Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
T: 02890 251005 | E: info@usi.org.uk | W: www.urologyservicesinquiry.org.uk

Griania White
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



Issued by Urology Services Inquiry on 26 September 2022. Annotated by the Urology Services Inquiry.

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

**Chair's Notice**

**[No 87 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:**

**Griania White**
**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.**

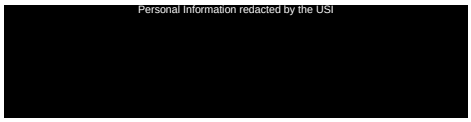
**APPLICATION TO VARY OR REVOKE THE NOTICE**

**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: 


**Christine Smith QC**

Chair of Urology Services Inquiry

Urology Services Inquiry

**SCHEDULE**
**[No 87 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?

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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.

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**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.

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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 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

**UROLOGY SERVICES INQUIRY**

**USI Ref:** Section 21 Notice No. 87 of 2022

**Date of Notice:** 26 September 2022

**Witness Statement of:** Griania White

I, Griania White, 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 am employed within Southern Trust as a Cancer Tracker/MDT Co-Ordinator and have been so employed since 29/06/2015. I am currently responsible for the Skin Cancer Tumour site from approximately July 2016 to date. I previously covered the Upper & Lower GI Tumour site (from September 2015 to July 2016) and shared the Breast Tumour site (from June 2015 – September 2015) with Kelly George (past Cancer Tracker). I track patients within the suspect cancer pathway (Red Flag – RF) from their referral to their first appointment, to investigations through to their first

treatment. This includes escalating any outstanding appointments or investigation reports to minimise delays in the patient's RF pathway. I have not covered tracking the Urology Cancer Tumour site as my main responsibility is the Skin Tumour Cancer site.

1.2 I organise and list patients for the Multi-Disciplinary Meeting (MDM) for the Skin MDM with all up-to-date clinical information relating to these patients. I attend MDM discussion, recording patient outcomes and I circulate these outcomes following approval from the Chairperson to the MDM Team. I advise Admin Support to generate GP letters, in a timely manner. I forward any referrals to the relevant professional or speciality following MDM. I record on Minutes for MDM – apologies, approval of minutes from previous MDM, number of patients discussed, date and time of next meeting and any other business. I record staff members present at MDM onto our Cancer Access Patient Pathway (CAPPS) following the MDM. I have not attended any Urology MDM, as I cover the Skin Cancer site.

1.3 I work closely with departments directly involved in patient care and proactively with clinical teams, to ensure a smooth and timely process of each patient's progress through to first treatment. I respond to emails and document patient progress on the CAPPs system. I receive phone calls from Consultants/CNSs/clinical staff/admin staff, with patient queries, which could include for example a phone call in the office from a Urology CNS enquiring whether a patient has been listed for the next MDM discussion. I would then provide an update to the CNS and email the Urology Tracker with the patient details if she is not present in the office.

1.4 I escalate patients along the RF pathway who are at risk of possible delays within their RF pathway.

1.5 I liaise with other Trackers across the Regional Network, to minimise any patient delays, when referred out of the Trust.

1.6 I provide information to clinical teams, to the cancer services team and I monitor performance relating to waiting time targets for diagnosis and treatment.

1.7 I cover on a rota basis, the generic Cancer Tracker email. I document and action patients' progress from emails received onto the CAPPs system. Whilst covering the generic email, I add any patients for MDM using a proforma provided by a consultant which can include patients for the Urology MDM as well as other MDM's. The Urology Tracker will complete this task if included in the email, or I will forward the email to her. I escalate any patient at risk of delay on their RF pathway to the MDM Administrator and Projects Officer (previously Cancer Services Co-Ordinator). I also escalate patients' appointments/investigations/referrals to other Trusts who are at risk of breaching with an email being sent to Radiology, Laboratory or the relevant Tracker in the other Trust with the patient query. If the Urology Cancer Tracker/MDM Co-Ordinator is already included in an email, they will document on CAPPs as it is their responsibility and action accordingly, but I will check that this has been done.

1.8 During my time as a Cancer Tracker/MDT Co-Ordinator, I have had minimal dealings with tracking/escalating/documenting progress of Urology patients as I cover the Skin Cancer Tumour site. My communications with any Urology staff members including Consultants, medical staff, CNS's, secretaries have also been minimal. I would communicate with the Urology MDM Tracker/Co-Ordinator either by email or in person in the office, in respect to any patients whose care has been transferred (for example) from Skin Tumour site to Urology, following RF appointment/ MDM discussion/ or if forwarding patient details from the generic Cancer Tracker email.

1.9 During my time as a Cancer Tracker/MDT Co-Ordinator, I have not been aware, to the best of my knowledge of any issues or concerns within

the Urology service, nor have I raised any issues or concerns in respect of the Urology service.

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 I attach as an appendix a copy of my current job description. I have no other documents to attach relating to the Urology Services Inquiry. This document can be located in folder S21 87 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.**

   3.1 I do not have any additional information for this question. Please refer to my answer to question 1 and my subsequent answers herein.

**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 have been employed by Southern Trust as a Patient Tracker/MDT Co-Ordinator, Cancer Services from 29/06/2015 to date (*please see APPENDIX 1 Cancer Tracker B4 Jun 15 GRIANIA WHITE*) I previously worked as a Personal Secretary in the Mandeville Unit, CAHGT from 01/08/2001 – 14/05/2007. In the last 2 years of this period, I took a career break and then left the Trust. In my current position as a Patient Tracker/MDT Co-Ordinator, I have been responsible for covering the Skin Tumour site from approximately July 2016 to date, I previously covered the Upper & Lower GI Tumour site (from September 2015 to July 2016) and shared the Breast Tumour site (from June 2015 – September 2015) with Kelly George (past Cancer Tracker). Within each role, my duties/ responsibilities have been to pro-actively track suspect/confirmed cancer patients' pathways within our Cancer Patient's Pathway System (CAPPs), including following up on first appointments, escalating any outstanding investigations, any outstanding clinic outcomes (with secretaries/consultants/CNS's), any relevant clinical reports (with Radiology/Laboratory) and to email any relevant patient queries directly to consultants, CNS's and secretaries and follow-up on the same. I would email Radiology CAH and RVH with any pending investigations to be booked and follow-up. My duties and responsibilities include the escalation of patients who breach their target deadline of investigations, MDM discussion dates and treatment targets in a timely manner to the MDM Administrator and Projects Officer, who started in post on 04/01/2022. Prior to this escalation was to the Cancer Services Co-Ordinator. Confirmed

cancer patients are listed for MDM discussion. My duties and responsibilities include taking outcomes from MDM discussions, circulating outcomes to MDT core members, generating GP letters in a timely manner and following up on MDM outcomes following discussion. I maintain an up-to-date record of patients' pathways on the CAPPs database and proactively advise the clinical team and cancer services team with updates on patient treatment. I work closely with the departments involved in patient care and assist to meet regional cancer targets.

4.2 My main responsibility is tracking suspect and confirmed cancer patients within the Skin cancer site (from July 2016 to date). As indicated I have previously tracked the Upper and Lower GI cancer site (from September 2015 – July 2016) and shared the Breast Tumour site (from June 2015 – September 2015) with Kelly George (past Cancer Tracker). I am also on the rota for Cancer Tracker generic emails. The rota started on 26/01/2021 and the email was created on 28/01/2013. All Cancer Trackers cover this email (on rota) which is a back-up service to each Cancer site. If any Urology Core member emails a proforma with a patient's details to be added to the Urology MDM, the Urology Tracker/MDM Co-Ordinator will add the patient on for MDM. Only in the absence of the Urology Tracker/MDM Co-Ordinator, will I add patient for MDM (who works 4-day week). The Urology Tracker/MDM Co-Ordinator on their return the following day, will review patient details before circulating to the MDM Team. Before the rota was established for generic Cancer Tracker email (26/01/2021), 2 Cancer Trackers covered this email (Sarah Moore & Sinead Lee). I added any Urology patients for MDM or updated patient diary comments onto CAPPs database, only in the absence of the Urology Tracker/MDM Co-Ordinator or the 2 named Trackers above. The Urology Tracker/MDM Co-Ordinator would follow-up on patient on return the following day.

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 Within the Cancer Services Directorate, my current manager is Angela Muldrew, MDM Administrator and Projects Officer (in post from 04/01/2022 to date). Vicki Graham was my previous line manager, Cancer Services Co-Ordinator (from 29/06/2015 - 09/08/2020), followed by Sinead Lee, Cancer Services Co-Ordinator (for a 3 month temporary period), followed by Ciaran McCann, Cancer Services Co-Ordinator (for 3 month temporary period). These members of staff are who I would have reported to, when they were each in post. I did not manage any departments, services, systems, roles or any individuals within my current or previous post.

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 My role as Cancer Tracker/MDT Co-Ordinator does not involve managing any 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 As a Cancer Tracker/MDT Co-Ordinator, I follow guidelines set by NICaN (Cancer Waiting Time Guidelines, MDM Processes and Referral Forms and RF Pathways and Tracking Manuals), the Skin SOP guidelines, the Failsafe SOP for ensuring all patients are relisted for MDM discussion and the Cancer Pathway Escalation Policy (both Southern Trust SOP's). I attend Knowledge & Skills Framework (KSF) appraisals, I assist in meeting regional cancer access targets and receive individual relevant mandatory training. Within the suspect cancer (Red Flag - RF) pathway of patient

markers the system enables the Cancer Tracker to escalate patients who are breaching their targets to the MDM Administrator and Projects Officer, to escalate outstanding radiology/pathology reports to Radiology/Laboratory, to email the RF appointments team for updates on any patients who await first appointment and are at risk of breaching their target. I attend regular staff meetings and one-to-one meetings if required. This process of escalating patients enables the MDM Administrator and Projects Officer (previously the Cancer Services Administrator) to generate reports with patients at risk of breaching. Staff meetings have varied from monthly/fortnightly and weekly, however impromptu staff meetings have been arranged if any urgent patient/staffing/new processes were requiring immediate discussion. Both MDM Administrator and Projects Officer and Cancer Services Administrators have all been very supportive and approachable.

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 My role as a Cancer Tracker/MDT Co-Ordinator involves KSF appraisal and this is carried out by my line manager – Angela Muldrew, MDM Administrator and Projects Officer. This was previously carried out by Vicki Graham, Cancer Admin Co-Ordinator, followed by Sinead Lee and C McCann (both covering on temporary basis). My core objectives have been to continue to work accurately and to a high standard, to keep mandatory training up to date, to communicate effectively with everyone and to treat everyone equally. The dates of my KSF appraisals are 15/07/2016, 18/04/2018 and 18/04/2019.

8.2 As a Cancer Tracker/MDT Co-Ordinator I do not have a performance review. I follow guidelines set by NICaN, in respect to MDM processes and

referral forms, RF pathways, tracking and Cancer waiting time guidance. I also follow the Trust SOP on the Cancer Pathway Escalation Policy in relation to the principles of escalation, trigger points for escalating patients and the escalation chain. Monthly breach reports are generated by the MDM Administrator and Projects Officer (previously the Cancer Services Co-Ordinator). If there are any issues in relation to my work performance (no areas of concern raised), or individual patient queries, this would be highlighted at the time by my Line Manager and addressed. Cancer Trackers/MDT Co-Ordinators do provide approximate tracking updates when requested by the MDM Administrator and Projects Officer (previously the Cancer Services Co-Ordinator). The delays incurred following COVID19, has had a major impact on patients breaching within the RF pathway, in respect to first appointments, investigations, MDM discussion and first treatment. Unfortunately, as a Tracker, due to the number of patients breaching or on the RF waiting list, the escalation process has become overloaded and resources are not available to be given earlier slots, which would have been available to offer before COVID19. However, I am still using the escalation process.

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 Guidelines that are relevant to the Cancer Tracker/MDT Co-Ordinator role are the Northern Ireland Cancer Network guidelines (NICaN) (external), Skin SOP (internal), Cancer Pathway Escalation Policy (internal), NI Tumour Specific Waiting Times guidelines (external), Failsafe to ensure all patients are listed for MDM discussion SOP (internal). Any new or updated SOP's/ cancer guidelines are emailed to the Cancer Tracker Team by the MDM Administrator and Projects Officer (previously the Cancer Services Co-Ordinator).

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

10.1 As a Cancer Tracker/MDT Co-Ordinator, I endeavour to and have patients seen within their 32 Day or 62 Day red flag pathway and escalate patients to the appropriate department or to our line manager, before they reach their trigger point (deadline). For example, patients are to have first appointments by Day 10, investigations by Day 17, MDM discussion by Day 25, Inter Trust Transfer (ITT) by Day 28 and first treatment by Day 31 or Day 62 (relevant to pathway). I have attended 3 KSF appraisals and this was an opportunity for any issues to be raised with/by my line manager. Monthly patient breach reports for each tumour site are forwarded from the line manager for review and actioning, or further escalation by the MDM Administrator and Projects Officer or previously the Cancer Services Co-Ordinator. I ensure that mandatory training is kept up to date. I attend regular staff meetings for updates on Tumour sites.

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 As a Cancer Tracker, I ensure that all my mandatory training modules are completed within the specified timeframe. Any issues or outstanding training will be raised by the MDM Administrator and Projects Officer (previously the Cancer Services Co-Ordinator) at my KSF meeting. I adhere to all NICaN guidelines (external), Skin SOP (internal), Cancer Pathway Escalation Policy (internal), NI Tumour Specific Waiting Times guidelines (external) and Failsafe to ensure all patients are listed for MDM discussion SOP (internal). I escalate all patients at risk of breaching. I attend any training required for new systems/SOP's. I attend regular staff meetings and raise any concerns within the Skin Tumour site, for example noted delays in a specific investigation, PET scan. My Line Manager can

then look into such matters. I email or phone my Line Manager with any concerns/problems when any problems arise such as if a staff meeting has not been organised or an increase in outstanding clinic outcomes. The Line Manager regularly emails the Tracker Team Breach Reports, patients who are at risk of breaching, for actioning immediately. I respond to any emails relating to patient queries and action in a timely manner, escalating further if required.

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 am not aware to the best of my knowledge, of any system being by passed, by others or myself.

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

13.1 As a Cancer Tracker/MDT Co-Ordinator within Cancer Services, I use the database CAPPs, where I record all patient activity on the Skin tumour site, tracking their red flag pathway from the patient's first appointment, investigations, MDM discussion, until first treatment and list confirmed cancer patients for MDM discussion. Other systems that I use for patient tracking are Northern Ireland Electronic Care Record (NIECR) for retrieving patient medical history, LABS Centre (for accessing patient pathology results or confirming attendance at investigation/surgery), PAS (information on patient appointments/episodes within hospital, SECTRA RIS (information on patient radiology investigations), RVH PACS (information on patient PET scans in Royal Victoria Hospital) , Solus (system to access reports following patient gastro-intestinal scans, Patient Centre (check patient clinic outcome letters). These systems listed are vital in updating our cancer system (CAPPs) to keep patient information up-to-date, as I endeavour as a Cancer Tracker/MDT Co-Ordinator to keep patients within their targets.

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 I have attended training sessions in relation to data systems which I would be using within my role as Cancer Tracker/MDT Co-Ordinator. These training sessions were completed on commencement of my post. I do not recall exactly what further training, but the Cancer Services Co-Ordinator asked the Team a few years ago if they had any particular training they would like to attend, to put this forward. I am unable to recall any details. I have completed mandatory training at appropriate time points.

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

15.1 I am not aware of who is or who previously was responsible for overseeing the quality of services in Urology. I currently cover the Skin cancer patient site and previously the Upper and Lower GI cancer site as set out in my answer to question 4.

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

16.1 I am not aware who oversaw the clinical governance arrangements of Urology. I currently cover the Skin cancer patient site and previously the Upper and Lower GI cancer site.

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 As I am responsible for the Skin Cancer Tumour site, and previously the Upper & Lower GI and Breast Tumour site, I do not consider myself as the Urology Cancer Tracker/Co-Ordinator. Only when I am covering the generic Cancer Tracker email, on a rota basis, do I add Urology patients for MDM discussion with the proforma details already completed by a consultant. If the Urology Tracker/MDM Co-Ordinator is not then present, as they work 4 day weeks, they will review patient MDM details the following day, before the MDM list is circulated to the MDM Urology Team. Previous to the rota which was set up for the generic Cancer Tracker email, 2 Cancer Trackers, Sarah Moore and Sinead Lee covered the generic Cancer Tracker email.

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

**Please explain your answer in full.**

18.1 I currently cover the Skin cancer patient site and previously the Upper and Lower GI and Breast Tumour site. I have had little involvement within the Urology site. During the period of covering the generic Cancer Tracker email on rota, I would have added patients for MDM discussion using the proforma provided by a consultant, if the Urology Tracker/MDM Co-Ordinator, who works 4 day week, was not present. Urology Tracker/MDM Co-Ordinator will review patient details the following day before the MDM list is circulated to UMDM Urology Team. Previous to the rota which was set up for the generic Cancer Tracker/MDM Co-Ordinator email, 2 Cancer Trackers, Sarah Moore and Sinead Lee covered the generic Cancer Tracker email. I do not consider, that I have acted as the Urology Tracker/MDM Co-Ordinator.

Urology Services Inquiry

**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 currently cover the Skin cancer patient site and previously the Upper and Lower GI cancer and Breast cancer site. When I am covering the generic Cancer Tracker email on a rota basis (once every 4-5 weeks approximately) if any emails are received with a proforma of details of a Urology patient to be added to MDM, I ensure that the Urology Tracker/MDM Co-Ordinator is included in an email to add the patient for discussion and if not I forward the e-mail to the Urology Tracker/MDM Co-Ordinator. If the Urology Tracker/MDM Co-Ordinator is not working (who works 4 day week), I will add the patient for MDM. The Urology Tracker/MDM Co-Ordinator will review the patient details before the MDM list is circulated to the Urology Team the following day. Prior to the rota for generic Cancer Tracker email, 2 Cancer Trackers covered this email, Sarah Moore and Sinead Lee.

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 currently cover the Skin cancer patient site and previously the Upper & Lower GI and Breast cancer site. The only communication that I would have with any Urology staff would be when I would be covering the generic Cancer Tracker email, if an email required a response, but generally my role would be to add a patient on for MDM discussion when a consultant forwards the proforma with patient details. If the Urology Tracker/MDM Co-Ordinator is included in the email, she will add the patient, or if not in the

office, I will add on and the Urology Tracker will review the patient the following day. There can be some instances where Urology secretaries, CNS's or Consultants might phone the office with a patient query, but this does not happen very often. Depending upon the query, this may be recorded on our CAPPs system. For example, if the CNS is querying an investigation appointment which is outstanding and this needs actioned, escalated to the relevant department, and recorded on the CAPPs system.

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 currently cover the Skin cancer patient site and previously the Upper & Lower GI and Breast cancer site. Only when I have covered the generic cancer tracker email, have I forwarded emails to the relevant Urology Tracker/MDM Co-Ordinator and added diary comments to a patient's diary. I ensure that any entries are made in a timely manner following receipt so as not to impact on delay within the Urology service. I have not, to the best of my knowledge covered a Urology MDM.

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 have no overall view of the efficiency and effectiveness of governance processes and procedures within the Urology service. I currently cover the Skin cancer patient site and previously the Upper & Lower GI and Breast cancer site. I have not covered a Urology MDM, to the best of my knowledge.

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 currently cover the Skin cancer patient site and previously the Upper & Lower GI and Breast cancer sites. I have only added Urology patients to MDM on the CAPPs system or updated patients' diaries in the absence of the Urology Tracker/MDM Co-Ordinator, whilst covering the Cancer Tracker generic email on a rota basis. To the best of my knowledge, I have only escalated a few Urology patients as I have not covered this tumour site. From what I can recall, if a patient's Urology scan was delayed, I would email Radiology for an update and document the outcome on the CAPPS system and escalate to the MDM Administrator & Projects Officer, to try and get the scan booked or patient offered a cancellation appointment. Patient Longest Waiters (PTL's) reports for each tumour site, are emailed to Cancer Trackers from the MDM Administrator and Projects Officer, or previously from the Cancer Services Co-Ordinator. This highlights patients who are behind in the RF pathway. My main focus is on the Skin Tumour site and I am not involved in Urology patients requiring escalation.

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**

24.1 In respect to point (viii) MDMs, I only list patients for Urology MDM on receipt of a completed patient proforma, through the generic Cancer Tracker if the Urology Tracker/MDM Co-Ordinator is absent. The Urology Tracker on their return will review the patient information before the MDM list is circulated to the Urology Team. I do not have any specific responsibility in any of the other areas listed for Urology. I currently cover the Skin cancer patient site and previously the Upper and Lower GI cancer and Breast cancer sites. I have not to the best of my knowledge, covered any Urology MDM's.

**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 am aware, that if I had a concern about an issue relevant to patient care and safety and governance, this would be documented by raising a Datix on the Trust Network.

Urology Services Inquiry

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 did not have any concerns arising from the issues within para 24 regarding Urology. I currently cover the Skin cancer patient site and previously covered the Upper & Lower GI and Breast cancer sites.

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 I did not have any concerns regarding the practice of any practitioner in Urology. I currently cover the Skin cancer patient site and previously covered the Upper & Lower GI and Breast cancer sites.

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 I did not have any concerns regarding any practitioner in Urology. I currently cover the Skin cancer site and previously Upper & Lower GI and Breast cancer sites.

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

29.1 I have not taken any steps to risk assess any concerns within Urology. I currently cover the Skin cancer site and previously the Upper & Lower GI and Breast cancer sites. I did not have any concerns regarding any practitioner in Urology.

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 I did not have any concerns within the Urology service. I currently cover Skin cancer patients and previously covered the Upper & Lower GI and Breast cancer sites. No urology concerns were brought to my attention.

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 I have no experience of any concerns being raised, systems of oversight or any monitoring within Urology. I currently cover Skin cancer patients and previously covered the Upper & Lower GI and Breast cancer sites.

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 have never raised any concerns resulting in any investigation and have no experience of others raising concerns and being advised of any investigations.

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 was not aware of any concerns that governance, clinical care or issues within Urology were not being identified, addressed or escalated. I currently cover Skin cancer patients and previously covered the Upper & Lower GI and Breast cancer sites.

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 have not raised or identified any concerns via any Datix, which has been reflected within any Trust governance documents. However, if any concerns were raised which resulted in an investigation, in due course, findings might be made public or incorporated in Information Governance training modules. I am only aware of Urology concerns through the public news bulletin.

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 not aware of any further enhancements to improve patient safety and experience and increase effectiveness in carrying out my 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?**

36.1 I have had very little interaction with the Urology Team as I am responsible for the Skin cancer site and previously the Upper and Lower GI cancer sites. Any correspondence that I have had with the Urology Team has been by email or on the telephone with the secretaries (e.g. delay in an investigation or an appointment they are querying), consultants or the nursing team and all have been positive and I have had no issues.

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 have no direct knowledge of the Urology Team as I have not to the best of my knowledge, covered a Urology MDM nor worked within the Urology Team.

**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 am not aware of any governance concerns arising from the provision of Urology services.

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 the Urology governance concerns or what went wrong within the service. I currently work within the Skin cancer site.

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 the outcomes from a governance perspective in relation to any issues of concern. I currently work within the Skin cancer site. I feel that I am unable to answer this question as I have minimal work within the Urology site. Only when I cover the generic email on a rota basis, will I deal with any Urology patients, in the absence of the Urology Tracker who will check over any work completed in her absence. I am responsible for the Skin Tumour site.

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 do not have any direct knowledge in relation to the problems within the Urology service. I currently work within the Skin cancer site and work very little within the Urology site. My involvement in Urology is limited to the generic email cover. I feel that I am unable to answer this question.

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 am not aware of any mistakes by myself or others in the handling any concerns identified within Urology, I do not work within the Urology site and I am unable to answer this question. I am unaware of who has had to handle specific concerns within Urology.

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 do not have any opinion in relation to the governance arrangements being fit for purpose within Urology nor have I had any concerns, I have had very little involvement within the Urology cancer site. I currently work within the Skin cancer tumour site.

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 do not have any additional information or views, which is relevant to this Notice.

Urology Services 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.**

## Statement of Truth

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

Signed: __Griania White_____

Date: ____24th October 2022_____

**Section 21 Notice Number 87 of 2022**

**Witness Statement: Griania White**

**Index**

| Attachment | Document |
|---|---|
| 1 | APPENDIX 1 Cancer Tracker B4 Jun 15 GRIANIA WHITE |

Southern Health and Social Care Trust

## JOB DESCRIPTION

| | |
|---|---|
| **JOB TITLE** | **Patient Tracker/MDT Co-Ordinator** |
| **BAND** | **4** |
| **DEPARTMENT/LOCATION** | **Cancer Services, Mandeville Unit** |
| **DIRECTORATE** | **Acute Services** |
| **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 organisation 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.
11. Ensure all referrals made from MDT are forwarded to relevant professional.
12. Responsible for requesting relevant x-ray images and charts for MDTs.
13. To assist and participate in MDM Peer Review process.

**GENERAL REQUIREMENTS**

The post holder will be required to:

- Provide cover and support other Tracker/MDT Co-ordinators at time of annual leave/sick leave

- 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.

- 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.

- 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

- Comply fully with the Trust's policy and procedures regarding records management, as well as the Data Protection Act, accepting legal responsibility for all manual or electronic records held, created or used as part of his/her duties, and ensuring that confidentiality is maintained at all times.

- Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

- 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.

- Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

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.

*June 15*

Southern Health and Social Care Trust

**PERSONNEL SPECIFICATION**

**JOB TITLE: Patient Tracker/MDT Co-Ordinator**

**DIRECTORATE: Cancer Services, Acute Services**

**Ref No: June 15**

**Notes to applicants:**

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted.
2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.
3. 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.

***ESSENTIAL CRITERIA***

1. HNC / HND or equivalent / higher qualification in an administrative related field **AND** 1 years experience in a clerical / administrative role

**OR**

4 GCSEs at Grades A-C including English Language and Maths3 or equivalent / higher qualification AND 2 years' experience in a clerical / administrative role

**OR**

3 years' experience in a clerical / administrative role

2. Experience in the use of spreadsheet/database/word processing packages

3. Ability to work as part of a Team

4. Ability to use own initiative

5. Excellent communication skills both verbal and written

6. Effective Planning & Organisational skills with an ability to prioritise own workload

7. Ability to maintain thoroughness and attention to detail at work

8. Flexible with regard to working arrangements with possibility of working cross-sites (CAH & DHH)

***DESIRABLE CRITERIA***

**If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application**

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trust Smoke Free Policy