



UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice Number 3 of 2023

Date of Notice: 24th March 2023

Addendum Witness Statement of: Trudy Reid

I, Trudy Reid, will say as follows:-

I wish to make the following amendments and additions to my existing response, dated 16th May 2023, to Section 21 Notice number 3 of 2023:

1. At paragraph 3.8 (WIT 95203-95204), I have stated *'With the passage of time and hearing about other processes ongoing at the time it is difficult to remember exactly when I became aware of the MHPS process but I do not recall being aware that there was another review process ongoing regarding Mr O'Brien until informed by Dr Boyce approximately on 04/08/2016.'* This should state *'With the passage of time and hearing about other processes ongoing at the time it is difficult to remember exactly when I became aware of the MHPS process but I do not recall being aware that there was another review process ongoing regarding Mr O'Brien until informed by Dr Boyce approximately on 04/06/2016.'* I also want to add *'However, upon further review of the evidence, I believe I first became aware of another review process regarding Mr O'Brien on 28th November 2017 when I received an email from Mr Carroll. Please see TRU-256445.'*

2. At paragraph 3.106 (WIT- 95228), I have stated *'I became aware of a 2nd process from Dr Boyce approximately on 04/08/2016.'* This should be amended to *'I became aware of a 2nd process from Dr Boyce approximately on 04/06/2016.'* I would also like to add *'However, upon further review of the evidence, I believe I first became aware of another review process regarding Mr O'Brien on 28th November 2017 when I received an email from Mr Carroll. Please see TRU-256445.'*



Urology Services Inquiry

3. At paragraphs 3.8 (WIT-95204) and 3.106 (WIT-95228), I have referred to '17a.-17b. appendix Concerns raised by an SAI panel 1st, A1'. The reference and documents attached are incorrect. I would like to remove this reference and change it to '17. 20180604 - E Concerns raised by an SAI panel' and I have attached same to this addendum statement.

4. I have amended the table contained in attachment '13. Urology SAI Complaints 1'. Please see correct version attached to this addendum statement.

5. At paragraph 236 of Ms Gallagher's statement (WIT-66240), she states '*The SHSCT Governance Lead, Trudy Reid, subsequently contacted the DRO to discuss Team membership and they both agreed that the membership would remain unchanged though expert opinion would be requested during the course of the review if required.*' I would like to attach my email exchange with Ms Roisin Farrell which summarises my telephone conversation with the DRO and the decision for the Trust not to include an external member to the review team. Please see 1. FW URGENT Final reminder - DRO query - TOR and Team Membership - Trust Ref SHSCT SAI [Personal information redacted by USI] HSCB Ref [Personal information redacted by USI].

I would now like to make the following amendments to typographical errors contained within my statement:

6. At paragraph 1.1 (WIT-95194), I have stated '*In relation to this response my role was acute governance coordinator.*' This should be amended to '*In relation to this response my role was Acute Governance Coordinator.*'

7. At paragraph 1.3 (WIT-95194 – 95195), I have stated '*When I commenced my role as Acute Governance coordinator I did not receive an induction or handover from the previous post-holder. I attended and organized training courses, and completed eLearning in relation to my role, including RCN Education Conference 16/3/2016, Delivering Safer Care Together Creating accountable care organisations 02/03/2017, Falls learning event 30/03/2017, Risk Assessment Workshop 27/04/2017, Serious Adverse Incident (SAI) Training One Day Investigation Workshop 18/05/2017, Corporate Training Safe guarding children and adults 25/7/2017 HSC Collective Leadership Strategy for Cultures of High Quality and Compassionate Care (Michael West) 20/10/2017, BMJ Learning Reducing the risk of hyponatraemia when*



Urology Services Inquiry

administering intravenous fluids to children 05/04/2017, Exploring the Sepsis Care Bundle 10/04/2018, Patient Safety Congress 9th and 10th July 2018, Investigation of Adverse Incidents Masterclass Programme 11th and 12th September 2018, Proteus leadership course 14/09/2018, 2nd and 3rd October 2018, 28/01/2018 and 29/11/2018, 23/01/2019 and 24/01/2019 and 27/03/2019 and 28/03/2019 and Mental Health Workshop Promoting Violence Reduction Through Quality Improvement incidence of aggression and violence in inpatients settings 10/4/2019 bundle.' This should state *'When I commenced my role as Acute Governance Coordinator I did not receive an induction or handover from the previous post-holder. I attended and organized training courses, and completed eLearning in relation to my role, including Delivering Safer Care Together Creating Accountable, Care Organisations, Falls Learning Event, Corporate Training Safeguarding Children and Adults, BMJ Leading Reducing the Risk of Hyponatraemia when Administering Intravenous Fluids to Children Proteus Leadership Course, Mental Health Workshop Promoting Violence, Reduction Through Quality Improvement Incidence of Aggression and Violence in Inpatient Settings Bundle 10/04/2019.*

8. At paragraph 1.4 (WIT-95195), I have stated *'I highlighted that the structures within acute clinical governance required development for example development of audit processes and the requirement for an audit committee to provide a systematic and integrated approach for the identification and prioritisation of risk-related audits.'* This should be amended to *'I highlighted that the structures within Acute Clinical Governance required development for example development of audit processes and the requirement for an audit committee to provide a systematic and integrated approach for the identification and prioritisation of risk-related audits.'*

9. At paragraph 1.9 (WIT-95196), I have stated *'I highlighted during my tenure the challenges of the limited staffing resource within the Acute Governance team based on the workload within the Acute Directorate.'* This should be amended to *'I highlighted during my tenure the challenges of the limited staffing resource within the Acute Governance Team based on the workload within the Acute Directorate.'*

10. At paragraph 1.18 (WIT-95198), I have stated *'The sickness absence within the Acute Governance team impacted on the ability to progress the development of*



Urology Services Inquiry

governance structures, time line development, review of incidents and complaints, drafting of SAI reports.' This should be amended to *'The sickness absence within the Acute Governance Team impacted on the ability to progress the development of governance structures, time line development, review of incidents and complaints, drafting of SAI reports.'*

11. At paragraph 3.6 (WIT-95203), I have stated *'During my tenure it is my experience that professional issues being addressed through professional lines were not always known to the acute clinical governance team and visa versa.'* This should be amended to *'During my tenure it is my experience that professional issues being addressed through professional lines were not always known to the acute clinical governance team and vice versa.'*

12. At paragraph 3.53 (WIT-95215), I have stated *'The meetings were scheduled monthly with Acute Governance on Tuesday afternoons attended by the Director Mrs Gishkori and the Acute Assistant Directors or their Assistant Directors.'* This should be amended to *'The meetings were scheduled monthly with Acute Governance on Tuesday afternoons attended by the Director Mrs Gishkori and the Acute Assistant Directors or their representative head of services.'*

13. At paragraph 3.72 (WIT-95222), I have stated *'I has a limited interface with the Medical Director but did discuss Governance issues with Dr Wright.'* This should be amended to *'I had a limited interface with the Medical Director but did discuss Governance issues with Dr Wright.'*

14. At paragraph 3.92 (WIT-95225), I have stated *'I organised SAI training with Consequence (Maria Deen, this training took place on 28th June 2016 and the training with CLS Investigation of Adverse Incidents Masterclass.'* This should be amended to *'I organised SAI Trainning with Consequence (Maria Dineen, this training took place on 28th June 2016 and the training with CLS Investigation of Adverse Incidents Masterclass).'*

15. At paragraph 3.114 (WIT-95229), I have stated *'When I commenced as Governance Coordinator I noted in the Acute Directorate there was not a central repository of SAIs and recommendations readily available for the operational team.'* This should state



Urology Services Inquiry

'When I commenced as Governance Coordinator I noted in the Acute Directorate there was not a central repository of SAIs and recommendations readily available for the operational teams.'

16. At paragraph 3.152 (WIT- 95213), I have stated *'Given the work load and personal circumstances to redeployment back to lead nurse role in Surgery and Elective Care did not happen until October 2017.'* This should state *'Given the work load and personal circumstances to redeployment back to lead nurse role in Surgery and Elective Care did not happen until 31 December 2017.'*

17. At paragraph 4.1 (WIT-95242), I have stated *'One such was example during incident review reporting there were a number of incidents where delays in diagnosis care were identified.'* This should be amended to *'One example is while reviewing incidents I noted incidents involving delays in diagnosis.'*

18. At paragraph 5.2 (WIT-95250), I have stated *'Therefore, at times Mrs Gishkori was not available weekly briefing and other meetings such as the Audit Committee.'* This should state *'Therefore, at times Mrs Gishkori was not available for weekly briefing and other meetings such as the Audit Committee.'*

19. At paragraph 7.27 (WIT-95257), I have stated *'I became aware of Clinical Leadership Solutions who provide training on SAIs.'* This should state *'I became aware of Clinical Leadership Solutions (CLS) who provide training on SAIs.'*

Additional Queries

20. A Datix was generated with respect to patient Patient 136, (please see WIT 50465). From reviewing the Datix it appears the delay related to service capacity. This would be addressed by the operational team. The Datix records *'discussed at Urology departmental meetings and a new process agreed that all patients that have a stent fitted need to be added to a waiting list with a planned date to come in. No screening form has been found therefore I do not believe this patient was ever the subject screening for the purposes of SAI. The delays action plan was developed to help mitigate preventable delays in diagnosis and treatment.'*



Urology Services Inquiry

21. In relation to Patient 137, from reviewing records there appears to have been a failure to progress MDM actions. A letter was drafted from Mr Haynes to Mr Young requesting assurances that he had processes in place to ensure MDM outcomes for patients under his care were actioned in a timely manner. This was given to Mr Young on 15/08/2018. I have no record of a response from Mr Young. A Datix was generated with respect to his patient. Please see documents attached to this statement as follows:

- Letter from Mark Haynes to Michael Young re Patient 137 dated 14 August 2018
- Patient 137, Staff Details Table
- SHSCT Governance Team (IR2) Form- New June 2018 Datix Personal Information redacted by the USI
- Incident Check List Name Patient 137
- Time Line Patient 137 Personal Information redacted by the USI

22. A Datix was generated in relation to patient Patient 138. The patient was subject to screening for SAI. There appears to have been human error in relation to tracking this patient. Documentation suggests that the issues in the incident were escalated to the Regional Cancer Performance Meeting. Guidance was developed to mitigate the risk of a similar incident happening again, Failsafe to ensure all patients are relisted for MDM discussion. (Tracked & Not Tracked Patients). Please see attached documents in relation to Patient 138:

- Datix Personal Information redacted by the USI
- Email 4 February 2019 From Barry Conway to Sharon Glenny and Ronan Carroll RE SE Screening Patient 138 H&C Personal Information redacted by the USI DATIX Personal Information redacted by the USI
- Screening Form Name Patient 138 Personal Information redacted by the USI
- 20190117Q12 Lynn Lappin internal notes HSCB Cancer Performance Meeting 2019-2021- can be located at WIT 23972- WIT-23973

Statement of Truth

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

Signed: Personal Information redacted by the USI

Date: 08/09/2023

S21 3 of 2023

Witness statement of: Trudy Reid

Table of Attachments

Attachment	Document Name
1	17. 20180604 - E Concerns raised by an SAI panel
2	13. Urology SAI Complaints 1'
3	1.FW URGENT Final reminder - DRO query - TOR and Team Membership – Trust R SHSCT SAI [Personal Information redacted by the USI] HSCB Ref [Personal Information redacted by the USI].
4	Letter from Mark Haynes to Michael Young re [Patient 137] dated 14 August 2018
5	[Patient 137], Staff Details Table
6	SHSCT Governance Team (IR2) Form- New June 2018 Datix [Personal Information redacted by the USI]
7	Incident Checklist Name [Patient 137]
8	Time Line [Patient 137] [Personal Information redacted by the USI]
9	Email 4 February 2019 from Barry Conway to Sharon Glenny and Ronan Carroll RE SE Screening [Patient 138] H&C [Personal Information redacted by the USI] DATIX [Personal Information redacted by the USI]
10	Screening Form Name [Patient 138] [Personal Information redacted by the USI]

-----Original Message-----

From: Boyce, Tracey [Personal Information redacted by the USI]
Sent: 04 June 2018 15:36
To: Reid, Trudy [Personal Information redacted by the USI]
Subject: FW: Concerns raised by an SAI panel

Hi

This is the other email on my system - response from Esther saying that she knew there was already an oversight panel in place (I hadn't know anything about that) and that we could meet to discuss the letter from the panel.

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

[Personal Information redacted by the USI]

Learn more about mental health medicines and conditions on the Choiceandmedication website <http://www.choiceandmedication.org/hscni/>

-----Original Message-----

From: Boyce, Tracey [Personal Information redacted by the USI]
Sent: 17 December 2016 07:08
To: Gishkori, Esther; Carroll, Ronan
Cc: Stinson, Emma M
Subject: Re: Concerns raised by an SAI panel

Ester
Great - thanks
T

Sent from my BlackBerry 10 smartphone.
Original Message
From: Gishkori, Esther
Sent: Friday, 16 December 2016 16:44
To: Boyce, Tracey; Carroll, Ronan
Cc: Stinson, Emma M
Subject: RE: Concerns raised by an SAI panel

Yes Tracey,
I think we had better.

You may know that there had been an oversight committee established in relation to this Dr and it had been stood down [Personal Information redacted by the USI].

I do however think we now need to inform the committee as things do seem to be fairly serious and potentially harmful for patients here.

We will try to meet on Tuesday. Perhaps before SMT?

E.

Thanks

Esther.

Esther Gishkori
Director of Acute Services
Southern Health and Social Care Trust

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

[Personal Information redacted by the USI]

-----Original Message-----

From: Boyce, Tracey
Sent: 16 December 2016 16:34
To: Carroll, Ronan; Gishkori, Esther
Cc: Stinson, Emma M
Subject: Concerns raised by an SAI panel

Hi Ronan and Esther

Could we have chat about this next week - I am at a regional strategy day on Monday - perhaps we could get together on Tuesday?

Kind regards

Tracey

Dr Tracey Boyce
Director of Pharmacy

[Personal Information redacted by the USI]

Learn more about mental health medicines and conditions on the Choiceandmedication website
<http://www.choiceandmedication.org/hscni/>

-----Original Message-----

From: [Tracy Boyce's email address]
Sent: 16 December 2016 16:30
To: Boyce, Tracey
Subject: Scan from YSoft SafeQ

Scan for the user Tracey Boyce (tracey.boyce) from the device CAH - Pharmacy Corridor - C308

Urology	Consultant	
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small> & complaint <small>Personal</small>	Mr O'Brien	SAI review Complaint response
Complaint <small>Personal</small>	Mr Glackin	Complaint response
SAI <small>Personal Information</small>	Mr O'Brien	SAI review
SAI <small>Personal Information</small>	Mr R Suresh	SAI review
SAI <small>Personal Information</small>	Mr Glackin	SAI review
Review of care		Review of Care
Screening – MDM process	Mr Young	Letter sent to Mr Young following screening regarding the MDT process.

From: [Reid, Trudy](#)
Sent: 06 September 2023 16:25
To: [Reid, Trudy](#)
Subject: FW: URGENT : Final reminder - DRO query - TOR and Team Membership
- Trust Ref: SHSCT SAI Personal Information redacted by the HSCB Ref: Personal Information redacted by the

From: Reid, Trudy <Personal Information redacted by the USI>
Sent: 03 June 2016 10:18
To: Farrell, Roisin <Personal Information redacted by the USI>
Subject: RE: URGENT : Final reminder - DRO query - TOR and Team Membership - Trust Ref: SHSCT SAI
Personal Information redacted by the HSCB Ref: Personal Information redacted by the

Roisin I spoke with the DRO and we discussed the case at length, he appeared content with the team we membership we suggested, he did state we may during the review want to take the opportunity to ask for an independent opinion if the team felt it useful, particularly in relation to X-ray, however he did appear content that we start the SAI without an external representative

Regards,

Trudy

Trudy Reid
Acute Clinical & Social Care Governance Coordinator
Craigavon Area Hospital
SHSCT
Mobile Personal Information redacted by the USI

From: Farrell, Roisin
Sent: 03 June 2016 09:42
To: Reid, Trudy
Subject: FW: URGENT : Final reminder - DRO query - TOR and Team Membership - Trust Ref: SHSCT SAI Personal Information redacted by the HSCB Ref: Personal Information redacted by the

Hi Trudy

From the email below the DRO has suggested the Trust consider adding someone from outside the Trust to sit on the review panel.
Connie has said that you have spoken to the DRO at length and he is happy for the Trust not to include an external member to the review team.

Can you please give me a line to send to the DRO regarding your telephone call and what was agreed.

Kind Regards

Róisín Farrell

Clinical and Social Care Governance Team
Directorate of Acute services
The Maples
Craigavon Area Hospital

Personal Information redacted by the USI

From: Corporate.Governance
Sent: 02 June 2016 16:03
To: acute.governance
Subject: URGENT : Final reminder - DRO query - TOR and Team Membership - Trust Ref: SHSCT SAI
HSCB Ref: Personal Information redacted by
Importance: High

Please see email below for your urgent attention – this response was due on 13 April 2016.

Many thanks,

Jacqueline
Jacqueline Marshall
Corporate Governance
Ground Floor, Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
PORTADOWN
BT63 5QQ



Personal Information redacted by the USI

Personal Information redacted by the USI

From: serious incidents Irrelevant information redacted by the USI
Sent: 02 June 2016 15:52
To: Corporate.Governance
Subject: Final reminder - DRO query - TOR and Team Membership - Trust Ref: SHSCT SAI Personal Information redacted by
HSCB Ref: Personal Information redacted by

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

Good Afternoon

I refer to the email below and would be grateful if you would provide a response in relation to the DRO comments.

Please provide an urgent response.

Warm Regards,

Donna

Donna Britton
Governance Support Officer
Corporate Services Department
Health & Social Care Board
Tower Hill
Armagh

DDI: Personal Information redacted by the USI

E: Personal Information redacted by the USI

From: serious incidents

Sent: 10 May 2016 11:26

To: 'Corporate.Governance' Irrelevant information redacted by the USI

Subject: 2nd reminder - DRO query - TOR and Team Membership - Trust Ref: SHSCT SAI Personal information redacted by

HSCB Ref: S Personal information redacted by

Importance: High

Further to receipt of the Terms of Reference/Team Membership for the above incident and the subsequent query from the DRO, as noted below, can the Trust advise if they have considered the comments from the DRO in relation to including someone from outside the Trust on the Review Team

The DRO would be grateful for a response by return.

Regards.

Elaine Hyde

Governance Office

Health and Social Care Board - Southern Office

Tower Hill

Armagh BT61 9DR

Tel: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

www.hscboard.hscni.net

From: serious incidents

Sent: 20 April 2016 11:41

To: 'Corporate.Governance ([redacted])'

Subject: DRO query - TOR and Team Membership - Trust Ref: SHSCT SAI [redacted]

Further to the email below, can the Trust advise if they have included someone from outside the Trust to the Membership of the Review Team as suggested by the DRO.

The DRO would appreciate a response at the earliest opportunity.

Regards.

Elaine Hyde

Governance Office

Health and Social Care Board - Southern Office

Tower Hill

Armagh BT61 9DR

Tel: [redacted]

Email: [redacted]

www.hscboard.hscni.net

From: serious incidents

Sent: 06 April 2016 11:45

To: 'Corporate.Governance'

Subject: TOR and Team Membership - Trust Ref: SHSCT SAI [redacted]

Thank you for receipt of the Terms of Reference and Team Membership. The DRO would encourage the Trust to consider adding someone from outside the Trust to the Team Membership. Can you please amend and submit to [redacted] mailbox by **13 April 2016?**

Many Thanks

Roisin

Roisin Hughes

Governance Support Officer

Corporate Services Department

Health & Social Care Board

Tower Hill

Armagh

E: [redacted]

T: [redacted]

From: Corporate.Governance [Redacted]

Sent: 05 April 2016 09:53

To: serious incidents

Subject: ENCRYPTION: TOR and Membership - ID [Redacted]

Please see attached Terms of Reference and Membership for SAI – ID [Redacted]

Many thanks

Mrs Sandra McLoughlin
Corporate Governance Officer
Corporate Clinical & Social Care Governance Office
SHSCT Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

Tel [Redacted]

Email [Redacted]

You can follow us on [Facebook](#) and [Twitter](#)



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

14 August 2018

Ref: Datix:

Personal Information
redacted by the USI

ID:

Personal Information
redacted by the USI

Private and Confidential

Mr Michael Young
Consultant Urologist

Re: Patient 137

Dear Michael

This Datix Report has been reviewed by the Surgical Adverse Incident Screening Panel, of Mr M Haynes, Mr R Carroll and Mrs T Reid on Tuesday 9th January 2018 in relation to the delay in referring Patient 137 to the Endocrine Service in the Belfast Health and Social Care Trust.

On 12th January 2017 Patient 137 was discussed at the Urology MDM. Please see attached Appendix 1- Urology MDM outcome.

This MDM outcome was not actioned, and on the 12th May 2017 Patient 137's GP sent a referral letter to Urology highlighting that Patient 137 had not received an appointment. On receipt of this letter a referral was then made to Endocrinology by another consultant Urologist on 18th May 2017.

The review team concluded that following MDM, any actions must be progressed by the Consultant nominated as responsible for the action required as per the MDM outcome report. Referrals for specialist care need to be sent from Consultant to Consultant.

Can you provide reassurance that you now have a process in place to ensure that MDT outcomes for patients under your care are actioned in a timely and appropriate manner?

Yours sincerely,

Personal Information redacted by the USI

Mark Haynes

Associate Medical Director

Appendix 1

Urology MDM @ The Southern Trust

Patient 137
Personal Information redacted by the USI
DOB: Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI HCN: Personal Information redacted by the USI

This patient was discussed at the Urology MDM @ The Southern Trust on 12th May 2017

MDM Update:

Consultant Mr Young: We have received communication from the chest physician colleagues in the Erne regarding this Personal Information redacted by the USI man with pneumonia, with an incidental finding of a mass lesion in the left perirenal area.

I don't think that this is renal in origin; I would agree with their sentiments that this could either be of adrenal origin, I suspect it would be difficult to biopsy.

I would be grateful if his films could be reviewed. This would be probably be beneficial before speaking to Patient 137 himself.

CT, 20th.December 2016 – Right upper lobe pulmonary abnormality suggesting a dense consolidation. Please correlate with clinical features. Follow-up recommended. A large fatty tumour in the left perirenal space which may be in keeping with an angiomyolipoma with extrarenal growth. Differential diagnosis should include liposarcoma, adrenal teratoma or adrenal myelolipoma. Special referral is advised.

MDM Plan:

Discussed at Urology MDM 12th January 2017. Patient 137 is to be referred to Dr Etoch (Consultant Endocrine Surgeon) for endocrine MDM discussion by Mr Young.

Patient 137

Consultant Respiratory physician	Dr Terence McManus	
Consultant Urologist 2	Mr Young	
Consultant Urologist 3	Mr Haynes	
Consultant Endocrinologist	Dr Etoch	

Chris Wamsley

**SHSCT GOVERNANCE TEAM (IR2) Form - NEW June 2018.****Incident Details
ID & Status**Incident Reference ID Personal Information redacted by the USI

Submitted time (hh:mm) 13:43

Incident IR1 detailsNotification email ID number Personal Information redacted by the USI

Incident date (dd/MM/yyyy) 17/05/2017

Time (hh:mm) 16:00

Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)

Does this incident involve a Staff Member?

Description Enter facts, not opinions. Do not enter names of people Patient discussed at MDM 12th January 2017. Outcome = to be referred to endocrine MDM. Unfortunately this did not happen. Further GP referral 12/5/17 brought this to my attention and a referral has now been done.

Action taken Enter action taken at the time of the incident Referral made to endocrine MDM on 17/5/17 (4 month delay). See ECR for relevant letters etc.

Learning Initial

Reported (dd/MM/yyyy) 18/05/2017

Reporter's full name Mark Haynes

Reporter's SHSCT Email Address

Opened date (dd/MM/yyyy) 23/11/2017

Were restrictive practices used?

Does this incident involve a safeguarding concern which is alleged/confirmed?

Has safeguarding been considered?

Has an APP1 been completed?

Last updated Martina Corrigan 12/05/2017 16:14:55

Name Patient 137

This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.

Location of Incident

Site Craigavon Area Hospital

Loc (Type) Outpatient Clinic

Loc (Exact) Urology Clinic

Directorate Acute Services

Division Surgery and Elective Care

Service Area General Surgery

Speciality / Team

Urology Surgery

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from	
Haynes, Mark Mr	Personal Information redacted by the USI	18/05/2017 13:44:20	Personal Information redacted by the USI		Consultant Urologist	Level 1 Form	
Connolly, Connie	Personal Information redacted by the USI	18/05/2017 13:44:20			Acting Acute Governance Co-Ordinator	Level 1 Form	
Reddy, Ekambar Mr	Personal Information redacted by the USI	18/05/2017 13:44:20			Consultant	Level 1 Form	
Reid, Trudy	Personal Information redacted by the USI	18/05/2017 13:44:20			Director of Medicine and Unscheduled Care	Level 1 Form	
Corrigan, Martina	Personal Information redacted by the USI	18/05/2017 13:44:19			Head of ENT and Urology	Level 1 Form	
Carroll, Ronan MR	Personal Information redacted by the USI	18/05/2017 13:44:19			Personal Information redacted by the USI	Assistant Director of Acute Services	Level 1 Form
Clayton, Wendy	Personal Information redacted by the USI	18/05/2017 13:44:19			OSL	Level 1 Form	
Nelson, Amie	Personal Information redacted by the USI	18/05/2017 13:44:19				Head of Service	Level 1 Form
Young, Michael	Personal Information redacted by the USI	18/05/2017 13:44:19				Consultant	Level 1 Form

Management of Incident

Handler Martina Corrigan
 Enter the manager who is handling the review of the incident

Additional/dual handler
 If it is practice within your team for two managers to review incidents together use this field to record the second handler

Escalate
 You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.

Date of final approval (closed date) (dd/MM/yyyy) 05/12/2017

Incident Grade

Date Notification Sent to External Agency

Date Terms of Reference Due

Date SAI Report Due

SAI Level (1,2 or 3)

External Agency SAI Ref No.

Date SAI Report Sent to External Agency

Date SAI Report Shared with Family/NOK

Date HSCB/RQIA/Coroner Queries Received

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding

Datix Common Classification System (CCS)

Category	Clinical assessment (investigations, images and lab tests)
Sub Category	Administration of assessment
Detail	Failure to follow up

Datix CCS2

Type

Category

Sub-Category

Detail

Is this a Haemovigilance /Blood Transfusion or Labs-related Incident? No

Is this an incident relating to confidentiality? No
 This may include inappropriate access / disclosure, loss or theft of records etc

SAI / RIDDOR / NIAIC?

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

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

Is this incident RIDDOR reportable? No
 Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition):

1. Employee or self-employed person working on Trust premises is killed or suffers a [major injury](#).

2. A member of the public on Trust premises is killed or taken to hospital

3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work)

4. [Dangerous Occurrence](#) attributable to the work of the Trust

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

Is this a NIAIC Incident No
 NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable;

- design or manufacturing problems
- inadequate servicing and maintenance
- inappropriate local modifications
- unsuitable storage and use conditions
- selection of the incorrect device for the purpose
- inappropriate management procedures
- poor user instructions or training (which may result in incorrect user practice

Investigation

Investigator Martina Corrigan

Date started (dd/MM/yyyy) 05/12/2017

Actual Impact/Harm Minor
 This has been populated by the reporter. To be quality assured by the investigating manager.

Risk grading
 Click [here](#)

When the incident has a Severity (actual impact/harm, grading of

	Consequence				
Likelihood of recurrence	Insignificant	Minor	Moderate	Major	Catastrophic

insignificant to moderate, you need to plot on the matrix opposite the Potential impact/harm. Deciding what are the chances of the incident happening again under similar circumstances. (Likelihood) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

Almost certain (Expected to occur daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely (Expected to occur weekly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible (Expected to occur monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlikely (Expected to occur annually)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rare (NOT expected to occur for years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Grade: Low Risk			

Action taken on review
Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)

consultant spoken to and importance of follow-up stressed. it was an oversight on his behalf as he was not at the meeting

Action Plan Required? No
A formal action plan is required for all Moderate to Catastrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.

Lessons learned

Lessons learned importance of ensuring that all outcomes are actioned at end of the MDM meetings, even if not in attendance
If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".

Date investigation completed 05/12/2017
(dd/MM/yyyy)

Was any person involved in the incident? No

Was any equipment involved in the incident? No

Notepad

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

Communication

Recipients

Message

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

Medication details

Stage

Prescriber Name

Medication error

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

Correct medication

Form administered

Correct form

Dose and strength involved

Correct dose

Route involved

Correct route

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

Did the fall occur in Hospital or Community Setting?

Specific Location of Fall

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

Injury Suspected?

Harm?

Buzzer / bell available within reach before fall?

Floor surface

Footwear suitable?

Walking aid in use / reach?

Mental State

First fall this admission or repeat?

Days since admission

Was the patient receiving medication which may affect the risk of falling?

Family informed of fall?

Outcome of Bedrails Assessment

Pressure Ulcers

Was this incident in respect of a Pressure Ulcer?

Equipment details

Product type

Brand name

Serial no

Description of device

Current location

CE marking?

Description of defect

Model/size

Documents added

No documents.

People Affected

	ID	Title	Forenames	Surname	Type	Approval status
			Patient 137		Patient/Client/Service User	Unapproved

Employees

	ID	Title	Forenames	Surname	Type	Approval status
		Mr	Mark	Haynes		Approved
		Mrs	Shauna	McVeigh	Staff - Administrative and Clerical	Unapproved
		Mr	Anthony	Glackin	Staff - Medical and Dental	Unapproved
			Michael	Young		Approved

Other Contacts

No Other Contacts

INCIDENT CHECKLIST

Name: - **Patient 137**

Directorate:	Acute Services
Reporting Division:	Acute
Date of Incident:	12/01/2017
Incident (IR1) ID:	<small>Personal Information redacted by the USI</small>
Grade of Incident:	Major
Names / Designations of those considering Incident: <i>(Should include Director, Assistant Director, AMD & CSCG Coordinator)</i>	<p>Mr R Carroll</p> <p>Mr C Weir</p> <p>Mrs P McAloran</p> <p>Mrs T Reid (facilitator)</p> <p>Mr Haynes AMD</p>
If Incident involved the death of a service user, was the coroner informed:	NA
Brief Summary of Incident:	<p>Patient 137 had a CT on 20/12/2016 IN SWAH with a coincidental finding of 'A large fatty tumour in the left perirenal space which may be in keeping with an angiomyolipoma with extrarenal growth. Differential diagnosis should include liposarcoma, adrenal teratoma or adrenal myelolipoma. Specialist referral is advised'</p> <p>Patient 137 was referred to CAH urology. Patient 137 was 'discussed' at the urology MDM and referral was to be made to endocrine team.</p> <p>This referral was not made; on the 12/5/2017 GP letter was received highlighting Patient 137</p> <p>Patient 137 had not received an appointment.</p>

25/07/2017 & 21/09/2017 & 09/11/2017 & 8/12/17

	Referral was made to Endocrinology by consultant urologist on 18/05/2017.
Summary of discussions re SAI / RCA/ major / catastrophic incident review:	<p>Discussions considered. The current process for tracking cancer patients Was this an isolated occurrence? Further information required-discuss current process with Fiona Reddick</p> <p>21/09/2017 – ^{Patient 137} [redacted] has been reviewed by the endocrine team and is for discussion with radiology but likely outcome will be ongoing surveillance</p> <p>Discussions concluded that while this is not an SAI there is learning regarding the processes in MDM. This incident is to be shared with Mr Glackin chair of MDM for discussion regarding current processes</p> <p>20/10/2017- Review by Ms Eatok (RVH Endocrine)</p> <p>CT scan of adrenal gland has not shown any change from the previous one. Ms Eatok plans to repeat the scan in 1 year’s time. Outcome discussed at screening – NOT SAI</p> <p>09/01/2018 – Not SEA. Send information to Mr Haynes to see if letter is required.</p> <p>Not SAI – meeting being organised with Chair of MDM – discussed outcome of findings – does this case need included in letter to MY-</p> <p>27/02/2018 - ? needs letter</p> <p>14/3/18 – Mr Haynes agreed that a letter should be sent to Mr Young seeking confirmation that his team has a process in place to ensure that MDT outcomes are actioned.</p> <p>30/04/2018 letter ready for signing</p> <p>11 07 2018 printed for signing</p> <p>24/07/2018- Mr Haynes on leave letter to be signed on his return. Mr Carroll updated</p> <p>31.7.18 Mr Carroll & Dr Scullion updated – Letter to be signed on Mr Haynes return</p> <p>Letter given to Mr Young on 15/08/18</p>
Decision on Level Review Type AND rationale for this:	Not SEA process to re MDM to be reviewed with Mr Glackin meeting being organised by governance team
Nominated Review Team: (<i>Consider need / benefit of independent external expertise</i>)	

25/07/2017 & 21/09/2017 & 09/11/2017 & 8/12/17

<p>Is it appropriate to inform the Medical Executive/Executive Directorate of Nursing?</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> NO</p>
<p>Contact for service user and / or designated relatives / carers: <i>(Either Lead Professional or Chair of Review)</i></p>	
<p>Date and by whom service user and / or designated relatives / carers informed of review taking place:<i>(If there is an exceptional case where this is inappropriate rationale must be documented):</i></p>	
<p>If case referred to the Coroner - Date and by whom coroner informed of SAI / Internal Review :</p>	
<p><i>(Corporate Governance Office / Litigation to complete)</i> Date and by whom Trust Litigation Dept informed:</p>	
<p>Does this incident meet the DHSSPS Early Alert Criteria including rationale:</p>	

25/07/2017 & 21/09/2017 & 09/11/2017 & 8/12/17

<p>POST REVIEW COMPLETION: Date and by whom and how Review is shared with the service user and / or designated relatives / carers: <i>(In exceptional cases where this is inappropriate, rationale should be documented)</i></p>	
<p>Date and by whom and how Review is shared with the Coroner:</p>	

25/07/2017 & 21/09/2017 & 09/11/2017 & 8/12/17

Data Source	Date	Time	Professional Group	Key Facts	Core Detail	Intelligence gathered from staff	What policies/procedures are relevant	Were standards met	If care case management was less than it should have been and the lapses/ommissions ere not serious what is the local learning point and how is it going to be used for team improvement	Serious breeches s	For all serious breeches identify key areas of enquiry	Further investigation required
NIECR	20/12/2016			CT Chest and abdo and pelvis with contrast	<p>20/12/2016 11:28 CT Chest and abdo and pelvis with contrast</p> <p>At the posterior aspect of the RUL, there is a 42 x 21 x 21 mm irregular soft tissue abnormality with an air bronchogram, adjacent to the oblique fissure present.</p> <p>Minimal linear atelectasis in the right base and mild bilateral basal hypoventilation atelectatic changes.</p> <p>Several accentuated subcarinal lymph nodes measuring up to 12 mm.</p> <p>Normal both kidneys with mildly accentuated collecting system (likely of no clinical significance).</p> <p>In the left perirenal space, anterior to the upper pole of the kidney, there is a large (78 x 68 x 72 mm) well defined fatty tumour with some soft tissue component, abutting mildly thickened adrenal.</p> <p>Enlarged prostate.</p> <p>Normal liver, bile ducts, pancreas, right adrenal, spleen and urinary bladder.</p> <p>No sinister process of the imaged skeleton. Partial lumbarisation of S1. Two small sclerotic lesions within the L3 vertebral body (bony islands?). A small T12 vertebral body haemangioma.</p> <p>Conclusion:</p> <p>Right upper lobe pulmonary abnormality suggesting a dense consolidation. Please correlate with clinical features. Follow-up recommended.</p> <p>A large fatty tumour in the left perirenal space which may be in keeping with an angiomyolipoma with extrarenal growth. Differential diagnosis should include liposarcoma, adrenal teratoma or adrenal myelolipoma. Specialist referral is advised. Time Reported 20-Dec-2016 15:42</p>							
NIECR	21/12/2016			Letter from respiratory physician to GP	<p>Diagnosis:</p> <ol style="list-style-type: none"> 1. Right upper lobe community acquired pneumonia. - CT chest 20/12/16, right upper lobe consolidation. 2. Left perirenal mass. - CT chest abdomen 20/12/16, large fatty tumour (78 mm) left perirenal space. 3. Left hydrocele repair 2012. 4. Hypertension. 5. Recurrent episodes of hiccups. <p>Comment:</p> <p>This gentleman was reviewed at the Respiratory Clinic today following his recent discharge from hospital. His CT imaging is as detailed above. I reviewed the patient's CT imaging with Dr Clarke, Consultant Radiologist today. The left perirenal mass differential diagnosis includes an adrenal myelolipoma, atypical lipoma or a liposarcoma.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. I have explained the CT results and further management plan to the patient. 2. I would be grateful if you could provide this patient with 7 days of Amoxicillin and Clarithromycin as per handwritten note and telephone call to your surgery today. 3. Red flag referral to Urology Team, Craigavon Area Hospital has been arranged. 4. Repeat chest x-ray has been booked for 6 weeks' time. 5. No review is planned at the Respiratory Clinic. 							
NIECR	21/12/2016			Red flag referral from respiratory physician to Urologist	<p>I would be grateful for your urgent assessment of this gentleman who has been found to have a 78 mm left perirenal mass.</p> <p>Please find a copy of the most recent correspondence attached.</p> <p>Thank you for your help.</p>							
NIECR	23/12/2016			MDT letter to chair of MDT from Consultant Urologist 2	<p>We have received communication from the chest physician colleagues in the Erne re this man with pneumonia, but has had an incidental finding of a mass lesion in the left perirenal area. I don't think that this is renal in origin; I would agree with their sentiments that this could either be of adrenal origin, I suspect it would be difficult to biopsy.</p> <p>I would be grateful if his films could be reviewed. This would probably be beneficial before speaking to himself</p>							
NIECR	12/05/2017			GP letter	<p>Reason for Referral/ History of Presenting Complaint</p> <p>Description: L renal mass</p> <p>Comment: has never had an appointment re this matter-- ?</p> <p>has referral been made and what are the rv arrangements</p>							
NIECR	18/05/2017			OPD letter to GP from Consultant	<p>Many thanks for your letter. Unfortunately it would appear that the referral to the Endocrine Team has not happened. I have done a referral which is attached and I would anticipate will hear from the Endocrine Team in due course.</p>							

NIECR	18/05/2017			OPD letter to Endocrine consultant from Urology Consultant	I would be grateful if you could arrange for review of Patient 137's imaging and clinical review with yourself. He was referred following a CT scan which was performed in December 2016 following an admission under the care of the General Physicians in South West Acute Hospital. Incidentally the CT scan showed an abnormality in the left peri-renal space. This was reviewed at the Urology MDM in Craigavon Hospital on 12th January where it was felt to represent an adrenal abnormality and referral to yourself was recommended. Unfortunately this referral does not appear to have occurred and a new letter was sent by Patient 137's GP today. The view of the Urology MDT was given that it would appear to be an adrenal abnormality and further management would be appropriate under your care. I would be grateful if you could arrange for review of your imaging at MDT and subsequent clinic review with yourself regarding further managem							
-------	------------	--	--	--	---	--	--	--	--	--	--	--

From: Conway, Barry
Sent: 04 February 2019 16:35
To: Glenny, Sharon; Carroll, Ronan
Cc: McAloran, Paula; Kingsnorth, Patricia; Clayton, Wendy; Reddick, Fiona
Subject: RE: SEC screening [Patricia 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Thanks for this Sharon.

Its reassuring that this is implemented. I think we keep it on the agenda by way of update for the next meeting and for feedback on how this is working.

Barry.

From: Glenny, Sharon
Sent: 04 February 2019 14:08
To: Conway, Barry; Carroll, Ronan
Cc: McAloran, Paula; Kingsnorth, Patricia; Clayton, Wendy; Reddick, Fiona
Subject: RE: SEC screening [Patricia 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Hi Ronan/Barry

Vicki and I have met to discuss this further.

On the back of this event, Vicki met with the Trackers and discussed failsafe measures and have agreed a Standard Operating Procedure – attached. This has been circulated among the tracking team and fully implemented.

Vicki has also discussed with Belfast Trust, while they do not have a formal written down process for this, they do follow the same procedure which is reassuring.

Happy to keep this on the agenda for next Cancer Ops Meeting when everyone has time to read over attached.

Thanks

Sharon

From: Conway, Barry
Sent: 04 February 2019 11:26
To: Glenny, Sharon; Carroll, Ronan
Cc: McAloran, Paula; Kingsnorth, Patricia; Clayton, Wendy
Subject: RE: SEC screening [Patricia 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Thanks Sharon.

It would be good if we could have information on what happens in other Trusts in these cases as well.

We can discuss at our next meeting which I think is 21 Feb.

Barry.

From: Glenny, Sharon
Sent: 31 January 2019 11:33
To: Carroll, Ronan; Conway, Barry
Cc: McAloran, Paula; Kingsnorth, Patricia; Clayton, Wendy
Subject: RE: SEC screening [Patient 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Hi Ronan

Our Trust Cancer Performance Meeting was cancelled last week in view of the fact we had the Regional Cancer Performance Meeting.

We will keep this on the agenda though for the next meeting in February.

Vicki – can you add this as an agenda item please.

Thanks

Sharon

From: Carroll, Ronan
Sent: 31 January 2019 11:18
To: Glenny, Sharon; Conway, Barry
Cc: McAloran, Paula; Kingsnorth, Patricia; Clayton, Wendy
Subject: FW: SEC screening [Patient 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]
Importance: High

Sharon/Barry

I don't recall we discussed this at last performance meeting.
What systems/reports are employed in the other 4 trusts to prevent this happening?
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery/Elective Care
Mob [Personal Information redacted by the USI]

From: McAloran, Paula
Sent: 29 January 2019 15:21
To: Carroll, Ronan
Cc: Kingsnorth, Patricia
Subject: FW: SEC screening [Patient 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Re: [Patient 138] H&C [Personal Information redacted by the USI]

Ronan

As per email below, This is the performance meeting I was asking about earlier.

Kind Regards
Paula

Paula McAloran
Senior Governance Officer
Admin Floor Craigavon Area Hospital, Craigavon BT63 5QQ.
Extension [Personal Information redacted by the USI]
External Number [Personal Information redacted by the USI]

From: Carroll, Ronan
Sent: 15 January 2019 15:11
To: Glenny, Sharon; McAloran, Paula; Reid, Trudy
Cc: Kingsnorth, Patricia; Haynes, Mark; Scullion, Damian; Conway, Barry
Subject: RE: SEC screening [Patient ID 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Sharon
Happy if we all discuss at next Thursday performance
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob [Personal Information redacted by the USI]
Ext [Personal Information redacted by the USI]

From: Glenny, Sharon
Sent: 15 January 2019 15:03
To: McAloran, Paula; Reid, Trudy
Cc: Kingsnorth, Patricia; Carroll, Ronan; Haynes, Mark; Scullion, Damian; Conway, Barry
Subject: RE: SEC screening [Patient ID 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Hi Paula

The cancer tracker team was met with following this incident and I can confirm that this was entirely human error and the tracker was extremely distressed about it.

Once a patient is closed on the cancer pathway, the tracker will not be prompted to follow up on any actions.

Ronan - to improve systems and processes should we explore the possibility of a having a report set up on Business Objects which will pull out all the patients which have been closed on CaPPs during a certain time period and reasons for closing which can be screened by MDM/consultants?

Thanks

Sharon

From: McAloran, Paula
Sent: 15 January 2019 12:06
To: Glenny, Sharon; Reid, Trudy
Cc: Kingsnorth, Patricia; Carroll, Ronan; Haynes, Mark; Scullion, Damian; Conway, Barry
Subject: FW: SEC screening [Patient 138] H&C [Personal Information redacted by the USI] Datix [Personal Information redacted by the USI]

Dear all
Can you please provide an update.

Kind Regards
Paula

Paula McAloran
Senior Governance Officer
Admin Floor Craigavon Area Hospital, Craigavon BT63 5QQ.
Extension [Personal Information redacted by the USI]
External Number [Personal Information redacted by the USI]

From: Reid, Trudy
Sent: 09 December 2018 21:16
To: McAloran, Paula
Subject: FW: SEC screening [Patient 138]

Did we ever get an update
Trudy

From: Conway, Barry
Sent: 28 November 2018 12:26
To: Carroll, Ronan; McAloran, Paula; Haynes, Mark; Scullion, Damian
Cc: Reid, Trudy
Subject: RE: SEC screening [Patient 138]

Dear all – Sharon is following up and we will update on this soon.

Barry.

From: Carroll, Ronan
Sent: 27 November 2018 15:38
To: McAloran, Paula; Haynes, Mark; Scullion, Damian
Cc: Reid, Trudy; Conway, Barry
Subject: RE: SEC screening [Patient 138]
Importance: High

Paula
Reading the attachment this is a human error at tracking/mdm level.
From this lesson what have we put in place to reduce the risk of reoccurrence
Ronan

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Mob [Personal Information redacted by the USI]

Ext Personal Information redacted by the USI

From: McAloran, Paula
Sent: 27 November 2018 15:28
To: Carroll, Ronan; Haynes, Mark; Scullion, Damian
Cc: Reid, Trudy
Subject: SEC screening Patient 138

Dear All

See below case for screening. I have attached a copy of the timeline provided by Sharon Glenny. Let me know if there is anything I need to do.

SEC/Urology		<small>Patient 138</small> <small>Personal Information redacted by the USI</small>	Patient had TURBT 22/12/17 was listed for MDM 28.12.17 (virtual MDM) patient was closed on cancer tracker system and not followed up until GP phoned to enquire 25/10/18. Histology report 28/12/17 showed Transitional cell carcinoma.	Red Flag team investigating for timeline 19.11.2018 For screening.
-------------	--	---	---	--

Kind Regards
Paula

Paula McAloran
Senior Governance Officer
Admin Floor Craigavon Area Hospital, Craigavon BT63 5QQ.
Extension Personal Information redacted by the USI
External Number Personal Information redacted by the USI

Screening Form Name

Patient 138

Personal Information redacted by the USI

Directorate:	Acute Services
Reporting Division:	sec
Date of Incident:	
Date of Screening	
Incident (IR1) ID:	
Grade of Incident:	
Names / Designations of those considering Incident: <i>(Should include Director, Assistant Director, AMD & CSCG Coordinator)</i>	
If Incident involved the death of a service user, was the coroner informed:	
Brief Summary of Incident:	Patient had TURBT 22/12/17 was listed for MDM 28.12.17 (virtual MDM) patient was closed on cancer tracker system and not followed up until GP phoned to enquire 25/10/18. Histology report 28/12/17 showed Transitional cell carcinoma.
Summary of discussions re SAI / RCA/ major / catastrophic incident review:	For screening. Red Flag team investigating for timeline 19.11.18 For Screening 18/12/2018 Trudy discussed with Mark Haynes. 15/01/2019 Email to Sharon Glenny & Trudy for update. 30/01/2019 see emails from Trudy Reid and Sharon Glenny.

	<p>30/01/2019- Datix feedback. This issue was raised at the Regional Cancer Performance meeting and it was agreed that the AD for cancer services would place the responsibilities of trackers on the regional Cancer meeting and an agreement shared with all Trusts. 19.2.19 Discussed at screening-Close. 25.2.19. Discussed with Mr Haynes. Patient did not come to any harm. CLOSE.</p>
<p>Decision on Level Review Type AND rationale for this:</p>	
<p>Nominated Review Team: <i>(Consider need / benefit of independent external expertise)</i></p>	
<p>Is it appropriate to inform the Medical Executive/Executive Directorate of Nursing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> NO</p>
<p>Contact for service user and / or designated relatives / carers: <i>(Either Lead Professional or Chair of Review)</i></p>	
<p>Date and by whom service user and / or designated relatives / carers informed of review taking place:<i>(If there is an exceptional case where this is inappropriate rationale must be documented):</i></p>	
<p>If case referred to the Coroner - Date and by whom coroner informed of SAI / Internal</p>	

<p>Review :</p>	
<p><i>(Corporate Governance Office / Litigation to complete)</i> Date and by whom Trust Litigation Dept informed:</p>	
<p>Does this incident meet the DHSSPS Early Alert Criteria including rationale:</p>	
<p>POST REVIEW COMPLETION: Date and by whom and how Review is shared with the service user and / or designated relatives / carers: <i>(In exceptional cases where this is inappropriate, rationale should be documented)</i></p>	
<p>Date and by whom and how Review is shared with the Coroner:</p>	

Clinical Staff Inventory for:

	Doctors Name	Grade & Speciality	EMAIL	MOBILE NUMBER
Dr 1				
Dr 2				
Dr 3				
Dr 4				
Dr 5				
Dr 6				
	Nursing Staff	Grade & Speciality	EMAIL	MOBILE NUMBER
Nurse 1				
2				
3				
4				
5				
6				
7				
	Other Staff	Grade & Speciality	EMAIL	MOBILE NUMBER

Clinical Staff Inventory - Confidential