

Rachel McCartney
Cancer Tracker/MDT Co-ordinator
C/O Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

26 September 2022

Dear Madam,

Re: The Statutory Independent Public Inquiry into Urology Services in the
Southern Health and Social Care Trust

Provision of a Section 21 Notice requiring the provision of evidence in the
form of a written statement

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and/or has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 88 of 2022]

Pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Rachel McCartney
Cancer Tracker/MDT Co-ordinator
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 24th October 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 17th October 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 26th September 2022

Signed:

Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry

**SCHEDULE
[No 88 of 2022]**

SECTION 1 – GENERAL NARRATIVE

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust’s Solicitor, or in the alternative, the Inquiry Solicitor.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Your role

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.
5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.
6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.
7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?
8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.
9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?

10. What performance indicators, if any, are used to measure performance for your role?
11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?
12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.
13. What systems of governance do you use in fulfilling your role?
14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.
15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?
16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?
17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?
18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

Urology services

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.
20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.
21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?
22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?
23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?
24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:
- (i) Waiting times
 - (ii) Triage/GP referral letters
 - (iii) Letter and note dictation
 - (iv) Patient care scheduling/Booking
 - (v) Prescription of drugs

- (vi) Administration of drugs
- (vii) Private patient booking
- (viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs
- (ix) Following up on results/sign off of results
- (x) Onward referral of patients for further care and treatment
- (xi) Storage and management of health records
- (xii) Operation of the Patient Administrative System (PAS)
- (xiii) Staffing
- (xiv) Clinical Nurse Specialists
- (xv) Cancer Nurse Specialists
- (xvi) Palliative Care Nurses
- (xvii) Patient complaints/queries

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.
26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.
27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?
29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?
30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?
31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.
32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?
33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?
34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.
35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

Staff

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?
37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.
39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?
40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?
41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

UROLOGY SERVICES INQUIRY

USI Ref: Notice 88 of 2022

Date of Notice: 26 September 2022

Witness Statement of: Rachel McCartney

I, Rachel McCartney, will say as follows:-

SECTION 1 – GENERAL NARRATIVE

General

1. **Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**
 - 1.1. I have been a staff member of the Cancer Tracking Team in the Southern Health and Social Care Trust since September 2012. I was the tracker for skin cancer from 2012 until 2016. I have been the tracker for breast cancer since 2016.
 - 1.2. I have never tracked Urology patients.
 - 1.3. I have attended two Urology MDMs during my tenure with the Trust for training purposes only meaning that I was not the main minute taker. I have had no other contact with the Urology Team.
2. **Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* (“USI”). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.**

Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.

2.1. Any documents referenced in this statement can be located in folder S21 88 of 2022 – Attachments.

3. **Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.**

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Your role

4. **Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.**

4.1. I was employed as an Audio Typist within Radiology from 07/10/2002 until 07/01/2007. During this time, my duties and responsibilities included:

- a. Typing x-ray reports and ensuring that these were posted promptly.
- b. Filing reports in patient x-ray envelopes.
- c. Overseeing the operation of the Computerised Radiology Information System (CRIS) and ensuring that all data was recorded accurately and timeously.
- d. Arranging and booking new and follow-up appointments on the CRIS system.
- e. Overseeing the operation of appropriate computerised clinical information systems as required within the department.
- f. Answering telephone calls.
- g. Dealing with enquiries from General Practitioners, patients, relatives and other hospitals.

- h. Providing cover to Personal Secretaries within the Department as required and providing secretarial/clerical support within the department. *Please see:*

1. *JD Audio Typist Grade 2*

- 4.2. I was employed as a temporary Personal Secretary from 08/01/2007 until 19/03/2007 and I started a permanent post in this role on 20/03/2007 which I held until in or around September 2012. My duties and responsibilities included:
- a. Providing secretarial and administrative support service to the Consultants and their clinical team.
 - b. Operating the computerised information system, for example PAS/KRIS.
 - c. Ensuring the data contained on the system was accurate and up to date.
 - d. Dealing with the administration and management of the PAS/KRIS waiting list system.
 - e. Completing discharge letters within the time limits of a patients' charter.
 - f. Typing up reports and forwarding these to referring clinicians within agreed timescales.
 - g. Maintaining and providing accurate and timely statistics relating to Consultant activity.
 - h. Receiving telephone calls and dealing with or redirecting enquiries as necessary.
 - i. Receiving, recording and distributing mail.
 - j. Allocating work to audio-typists and monitoring quality of performance.
 - k. Participating in training and supervision of clerical staff on computerised information system at ward/department level. *Please see:*

2. *JD Personal Secretary Grade 3*

- 4.3. As set out in my response to Question 1, I have been employed as a Cancer Tracker/MDT Co-Ordinator since September 2012. I remain in this post at present. My duties and responsibilities include:
- a. Proactively tracking all patients with cancer or suspected cancer.
 - b. Taking appropriate action to ensure a timely diagnosis and treatment for cancer patients, as required, to achieve cancer access targets (including the pre-booking of some diagnostic tests and treatment).

- c. Supporting the flow of information to and from Primary Care, including acknowledging receipt of suspected cancer referrals and responding to queries regarding appointment details.
- d. Ensuring that all patients with cancer or suspected cancer have pre-booked appointments.
- e. Ensuring that all patients with cancer are receiving treatment in line with cancer access patient pathways.
- f. Negotiating with clinical staff, waiting list staff and administrative staff when clinic slots are insufficient, in order to facilitate appointments for patients at the earliest opportunity.
- g. Escalating issues to the relevant Senior Officer/Manager if there is insufficient capacity to meet the agreed patient pathway standards.
- h. Contacting other sites across the Regional Network and liaising with other patient tracker/MDT co-ordinators, in order to identify available capacity.
- i. Making decisions which require analysis as to the most appropriate appointment for a cancer patient whilst considering other patient needs and workload.
- j. Providing information to the clinical teams and cancer services team in relation to the timely treatment of cancer patients.
- k. Collecting, maintaining and inputting information to support databases for weekly performance reports relating to cancer patients including the tracking of patients and discussion at the MDT.
- l. Monitoring performance against agreed waiting time targets for diagnosis and treatment.
- m. Providing accurate and timely data to the cancer management team.
- n. Progressing patients through their cancer journey, ensuring that all test/scans have been ordered and that the patients' notes, results and reports are made readily available to the appropriate clinician in time for the next step of the pathway.
- o. Communicating sensitively with patients and carers who have recently received a diagnosis of cancer.
- p. Assisting in meeting the regional cancer access targets.
- q. Providing audit support to the MDT meetings relating to patient tracking.
- r. Assisting in the analysis and preparation of information for reports for monitoring waiting times (monthly and quarterly) for Trust Board and Cancer Management Team.
- s. Maintaining timely and accurate data collection and maintaining the cancer MDT database to include taking corrective action when data is incomplete or inaccurate.
- t. Coordinating, organising and managing the weekly MDT meetings, on a Trust-wide basis, to include ensuring that all relevant people are

- notified; Making available all required information, notes, reports, results and X-Rays; Generating a list of relevant patient names for the meetings and distributing this to the MDT members prior to meeting.
- u. Collecting and preparing patient notes.
 - v. Working with MDT members to ensure that all patients diagnosed with a new primary cancer are discussed at MDM.
 - w. Attending weekly MDT meetings, completing detailed proformas or summaries for each patient discussed, including ensuring the details are sent to the relevant GP within 24 hours of MDT.
 - x. Typing and distributing minutes and noting action points and follow-up action to ensure that actions are taken in a timely manner.
 - y. Maintaining a record of treatment decisions made at multi-disciplinary team meetings and ensuring that these decisions are recorded in patient notes.
 - z. Maintaining an accurate record of attendance at MDT meetings and ensuring that all cancelled meetings are recorded with a cancellation reason.
 - aa. Ensuring that all documentation is kept in such a manner that any cancer patient tracker is able to take on the work.
 - bb. Receiving telephone calls and communicating with patients and/or their relatives when required.
 - cc. Ensuring that all referrals made from MDT are forwarded to the relevant professionals.
 - dd. Requesting relevant x-ray images and charts for MDTs.
 - ee. Assisting and participating in MDM Peer Review process. *Please see:*

3. Patient Tracker-MDT Co-Ordinator B4 March 2022

5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.

- 5.1. My line manager whilst I was an audio typist within Radiology was Gillian Reaney.
- 5.2. My line manager whilst I was a temporary personal secretary and a permanent personal secretary was Gillian Reaney.
- 5.3. My previous line managers during my tenure as a Cancer Tracker/MDT Co-Ordinator have been Vicki Graham, Sinead Lee and Ciaran McCann. My current line manager is Angela Muldrew.

6. If your current role involves managing staff, please set out how you carry out this role, e.g., meetings, oral/written reports, assessments, appraisals, etc.

6.1. In my current role I do not manage staff.

7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?

7.1. I am assured in this regard by attending and engaging in staff meetings, undertaking annual KSFs, and discussing any issues during 1:1 meetings.

8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

8.1. Yes. I have undertaken KSFs which have been completed by my line managers. To date I have undertaken 5 KSFs on 31/01/14, 15/05/15, 15/07/16, 15/11/17 and 07/10/21 respectively. I do not have access to copies of these.

9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?

9.1. I am not aware of any other relevant policies and guidelines which govern my role.

9.2. I am made aware of updates during staff meetings and via email, for example global emails or emails from my line manager.

10. What performance indicators, if any, are used to measure performance for your role?

10.1. Annual KSFs are completed by line manager.

11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?

11.1. I am assured by the systems in place, namely KSFs, staff meetings, 1:1 meetings, SOPs and the Trust's escalation policy.

12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.

12.1 I have not experienced systems being by-passed, whether by myself or others and particularly not in relation to Urology as I do not have contact with the Urology Team.

13. What systems of governance do you use in fulfilling your role?

13.1 I use the escalation policy to escalate patients who are at risk of breaching or have breached their targets for 1st appointments, diagnostic tests and surgery.

14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

14.1 Yes. I find that staff meetings, 1:1 meetings, SOPs and the escalation policy are supportive because they help to improve our service and give staff a greater understanding of their roles.

15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?

15.1 To the best of my knowledge the Head of Service was responsible for overseeing the quality of services in Urology.

16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?

16.1. Not applicable. I am not aware of this as I have no contact with the Urology Team.

17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfil your role within urology had on patient care, governance or risk?

17.1. Not applicable. I do not provide service and support to urology services.

18. Did you feel supported by staff within urology in carrying out your role?

Please explain your answer in full.

18.1. Not applicable. I have no experience of this as I have had limited contact with the Urology Team and the staff in urology would not be expected to support me.

Urology services

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.

19.1. Not applicable. I have very little experience of this as I have no contact with the Urology Team. I attended Urology MDT meetings on two occasions however I was there for training purposes only. I do not recall anything of note from these two meetings.

20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.

20.1 As part of my job I do not cover any aspects relevant to Urology.

21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?

21.1 Not applicable. As part of my role, I do not cover any of the operational, clinical or governance aspects of Urology.

22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?

22.1. Not applicable. I am not aware of these due to my limited involvement with Urology services.

23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?

23.1. Not applicable. I did not inform or engage with performance metrics or any system input within Urology.

24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:

(i) **Waiting times**

24.1. Not applicable.

(ii) **Triage/GP referral letters**

24.2. Not applicable.

(iii) **Letter and note dictation**

24.3. Not applicable.

(iv) **Patient care scheduling/Booking**

24.4. Not applicable.

(v) **Prescription of drugs**

24.5. Not applicable.

(vi) **Administration of drugs**

24.6. Not applicable.

(vii) **Private patient booking**

24.7. Not applicable.

(viii) **Multi-disciplinary meetings (MDMs)/Attendance at MDMs**

24.8. I am trained to attend and participate in MDMs. I have attended the Urology MDM twice however this was in a training capacity only and I did not have full responsibilities. I do not recall anything of note from my attendance.

(ix) **Following up on results/sign off of results**

24.9. Not applicable.

(x) **Onward referral of patients for further care and treatment**

24.10. Not applicable.

(xi) **Storage and management of health records**

24.11. Not applicable.

(xii) **Operation of the Patient Administrative System (PAS)**

24.12. Not applicable.

(xiii) **Staffing**

24.13. Not applicable.

(xiv) **Clinical Nurse Specialists**

24.14. Not applicable.

(xv) **Cancer Nurse Specialists**

24.15. Not applicable.

(xvi) **Palliative Care Nurses**

24.16. Not applicable.

(xvii) **Patient complaints/queries**

24.17. Not applicable.

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.

25.1. I would approach my line manager with any concerns and they would escalate the concerns accordingly.

26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, or any other matter regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.

26.1. I have not had any concerns as I have had limited contact with the Urology Team. I have had no reason to be concerned about matters arising at paragraph 24 or about any other matter.

27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

27.1 Not applicable. I did not have any concerns as I have had limited contact with the Urology Team.

28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?

28.1. Not applicable. I did not have any concerns as I have had limited contact with the Urology Team.

29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?

29.1. Not applicable. I did not take any steps as I did not have any concerns due to my limited contact with the Urology Team. To the best of my knowledge, I am not aware of the concerns of others, or the steps taken by others to address these concerns.

30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?

30.1. Not applicable. I do not have any contact with the Urology Team, and am unaware of any concerns.

31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.

31.1. Not applicable. I do not know whether oversight and monitoring were put in place following the raising of concerns.

32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?

32.1. If I escalate any concerns regarding a patient's pathway to the Operational Support Lead and these are relayed to staff via staff meetings or emails.

33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?

33.1. Not applicable. I have had limited interaction with the Urology Team, and I do not have concerns, nor was I aware of, these issues not being identified, addressed and escalated as necessary.

34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.

34.1. Not applicable. I am not aware about whether concerns are reflected in Trust governance documents.

35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

35.1. In my opinion it would assist if staff received more feedback about escalations and if Trust governance documentation was made more readily accessible to staff.

Staff

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?

36.1. I am unaware of the working relationships within the Urology Team as I have had limited contact with it and its staff.

37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

37.1. I am unaware of the working relationships within the Urology Team as I have had limited contact with it and its staff.

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.

38.1. I have only become aware of governance concerns following the launch of the Public Inquiry. As stated above I have had limited contact with the Urology Team and therefore I do not know whether I could and should have been made aware of the issues at the time they arose.

39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?

39.1. I am not aware of what went wrong.

40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?

40.1. I am not aware of what went wrong. I am therefore unable to comment upon what the learning might be.

41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

41.1. I am unaware about whether there was a failure to engage fully with the problems within urology services as I have had limited contact with the Urology Team.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

42.1. I did not identify any concerns and I am unaware about what others may have done or not done as I have had limited contact with the Urology Team.

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

43.1. As far as I am aware the governance arrangements were and are fit for purpose. I have not raised issues with governance arrangements with anyone.

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

44.1. I have nothing further to add.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes,

diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Statement of Truth

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

Signed: _____ R McCartney _____

Date: _____ 15.11.22 _____

S21 88 of 2022**Witness statement of: Rachel McCartney****Table of Attachments**

Attachment	Document name
1	JD Audio Typist Grade 2
2	JD Personal Secretary Grade 3
3	Patient Tracker-MDT Co-Ordinator B4 March 2022

CRAIGAVON AREA HOSPITAL GROUP TRUST**JOB DESCRIPTION**

JOB TITLE: Audio Typist Grade 2

LOCATION: X-Ray Department, Craigavon Area Hospital

REPORTS TO: Administrative Co-Ordinator

MAJOR DUTIES:

1. Typing x-ray reports and ensuring these are posted promptly.
2. Filing reports in patient x-ray envelopes.
3. Operation of the Computerised Radiology Information System (CRIS) ensuring all data is recorded accurately and timely.
4. Arranging and booking new and follow-up appointments on the CRIS system.
5. Operation of appropriate computerised clinical information systems as required within the department.
6. Answering telephone calls and dealing with enquiries from General Practitioners, patients, relatives and other hospitals.
7. Provision of cover for Personal Secretaries within the Department as required.
8. Provision of secretarial/clerical support within the department.
9. Liaising with all members and disciplines of staff in relation to the job.
10. Ensure the policies and procedures of the Trust are applied and adhered to.

GENERAL REQUIREMENTS

The post holder must:

- Carry out his/her duties with full regard to the Trust's Equal Opportunities Policy.
- Co-operate fully with the implementation of the Trust's Health and Safety arrangements and report any accidents/incidents, defects with work equipment or inadequate safety arrangements to his/her manager.
- Comply with the Trust's policy on smoking.
- Treat those whom he/she comes into contact with in the course of work, in a courteous manner.
- Accept that this job description will be subject to review in the light of changing circumstances and should be regarded as providing guidance within which the individual works rather than something which is rigid and inflexible.

September 2002

CRAIGAVON AREA HOSPITAL GROUP TRUST**EMPLOYEE PROFILE****POST:**

Audio Typist Grade 2

DEPARTMENT/SPECIALTY:

X-Ray Department, Craigavon Area Hospital

FACTORS	ESSENTIAL	DESIRABLE
Skills/Abilities	Attention to detail and accuracy in work. Ability to use initiative. Good communication skills. Ability to plan and organise work in order to meet deadlines. Ability to work well as a member of a team. Ability to present word processed documents in a clear and efficient manner.	
Qualifications/Experience/Training, etc.	5 GCSE's or equivalent at Grade C or above including English OR 2 year's relevant experience. Word processing experience.	Audio Typing qualification/experience. Experience of using a computerised database. OCR/RSA Stage 2 Wordprocessing/Typing or equivalent.
Knowledge		Knowledge of medical terminology.
Other Requirements/Work Related Circumstances	Flexible with regard to working arrangements.	

September 2002

CRAIGAVON AREA HOSPITAL GROUP TRUST**JOB DESCRIPTION**

JOB TITLE: Personal Secretary Grade 3

LOCATION: X-Ray Department, Craigavon Area Hospital

REPORTS TO: Directorate Administrator

MAIN DUTIES:

1. Provide a secretarial and administrative support service to Consultant and his/her clinical team.
2. Operate the computerised information system eg PAS/KRIS ensuring the data contained on the system is accurate and up-to-date.
3. Deal with the administration and management of the PAS/KRIS waiting list system.
4. Complete discharge letters within the time limits of the Patients' Charter.
5. Type up reports and forward to referring clinicians within agreed timescales.
7. Maintain and provide accurate and timely statistics relating to consultant activity.
8. Receive telephone calls and deal with or redirect enquiries as necessary.
9. Receive, record and distribute mail.
10. Allocate work to audio-typists and monitor quality of performance.
11. Participate in training and supervision of clerical staff on computerised information system at ward/department level.
12. Liaise with all disciplines of staff within the Trust as appropriate.
13. Ensure the policies and procedures of the Trust are applied and adhered to.
14. Any other duties as may be assigned from time to time by Line Manager.

GENERAL REQUIREMENTS

The post holder must:

- Carry out his/her duties with full regard to the Trust's Equal Opportunities Policy.
- Co-operate fully with the implementation of the Trust's Health and Safety arrangements and report any accidents/incidents, defects with work equipment or inadequate safety arrangements to his/her manager.
- Comply with the Trust's policy on smoking.
- Treat those whom he/she comes into contact with in the course of work, in a courteous manner.
- Accept that this job description will be subject to review in the light of changing circumstances and should be regarded as providing guidance within which the individual works rather than something which is rigid and inflexible.

March 2005

CRAIGAVON AREA HOSPITAL GROUP TRUST**PO****Personal Secretary Grade 3**

FACTORS	ESSENTIAL	DESIRABLE
Skills/Abilities	<p>Excellent oral and written communication skills.</p> <p>Ability to compile and collate statistical information.</p> <p>Ability to plan and organise work.</p> <p>Ability to work accurately.</p>	
Qualifications/ Experience, etc.	<p>5 GCSEs or equivalent at Grade C or above including English Language and 1 year's clerical experience</p> <p>OR</p> <p>2 years' secretarial experience.</p> <p>OCR/RSA Stage 2 Typing/Wordprocessing (Parts 1 and 2) or equivalent.</p> <p>Experience of wordprocessing.</p>	<p>Shorthand/Audio typing experience.</p> <p>Working experience of computerised information systems eg Patient Administration System (PAS)/Kodak Radiology Information System (KRIS)</p> <p>Clerical/secretarial experience within a clinical setting.</p> <p>Experience in the use of Microsoft Office.</p>
Knowledge	Knowledge of medical terminology.	
Other Requirements/ Work Related Circumstances	<p>Flexible with regard to working arrangements.</p> <p>Responsible attitude to confidentiality.</p>	

March 2005

**Patient Tracker/MDT Co-Ordinator
Band 4**



Quality Care - for you, with you

JOB DESCRIPTION

JOB TITLE	Patient Tracker/MDT Co-Ordinator
BAND	4
DIRECTORATE	Acute Services – Cancer Services
INITIAL LOCATION	Craigavon Area Hospital
REPORTS TO	Cancer Services Co-ordinator
ACCOUNTABLE TO	Operational Support Lead

JOB SUMMARY

- a) Proactively tracks the progress of suspected cancer patient along their pathway from point of referral to diagnosis and first treatment; this will include the co-ordination of reports, X-Rays/investigation results and clinic appointments to expedite the patients diagnosis and treatment
- b) Responsible for the Co-ordination and organization of the Multidisciplinary Team (MDT) meetings and will attend meetings obtaining, recording relevant information facilitate the timely provision of care for patients
- c) Liaise closely with all departments involved in providing timely care for patients. He/She will be required to work closely and proactively with the clinical teams and work collaboratively to ensure that planned patient treatment progresses smoothly and in a timely manner
- d) Collect, record and report cancer information as required in order to meet national, regional and local reporting requirements

KEY DUTIES / RESPONSIBILITIES

PATIENT TRACKER:

1. Proactively track all patients with cancer or suspected cancer and take appropriate action to ensure a timely diagnosis and treatment for cancer patients, as required to achieve cancer access targets. This will include the pre-booking of some diagnostic tests and treatments.
2. To have ensure their knowledge of the wide range of procedures involved, in booking appointments enables patients to be effectively recorded onto PAS and

as appropriate for pre booked for appointments.

3. To support the flow of information to and from Primary Care, including acknowledging receipt of suspected cancer referrals and responding to queries regarding appointment details.
4. Responsible for ensuring all patients with cancer or suspected cancer have pre booked appointments and treatment in line with the cancer access patient pathways.
5. To negotiate with clinical staff, waiting list staff and admin staff when clinic slots are insufficient in order to facilitate an appointment for patients at the earliest opportunity. To escalate this to the relevant Senior Officer/Manager if there is insufficient capacity to meet the agreed patient pathway standards.
6. To contact other sites across the Regional Network and to liaise with other patient tracker/MDT co-ordinators in order to identify available capacity.
7. Making decisions which require analysis as to the most appropriate appointment for a cancer patient whilst considering other patient needs and workload.
8. Provide information to the clinical teams and cancer services team in relation to the timely treatment of cancer patients.
9. To collect, maintain and input information to support databases for weekly performance reports relating to cancer patients including the tracking of patients and discussion at the MDT.
10. To monitor performance against agreed waiting time targets for diagnosis and treatment.
11. Provide accurate and timely data to the cancer management team.
12. Progress patients through their cancer journey, ensuring that all test/scans are ordered and the patients notes, results and reports are made readily available to the appropriate clinician in time for the next step of the pathway.
13. To communicate sensitively with patients & carers who have recently received a diagnosis of cancer.
14. Assist in meeting the regional cancer access targets.
15. Provide audit support to the MDT meetings relating to patient tracking.
16. Assist in the analysis and preparation of information for reports for monitoring waiting times, monthly/quarterly, for Trust Board and Cancer Management Team.
17. Maintain timely and accurate data collection, maintaining cancer MDT database, taking corrective action when data is incomplete or inaccurate.

MDT CO-ORDINATOR:

1. Responsible for the co-ordination, organisation and management of the weekly MDT meetings Trust wide, ensuring all relevant people are notified, all required information, notes, reports, results and X-Rays are available.
2. Generate a list of relevant patient names for the meetings and distributing this to the MDT members prior to meeting.
3. Responsible for collection and preparation of patient notes.
4. To work with the members of the MDT to ensure that all patients diagnosed with a new primary cancer are discussed at a MDT meeting.
5. Attend weekly MDT meetings, complete detailed proforma or summary for each patient discussed, including ensuring the details are sent to the relevant GP within 24 hours of MDT.
6. Responsible for typing, distributing of minutes, noting action points and follow-up action following up to ensure actions are taken in a timely manner.
7. Maintain a record of treatment decisions made at multi-disciplinary team meetings and ensure that these decisions are recorded in patient notes.
8. Maintain an accurate record of attendance at MDT meetings ensuring all cancelled meetings are recorded with a cancellation reason.
9. Ensure all documentation is kept in such a manner that any cancer patient tracker is able to take on the work.
10. When required receive telephone calls, communication with patients and/or their relatives.
12. Ensure all referrals made from MDT are forwarded to relevant professional.
13. Responsible for requesting relevant x-ray images and charts for MDTs.
14. To assist and participate in MDM Peer Review process

OTHER RESPONSIBILITIES:

1. Actively participate in the induction and training of new staff within the directorate.
2. Provide Patient Tracker/MDT Co-ordinator cover across tumour sites as required

RAISING CONCERNS - RESPONSIBILITIES

1. The post holder will promote and support effective team working, fostering a culture of openness and transparency.
2. The post holder will ensure that they take all concerns raised with them seriously and act in accordance with the Trust's 'Your Right to Raise a Concern (Whistleblowing)' policy and their professional code of conduct, where applicable.

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
3. Adhere at all times to all Trust policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.
6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.

7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

March 2022