

 Belfast Health and Social Care Trust caring supporting improving together		Paper Ref. Num. 2026.08.27_TBP_AgendaItem7.1_P235-2026CardiologyRecallUpdate <i>Note:- To be completed by HQ meeting organiser</i>
Belfast Health & Social Care Trust Meeting Template Sheet (v050526)		
Title of paper (Maximum of 300 characters) Complex Cardiology Medical Devices - Position Paper attached		
Purpose of paper		For Oversight
If other purpose please specify		Please enter text here
Meeting TB Public		
If other meeting please specify		Please enter text here
Rationale for confidential consideration (if applicable)		
Presenter		Chris Hagan Brian Armstrong
Date of meeting		27 th August 2026
Background (Maximum of 1500 characters) This is an update briefing in respect of a fully clinically restricted consultant cardiologist, we are currently reviewing their practice relating to the insertion of implantable cardioverter defibrillators. The Trust is currently arranging appropriate follow up for any patients affected by this matter. The GMC, SPPG, PHA and Department of Health have all been kept informed of the process		
Date considered at Exec Team (If Applicable)		Enter Date Here
Options for consideration (Maximum of 1500 characters) N/A		
Recommendations (Maximum of 1500 Characters) That Trust Board discuss the position paper for oversight and assurance.		
Proposed Onward Consideration		Choose an item.
If other		

Note:-

**Any papers accompanying this template should not exceed 10 pages in length.
Please ensure when submitting papers that**

- (1) Orientation of paper is set so that the content of the paper can be read**
- (2) Embedded documents should be [provided a separate attachments**
- (3) Append any papers to this coversheet starting on the next page**

Insert/Copy/Paste any additional information from this point

Cardiology Complex Medical Devices Lookback Steering Group Situation Report (SitRep) – 27th Aug 2026 (Confidential Trust Board)

A total of 682 CRM implant procedures were performed by Dr Lau in 670 patients between 2007 – 2023. Of these 348 procedures had an EF>36 and/or QRS <150 and therefore are appropriate for MDM review. 209 patients were recorded as deceased with 139 recorded as living. Patients recorded as living have been prioritised for review.

We are planning to have all internal MDT reviews completed on the live patients cohort by end of Aug 2026. 14 live patients have been identified for an external MDM, this will take to the end of September 2026.

We also planning from October to contact relatives of deceased patients where MDM identifies potential lack of indication, this may take us to June 2027. Thereafter we will write up the learning from this look back exercise and separately learning re the management of the individual consultant and any missed opportunities.

Tables 1 show the procedures (total and outside criteria) and number living and dead. This data will only change if/when patients die during the lookback process but we have a starting figure from June 2024.

Table 1 : Summary of procedures identified for MDM (04.08.2026)

	Procedures performed by Clinician A (n)	Procedures identified for MDM (n)	Procedures in living patients identified for MDM (June 2024) ¹	Procedures in living patients identified for MDM (at time of MDM list) ²	Procedures in deceased patients (at time of MDM list) ²
Total	682³	348	165	139	209

¹Data were extracted from the CVIS system. CVIS was decommissioned in June 2024. Vital status in preliminary data was accurate as of June 2024

²Prior to MDM vital status is updated to reflect current date.

³Between 2007 and 2023 Clinician A carried out 682 CRM procedures in 670 patients

Tables 2 show the number of LIVING patients who needed MDM and those who MDM decided were NOT clinically indicated. This data will change every few weeks as more MDMs take place until we have discussed all living patients.

Table 2: Summary of MDM outcomes for procedures in living patients (04/08/2026)

	Procedures identified for MDM (n)	Procedures discussed at Internal MDM (n)	Procedures to be discussed at external MDM (n)	Treatment with CRT device reasonable (n)	Treatment with CRT device NOT reasonable (n)	Did not meet inclusion criteria for lookback review (n)
Total	139	110¹	14	56	44	10

¹ 15 cases are still awaiting internal MDM

RCP Update

An initial draft of the RCP report was received, we have completed factual accuracy checking, on the 15th July. We are now awaiting formal RCP report which should be with us within the next 4 to 6 weeks. . We have already been informed that themes and recommendations will not change, from the RCP correspondence we received last summer.

We have dates planned for September to commence seeing the patients highlighted as concerns within this RCP report.