise regarding the IPT.</p>	<p>Martina/Caroline ongoing</p>
<p>Preparation for Urology Assurance Group</p>		
3	<p>Trust Weekly Update Report - Martina shared the draft update for UAG meeting on 18th December with the group. She noted as requested, the report had been condensed and contained information in respect of the previous weeks' progress. Martina discussed the update in detail with the group and agreed to forward the final version to Paul later this evening for UAG meeting the following day. Paul suggested that it may be more beneficial to show the previous 2 weeks data and Martina agreed to update the report accordingly.</p> <p>Martina highlighted a recent meeting that had taken place with Professor Sethia. He has agreed to look specifically at those patients who have contacted the information line; however this will take some time to complete. Martina confirmed that an acknowledgement letter had been sent to each individual patient advising them that their case is to be reviewed and the Trust will be in contact with them in due course.</p> <p>Professor Sethia will also be the lead on the additional MDT meetings for those patients sent back from the Independent Sector work. These are due to start on 14 January 2021 and will take place fortnightly. The terms of Professor Sethia's employment are as follows:-</p> <ol style="list-style-type: none"> 1. To review and quality assure the Trust audit of patients prescribed the medication Bicalutamide taking into account the audit methodology employed, audit findings and where appropriate the proposed changes in medication. 2. To chair a weekly extraordinary Multidisciplinary Team Meeting (MDT) to discuss and review patients which have been identified by independent Consultant Urologist as requiring MDT discussion. MDT will be supported by one additional Consultant Urologist, Consultant Oncologist and where required Consultant Radiologist / Pathologist. 3. To review radiology results (1028 patients) held on Electronically (NIECR System) to ascertain if appropriate action has been taken in response to the radiology results. 4. To review MDT meeting outcomes (271 patients) held on Electronically (NIECR System) to ascertain if appropriate action has been taken in response to the MDT discussions. 5. To quality assure the outcomes and conclusions for all patients that have been reviewed at clinic as part of the urology review to date from all identified work streams. 6. To assist in the development on parameters for use when triaging patients who contact the patient information line including identification of what constitutes a potential delay in actioning treatments, reviews, referrals and reviews. 	<p>Martina to finalise the Trust's Weekly Update Report and forward to Paul for UAG</p>

SAIs update		
4	<p>SAI Interim Report - Stephen advised that the interim SAI report would be forwarded to Paul later this evening. Paul agreed to forward on to Brid for comments.</p> <p>Discussion followed regarding whether the interim report should be shared with DoH UAG. Maria suggested that although the UAG was not expecting an interim report, they could be made aware of its existence.</p>	<p>Stephen to forward interim SAI report to Paul this evening</p> <p>Paul to forward to Brid for comments</p>
Terms of Reference for the Clinical Records Review		
5	The Terms of Reference for the Clinical Records Review document was discussed. The Trust acknowledged that they had not received any feedback on the draft. Paul agreed to follow this up with Brid for comments.	Paul to follow up ToR for Clinical Records Review draft with Brid for comments
Update on Outcome of Oncology Review Backlog		
6	Martina advised the Trust is currently progressing this. Maria noted her concerns that Mr O'Brien had still not responded to correspondence from the Trust requesting details of his private patients. She noted the Trust would refer the matter back to GMC if no response had been received by the end of December. Maria noted the importance of the Trust adhering to the agreed process.	
Any Other Business		
7	<ul style="list-style-type: none"> Matters Arising from previous UAG meeting - Paul highlighted the matters arising from the previous UAG meeting which had been delegated to the Trust for action. <ul style="list-style-type: none"> (i) Internal Audit of Private Patients (ii) Staff Welfare (iii) Approach the Trust PPI Group to discuss potential patient representation to support the agreement of the terms of reference for the Urology Inquiry (iv) SAI Terms of Reference (v) Clinical Structured Review - Stephen advised that a meeting had taken place with RCS and the idea of a structured review into patient records had been discussed. He noted that Andrew Gibson, SJR was very supportive of this. The possibility of training over one and a half days was discussed and this would cover training for 20 staff, including retired surgeons. Paul asked Martina to include this in the Trust weekly update report. <p>Maria referred to a summary presentation that will be given to Trust SMT on the Patterson Inquiry and noted she felt it may be appropriate to share with the group. Paul noted this would be helpful and asked Maria to set this up.</p>	<p>Martina to include information on Clinical Structured Review in Trust weekly update report</p> <p>Maria to share Trust presentation on Patterson Inquiry to the Group</p>
Date of Next Meeting		
6	Paul noted that he would be available for a meeting on 24 th December/31 December 2020 if the Trust felt this was necessary. Sylvia agreed to follow up with Martina early next week.	Sylvia to follow up with Martina as regards to meeting on 24 th /31 December

7	Action Log <ul style="list-style-type: none"> • Sylvia to re-arrange meeting with PCC January 2021. • Martina to finalise the Trust's weekly update report and forward to Paul for UAG, Friday 18th December. • Stephen to forward interim SAI report to Paul later this evening. • Paul to forward interim SAI report to Brid for comments. • Paul to follow up ToR for Clinical Records Review draft with Brid for comments. • Martina to include information on Clinical Structured Review in Trust weekly update report. • Maria to share Trust presentation on Patterson Inquiry to the Group. • Sylvia to follow up with Martina as regards to meeting on 24th/31st December. 	
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Southern Urology Co-Ordination Group Minutes

Thursday 7th January 2021, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Caroline Cullen Martina Corrigan Melanie McClement's Helen Rogers Brid Farrell Ronan Carroll Damian Gormley</p> <p>Apologies Maria O'Kane Sylvia Irwin Jane McKimm Stephen Wallace Mark Haynes</p>	
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Minutes 17th December - The previously circulated/amended minutes were approved. • Meeting with PCC - Caroline advised that the meeting postponed from 17th December had been re-arranged for 25th January 2021. • RCS Interim Orders Panel - no further update as RCS closed for 2 week Christmas break <p>IPT update - Paul confirmed that he had spoken with the Department who had advised that the position would be that the ST would meet additional costs. Once the IPT is approved, it was agreed that if there is difficulty in delivering the capacity due to funding constraints ST should notify this to the HSCB as an unfunded pressure and alert the UAG.</p>	<p>Martina/Caroline ongoing</p>

Preparation for Urology Assurance Group		
3	<p>Trust Weekly Update Report - Trust confirmed that it had shared the draft update for UAG meeting on 8th December with the chair. Martina discussed the update in detail with the group and agreed to forward the final version to Paul later this evening for UAG meeting the following day.</p> <p>Paul advised the Trust to seek permission from the Assurance Group re the implications of surge 3 with regards to the temporary suspension of all outpatient clinics and the consequent impact on the ability of the Trust to deliver the anticipated urology clinics. Melanie confirmed that the Trust was pausing the majority of services for 3 weeks initially and therefore would seek approval from DOH to do this for Urology</p> <p>Caroline referred to notice having been given that the Health Committee had asked for the inclusion of Southern Trust Urology re waiting times and the current position - a briefing is to be prepared by 25th January. It was agreed that a collaborative draft was to be shared and agreed</p>	<p>Martina to finalise the Trust's Weekly Update Report and forward to Paul for UAG</p> <p>Caroline to draft a briefing for the Health Committee before 25th January</p>
SAIs and Structured Clinical Review		
4	<p>SAI Interim Report - Brid confirmed that she had received the report and was happy with the content. Brid made reference and welcomed some of the specific learning points which had already been identified.</p> <p>Despite the current surge 3 pressures the Trust confirmed that the completion of the SAI process would not be compromised and the plan remained in place for completion by 31 January 2021</p> <p>Paul discussed how he had asked Caroline to work with the Trust to look at drawing up terms of reference so as to consider how best to deal with those patients who fell outside the current SAI process but who might otherwise be dealt with through a similar process.</p>	<p>Caroline is to develop a draft TOR for the next coordination meeting</p>
Patient Records Scoping Exercise		
5	<p>Martina referred to the details within the draft report to the assurance group and the proposed reliance on the input of Prof Sethia. Given the nature of the arrangements with Prof Sethia, Paul advised that a reassurance was sought from him as to his future work commitments given possible implications on his own job re surge 3</p>	<p>The Trust is to seek an assurance from Prof Sethia re his future availability and commitments</p>
Notice of retention/non destruction of documents		
6	<p>Paul drew to the attention of the group the DCMO letter re notice of retention/non destruction of documents. The Trust gave an assurance that they were aware of the letter and that they were following the advice. Martina agreed to ensure that the Trust Complaints Department was also aware of the DCMO letter</p>	<p>Martina to seek an assurance that the complaints section of the Trust were aware of the DCMO notice</p>

Any Other Business		
7	<p>Proposed agenda for UAG meeting 8th January - Paul discussed the agenda which had been shared with him and agreed that most of the points had already been covered within the meeting. Paul made the point that he felt that the Department would soon be asking for hard facts/hard numbers about how the Trust was responding/number of clinics established in response/how many patients were seen/outcomes etc. Melanie agreed to provide this level of detail</p> <p>Patient Audit - Melanie confirmed that the Trust was actively working on this and that an approach had been made to the Trust PPI Group to discuss potential patient representation to support the agreement of the terms of reference for the Urology Inquiry</p> <p>Outstanding issue - Maria had referred to a summary presentation that was to be given to Trust SMT on the Patterson Inquiry and had noted that she felt it may be appropriate to share with the group - not yet shared as Maria on leave.</p> <p>Second victims - in response to the comments made at the assurance group meeting Melanie gave an update on what was in place with regards to speaking with the directorate staff team and with the Trust SMT re the process involved and anticipated public inquiry</p>	
Date of Next Meeting		
6	Thursday 14 TH January 2021 at 3.30pm - Martina to open via zoom	
7	<p>Action Log</p> <ul style="list-style-type: none"> • Martina to finalise the Trust's weekly update report and forward to Paul for UAG, Friday 8th January. • Martina to include information on Clinical Structured Judgement Review in Trust weekly update report. • Maria to share Trust presentation on Patterson Inquiry to the Group. 	

Southern Urology Co-Ordination Group Minutes

Thursday 21st January 2021, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Caroline Cullen Martina Corrigan Melanie McClements Helen Rogers Brid Farrell Ronan Carroll Damian Gormley Jane McKimm Stephen Wallace Sylvia Irwin</p> <p>Apologies Maria O’Kane Mark Haynes</p>	
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Minutes of Previous Meeting - The minutes of the previous meeting held on 7th January 2021 were approved. • Action Log - As requested by Paul, the Action Log in future is to show only those actions which are outstanding. All completed actions are to be hidden. • Trust Weekly Update Report - Caroline noted that production of the weekly update report had paused due to pressures on Trust staff due to Covid-19. Melanie confirmed that OP clinics had been paused for 3 weeks up until 5th February. <p>Paul enquired as to the position regarding Professor Sethia’s work. Martina advised that he had paused Southern Trust work due to pressures within his own Trust, but he was now able to re-commence SHSCT work week commencing 1 February 2021. Martina confirmed that once she had agreed patient lists with Mark, she would forward these on to Professor Sethia.</p>	<p>Sylvia to amend Action Log to show only outstanding actions</p>

	<p>Melanie agreed to update UAG meeting the following day regarding the latest position.</p> <p>Martina confirmed the Locum Consultant is progressing virtual Review Backlog work. She also noted that Mark hoped to commence his Saturday Virtual Review clinics from mid-February 2021, although this is yet to be finalised. Melanie noted that although all services had been stepped down due to Covid pressures, plans were afoot to start up the virtual work again.</p>	
Preparation for Urology Assurance Group		
3	<p>(i) Patient Record Scoping Exercise - Paul requested clarification regarding the latest position. Martina confirmed as previously discussed, Professor Sethia would re-commence his work w/c 1 February.</p> <p>In regard to the media cover around this, Jane advised that due to all the issues arising from Covid she had not had an opportunity to consider this yet, but she would meet with David to discuss further as soon as possible.</p> <p>(ii) SAIs and Structured Clinical Review -</p> <ul style="list-style-type: none"> • <u>SAIs</u> - In regard to SAIs, Melanie advised that she had spoken to Dr Hughes (Chair of the SAI panel) on a few occasions and a meeting with the Urology team was planned. She confirmed that the Trust were on track to have the draft SAI reports available to families/HSCB by 31 January '21. • <u>Structured Clinical Review</u> - A Structured Clinical Review will be undertaken by the Royal College of Physicians (RCP). Melanie noted that the Structured Clinical Review would be the new way forward for the Trust to address the clinical concerns (in place of the SAI process) and once this was up and running, the Trust would be able to progress this. Melanie highlighted the need to remember that it was families who were caught up in the middle of this all and that the learning to date showed that a significant amount of information needed reviewed. <p>It was agreed that a terms of reference may be helpful for the Public Inquiry and this would be discussed further at UAG meeting the following day.</p> <p>Caroline noted that she had met earlier with Stephen, Martina and Damian to discuss the terminology, timeline and sequence of events. This was beneficial as it had helped to clarify terminology being used and it was anticipated there may be a glossary of terms resulting from this which would be of use to the group.</p> <p>Paul noted that the Structured Clinical Review would look at those cases that would otherwise have been SAIs. He added that he had also met with</p>	

	<p>Michael O'Neill, DoH to discuss this and it was agreed that this would be raised at the UAG meeting the next day</p> <p><u>Invited Review</u> - Damian clarified for the meeting that the Royal College of Surgeons (RCS) review is an Invited Review and focusses on giving advice on how the Trust should look back over 5 year's records. This will result in a random selection of 100 patients from Mr. O'Brien's caseload in the period January 2015 to December 2015. The Trust will propose which selection of patients to sample and this will be discussed at the planned meeting with CMO/DCMO/HSCB and Trust (Thursday 28 January 2021).</p> <p>Stephen confirmed the Trust was ready to progress this further once the selection of patients had been agreed.</p> <p>(iii) Independent Sector - this exercise is now complete with 200 patients having been seen as at 22nd December and treatment/management plans received back for all 200 patients.</p> <p>(iv) Private Practice - In regard to Mr O'Brien's private patients, Stephen noted that the Trust had corresponded with Mr O'Brien's solicitors regarding the new terminology. He noted to date there has been no response from Mr O'Brien's solicitors in respect of earlier correspondence relating to his private patient's records. The Trust is urgently pursuing a response from Mr O'Brien's solicitor.</p> <p>Melanie advised that the internal audit is continuing and the required data had been received from Information Department. The internal audit would look at the interface between private patients and NHS work. Paul suggested an update on progress of the internal audit may be helpful at one of the next meetings. Melanie noted the update would be on processes only at this stage.</p>	<p>Stephen to update on progress of Structured Clinical Review</p>
Communications/Management Plan - Press re Local Support Group		
4	<p>The recent media coverage regarding a support group for Mr O'Brien was discussed. Jane noted this had been referred to in recently received Assembly Questions. Jane highlighted an AQ just received which was similar in structure to earlier AQs submitted and she noted that these were likely to increase. It was agreed that Jane will provide an update to Melanie for the UAG meeting the following day.</p>	
Notice of Retention/Non-Destruction of Documents - letter from Mr AOB's Solicitor		
5	<p>Caroline confirmed that a letter had gone to Mr O'Brien's solicitor regarding the above and a response had been received.</p> <p>Stephen advised that he would contact BHSCCT regarding learning from the Neurology Review and he confirmed in respect of the Trust that a freeze had been placed on</p>	

	<p>destruction of any electronic records. Paul advised the best point of contact in relation to Neurology in BHSCT was Claire Lundy.</p> <p>Paul noted that he was keen to see an updated Trust progress report as soon as possible, as in his opinion this would be the central point of focus for future meetings. Caroline advised that she had started to develop a timeline update on progress to include a GANTT chart which she would share with Trust colleagues to QA.</p> <p>Martina noted that it would be difficult to update the Trust report at the moment due to impact of Covid-19 and the fact that Mark had been re-located to deal with Covid pressures. But she added that she would have a report on the discussions from today in advance of the UAG meeting the next day.</p>	
Any Other Business		
6	Nothing further to discuss.	
Date of Next Meeting		
6	Thursday 28 th January 2021 at 3.30pm - Martina to open via zoom.	
7	Action Log <ul style="list-style-type: none"> • Sylvia to amend Action Log to show only outstanding actions • Stephen to update on progress of Structured Clinical Review 	

Southern Urology Co-Ordination Group Minutes

Thursday 11th February 2021, 15:30

Via Zoom

	Item	Actions
1	In Attendance Paul Cavanagh (Chair) Caroline Cullen Martina Corrigan Melanie McClements Helen Rogers Brid Farrell Maria O’Kane Damian Gormley Jane McKimm Stephen Wallace Sylvia Irwin Ronan Carroll Apologies Mark Haynes	
2	Actions from Previous Meeting <ul style="list-style-type: none"> • Welcome & Apologies - Caroline welcomed everyone to the meeting and apologies were noted. • Minutes of Previous Meeting - The minutes of the previous meeting held on 21st January 2021 were approved. 	
	Preparation for Urology Assurance Group Meeting 19th February	
3	<p>(i) Finalised proposal for Patient Reviews outside of SAI Process (SJR)</p> <p>The Clinical Review process would be the new way forward for the Trust to address the clinical concerns, (outside of the current SAI process) and Stephen noted the Trust’s desire to get the process up and running as soon as possible. The Urology Patient Review form is to be used as part of this process and is discussed in detail under 3(iii).</p>	

(ii) Terms of Reference Clinical Records Review (Invited Review)

Stephen advised this had been reviewed further at a Trust internal meeting the previous evening and had now gone back to the Royal College of Surgeons (RCS) for further comments. He noted that some minor comments had been received back and the changes had been highlighted in the document circulated to the group prior to the meeting.

Martina advised that 100 patients will be selected from 2015 and the breakdown of the 100 patients by sub-specialty, as stated in the circulated Timeline Report, has now been agreed by RCS.

(iii) Urology Patient Review Form

Stephen talked the group through the updated Urology Patient Review form, which would be used to determine if the patient had come to harm or detriment as a result of their treatment received under the care of Consultant A. He noted this would be the proforma used for all patients going forward in the review process.

The Trust had also engaged the Independent Subject Matter expert in the drafting of this form which was based on the enhanced Neurology form. Stephen noted that DLS agreement had also been sought in relation to this proforma.

Stephen acknowledged comments received back from Brid. Brid noted that in regard to the Neurology inquiry, the issues highlighted were in regard to clinical areas. Stephen noted the purpose of the inquiry was to determine what diagnosis Consultant A was working towards, rather than what the actual diagnosis was.

Paul highlighted the 4 questions which had formed part of the Neurology Review and agreed that the process should be patient focused, concentrating on the diagnosis of the patient, rather than doctor focused. Maria noted the form would be amended to reflect Paul's comments.

Helen added it was important when judging someone's performance to refer to guidelines that were in place at the point in question. Paul suggested that the focus should be more on the patient's condition at the point in time.

Brid highlighted the importance of ensuring the patient was getting the appropriate treatment, but she noted this was not always easy to determine. She highlighted the importance of not getting into too much detail as some factors being considered may have been outside Consultant A's control.

It was agreed the focus of the Inquiry would be patient not doctor focused. Clinical Review would be the new way forward for the Trust to address the clinical

	<p>concerns (in place of the SAI process) and Stephen noted the Trust's desire to get the process up and running as soon as possible. He agreed to forward a revised copy, including comments from RCS</p> <p>Paul asked Caroline to share the document for final agreement with HSCB/PHA colleagues, including Dr Miriam McCarthy, as she has had experience with the Neurology Review process.</p> <p>Martina confirmed the form would only be used for those patients going forward in the review process from this point in time. She also clarified that all patients reviewed to date had been subject to a verification review by another doctor; i.e. patient reviews carried out by Mark to date will be verified by Professor Sethia.</p> <p>Approximately 1,600 patients will be reviewed through this process and the remaining patients, (approx. 700), are deemed to be of low clinical priority.</p> <p>Maria suggested that GPs could be involved in the review process going forward but the agreement of the group was that GP involvement would not be appropriate.</p> <p>Martina advised that the remaining patients outside of Professor Sethia's remit were the normal review backlog patients and she confirmed the Trust had other plans in place to deal with this cohort of patients. The majority of these patients would likely be non-life threatening diagnoses. Paul highlighted the need to ensure that all 2,327 patients would be accounted for in this process.</p> <p>It was agreed that Caroline and Martina would continue discussions around this cohort of patients outside these meetings.</p> <p>Stephen noted he would present the form to Dr Lourda Geoghegan for comments as soon as possible and he was hopeful the form should then be agreed and signed off at the next UAG meeting on 19th February.</p> <p>In regard to the Structured Judgement Review (SJR), a meeting will take place next week with the Royal College of Physicians, (RCP) to discuss the model and bring forward a final proposal.</p> <p>Martina confirmed 11 patients have been identified for screening as further potential SAIs and a screening session is due to take place next Wednesday 17th February. Melanie agreed to provide an update at next Friday's UAG meeting.</p> <p><u>Trust Final SAI Report</u> - Paul referred to the Governance issue regarding the date for submission of the final SAI report and noted Shane Devlin, Trust Chief Executive had spoken to the Permanent Secretary, Richard Pengelly, regarding the expected delay of approximately 2 months in the submission of the report.</p>	<p>Caroline to share updated Urology Patient Review Form for final agreement with HSCB/PHA colleagues including Dr Miriam McCarthy</p> <p>Martina/Caroline to discuss backlog patients outside Prof Sethia's remit outside these meetings</p>
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	<p>Full reports x 10 (9 + 1 overarching) are now expected to be completed for end of February 2021. An extended completion date of 12/3/21 was communicated from PHA to administrative staff in SHSCT mid December 2020, who would have been unaware of the specific circumstances and pre-agreed timelines. This was communicated directly to the SAI panel without any Senior Management knowledge.</p> <p>HSCB Commissioner was also unaware of this communication. SHSCT reported that everything was on track at each meeting with HSCB and DoH colleagues to deliver on the agreed date. The mid-point learning was shared in December 2020 and the expectation was that the SAI would have been completed by end January 2021 as agreed. However the panel was working to the 12th March 2021 date, so were reporting they were on track for that new date. It was also noted that Mr O'Brien has not had an opportunity to provide responses to questions raised by the Chair (due to a further death in family) and the intention is to agree a reasonable cut- off point to prevent further delay.</p> <p>Caroline agreed to update Denise Boulter, DRO following these discussions.</p>	Caroline to update D Boulter, DRO re SAI final report position
	Urology Timeline	
4	Caroline referred to the Urology Timeline report which had been developed to give a month by month summary of progress to date. She noted this report would be used going forward as a future reference point in relation to any queries. Paul thanked all involved and noted that he had found it to be a useful and factual report.	
	Any Other Business	
5	<ul style="list-style-type: none"> <u>Internal Audit</u> - Martina gave an update following her meeting with Internal Audit Department on Monday 8th February. The audit has identified 80 patients between the period January 2019 to June 2020 that needs further review and Martina is hopeful to provide feedback to Internal Audit next week. Martina will then provide a further update to the group by the end of February. <u>Patterson Inquiry</u> - Maria confirmed that she will present the report to the group at the next meeting to be held on 18th February. 	<p>Martina to provide further update by end of February</p> <p>Maria to present Patterson Inquiry report at meeting on 18th February</p>
	Date of Next Meeting	
6	Thursday 18 th February 2021 at 3.30pm - Martina to open via zoom.	
7	Action Log <ul style="list-style-type: none"> Caroline - to share updated Urology Patient Review Form for final agreement with HSCB/PHA colleagues including Dr Miriam McCarthy. Martina/Caroline - to discuss backlog patients outside Prof Sethia's remit outside of the Co-Ordination Group Meeting. Caroline - To update D Boulter, DRO re SAI final report position Martina - To provide further update on Internal Audit by end of February Maria - To present Patterson Inquiry report at meeting on 18th February 	

Southern Urology Co-Ordination Group Minutes

Thursday 18th February 2021, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Caroline Cullen Martina Corrigan Melanie McClements Helen Rogers Brid Farrell Maria O’Kane Stephen Wallace Jane McKimm Ronan Carroll Sylvia Irwin Mark Haynes</p> <p>Apologies</p> <p>Damian Gormley</p>	
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Welcome & Apologies - Caroline welcomed everyone to the meeting and apologies were noted. • Minutes of Previous Meeting - The minutes of the previous meeting held on 11th February 2021 were approved. • Matters Arising from Meeting on 11th February <ul style="list-style-type: none"> ➤ <u>Updated Urology Patient Review Form</u> - Caroline advised the group that the updated form had been shared with HSCB/PHA colleagues within the group for comments and also Dr Miriam McCarthy, PHA. As no further comments had been received, subject to DoH approval, the template could now be used as part of the patient review process. ➤ <u>Terms of Reference Clinical Records Review (SJR)</u> - Caroline noted this had also been shared with Dr McCarthy, PHA for comments and she suggested that a reference to NICE Guidance on best clinical practice should be included in the Terms of Reference document. Stephen agreed to amend the document accordingly to reflect Dr McCarthy’s comments. ➤ <u>SAI Final Report Update</u> - Caroline confirmed that she had updated Denise Boulter, DRO regarding the revised date for submission of the final SAI report 	<p>Stephen to include reference to NICE Guidance on best clinical practice in Terms of Reference.</p>

	<p>and she has also shared the interim report position with her for information.</p> <ul style="list-style-type: none"> ➤ <u>Review Patients Backlog</u> - Martina advised the group that once the Patient Review Form had been finalised a pilot of review patients would be undertaken. This would be used to determine approximate timescales for a review and therefore determine the number of patients to be seen per clinic. ➤ <u>Internal Audit</u> - Martina advised that she is currently reviewing approx. 80 patients and should hopefully be in a position to provide a further update by the end of February. ➤ <u>UAG Meeting Friday 19th February</u> - It was uncertain if the UAG meeting would take place the following day but Martina agreed to forward a revised Trust update report to Paul later that evening. 	<p>Martina to forward revised Trust update report to Paul later this evening.</p>
3	Paterson Inquiry Presentation	
	<p>Maria presented to the group a summary of the report by the Right Reverend Graham James of the Independent Inquiry into the issues raised by Ian Paterson, a surgeon in the West Midlands who was convicted of wounding with intent and imprisoned.</p> <p>Following a discussion on the ramifications of this Inquiry and other more recent local Inquiries, it was agreed that learnings from these past Inquiries should be applied to the ongoing Urology Review.</p> <p>The many factors that may have contributed to this and other Inquiries were discussed by the group and the resulting implications on patients affected by such cases over the years.</p> <p>Paul acknowledged the detailed presentation by Maria and requested a copy to be circulated to the team.</p>	<p>Stephen to circulate a copy of the Paterson Inquiry presentation to team members.</p>
	Preparation for Urology Assurance Group Meeting 19th February	
4	<p>(i) Terms of Reference Clinical Records Review (Invited Review)</p> <p>As previously discussed under (2) above, it was agreed the Terms of Reference would be updated to include Dr McCarthy's comments on NICE Guidance.</p> <p>Paul noted the Urology Patient Review form could now be signed off as PHA/HSCB colleagues had confirmed their acceptance of the proposed document. However, Melanie confirmed the Trust would await comments from UAG team before finalising the proforma.</p> <p>Maria noted this would be the new process going forward for cases which would otherwise have been deemed as SAIs. Maria compared this with the English process which was an SAI only process, whilst locally; once concerns are raised the automatic route is a Public Inquiry or something similar.</p> <p>Brid further noted the Urology process undertaken is the reverse of the Neurology Review process, which initially commenced as an Independent Review and is now moved to being a Public Inquiry. Other processes such as GMC, MHPS were also</p>	

	highlighted by Brid but she added that regardless of the process undertaken, the main concern was that the patients being reviewed are on the right course of treatment.	
	<p>(ii) Urology Patient Review Form</p> <p>As in 4(i) above, Caroline confirmed the team's acceptance of the Trust proposed proforma.</p> <p>Stephen requested clarification as to when the Trust can start to use the Patient Review Form. Paul agreed to share with UAG team the following day, providing the meeting would take place. However, if the meeting does not take place, Paul agreed to contact Michael O'Neill, DoH and provide feedback to Stephen.</p>	<p>Paul to present Patient Review form at UAG or forward to Michael O'Neill for final agreement and provide feedback to Stephen</p>
Any Other Business		
5	<ul style="list-style-type: none"> <u>IPT</u> - Caroline confirmed that she had received a copy of the updated IPT which she will look through in detail within the next week or so and discuss any further issues with Martina. <u>Commencement of Trust OP Clinics (Surge 3)</u> - Martina confirmed that OP clinics will re-commence on 1st March but a lot of work is still required to re-establish core activity. <p>Mark highlighted the immense backlog of red-flag diagnostics still to be looked at before the Trust could hope to start additional activity. Paul acknowledged the Trust's position and noted the importance of regular update reports from the Trust to enable better understanding of current position/pressures.</p>	
Date of Next Meeting		
6	Thursday 25 th February 2021 at 3.30pm - Martina to open via zoom.	
7	<p>Action Log</p> <ul style="list-style-type: none"> Stephen - To include reference to NICE Guidance on best clinical practice in Terms of Reference for Clinical Records Review (SJR). Martina - To forward revised Trust update report for UAG to Paul later this evening. Stephen - To circulate a copy of the Paterson Inquiry presentation to team members. Paul - Paul to present Patient Review form at UAG or if meeting does not take place, he will forward to Michael O'Neill for final agreement and provide feedback to Stephen. 	

Southern Urology Co-Ordination Group Minutes

Thursday 4th March 2021, 15:30

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Caroline Cullen Martina Corrigan Melanie McClements Maria O’Kane Brid Farrell Jane McKimm Stephen Wallace Sylvia Irwin</p> <p>Apologies</p> <p>Helen Rogers Damian Gormley Mark Haynes Ronan Carroll</p>	
2	<p>Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Welcome & Apologies - Paul welcomed everyone to the meeting and apologies were noted. • Minutes of Previous Meeting - The minutes of the previous meeting held on 18th February 2021 were approved. • Matters Arising from Meeting on 18th February <ul style="list-style-type: none"> ➤ Patient Review Form - Paul acknowledged the delay in getting a response back to the Trust on the Patient Review Form and noted the comments from Dr Geoghegan. <p>Martina advised the Trust had re-commenced clinical activity this week and Mark had started Review Backlog clinics last Saturday. The Patient Review Form will be piloted from this week’s clinic.</p> <p>A second pilot of the review form will be carried out by another consultant</p> 	

	<p>using the note review process.</p> <p>Paul questioned if particular patients would be targeted in this process. Martina confirmed this would not be the case and that patients would be reviewed in chronological order.</p>	
3	SAI Reports	
	<p>Paul acknowledged the receipt of the 10 SAI reports from the Trust and noted these would be reviewed by HSCB/PHA colleagues in due course.</p> <p>Maria noted the timescales for sharing and discussions of SAI reports would be as follows:</p> <ul style="list-style-type: none"> • Discussion with Trust and HSCB - Thursday 4 March 2021 • Discussion with Trust, HSCB and DoH at UAG on Friday 5 March 2021. • Families will receive a copy of their SAI report and also a copy of the overarching SAI report on Monday 8 March 2021. • The Urology Consultants and Clinical Nurse Specialists will receive a copy of the SAI reports and also a copy of the overarching SAI report on Monday 8 March 2021. There has been a meeting organised for Tuesday 9th March with Chief Executive, Medical Director, Acute Director and the urology Team to afford them the opportunity to share their thoughts on this. • Mr O'Brien's solicitor will receive copies of all the draft SAI reports and the overarching report on Monday 8 March 2021. <p>Maria highlighted the central focus of this whole process was the 9 families involved and the importance for them to see the SAI reports. She further noted that this also posed questions around patient care and processes around MDM of cancer patients and the longer term impact. Maria also noted that any new concerns would be escalated as a result.</p> <p>Melanie thanked Dr Hughes for meeting with the families and noted that all the families had been grateful for the information provided.</p> <p>It was noted that further to the above timescales, the Urology team has requested additional time to read over the reports and have requested electronic versions of the reports for this purpose. Therefore, the Urology team meeting due to take place on 9th March has now been postponed until Tuesday 16th March.</p> <p>Brid noted the reports were well written and comprehensive, but the findings were unsettling and made for difficult reading. She added the reports had identified dysfunctional MDMs with no oncology input. Brid questioned what failsafe is in place now to prevent such things happening in the future and asked the Trust for assurances that MDMs were operating within the National Cancer Action Team - Characteristics of an effective MDT.</p>	

	<p>Brid highlighted her concerns around the perception that the purpose of MDMs was to track targets. She also highlighted the bigger issue of whether or not the investigation should go back further than the initial period covered by the SAls.</p> <p>She noted her main overarching concern was the effectiveness of MDMs for all cancer specialties.</p> <p>Maria noted conversations had already taken place with cancer services around assurances of MDMs. The importance of the Specialist Nurse and NICaN was also highlighted.</p> <p>Melanie suggested the possibility of comparison with other Trusts across the UK. Brid noted she wasn't aware of any such system and noted the National Cancer Action Team - Characteristics of an effective MDT document was over 10 years old. Brid agreed to make further enquiries regarding this.</p> <p>Brid questioned if there was a formal process for recording electronically. Martina confirmed the system used was CAPPs but highlighted the issue that the system didn't feed into other electronic systems used by the Trust. The constraints of CAPPs were discussed and it was agreed that the system was mostly used for monitoring targets.</p> <p>The issue of immediate patient safety was discussed and it was agreed that any concerns around patient safety should be dealt with immediately, rather than waiting for a Public Inquiry to commence. Brid highlighted the Hyponatremia Inquiry which is still ongoing after 10 years.</p> <p>In conclusion, Paul highlighted the parallel process which is being undertaken by the DRO, HSCB and asked the Trust to ensure a joined up approach with this process.</p>	<p>Brid to make enquiries regarding comparison of MDMs UK wide.</p>
	<p>Preparation for Urology Assurance Group Meeting 5th March</p>	
<p>4</p>	<p>(i) Proposal for Patient Reviews outside of SAI Process - Structured Clinical Record Review (SCRR), (previously referenced as SJR) - Training Update</p> <p>Martina advised that training on this methodology has been offered to AMD's and M&M chairs in March via zoom. The Trust has drawn up a draft proposal for the structured clinical record review and this draft was shared on 18 February 2021 with the HSCB for comments.</p> <p>Paul confirmed this would be an item for discussion at tomorrow's UAG meeting.</p> <p>Melanie advised the Internal Audit of 80 patients had not been discussed with DoH, although she noted there had been nothing of any significance raised by this process to date, apart from one patient highlighted by Martina.</p> <p>Martina also referred to the 300 radiology patients to be reviewed that as yet haven't had an OP or IP episode. Pharmacy remit is also to be looked at and it was</p>	

	<p>noted this could be significant.</p> <p>It was agreed the Trust would be required to scrutinise every area of concern and the main interest would be those patients transferring from private to NHS.</p> <p>Paul requested a timeframe for completion of the above but it was agreed this would be difficult to estimate the timescale at this stage of the process.</p> <p>Paul acknowledged that as in previous inquiries the review process could take years to complete. He added that an update on the Public Inquiry and a potential Chair would be forthcoming at tomorrow's UAG.</p> <p>In regard to Communications, Jane noted there was nothing further to report. She confirmed she is in constant contact with Philip Moore, HSCB Communications.</p> <p>Maria requested clarification if learning from SAI reports could be sent to GMC Monday 8th March and this was approved by the group.</p> <p>(ii) Final Version of Urology Patient Review Form/Update on Pilot Phase Previously discussed under Matters Arising.</p> <p>(iii) Letter from Mr AOB's solicitor 5th February 2021 regarding Private Patients</p> <p>The Trust confirmed it had received correspondence via Mr O'Brien's solicitor on 5th February in response to the Trust letter issued 22nd January 2021.</p> <p>As part of the response Mr O'Brien stated that 93 private patients were under his care between January 2019 and March 2020. The correspondence confirms that all patients have either been discharged to the ongoing care of their GP or have been transferred to NHS waiting lists or outpatient review.</p> <p>It was also noted that no patients have attended Mr O'Brien privately since March 2020 and there is also an assurance that Mr O'Brien will preserve all patient records.</p> <p>The letter also confirms that Mr O'Brien will not be seeking an independent review of the care offered to his private patients as requested in the correspondence issued 22nd January 2021. A full copy of the correspondence received has been shared with the DoH.</p> <p>(iv) Role of Patient Client Council in Co-ordination Group</p> <p>Paul noted that the PCC currently had no capacity to be involved with this process and questioned the value of any limited contribution. It was agreed a meeting would be set up to discuss this further and would include DoH, Trust, HSCB/PHA, and PCC representation.</p>	<p>Caroline to arrange meeting with PCC</p>
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Any Other Business		
5	<ul style="list-style-type: none"> Update on SHSCT IPT - Martina noted a revised copy has been forwarded to Caroline for consideration. 	
Date of Next Meeting		
6	Paul confirmed that meetings could move from weekly to fortnightly to coincide with the fortnightly UAG meetings. Therefore, the date of the next meeting will be Thursday 18th March 2021 at 3.30pm - Martina to open via zoom.	
7	Action Log <ul style="list-style-type: none"> Brid - to make enquiries regarding comparison of MDMs UK wide Caroline - to arrange meeting with DoH, Trust, HSCB/PHA, PCC representation to discuss PCC involvement 	

Southern Urology Co-Ordination Group Minutes

Thursday 18th March 2021, 15:30

Via Zoom

	Item	Actions
1		
	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Martina Corrigan Damian Gormley Sylvia Irwin</p> <p>Caroline Cullen Brid Farrell Stephen Wallace</p> <p>Apologies</p> <p>Helen Rogers Jane McKimm Mark Haynes Ronan Carroll</p> <p>Melanie McClements Maria O’Kane</p>	
2	Actions from Previous Meeting	
	<ul style="list-style-type: none"> • Welcome & Apologies - Paul welcomed everyone to the meeting and apologies were noted. • Minutes of Previous Meeting - The minutes of the previous meeting held on 4th March 2021 were approved. • Matters Arising from Meeting on 4th March <ul style="list-style-type: none"> ➤ MDMs - Brid advised that she would follow up on comparison of the role of MDMs UK wide. ➤ Meeting to discuss role of PCC - Paul confirmed this was in hand and a date for the meeting would be confirmed in due course. 	
3	SAI Reports	
	<p>Martina provided an update to the meeting on the position regarding the draft SAI reports as follows:-</p> <ul style="list-style-type: none"> • Mr O’Brien’s solicitor received copies of all the draft SAI reports and the 	

overarching report on Friday 5 March 2021.

- Families received a copy of their SAI report, a copy of the overarching SAI report and a copy of the letter from Mr O'Brien's Solicitor as per his instructions, on Thursday 18 March 2021.
- The Urology Consultants, Urology Clinical Nurse Specialists and the Cancer and Clinical Services Management received a copy of all of the SAI reports, a copy of the overarching SAI report and a copy of the letter from Mr O'Brien's Solicitor as per his instructions on Tuesday 16 March 2021.
- There has been a meeting organised for Tuesday 23rd March with Chief Executive, Medical Director, Acute Director and the Urology Team to afford them the opportunity to share their thoughts on this.
- The families, the Clinical Team and Mr O'Brien's Solicitors have been given two weeks from the date of receipt to provide any comments on factual content that they may have on the draft reports.

The Family Liaison Officer has continued to support 8 out of the 9 families (9th family declined this support on their own wishes) and has advised all families that she will continue to be available for them once they have received and read through the reports.

The Trust is in the process of establishing a working group to take forward an implementation plan for the recommendations and findings from the SAI's.

Stephen advised the Trust had received further correspondence from Mr AOB's legal team on Monday 15th March, highlighting a list of barriers preventing him from full participation in the inquiry process.

As noted above, a full copy of Mr AOB's letter has been shared with the 9 families along with the draft SAI report. All families had previously been contacted by phone advising them the letter was to be sent to them along with the draft SAI report. To date no feedback had been received, although it was acknowledged the families had been given a few weeks to respond.

Stephen noted that following DLS advice the Trust was unable to share the correspondence further at this stage. Paul noted Denise Boulter, DRO, would write to the Trust requesting a copy of the reports through the appropriate channels. The Trust agreed to update Paul on any feedback received on the draft reports. Paul noted that an implementation plan should be drafted by the Trust within the next few weeks.

Martina agreed to forward the most recent Trust update position to Paul later that evening for UAG the following day.

4		
	<p>Martina advised that Mark had commenced Saturday clinics and to date has seen 20 patients.</p> <p>Professor Sethia has also commenced the review of 187 MDM patients. At this stage it is difficult to gauge how many patients will be reviewed per clinic as some reviews are more difficult than others. Martina estimated a timescale of 3-4 weeks to complete this exercise.</p> <p>Martina noted the Trust was engaged in discussions to secure additional help. However, this will be dependent on the elective resources available to the Trust.</p> <p>Paul noted the approximate 1,500 patients to be reviewed and acknowledged the vastness of the task to review all these patients on top of core elective activity.</p> <p>Martina added that Professor Sethia now has a better understanding of the timescale that will be required to complete the review process, given that Mark is currently averaging the review of 8 patients per clinic. Paul acknowledged the complexities faced by the Trust in trying to estimate a timescale for the whole process. He noted that following discussions with DoH 2 weeks ago, it was inevitable that the review process would have to go further back than the initial period of the investigation.</p> <ul style="list-style-type: none"> • <u>Structured Clinicians Record Review (SCRR)</u> - Stephen advised the Royal College of Physicians (RCP) are conducting two "Train the Trainer" sessions for using Structured Judgement Review (SJR) methodology for Trust medical staff on 18th and 25th March. SJR principles are what underpin the SCRR process. <p>The Trust has shared the SCRR draft form with the RCP and has received positive feedback in its design and structure. To support the SCRR process the Trust has identified an additional Consultant Urology subject matter expert via the Royal College of Surgeons to support reviews as required.</p> <ul style="list-style-type: none"> • <u>Royal College of Surgeons Invited Review Service</u> - A stratified approach to sampling of cases from calendar year 2015 has been agreed with HSCB. Where required, an electronically driven random sampling method was used to select cases. The Trust had a meeting on 11 March 2021 with RCS on how best to transfer the data for reviewing, so it was agreed that this would be done using the Egress secure platform and the Trust and RCS will work at getting the relevant accounts set up. <p>Stephen advised the breakdown of the 100 patients may be slightly different than what had previously been notified. Paul confirmed this was acceptable by the group and the Trust should proceed without further delay.</p> <ul style="list-style-type: none"> • <u>Private Practice</u> - Martina advised Internal Audit is scoping all diagnostics that were 	

	<p>carried out under Mr O'Brien's name, along with auditing laboratory and pharmacy systems. At the time of the report there has been no private patients identified from the diagnostics/laboratory and pharmacy systems.</p> <p>The Trust held a meeting with the GMC and DoH on 16th March to discuss the Trust and DoH roles in consideration of Mr O'Brien's private practice. This meeting discussed potential mechanisms for obtaining access to private patient records held by Mr O'Brien. The GMC outlined their Medical Act powers with regard to requesting patient records noting the limitations of the Act with regard to bulk requests of notes and onward sharing of these if obtained. The GMC have agreed to provide advice to the Trust and DoH on the requirements incumbent on Mr O'Brien as a medical professional for asking of share records as part of an ongoing investigation/review.</p> <p>It was noted that responsibility for private patients did not lie with the Trust, but could possibly be the responsibility of DoH. The Trust could potentially write and ask for the details of the 93 patients or could potentially speak to the patients involved, although it was unsure how this would be received. It was felt this could potentially fall within the remit of the Public Inquiry.</p> <p>Brid inquired if the Trust could confirm that Mr AOB had received annual appraisals each year. Stephen agreed to confirm this with Brid. Brid highlighted the RQIA and the potential of what is a regulated premises and she noted this may be interesting to explore further.</p> <p>Stephen added that GMC had mentioned a failsafe and the potential for contact with PCC. Paul noted that a meeting is to be organised with PCC and this could be discussed further then.</p> <p>Martina noted that there was nothing unusual to report from the Internal Audit process to date. Pharmacy records are still to be reviewed. It was agreed this would be kept on the agenda for further discussions.</p>	<p>Stephen to confirm Mr AOB's Annual Appraisal position with Brid</p> <p>Sylvia to add Internal Audit to future agendas for further discussions</p>
Appointment of Public Inquiry Chair		
5	Paul advised that Christine Smith, QC has been appointed as Chair of the Public Inquiry by the Minister for Health.	
Communication Update		
6	Nothing further to report.	
Date of Next Meeting		
7	The date of the next meeting will be Thursday 1 st April 2021 at 3.30pm - Martina to open via zoom.	
8	Action Log <ul style="list-style-type: none"> Stephen - to confirm Mr AOB's Annual Appraisal position with Brid Sylvia - to add Internal Audit to future agendas for further discussions 	

Southern Urology Co-Ordination Group Minutes

Thursday 1st April 2021, 15:30

Via Zoom

	Item	Actions
1		
	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Jane McKimm Martina Corrigan Brid Farrell Damian Gormley Caroline Cullen Sylvia Irwin Melanie McClements Ronan Carroll Stephen Wallace Helen Rogers Maria O’Kane</p> <p>Apologies</p> <p>Mark Haynes</p>	
2	Actions from Previous Meeting	
	<ul style="list-style-type: none"> • Welcome & Apologies - Paul welcomed everyone to the meeting and apologies were noted. • Minutes of Previous Meeting - Brid noted the comparison of the role of MDMs, UK wide was to be taken forward by NICaN and the minutes should be amended to reflect this. Following this change, the notes of the meeting held on 18th March 2021 were approved. • Matters Arising from Meeting 18th March 2021 <ul style="list-style-type: none"> ➤ Update on Mr AO’B’s Annual Appraisals - Stephen agreed to confirm the position regarding Annual Appraisals with Brid following the meeting. 	<p>Sylvia - to amend notes</p> <p>Stephen to confirm Mr AOB’s Annual Appraisal position with Brid</p>

3		
	<p><u>Patient Record Scoping Exercise</u> - Martina advised that the full Trust Update Report would be forwarded to Paul for the UAG meeting on 16th April. She agreed to give an update on the clinical aspects for the meeting.</p> <p>Martina advised that 40 patients had been seen to date by Mark at the Saturday clinics. These were mostly review backlog patients and also any patients presenting as queries will be reviewed at these clinics. As Mark was on-call this weekend, clinics would re-commence Saturday 10th April.</p> <p>Martina added the Patient Review Form is completed manually at the clinics and then each form is submitted online to the L-Drive. A summary spreadsheet is then updated by Martina and Stephen.</p> <p>Mr Glackin has not picked up on anything yet as he is currently focussing on red-flag backlog. It is hoped he will commence clinics on in May time and will be supported by a Cancer Nurse Specialist and Clinical Nurse Specialist. At this stage it will be difficult to estimate how many patients will be seen.</p> <p>Professor Sethia has also commenced the review of 187 MDM patients. To date 86 patients have been completed and he hopes to complete the exercise by the weekend. Currently there are 7 patients with concerns and these have been passed to Mark for follow-up/review.</p> <p>Paul acknowledged the progress made by the Trust to date and noted he had discussions with Michael O'Neill, DoH regarding Neurology and would update the team regarding these discussions.</p> <p>Paul emphasised the need to for a regular brief summary, (one A4 page approx.) about patient numbers and progress updates. This would ensure the Trust would have a clear understanding of the position to date, in the event of having to investigate a cohort of patients further back than the original timeframe. Melanie agreed that an easy to read template report would be helpful for all involved.</p> <p><u>SAIs and Structured Clinical Record Review</u> - Melanie advised that comments had been received back from some of the families involved and these had been shared with clinical teams. One family is seeking arbitration, one family are not interested in commenting and other families have requested additional time to review their report. Melanie noted that 4 out of the 8 families may respond.</p> <p>Paul noted that a meeting had been arranged for 15th April to discuss MDMs process. Melanie added the Trust internal team meeting will set up an oversight group to provide a process for independent review recommendations of the SAIs.</p> <p><u>Private Practice</u> - Stephen advised that he had spoken to Michael in DoH regarding the wording of the letter which was being sent to Mr O'Brien and this had been</p>	

	<p>approved. The letter will include a paragraph to advise patients with any concerns to contact the Trust.</p> <p>The Trust are requesting that Mr O'Brien send this to all of the Private Patients who were under his care and he is to respond back to advise when this has been done. If a response is not received within the timeframe, the matter will be escalated to DLS for non-compliance.</p>	
Internal Audit Update		
4	Martina advised the last meeting with Internal Audit had just taken place and a report will be written up within the next week. She noted that nothing significant had been found, however the report will contain some recommendations. Martina will provide further updates when necessary.	
Communication Update		
5	<p>Paul noted the importance of continuing to progress any patient safety concerns and ensuring any such patients are being re-called in the interim. Jane noted the Trust is keen to follow the correct process. She also noted that the Trust helpline had received only a limited number of calls and there had been no AQs to date. Paul noted it was expected this would start to increase once the Public Inquiry was up and running in September.</p> <p>Melanie noted the DoH was keen for PPI involvement in the process; however when Melanie queried this with Michael he advised that engagement should be with families as it would be more appropriate as opposed to individuals outside the process. Melanie confirmed that they had agreed that it would not be appropriate to contact families at that moment regarding their involvement, as they are currently overwhelmed with the SAI process. The Trust's Family Liaison Officer would be in touch with the families after Easter to advise them of the potential of organizing a meeting towards the end of April with representatives from DoH.</p>	Melanie to contact families re PPI involvement at end of April
Date of Next Meeting		
7	The date of the next meeting will be Thursday 15th April 2021 at 3.30pm - Martina to open via zoom.	
8	Action Log <ul style="list-style-type: none"> • Sylvia - to amend notes to reflect Brid's comments • Stephen - to confirm Mr AOB's Annual Appraisal position with Brid • Melanie - to contact families re PPI involvement at end of April 	

Southern Urology Co-Ordination Group Minutes

Thursday 15th April 2021, 11:30am

Via Zoom

	Item	Actions
1		
	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Brid Farrell Martina Corrigan Caroline Cullen Damian Gormley Melanie McClements Mark Haynes Stephen Wallace Helen Rogers Sylvia Irwin Maria O’Kane</p> <p>Apologies</p> <p>Jane McKimm Ronan Carroll</p>	
2	Actions from Previous Meeting	
	<ul style="list-style-type: none"> • Welcome & Apologies - Paul welcomed everyone to the meeting and acknowledged the team’s accommodation of the change of time for the meeting. Apologies were also noted. • Minutes of Previous Meeting - The minutes of the meeting held on 1st April were agreed. • Matters Arising from Meeting 18th March 2021 <ul style="list-style-type: none"> ➢ <u>Update on Mr AOB’s Annual Appraisals</u> - It was noted that MR AO’B had received regular appraisals within the Trust; however some Probity issues have been raised. Maria advised that the Trust were reviewing the way annual appraisals are currently undertaken within the Trust. She referred to a revalidation oversight group which has been established for this purpose. Paul requested that Brid should be involved in future meetings of the group. Maria agreed to draft a paper and bring to the co-ordination group for discussion at the next meeting. 	<p>Maria to draft paper on Appraisals Oversight Process</p>

	<p>➤ PPI Involvement - Melanie advised that Patricia along with the Family Liaison Officer is currently following up on PPI representation for the Inquiry process. To date 6 families have committed to meet with DoH and one family has declined. Melanie noted the families are aware of what is expected of them and that their involvement would not directly influence the Terms of Reference. The date and time of the meeting has yet to be confirmed by DoH.</p>	
3	Trust Update	
	<p><u>Patient Record Scoping Exercise</u> - Martina provided the following update for the meeting.</p> <p>➤ <u>Summary of Activity</u></p> <p>155 calls/emails up to 15 April 2021 (one new email inquiry received since last report on 19 March 2021)</p> <p>Weekly telephone clinics continue to review patients from Mr O'Brien's review backlog list. The consultant is completing a patient review form for each of these patients. To date 30 patients have been reviewed by Mark Haynes</p> <p>The Subject Matter Expertise, Professor Sethia, has finished reviewing virtually the previous MDM patients that were under the care of Mr O'Brien from January 2019 - June 2020, and has completed a patient review form for each of these patients. From this exercise he has identified 52 patients that he has shared with Mr Mark Haynes for further review.</p> <p>Professor Sethia has also highlighted concerns in respect to a patient he has reviewed who had a Transurethral resection of the prostate (TURP) with no apparent indication for this procedure. This has prompted the Trust to start a process of reviewing any patients of Mr O'Brien's who have been added to his waiting list for a TURP, to determine if they need this procedure. Mark gave a brief summary of the types of patients that would be seen in this cohort and noted that these patients would be reviewed by him personally, although this is in the early stages of development.</p> <p>Professor Sethia has now commenced reviewing the Radiology Results and this will follow the same process as the previous MDM patients. This will be done virtually, a patient review form completed and areas of concern highlighted to the Trust.</p> <p>Mark is also continuing with Saturday Review Backlog Clinics.</p> <p>➤ <u>Additional Oncology MDT and Structured Clinical Record Review (SCRR) (previously referenced as SJR)</u></p> <p>The extra Oncology MDT commenced on Thursday 8 April 2021 and was chaired by Professor Sethia, with Mark Haynes, Consultant Urologist, Darren Mitchell, Clinical</p>	

	<p>Oncologist, 2 Clinical Nurse Specialists and a Cancer Tracker in attendance.</p> <p>There were 15 cases listed for discussion with 2 deferred to the next MDT. From the 13 cases discussed there were 11 patients who were identified as having concerns regarding their treatment. It was recommended that these cases are screened and follow the Structured Clinical Record Review process (SCRR). All 11 patients are being seen face to face at clinics by Mr Haynes over the next two weeks to discuss the recommendations from MDT and to advise them that their cases will be part of a review process.</p> <p>The draft summary monitoring of activity table was discussed and Paul acknowledged this would be useful in providing a brief overview of patient numbers and progress to date. Martina agreed to update this report on a regular basis and combine the summarised report within the more detailed Trust Update Report to UAG. Paul noted this summary report may also prove to be very useful for the Permanent Secretary.</p> <p>➤ <u>Private Practice</u></p> <p>The Trust has issued correspondence to Mr O'Brien requesting that he forwards a Trust letter addressed to his private patients from January 2019 - August 2020. This should inform them of the Trust willingness to support those who may have concerns regarding their care, provided by Mr O'Brien in a private practice capacity. This letter includes contact details for the patient information line. This includes a request to confirm actions taken by the 20th April have been made by Mr O'Brien. The letter to him states that non-compliance with this reasonable request will result in a further potential GMC referral.</p>	
4	Internal Audit Update	
	<p>Martina advised she had nothing further to report on the Internal Audit process. However, she noted that the process had highlighted a number of patients with a change of status from private patients to NHS. The report should be finalised within the next few weeks.</p>	
5	Follow up from meeting with PCC	
	<p>Caroline provided an update following the meeting with PCC on 8th April. She noted the 4 key points from the meeting were:-</p> <ul style="list-style-type: none"> (i) To share the Ministerial statement with PCC - this has been actioned. (ii) To develop a stakeholder engagement plan (iii) To organise a workshop before the next meeting planned for 19th May. (iv) To develop a version of the UAG report that would be appropriate to share with PCC. <p>Caroline noted the concerns of PCC colleagues around their role in this process. Paul noted it had been a helpful meeting for all involved and would hopefully help to identify service users.</p> <p>Melanie noted the workshop would be helpful from the Trust perspective. She</p>	


	questioned if the process is specific to Urology or relevant across all specialties. Stephen is currently drafting an update report that would be specific to the needs of PCC.	
6	UAG Agenda for meeting 16th April	
	<p>Paul noted there would be a few issues to be picked up by the Trust at tomorrow's UAG meeting.</p> <p>In regard to the SAI update, Melanie noted the feedback from the clinical teams would be considered by the panel by the end of the week and it was expected the SAI reports would be finalised by next Tuesday 20th April.</p> <p>Brid noted that in terms of the process required to get the learning disseminated, the Trust would be required to move to the next level, e.g. GMC etc. Melanie added the Trust team would have to have further discussions around the implementation/dissemination of the recommendations and in order to do this they would be looking to the Board for appropriate investment. Paul agreed to hold further discussions with the relevant Trust representatives outside of this meeting, if it was considered this would be helpful.</p> <p>Maria highlighted 3 main areas of concern:-</p> <ul style="list-style-type: none"> (i) Legal advice - DLS have been approached for additional support. (ii) Initial work within Trust in regards to Director Oversight - Mrs Heather Trouton has agreed to take on ownership of this role. Melanie clarified that Heather had been involved in the nursing aspect of the process in the early stages. Paul noted he was in agreement to Heather's involvement (iii) Building up additional capacity to deliver - within extended timeframes this could be done virtually from England. <p>Stephen highlighted draft lookback guidance received from DoH and noted that this was a very detailed document that gives guidance. Paul noted that he was not aware of this but he agreed to raise the matter at tomorrow's UAG meeting. It was agreed that the process going forward would be aligned to the guidance. Stephen discussed the potential to have reference to "candour duty" written into the guidance. Maria referred to the Hyponatremia inquiry and noted it was a case of candour -v- incrimination.</p> <p>In conclusion Melanie noted if no feedback was received from Mr AO'B the final SAI reports would be closed off without his feedback and issued next week.</p>	<p>Paul to discuss further lookback guidance received from DOH at UAG 16th April</p>
7	Date of Next Meeting	
	The date of the next meeting will be Thursday 29 th April 2021 at 3.30pm - Martina to open via zoom.	
8	Action Log	
	<ul style="list-style-type: none"> • Maria - To draft paper on Appraisals Oversight Process • Paul - To discuss lookback guidance received from DOH at UAG 16th April 	

Southern Urology Co-Ordination Group Minutes

Thursday 29th April 2021, 3.30pm

Via Zoom

		Actions
1		
	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Caroline Cullen Martina Corrigan Stephen Wallace Damian Gormley Heather Trouton Maria O’Kane Sylvia Irwin Jane McKimm Ronan Carroll</p> <p>Apologies</p> <p>Melanie McClements Helen Rogers Mark Haynes Brid Farrell</p>	
2	Actions from Previous Meeting	
	<ul style="list-style-type: none"> • Welcome & Apologies - Paul welcomed everyone to the meeting and acknowledged this was Heather’s first meeting. He gave a brief overview of the group’s role. Apologies were also noted. • Minutes of Previous Meeting - The minutes of the meeting held on 15th April were agreed. • Matters Arising from Meeting 15th April <ul style="list-style-type: none"> ➤ <u>Update on Mr AOB’s Annual Appraisals</u> - Stephen confirmed that Mr AOB’s appraisals had been fully completed up until his retirement in 2018. He agreed to confirm this with Brid. ➤ <u>PPI/Family Involvement</u> - Martina confirmed that Fiona, the family liaison officer has arranged for the families to meet with Michael O’Neill DoH, to share their thoughts on the process which will feed into the Terms of Reference for 	

	<p>the Public Inquiry.</p> <p>➤ <u>Lookback Guidance DoH</u> - Stephen agreed to clarify this with Caroline.</p>	<p>Stephen to clarify lookback guidance with Caroline</p>
3	<p>Trust Update</p> <p><u>Patient Record Scoping Exercise</u> - Martina provided the following update for the meeting.</p> <p>➤ <u>Summary of Activity</u></p> <p>Martina updated on the attached table:</p> <p></p> <p>Summary of Patients under the care of AO</p> <p>Paul questioned if the number of patients seen per week could be increased. Martina advised this was unlikely as 1 patient reviewed last week by Mark had taken approximately 1 hour and 35 minutes. Paul acknowledged the challenges faced by the medical staff involved in this process.</p> <p>Maria noted the availability of staff was also an issue and use of the Independent Sector may cause issues in regards to indemnity. The apprehension of some staff to become involved in the process was also noted. The use of virtual clinics was highlighted and discussed.</p> <p>Maria highlighted the increasing number of SCRRs but noted that it was unlikely that all 2,300 patients would have to go through the SJR process.</p> <p>Paul highlighted his concerns around the increasing timeframe to complete the process and noted that this was likely to be subject of discussion at future DoH meetings.</p> <p>Martina added that Mr Glackin's involvement would help to speed up the process but it was likely that this would be hindered further by on-call responsibilities and annual leave commitments in the summer.</p> <p><u>Patient Information Line</u> - Martina confirmed that 1 new patient had contacted the patient information line and she organised for Mark to review and this patient would be subject to the SCRR process.</p> <p><u>TURPs Patients</u> - 143 TURPs patients are now on the waiting list to be reviewed. These patients will be seen by the Urology nurse who will determine if a further review is required.</p>	

	<p><u>Private Patients</u> - Stephen advised the patient letter had gone back out to Mr AOB.</p> <p><u>SAIs</u> - Stephen confirmed the 10 SAI reports are now completed and have been shared with GMC. Paul confirmed that Caroline would contact DRO to ensure the process was complete from HSCB perspective.</p> <p>Caroline noted she had discussed the issue of responsibility for issuing the SAI reports to UAG with Stephen. Paul confirmed as the reports were Trust property, the responsibility to issue lay with the Trust.</p> <p>Stephen noted that there were 134 points in respect of recommendations/learnings within the reports. He advised that he had spoken to Dermot Hughes regarding the development of an internal Project Initiation Document (PID) to oversee the implementation of the recommendations/learnings. The key stakeholders would be Cancer Services and Urology. Paul noted that he would be keen to see an action plan and this would be re-visited at future meetings. Stephen to liaise with Caroline in regards to this process.</p>	<p>Caroline to liaise with DRO, HSCB re finalisation of SAI process</p> <p>Stephen to liaise with Caroline re learning/recommendations from SAIs</p>
4	Internal Audit Update	
	Maria advised that she had met with Internal Audit regarding their report and there would also be outcomes from this report.	
5	Follow up from meeting with PCC	
	<p>Paul noted that progress in regards to PCC involvement had been slow but he noted that the commencement of the Public Inquiry may result in more responsibility for PCC.</p> <p>Caroline highlighted the useful summary report provided by Stephen for the purpose of PCC meetings. Paul noted he would also like to see PPI involvement in the process.</p>	
6	AOB	
	Stephen noted that 3 medical legal representatives had been assigned to the inquiry.	
7	Date of Next Meeting	
	The date of the next meeting will be Thursday 13th May 2021 at 3.30pm - Martina to open via zoom.	
8	Action Log	
	<ul style="list-style-type: none"> • Stephen to clarify lookback guidance with Caroline • Caroline to liaise with DRO, HSCB re finalisation of SAI process • Stephen to liaise with Caroline re learning/recommendations from SAIs 	

**Patients under the care of Mr O'Brien and currently in process of being reviewed
28 April 2021**

	Patient Group	Number of Episodes/Patients in Group	Reviewed to date	Reviewed by	Remaining to be reviewed	Reviewed by	Provisional date	Quality Assured	Comment
Administrative Review Only	Elective Cohort	352 Patients	352 (Administrative Review)	M Corrigan	0	Needs Clinical Review	N/A	No	All are part of the 2309 patients required reviewed between Jan 2019 – Jun 2020. Review to date only considered administrative processes
	Emergency Patients (Stents)	160 Patients	160 (Administrative Review)	M Corrigan	0	Needs Clinical Review	N/A	No	All are part of the 2309 patients requiring reviewed between Jan 2019 – Jun 2020 Review to date only considered administrative processes
	Radiology Results	1025 Patients (1536 Episodes)	661 (Result Review)	CNS/ Professor Sethia	875	Professor Sethia	July 2021	No	
	Pathology Results	150 Patients (168 Episodes)	168 (Result Review)	M Haynes/D Mitchell	0	N/A	N/A	Yes	
	Oncology Reviews (IS)	236 Patients	200 (Face to Face ISP)	P Keane	36	M Haynes	June 2021	No	

	Post MDM Patients	187 Patients (271 Episodes)	271 (SME Record Review)	Prof Sethia	52 (need second opinion)	M Haynes	July 2021	No	
	Review Backlog	511 Patients	70 (Virtual Clinics)	M Haynes	441	M Haynes/T Glackin	March 2022	No	
	Information Line	154 Patients	8 (reviewed at clinic)	M Haynes	146	Prof Sethia	Sept 2021	No	
	Patients prescribed Bicalutamide	933 Patients	747 (Record Review, 26 Face to Face Reviews)	M Haynes	186	M Haynes	March 2022	No	
	Patients on Inpatient Waiting List for TURP	143 patients	0	TBA	143	Clinical Team	Dec 2021	No	
	Total	4321	2455		1918				


- Note there were a total of 2309 patients that have been identified as being under Mr O'Brien's care from January 2019- June 2020, and a number of the above have been identified as being in this cohort of patients with multi episodes, more work is being done to identify how many of these are not included in the above groups with first look at this it may appear to be in and around another 1000 patients in this group that are not included in the above

Southern Urology Co-Ordination Group Minutes

Thursday 13th May 2021, 3.30pm

Via Zoom

	Item	Actions
1	<p>In Attendance</p> <p>Paul Cavanagh (Chair) Melanie McClements Maria O’Kane Stephen Wallace Martina Corrigan Heather Trouton Jane McKimm Caroline Cullen Ronan Carroll Sylvia Irwin Helen Rogers</p> <p>Apologies</p> <p>Damian Gormley Mark Haynes Brid Farrell</p>	
2	<p style="text-align: center;">Actions from Previous Meeting</p> <ul style="list-style-type: none"> • Welcome & Apologies - Paul welcomed everyone to the meeting and apologies were noted. • Minutes of Previous Meeting - The minutes of the meeting held on 29th April were agreed. • Matters Arising from Meeting 29th April <ul style="list-style-type: none"> ➤ <u>Lookback Guidance DoH</u> - Caroline noted this was a Trust action arising from the last UAG meeting. Stephen advised that he had spoken to Michael O’Neill, DoH and noted the document was at the start of the process. He highlighted the challenges associated with issuing approx. 2000 patient letters. 	

	<p>Stephen added that discussions at UAG highlighted this as an issue to be taken forward by discussions with HSCB & Trust colleagues. Stephen agreed to share the draft Policy & Guidance documents with Caroline.</p> <p>Paul noted this would likely be discussed at UAG the following day and he requested that Caroline & Stephen follow up any issues outside the group meetings.</p>	<p>Stephen to forward documents to Caroline and follow up outside group meetings.</p>
3	Trust Update	
	<p><u>Patient Record Scoping Exercise</u> - Martina provided the following update for the meeting.</p> <p>➤ <u>Summary of Activity</u></p> <p>Martina updated on the attached table:</p> <p></p> <p>SHSCTSummPatients AOB-(10May21Updat</p> <ul style="list-style-type: none"> • <u>Elective Cohort & Emergency Patients</u> - Martina noted there was nothing further to report in regards to apart from noting that negotiations are underway with the Independent Sector regarding contract specifications. • <u>Radiology Patients</u> - Professor Sethia is continuing to review this cohort of patients and has reviewed 750 to date. • <u>Pathology Patients</u> - No change from last update. • <u>Oncology Patients</u> - No change from last update. • <u>Post MDM Patients</u> - 52 patients needing second review. • <u>Review Backlog Patients</u> - An additional 16 patients reviewed since last update. • <u>Information Line</u> - A further 2 patients have been reviewed. • <u>Patients prescribed Bicalutamide</u> - No change from last update. • <u>Patients on Inpatient Waiting List for TURP</u> - No change from last update. <p>Martina confirmed the totals on report have been revised.</p> <p>The Trust has contacted 3 other Trusts in order to try and secure additional input into the inquiry process. To date 2 Trusts have declined and BHSCT has yet to respond to the request.</p>	

<p>Martina is currently working with Lesley Leeman in drafting specification for the Independent Sector (IS) and this is near completion. Martina noted this would likely be a direct award contract and would address all cohorts of patients. Indemnity is yet to be sorted.</p> <p>Paul noted that he was conscious of the imminent December'21 and March'22 timetable. Martina advised it would likely be 8-12 weeks before the process was finalised and additional time would also have to be factored in to allow the IS to turnaround the contract. In light of the above, it was unlikely the Trust would be finished sooner than these timeframes.</p> <p>Maria noted that as yet the Trust had not received any support from within the Region, she enquired if it would be possible for the Trust to shift core activity out, to allow the Trust to focus on the cohort of patients affected by the inquiry process.</p> <p>Paul noted that other Trust's services are similarly challenged. Melanie advised that this was not the case for all Trusts and that waiting times at February'21 highlighted this. Urgent Review waiting times were as follows, BHSCT 70 weeks, SEHSCT 8 weeks and SHSCT 240 weeks. Routine Reviews were, BHSCT 135 weeks, SEHSCT 155 weeks, WHSCT 59 weeks and SHSCT 249 weeks.</p> <p>Paul acknowledged that possibly SEHSCT would be best placed to support the Trust and agreed that discussions would continue outside the meeting.</p> <p>Maria enquired regarding the position with Regional Waiting lists. Paul noted this had been discussed but was not yet at the development stage. Paul/Caroline agreed to discuss further with Lisa McWilliams and Paul will raise at UAG the following day.</p> <p>Martina noted the Trust would have more scope to deal with the inquiry if any new referrals were passed on to other Trusts to deal with. Maria noted that Neurology Review had set a precedent, however Paul noted that it would not be that simple to sort.</p> <p>Paul highlighted the importance of closing off Phase 1 of the Inquiry before moving forward.</p> <p><u>SAIs and Structured Clinical Record Review</u></p> <p><u>SAIs</u> - Paul requested an update on the implementation plan in relation to the overarching SAI report. Stephen noted the brief update included in the UAG update and highlighted the 4 work streams identified. The first planning meeting within the Trust is due to take place next week. This will be a separate group outside this group.</p> <p>Paul questioned if the Trust had plans in place to deal with the local impact of this process. Caroline noted that she is working with HSCB DRO and there would be</p>	<p>Paul/Caroline to discuss the issue of Regional Waiting Lists with L McWilliams/UAG</p>
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