

## **CORESS Update**

I have sat on the CORESS committee for the last 6 months and have now attended three meetings. It is a very interesting meeting to attend, with a lot of informative discussion taking place and recommendations made.

CORESS is an independent charity, which aims to promote safety in surgical practice in the NHS and the private sector. The charity receives confidential incident reports from surgeons and theatre staff. The confidential reports are analysed by the CORESS Advisory Committee. The committee make comments on the report and extract lessons learnt. The reports are then published on the website and in publications, such as Surgeon's News.

The committee is made up of representatives of all of the Surgical Specialty Associations. The lessons learnt are categorised and are in the process of being indexed on the website. There is support from this by a Clinical Psychologist looking at human and organisational factors. It is hoped that such reporting will reduce the chance of similar instances re-occurring. It is not just about incidents affecting patients, at a recent meeting the issue of surgeons falling off stools was discussed and a wider review of the issue is being investigated.

Recent reports discussed, relating to breast surgery include, poor documentation of MDT discussion and attendance. An ENT patient, with a C3 cytology report from a neck node, underwent a radical neck dissection, where no malignant nodes were identified. It was not clear how this decision came about or whether there was any consultant involvement.

The second report concerned a patient with a screen-detected cancer. At initial assessment the tumour was palpable, but there was a delay in undergoing surgery, due to a medical issue picked up in pre-assessment. As the patient was oestrogen receptor positive she was commenced on hormonal therapy. When she was admitted 6 weeks later the tumour was no longer palpable. A different surgeon was undertaking the operation as the original surgeon was on leave. An ultrasound skin-mark was arranged, but the tumour was not excised, requiring a second wire-guided procedure and successful removal. The issue of pooled lists was discussed and the fact that, as the reporting surgeon explained, in future, in similar circumstances, the case should either be postponed or a wire inserted on the day of the procedure.

For more details about CORESS, to review previous case discussions or to submit cases for analysis visit the CORESS website [www.coress.org.uk](http://www.coress.org.uk).

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