



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

23 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 83 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:

**Anne Turkington
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 21st October 2022**.

APPLICATION TO VARY OR REVOKE THE NOTICE

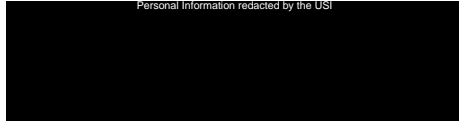
AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

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 14th 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 23rd September 2022

Signed:

Personal Information redacted by the USI


Christine Smith QC
Chair of Urology Services Inquiry



SCHEDULE
[No 83 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: Section 21 Notice No. 83 of 2022

Date of Notice: 23 September 2022

Witness Statement of: Ann Turkington

I, Ann Turkington, 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 employed by the SHSCT as a Cancer Tracker/MDT Co-ordinator (which may be referred to interchangeably as a Patient Tracker/MDM Co-ordinator), Band 4, since February 2008. My duties and responsibilities include tracking the progress of suspect cancer patients along their diagnostic pathway up to the date of first treatment and attending multidisciplinary team meetings, recording the attendances thereat and the outcomes therefrom. Outcomes are dictated by the Chair, recorded in draft form by the MDT co-ordinator and circulated following approval by the Chair.



Urology Services Inquiry

- 1.2. I currently track suspect Lung cancer patients and have done since I first took up my current position. I have also at various points (I cannot provide dates but have provided estimated approximate dates, as best I can), usually in addition to tracking suspect Lung cancer patients, been assigned to Haematology (around 2008/2009), ENT (around 2013-2017), Upper and Lower GI (briefly – a long time ago and for a period of approximately 2 months – I do not recall dates but I do recall that it was prior to Vicki Graham becoming line manager in 2014), Brain (briefly – I really cannot give a good estimate of dates – it was before Sinead Lee became my line manager) and Urology (briefly – perhaps around 2009 – I do recall that it was during Angela Muldrew's first spell as my line manager; it was also after Hilda Shannon had tracked this site and before Gary Freeburn did). My previous line managers (see my response to Question 5 for details) may have more precise records.

- 1.3. For details of the only other post I have held within SHSCT, please see my response to Question 4.

- 1.4. My involvement with urology services has been minimal, as I am not the regular Urology Tracker/MDT Co-ordinator but have on occasion provided cover for the Urology MDM in the regular Urology tracker's/trackers' absence, e.g. in the case of annual leave. I believe I covered the Urology MDM twice in the summer of 2021 - on 08.07.21 and 12.08.21 - and once on 30.12.21. I also provided MDM cover on 23.06.22, when I was asked to attend to take outcomes only, then hand over to the regular tracker. For a significant period of time prior to this, i.e. several years (and, I believe, dating back to before Vicki Graham became line manager in 2014), I did not provide such cover. Normal practice for much of that time was for one of two trackers (Sarah Moore and Sinead Lee), who were not assigned to particular cancer sites, to provide most of the MDM cover in the case of the regular tracker's absence.



Urology Services Inquiry

- 1.5. I was assigned to track suspect Urology patients for a fairly brief period (I cannot be specific – perhaps around 6 months – my estimate is that it would have been around 2008 or 2009). This, I understand, was before Urology tracking became “live” - I cannot say when Urology tracking went “live”. I also attended a few trial Urology MDMs around this time and prior to the setting up of formal Urology MDMs. At these trial MDMs approximately 6 patients were selected for discussion. My memory of this is vague and I cannot, therefore, provide more detail. I believe my line manager would have accompanied me to some or, possibly, even all of these.
- 1.6. I attach a copy of my job description (atts 1a and 1b).
- 1.7. No concerns in relation to urology were raised with me nor did I raise any concerns in relation to urology that I felt impacted negatively on patient safety.
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.**



Urology Services Inquiry

2.1. Any documents referenced in this statement can be located in folder S21 83 of 2022 – Attachments.

1a Job Description

1b Job Description

2 KSF Personal Development Review Form, December 2021

3 Sample of anonymised CAPPs diary entries in relation to one suspect cancer patient

4 KSF/Job Appraisal Dates

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.**

3.1. See my following responses.

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.**



Urology Services Inquiry

4.1. I have been a Cancer Tracker/MDT Co-ordinator, Band 4, from February 2008 to present. My duties and responsibilities include tracking the progress of suspect cancer patients along their diagnostic pathway up to the date of first treatment, attending multidisciplinary team meetings, recording attendances at and outcomes from MDM, circulating these and populating the CAPPS database with relevant data, e.g., investigations requested and completed, MDM outcomes and dates of MDM discussion.

4.2. In the previous year and from the formation of SHSCT (which I am advised was 2007) and up to February 2008 I was employed by SHSCT as a Personal Secretary in Armagh Social Services. My duties included the provision of a secretarial service to the social work team, producing correspondence, typing reports and dealing with enquiries. These are the only positions I have held in SHSCT.

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 managers while I have been a Cancer Tracker/MDT Co-ordinator have been:

| | |
|---|----------------------|
| Angela Muldrew, Cancer Services Co-ordinator | 2008-Oct 2014 |
| Vicki Graham, Cancer Services Co-ordinator | Oct 2014-to Aug 2020 |
| Sinead Lee, Cancer Services Co-ordinator | Aug 2020-Nov 2020 |
| Ciaran McCann, Cancer Services Co-ordinator | Nov 2020-Mar 2021 |
| Sinead Lee, Cancer Services Co-ordinator | Apr 2020-Jan 2022 |
| Angela Muldrew, MDM Administrator and Projects Officer | Jan 2022- present |

5.2. I have not managed/been responsible for any staff members.



Urology Services Inquiry

In my previous position as Personal Secretary (from the formation of SHSCT to February 2008, I reported to the Senior Social Worker, Children's Disability Team, Brenda Curley. I had no responsibility for any staff members.

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. Not applicable, as my current role does not involve managing 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. The job appraisal system/performance review process was and is in place to assure I was meeting appropriate standards and fulfilling my role. At job appraisal my line manager signed off on me having met the previously defined objectives. I believe a signed copy was forwarded to me on only one occasion by Sinead Lee – copy attached (att 2). However, I was deemed to have met the predefined objectives at all previous job appraisals.

7.2. Verbal/emailed guidelines, advice and/or updates were and are provided on an ongoing basis by management – in particular, via the trackers' meeting. These commonly included instructions regarding actions trackers should take to meet standards or improve efficiency. By way of example, advice or reminders were provided on several occasions regarding the importance of recording all investigations and providing detailed diary entries on CAPPS. I believe the urology services inquiry panel will already have been provided with examples of notes from the trackers' meeting.

7.3. I was and am also assured that I am meeting and maintaining appropriate standards by the fact that management has access via the CAPPS database



Urology Services Inquiry

to details of the steps (the minutiae of which are recorded in my electronic diary entries – I have attached a sample of anonymised, typical diary entries for illustrative purposes – see att 3) I take in carrying out the duties associated with my role and, hence, an opportunity to feed back to me. Recent trackers' diary entries are visible in some of the reports provided by management, which extract information from the CAPPS database.

- 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. Job appraisal/performance review was carried out by my line manager. (See my response to Question 7). Each appraisal/review was initiated by my line manager providing me with a KSF Personal Development Review Form (see att 2), containing details of training completed and training still to be completed, whereupon I would complete any outstanding training, complete the form with the updated details and add a comment in relation to having met the previously defined objectives associated with my role. My line manager would then meet with me in person or via a Zoom call, add a comment in relation to her agreement that I had met the defined objectives associated with my role and she and I both would sign the form.

8.2. I have attached details of the dates held on record by Personnel of job appraisal/personal development review having taken place. I do not have knowledge of the reason for gaps, if, indeed, any exist. A signed form agreeing objectives for the role and which was provided to me at the time is available for job appraisal in December 2021 only. I did contact Ciara Rafferty, Senior Workforce Information Officer, Personnel, on 10 October 2022, seeking copies of all signed KSF Personal Development Review forms but these were not available.



Urology Services Inquiry

You will note that 4 objectives were identified in the documentation I have attached pertaining to job appraisal in December 2021 – these, I believe, are typical of the objectives defined on previous occasions.

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. A job description, policy guidance updates via email/meetings/verbally, and Standard Operating Procedures (SOPs) were/are available.

9.2. I have attached a copy of my job description (Atts 1a and 1b) which serves as a guideline to my role.

9.3. I would have been made aware of policy/guidance updates via email, trackers' meetings, or verbally by my line manager or colleagues. The content of the various communications I received are too extensive to recount. I cannot state how often I received same. If I were to be asked, however, if I had ever received advice/guidelines in relation to a particular issue, I would almost certainly be able to recall the most significant of these, as they would have been referred to emphatically and/or reinforced. For example, I recall being advised on more than one occasion that a medical suspension could not be added to CAPPs for patients who were unable to attend appointments, due to having Covid. Another piece of advice I recall being given to the trackers on more than one occasion and via the trackers' meeting was the importance of recording all investigations on CAPPs.

9.4. The trackers' meeting takes place sometimes weekly, sometimes fortnightly, sometimes monthly.



Urology Services Inquiry

9.5. A Standard Operating Procedure is available for my cancer site. When providing cover at MDMs other than my usual MDM, I may look for the relevant SOP or I may seek more up-to-date information in more concise form from the regular tracker.

9.6. I am not in a position to provide information in relation to external policies governing my role. I believe the appropriate manager could provide information regarding NICAⁿ, NICE/Department of Health guidelines, as appropriate.

9.7. I expect the advice/guidance I have received over the years from various line managers would have covered the NICAⁿ or governmental policies it was important for me to know. For example, the 62-day and 31-day targets for first, definitive treatment of cancer patients has been determined by government – I do not recall reading this in a policy document but I have been aware of these targets since I first took up my post.

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

10.1. The job appraisal/performance review process is used to measure my performance. My performance is measured against previously defined objectives. For further detail, see my answers to Questions 7 and 8.

10.2. Escalations and breach reports forwarded by the tracker to management serve as an indicator to measure performance. Breach reports have sometimes been prepared by trackers and other times, by the line manager.



Urology Services Inquiry

- 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 that I adhere to appropriate standards for my role by having been subjected to the appraisal process and by the absence of concerns raised during same.

11.2. I also assure myself that I adhere to appropriate standards for my role by acting within the confines of the guidelines provided and according to previous advice, as appropriate. (Please see my response to question 9).

- 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 no such experience.

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

13.1. I am not confident that I understand the term, “systems of governance”.

Can the CAPPS database be considered a “system of governance”? It is the means by which I become aware of events on the patient’s pathway, including whether he/she has met/is likely to meet targets for date first seen, date of referral to other Trusts, decision to treat and date of first definitive treatment, which, in turn, alerts me to take action, where appropriate, to seek to accelerate events, e.g. requesting earlier appointments/cancellations or reporting of imaging or pathology, escalating to management. It is the means by which MDM attendances and plans are recorded.



Urology Services Inquiry

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. Again, I am not confident I fully understand the terminology. Does this refer to increased staffing?

14.2. Additional trackers have been recruited in the last couple of years. Can this be considered a “quality improvement initiative”? It has certainly allowed individual trackers more time to keep tracking up-to-date and to highlight patients that require MDM discussion.

14.3 Can the implementation of the CAPPS database be considered a “support for quality improvement”? It was not in existence when I first took up post in February 2008 but was introduced, later that year, I believe. Its implementation has significantly assisted trackers in identifying in a more timely way where the patient is on his/her pathway and, consequently, in taking appropriate action to assist with meeting targets (see my response to the previous question).

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

15.1. I was not nor am I aware of who is responsible for overseeing the quality of services in urology.



Urology Services Inquiry

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

16.1. I do not have knowledge of who oversaw the clinical governance arrangements of urology or how this was 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?

17.1. I have had little involvement with urology services during my tenure. As per my previous responses, I have occasionally provided cover for the Urology MDM. (For further details, see my response to Question 1).

17.2. Understaffing has been a significant problem in the trackers' office until quite recently, which has sometimes impacted on my ability to offer the same level of service and support when providing cover for other MDMs that I would be able to offer to my regular MDM. For example, I recall an occasion when only 2 trackers remained in the office and had to contend with providing the MDM cover normally provided by 5 or 6 trackers. However, I believe I provided a level of service and support to Urology and to other services consistent with what might be expected of anyone in those circumstances.

17.3. My service and support to the Urology MDM would have been overseen in that, had there been any discrepancies in the clinical information available to members (and such information should, largely, be provided by clinicians), these should have become apparent via discussion of the patient and review of imaging and pathology. Likewise, any error or omission in the provision of draft minutes should have been corrected by the Chair, whose role it was to approve same.



Urology Services Inquiry

18. **Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.**

18.1. The various Chairs at Urology MDM (these could have been Mr O'Brien, Mr Glackin, Mr Haynes or, possibly, Mr O'Donoghue – I do not recall whether Mr O'Donoghue chaired any of the MDMs at which I provided cover or whether he was simply in attendance - and Mr Akhtar, Mr O'Brien or Mr Young who might or might not have chaired some of the earliest trial MDMS) were supportive in so far as they were careful to provide detailed outcomes and to approve/amend outcomes, as required.

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. I provided occasional MDM co-ordinator cover to Urology MDM (for further details, see my response to Question 1) which was relevant to the operation of urology in so far as MDM, as I understand it, is the forum where decisions are made regarding the (at least initial) treatment plans for confirmed cancer patients – I do not have knowledge of how and when these may be revised/updated outside of MDM.

19.2. Not being aware of the governance and clinical aspects of urology services, I am not in a position to comment on how my role and responsibilities are relevant to same.



Urology Services Inquiry

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. I liaise directly with my line manager about aspects of my job generally and in relation to all suspect cancer sites, including urology, but since, as explained previously, I have little involvement with urology, I have little reason to liaise with her about urology. I do still provide occasional MDM cover. Were I to have any significant concern, I expect I would liaise with her regarding same but I do not and I did not have any such concern.

20.2. We do have regular team meetings (also referred to as trackers' meetings). My line manager prepares the agenda and records notes of the meeting. Notes were previously recorded by trackers on a rotational basis. Attendees may ask for items to be included for discussion or raise issues under Any Other Business.

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. I do not have knowledge of the clinical or governance aspects of urology services.

21.2. My role is relevant to one of the operational aspects of urology in that it has included and may in the future include MDM cover on a relief basis. This may or may not include adding clinical details to the CAPPS database, circulating patient preview lists, attending Urology MDM, recording draft outcomes, as dictated by the Chair, forwarding to the Chair for approval and circulating to the



Urology Services Inquiry

Urology email group following editing. This may also include advising relevant secretaries of those patients who require results appointments.

21.3. My role could also entail tracking cover, i.e. if I were asked to cover tracking of the urology site in the absence of the regular urology trackers - following patients through their diagnostic pathway, checking and recording dates of investigations up to the date of first treatment and escalating where necessary - but I do not believe I have been engaged in urology tracking during the period in which the urology services inquiry is interested. As previously referenced elsewhere in my response, I was involved many years ago in urology tracking before it became "live".

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. I do not have a knowledge of governance processes and procedures within urology and cannot, therefore, offer an opinion as to how efficient or effective they are.

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. I am not aware of the performance metrics within urology. I did record Urology MDM minutes and attendances on the CAPPS database – I expect this data could and would have been used to inform performance metrics within urology.

I expect minutes and attendances of Urology MDM would have helped identify some of the concerns – I was not aware of the nature of any of the



Urology Services Inquiry

concerns when I first commenced my response but have subsequently learned that concern has been expressed in relation to the deviation in some patients' treatments from the plan agreed at MDM. I believe an assertion was made that MDMs were sometimes inquorate. If this were the case, MDM attendance records should help clarify.

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:

24.1

a. Waiting times

No.

b. Triage/GP referral letters

No.

c. Letter and note dictation

No.

d. Patient care scheduling/Booking

No.

e. Prescription of drugs

No.

f. Administration of drugs

No.



Urology Services Inquiry

g. Private patient booking

No.

h. Multi-disciplinary meetings (MDMs)/Attendance at MDMs

24.2. As previously noted, I have occasionally provided MDM co-ordinator cover at the Urology MDM (and may be asked to do so again). This involves circulating patient preview lists, recording and editing draft outcomes, recording on CAPPS database and circulating approved outcomes and attendances. (For further details of how often and the circumstances in which I provided such cover, please see my response to Question 1).

24.3. I do not recall who I engaged with on the few occasions I provided cover at Urology MDM – the Chair would have been the most obvious person I engaged with in relation to outcomes.

i. Following up on results/sign off of results

No.

j. Onward referral of patients for further care and treatment

Onward referrals for further care and treatment were generally the responsibility of the relevant clinician. I do, however, have an email record of having forwarded an MDM update report (serving as an Oncology referral) following Urology MDM of 08.07.21 to CancerCentrepreg [Personal Information redacted by the USI] with a cc to the Consultant Medical Oncologist who regularly attends Urology MDM. I would have done so because the phrase, "*For direct referral to*"



Urology Services Inquiry

(Dr Uprichard, Medical Oncology) was used which, I understood to be an indication that the tracker/MDM co-ordinator should proceed to this course of action. In fact, I believe I may have checked with the regular urology tracker (not necessarily following MDM of 08.07.12 but following one of the Urology MDMs I covered) that I had understood the term correctly.

k. Storage and management of health records

No.

l. Operation of the Patient Administrative System (PAS)

No.

m. Staffing

No.

n. Clinical Nurse Specialists

No.

o. Cancer Nurse Specialists

No.

p. Palliative Care Nurses

No.



Urology Services Inquiry

q. Patient complaints/queries

No.

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. Delays in investigations, MDM discussion and onward referral are recorded on the CAPPs database from which management generate reports and may, in addition, be escalated, where appropriate. Reasons for delays may also be related at trackers' meetings, either by the tracker or by the tracker's line manager, or outside of the trackers' meeting – I have on occasion related reasons for delays, particularly where a number of patients are affected, at the trackers' meeting and have done so on many occasions outside of the trackers' meeting to my line manager.

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. No, I did not have any such concerns. Waiting times, both for appointments and for investigations, are an issue Trust-wide and everyone was aware of this. I have had little involvement with urology and did not have concerns in relation to patient safety.



Urology Services Inquiry

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. No, I did not have concerns in relation to the practice of any practitioner in urology.

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. Please see my answer to question 27.

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 took no steps, as I had no concerns and was not made aware of any 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 had no concerns and was not aware 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 had no concerns and was not aware of any concerns.



Urology Services Inquiry

- 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. I do not have knowledge of how concerns raised are investigated or of how, following investigation, outcomes are 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?**

33.1. I did not have any such concerns, given my limited experience and knowledge of urology services.

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

34.1. I am not aware of how such concerns are reflected in Trust governance documents, governance meeting minutes or notes and have not had access to any such 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. I am aware that serious incidents may be reported via the Datix Incident Reporting database. I am not familiar with the process of investigation of incidents reported in this way and do not, therefore, have an opinion regarding the effectiveness or otherwise of this means of reporting concerns or the ways in which concerns are dealt with to enhance patient safety and experience. I



Urology Services Inquiry

am also aware of the existence of a whistleblowing policy but not familiar with the detail of the policy.

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 do not have knowledge regarding the relationships between urology staff and other Trust staff. I had no difficulties in my working relationship with those I interacted with in the Urology department.

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 cannot answer this question, as I did not in my role have knowledge of the working relationships between clinical and operational managers in urology.

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.**



Urology Services Inquiry

38.1. I have only recently become aware that concern has been expressed in relation to routine referrals to Urology not being triaged within the requisite time frame and in relation to discrepancies between treatment plans agreed at MDM and actual treatments received by cancer patients. As I was not involved in any part of the triage process and had little involvement with Urology, I would not expect to have been made aware of these issues.

- 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. Not applicable. I do not have sufficient knowledge or involvement to reflect or explain 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. As before, I am not sufficiently aware of the governance concerns in relation to urology services to have an informed opinion. While not involved in Urology tracking, I would suggest that the Cancer Tracker/MDT Co-ordinator would not be aware that a change in treatment plan constitutes a governance concern.

- 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.**



Urology Services Inquiry

41.1. I am unable to answer this question, not being sufficiently informed regarding the problems within urology services or of who was responsible for addressing them.

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. Not applicable – I did not handle any identified concerns and do not have sufficient knowledge of how they were handled.

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. I did not have knowledge of the concerns and do not have knowledge of the governance arrangements within Urology and am not in a position, therefore, to answer this question.

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.



Urology Services Inquiry

44.1. I have found it difficult to answer these questions, many of which, I feel, do not relate to me as a Band 4 member of administrative staff. I am unfamiliar with some of the terminology employed.

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: Ann Turkington

Date: 18 November 2022



Urology Services Inquiry

- ATTs: 1a Job Description
- 1b Job Description
- 2 KSF Personal Development Review Form, December 2021
- 3 Sample of CAPPs diary entries in relation to one suspect cancer patient
- 4 KSF/Job Appraisal Dates

S21 83 of 2022

Witness statement of: Ann Turkington

Table of Attachments

| Attachment | Document Name |
|-------------------|--|
| 1a, 1b | Job Description including employee profile |
| 2 | KSF Personal Development Review Form, December 2021 |
| 3 | Sample of CAPPs diary entries in relation to one suspect cancer patient |
| 4 | KSF/Job Appraisal Dates |

SOUTHERN HEALTH AND SOCIAL CARE TRUST**JOB DESCRIPTION**

JOB TITLE: Temporary Patient Tracker/MDT Co-ordinator Band 4

LOCATION: Based within Cancer Services Directorate, working on a rotational basis across all cancer sites in CAH & DHH

REPORTS TO: Cancer Services Co-ordinator

JOB PURPOSE:

- 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.
- Responsible for the Co-ordination and organisation of the Multidisciplinary Team (MDT) meetings and will attend meetings obtaining and recording relevant information to facilitate the timely provision of care for patients.
- 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.
- Collect, record and report cancer information as required in order to meet national, regional and local reporting requirements

MAIN DUTIES**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. Acquire adequate knowledge of the wide range of procedures involved in booking appointments to enable patients to be effectively recorded onto PAS and as appropriate for pre booked appointments.
3. 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. Negotiate with clinical staff, waiting list staff and administrative staff when clinic slots are insufficient in order to facilitate an appointment for patients at the earliest opportunity. Inform the relevant Senior Officer/Manager if there is insufficient capacity to meet the agreed patient pathway standards.

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.
11. Ensure all referrals made from MDT are forwarded to relevant professional.
12. Responsible for requesting relevant x-ray images and charts for MDTs.

GENERAL DUTIES:

1. Develop key relationships with all relevant Trust disciplines.
2. Provide cover and support other Tracker/MDT Co-ordinators at time of annual leave/sick leave.
3. Plan workload to ensure all the patient and clinical needs are met. Whilst ensuring the cancer waiting time and booking targets are met.
4. Participate in Regional NICaN MDT Forum.
5. Develop links and relationships with key personnel in other Trusts to support the transfer of patients along the pathways and across other Trusts.

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.
- Accept legal responsibility for all records held, created or used as part of his/her duties (including manual or electronic records).
- Accept individual responsibility for ensuring a suitable, clean, uncluttered and safe environment for members of the public, staff, patients/clients and their relatives.
- 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.

January 2008

SOUTHERN HEALTH AND SOCIAL CARE TRUST**EMPLOYEE PROFILE**

POST: Temporary Patient Tracker/MDT Co-ordinator Band 4

DEPARTMENT/SPECIALITY: Cancer Services Directorate

| FACTORS | ESSENTIAL | DESIRABLE |
|---|---|---|
| Skills/Abilities | <p>Excellent communication skills both verbal and written</p> <p>Excellent administration and organisational skills</p> <p>Good interpersonal skills – building relationships</p> <p>Good analytical and numeracy skills</p> <p>Thoroughness and attention to detail at work</p> <p>Able to deal tactfully & sensitively with patients and relatives</p> | |
| Qualifications/ Experience/ Training etc | <p>2 years' administrative/clerical experience in a Health Care Setting and 5 GCSEs at Grade C or above or equivalent (to include Maths & English)</p> <p>Working experience of the Patient Administrative System (PAS) or other Health Care Information System</p> <p>Experience of using spreadsheets/ Databases/word processing packages</p> | <p>Third level qualification or equivalent</p> <p>Experience of collecting data</p> <p>Experience of medical terminology</p> <p>Keyboard skills and minute taking</p> |
| Knowledge | <p>An understanding of the information requirements to meet the Regional Cancer Access Targets</p> <p>An understanding of the role of this post</p> | A good knowledge of PAS |
| Other Requirements/ Work Related Circumstances | <p>A full current driving licence valid for use in the UK and access to a car on appointment (this criterion will be waived in the case of a suitable applicant whose disability prohibits driving but who is able to organise suitable alternative arrangements in order to meet the full requirements of the post).</p> <p>Flexible with regard to working arrangements with possibility of working cross-sites (CAH & DHH)</p> <p>Responsible attitude to confidentiality</p> <p>Satisfactory attendance record.</p> | |

January 2008

6. Contact other sites across the Regional Network and liaise with other Patient Tracker/MDT Co-ordinators in order to identify available capacity.
7. Make 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. 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 meetings.
10. 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. Communicate sensitively with patients and 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 and 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 an MDT meeting.
5. Attend weekly MDT meetings. Complete detailed pro-forma 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.

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Patient Tracker/MDT Co-Ordinator, Band 4

Staff Number:

Personal Information
redacted by the USI

Is Professional Registration up to date? _____

| KEY ISSUES & OUTCOMES | COMMENTS |
|--|--|
| <p>Have you read and understood your Post Outline? Post Outlines can be accessed via Trust Intranet (KSF link)</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Have Post Outline levels been achieved:</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, record below what action to be taken:</p> | <p>Staff members comments on his/her performance over past year:</p> <p>Irrelevant information redacted by the USI</p> <p>Line Manager's Feedback on staff members performance over past year:</p> <p>Irrelevant information redacted by the USI</p> |
| <p>Objectives for Next Year:</p> <ul style="list-style-type: none"> • Keep mandatory training up to date • Work accurately and to a high standard • Communicate effectively with everyone • Treat everyone equally | |

Reviewee Staff Name (Print) Ann Turkington

Signature _____

Date 16.12.21

Reviewer Manager/Supervisor (Print) Sinéad Lee

Signature _____

Date 16/12/21

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number: Personal Information
redacted by the USI

| Training type | Identified learning need | Date Training Completed | Agreed Action |
|--|---|-------------------------|---------------|
| Corporate Mandatory Training ALL STAFF | Corporate Induction | | |
| | Departmental Induction/Orientation | | |
| | Fire Awareness | 09/11/2021 | |
| | Information Governance | 18/08/2020 | |
| | Moving and Handling | 18/08/2020 | |
| | Infection Prevention Control | 18/08/2020 | |
| | Equality, Good relations and Human rights | 06/02/2020 | |
| | Cyber security awareness | 19/10/2021 | |
| Corporate Mandatory Training ROLE SPECIFIC | Safeguarding People, Children & Vulnerable Adults | | |
| | Waste Management | 19/07/2016 | |
| | Data Quality | 19/04/2018 | |
| | Display Screen Equipment | 19/10/2021 | |
| | Right Patient, Right Blood (Theory/Competency) | | |
| | Control of Substances Hazardous to Health (COSHH) | | |
| | Food Safety | | |
| | Basic ICT | | |
| | MAPA (level 3 or 4) | | |
| | Professional Registration | | |
| Essential for Post | | | |
| | | | |
| | | | |

| | | | |
|---|--|--|--|
| Best practice/ Development | | | |
| (Coaching/Mentoring) (Relevant to current job role) | | | |

Training – Ann has expressed no desire for further training.

Issues – Ann has no issues or concerns at the moment. Ann has recreated a document of factors within her tumour site that she will forward to Sinéad.

Reviewee Staff Name (Print) Ann Turkington Signature Personal Information redacted by the USI Date *16 December 2021*

Reviewer Manager/Supervisor (Print) Sinéad Lee Signature _____ Date 16/12/21

PLEASE SEND COMPLETED PART B TO: KSF DEPARTMENT, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ

OR EMAIL TO: Personal Information redacted by the USI

Subject: FW: S21 - Attachment - Example of typical diary entries for anonymised Lung ca pt - 18 Nov 22

From: Turkington, Ann E <[Personal Information redacted by the USI]>
Sent: 18 November 2022 12:02
To: Turkington, Ann E <[Personal Information redacted by the USI]>
Subject: S21 - attachment - Typical diary entries for anonymised Lung ca pt

| | <u>Date Recorded</u> | <u>Recorded By</u> | Entry | <u>Action Date</u> | Completed | |
|----------------------|----------------------|--|--|--------------------|-----------|----------|
| Edit | 02-2-2022 | [Personal Information redacted by the USI] | Commenced 31/01/22 - new start - chemo 02/02/22 | 02-2-2022 | Yes | Complete |
| Edit | 11-1-2022 | | Clinic Notes 10/01/22 - Will be seen at radioplanning for consent. Planned treatment start 31/01/22 | 01-2-2022 | Yes | Complete |
| Edit | 06-1-2022 | | ITT - Oncology - Await appointment | 11-1-2022 | Yes | Complete |
| Edit | 06-1-2022 | | Discussed at Lung MDM, 05.01.22. For consideration concurrent chemoradiotherapy. | 13-1-2022 | Yes | Complete |
| Edit | 31-12-2021 | | MRI now appointed for today, 31.12.21. Rediscussion brought forward, therefore, from 12.01.22, to 05.01.22. Add report. | 05-1-2022 | Yes | Complete |
| Edit | 30-12-2021 | | Escalated by Cancer Services Co-ordinator to DE, Radiology, 30.12.21, who has flagged with appts to schedule for next available, once approved. | 30-12-2021 | Yes | Complete |
| Edit | 30-12-2021 | | MRI adrenal not yet appointed. Added provisionally for rediscussion, 12.01.21 - but check that MRI adrenal performed. If not, remove. Escalated to Cancer Services Co-ordinator, 30.12.21. | 31-12-2021 | Yes | Complete |
| Edit | 23-12-2021 | | Discussed at Lung MDM, 22.12.21. For MRI adrenal. If normal, could be radically treated by Oncology. Rediscuss. | 24-12-2021 | Yes | Complete |
| Edit | 20-12-2021 | | PET CT now reported - possible small adrenal met. dedicated adrenal imaging may help clarify. | 23-12-2021 | Yes | Complete |
| Edit | 17-12-2021 | | PET CT not yet reported, 17.12.21. Check again and add to MDM episode of 22.12.21. | 20-12-2021 | Yes | Complete |
| Edit | 15-12-2021 | | Discussed at Lung 15.12.21. Potential T3/T4 N2/N3 staging. For PET CT, 16.12.21, and rediscuss, 22.12.21, re treatment options. | 17-12-2021 | Yes | Complete |
| Edit | 15-12-2021 | | PET office unable to offer earlier appt - will offer cancellation, if anything comes up. Remains appointed for 16.12.21. Results appt changed to 21.12.21. PET not brought forward on checking, 15.12.21. | 16-12-2021 | Yes | Complete |
| Edit | 10-12-2021 | | pt phoned to say has PET scan in BCH and OP apt on the same date. Email sent to Dr A re same. Email reply from Dr A to say tracker is trying to get another date for PET scan, Wait till Monday and Dr A will advise then | 14-12-2021 | Yes | Complete |
| Edit | 10-12-2021 | | Per Dr A, emailed PET office to ask if PET could be performed earlier than 16.12.21. | 15-12-2021 | Yes | Complete |
| Edit | 10-12-2021 | | PET CT appointed for 16.12.21. Add path from EBUS. | 16-12-2021 | Yes | Complete |
| Edit | 06-12-2021 | | EBUS, 06.12.21 - for MDM discussion, 08.12.21, per Dr A. PET requested, 06.12.21. No PFT requests. Deferred to 15.12.21, per Dr A, following Dr C's advice that path will not be ready for 08.12.21. | 10-12-2021 | Yes | Complete |
| Edit | 03-12-2021 | | Email from Dr A's secretary - As per Dr A's instructions, please cancel this gentleman's Red Flag appointment with Dr B on 07/12/21 and book to Dr A's OPD RF on Thursday 16/12/21 instead. Phoned patient and rebooked to Dr A's clinic, 16/12. Letter sent. Email reply to Dr A's secretary. | 20-12-2021 | Yes | Complete |
| Edit | 02-12-2021 | | email reply from Dr A - RF appointments.. next available. Phoned patient and booked into Dr B's clinic, 07/12. Letter sent | 09-12-2021 | Yes | Complete |
| Edit | 02-12-2021 | | Still not appointed - triage outcome recorded on 18.11.21 refers only to CT but not to appt. Emailed Dr A, 02.12.21, to advise still not appointed. | 07-12-2021 | Yes | Complete |
| Edit | 02-12-2021 | | Discussed at Lung MDM 01.12.21. Provisional staging T3 N1. For clinical assessment (not yet appointed) and bronchoscopy. | 07-12-2021 | Yes | Complete |
| Edit | 01-12-2021 | | Still not appointed. For MDM discussion, 01.12.21, per Dr A. | 02-12-2021 | Yes | Complete |
| Edit | 28-11-2021 | | CT reported, 23.11.21 - in keeping with primary lung NG. Emailed Dr A, 28.11.21, with cc to RF Appnts. | 02-12-2021 | Yes | Complete |
| Edit | 23-11-2021 | | CT performed, 20.11.21 - not yet reported. | 26-11-2021 | Yes | Complete |
| Edit | 18-11-2021 | | CT booked per triaging consultant (Dr A). | 22-11-2021 | Yes | Complete |

KSF/PDP Dates as per HR Systems for Ann Turkington during SHSCT employment as at 10 October 2022

Prepared by/HR Contact: Ciara Rafferty, Senior HR Data Analyst

Prepared for: Ann Turkington, Cancer Tracker/Mdt Co-Ord

Ref: Personal Information
redacted by the USI

Date: 10 October 2022

Note: Information has been extracted from BOX1 i.e. lists records from HRMS up to December 2013, and HRPTS as at 10 October 2022**PDP Received Training Record (as per HRMS)****Note:** Please note PDP/KSFs have been recorded if notification was received by HR or updated by Manager on HRPTS. Records will need to be reviewed with line manager/own records.

| Fac/Bk/Staff No | Full Name | Training Course Description | Training Start Date | Training End Date |
|--|------------------------|-----------------------------|---------------------|-------------------|
| Personal Information redacted by the USI | Ms Ann Turkington | PDP RECEIVED | 25/03/2010 | 25/03/2010 |
| | Ms Eliz Ann Turkington | PDP RECEIVED | 25/03/2011 | 25/03/2011 |
| | | PDP RECEIVED | 13/02/2012 | 13/02/2012 |
| | | PDP RECEIVED | 15/02/2013 | 15/02/2013 |

KSF PDR/PDP Qualifications (as per HRPTS)**Note:** Please note PDP/KSFs have been recorded if notification was received by HR or updated by Manager on HRPTS. Records will need to be reviewed with line manager/own records.

| Pers.No. | Full Name | Qualification Name | Start Date | End Date |
|--|------------------------|---------------------|------------|------------|
| Personal Information | Ms Eliz Ann Turkington | KSF PDR/PDP 2015/16 | 14/05/2015 | 14/05/2016 |
| | | KSF PDR/PDP 2016/17 | 19/07/2016 | 19/07/2017 |
| | | KSF PDR/PDP 2018/19 | 20/04/2018 | 20/04/2019 |
| | | KSF PDR/PDP 2021/22 | 17/12/2021 | |

Confidentiality & Data Protection - This report has been compiled and is intended for use only by the official recipient. Please remember your responsibilities under data protection legislation, for example, by ensuring personal information is kept secure and not left in view of unauthorised staff or visitors, is only used for the purpose intended, and is not shared with anyone who should not have access to it. Also, once personal information has been used for its intended purpose it should be appropriately destroyed, or kept in a secure location if it is required for future use.

Data Quality - If you believe the information in this report does not accurately reflect the current position, please contact the HR Analytics & Governance Team.