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

Marie Dabbous
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

Issued by Urology Services Inquiry on 23 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 82 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:

Marie Dabbous
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.**

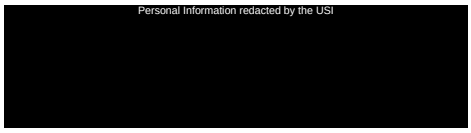
APPLICATION TO VARY OR REVOKE THE NOTICE

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: 

Christine Smith QC

Chair of Urology Services Inquiry

Urology Services Inquiry

SCHEDULE
[No 82 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?

Urology Services Inquiry

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?

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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.

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UROLOGY SERVICES INQUIRY

USI Ref: Notice 82 of 2022

Date of Notice: 23 September 2022

Witness Statement of: Marie Dabbous

I, Marie Dabbous, 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 *Please see 1. Employment Record*: dates of my job posts within the Southern Health and Social Care Trust since 2007.

1.2 I am presently working under Cancer Services, Acute Services in Craigavon Hospital as a Cancer Tracker and have also held previous cancer trackers posts within Cancer Services, CAH (see 4e, 4h, 4j, 4k, 4l, 4m, 4n and *1. Employment Record.*

1.3 I previously worked as a Red Flag Appointment Clerk in Cancer Services, Acute Services, CAH (see 4c, 4g, 4i).

1.4 In these 2 roles I have worked together with the Urology Department in the triaging, booking of Red Flag appointments, tracking urology patients (inputting patient details into a Cancer Patient Pathway System (CAPPS), co-ordinating with the Urology Team by email, telephone and in person during the process of adding/preparing patient details for discussion to a list for the Multi-disciplinary Team (MDT) Meetings, attending the MDT Meetings with Urology Consultants and Nurses, emailing the Urology Team the outcomes and advising urology secretaries of the review appointments that are needed.

1.5 In my cancer tracker role now, I would only forward emails to the urology cancer tracker which may advise of details of upcoming urology procedures, information for the patient's diary on the Cancer Patient Pathway System (CAPPS) and names of patients for discussion at the Multi-disciplinary Team (MDT) Meetings. I would flag the emails regarding patient discussion at Multi-disciplinary Team (MDT) Meetings and double check later that day that the patient had been added. If the urology cancer tracker is not available, in their absence I would deal with any information I become aware of in regard to the tracking of urology patients, e.g., adding to Multi-disciplinary Team (MDT) Meetings.

1.6 Although, I am no longer the Urology Cancer Tracker I have been asked to cover an occasional Urology Multi-disciplinary Team (MDT) Meeting. My attendances can be seen in the Minutes of the Urology Multi-disciplinary Team (MDT) Meeting over the years. I believe my managers are providing Minutes of Urology Multi-disciplinary Team (MDT) Meetings under separate cover.

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 All documents referenced in this statement are attached to this statement and can be found in S21 82 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 have answered all the below questions to the best of my knowledge and referred you to the relevant paragraphs were necessary.

3.2 I have advised below if there are questions that I cannot answer or if some else is better placed to answer a question.

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 Human Resources Assistant, Lurgan Hospital 01/09/2005 – 09/03/2008 – greeting visitors to the department, answering telephone calls, dealing with phone calls if they are not specially for other staff, filing, photocopying, typing, training new staff.

4.2 Human Resources Assistant, Recruitment & Selection, Craigavon Hospital - 10/03/2008 – 01/03/2009. Duties: Dealing with telephone queries, emails, requests

for a job applications, making up job files, inputting details of the job applicant into a Human Resources system under the appropriate Job File number, preparing the completed job files for shortlisting and interview. Always working to deadlines. Training new staff.

4.3 Clerk, Red Flag Appointments, Secondment Craigavon Hospital 02/03/2009 – 22/07/2012 – Booking Red Flag Appointments within the required time limits, taking and collecting Red Flag referral letters from GPs, Consultants, Wards, radiology, pathology to consultants for triaging. Data input onto the Patient Administration System (PAS) which also downloads onto the Cancer Patient Pathway System (CAPPS). Telephoning patients to make appointments and booking appointments on the Patient Administration System (PAS). Printing and sending out appointment letters to patients. Maintaining an excel spreadsheet of where and when the Red Flag referrals have been left for triaging. Filing the booked Red Flag referrals into the appropriate folder, ready for collection by the Medical Records clerks to be included in the patient's chart for clinic appointment. Training new staff.

4.4 **'**As & When' Telephone Call Handler, Out of Hours Call Centre, Craigavon Hospital 16/1/2012 – 16/12/2019. Duties: Answering and dealing with routine, urgent and emergency calls from the public. Confirming certain details with patient. Inputting data onto the system of patient's symptoms for the GP to view as he triages patients that need seen in priority of urgency. Initialling triaging a call so that the emergencies and urgent calls are attended to first as come up to the top of everyone screen. Dealing with the public when they call back as waiting times for the GP to call back came become very long.

4.5 Temporary Gastro/Surgical Cancer Tracker/ Multi-disciplinary Team Co-ordinator 23/07/2012 - 16/06/2013 – Track the progress of suspect/confirmed cancer patients from the date the referral comes into the Trust to treatment start date. Co-ordinate and organise the Multi-disciplinary Team (MDT) Meetings. Add patients to the Patient Preview List so that they can be discussed at the Multi-disciplinary Team (MDT) Meetings. Circulate the Patient Preview List by email to

the Consultants, Doctors, Nurses, Radiologists, Pathologists, other Cancer Trackers and Secretaries so that those attending the Multi-disciplinary Team (MDT) Meetings can provide for their input into the meeting on the day. Attend the Multi-disciplinary Team (MDT) Meetings to obtain and record an outcome of the management plan. In the afterwork, a summary letter is sent to the patient's General Practitioner (GP) and a summary report is filed in the patient's chart. Liaise with departments/wards, Red Flag Appointments, Consultants, Secretaries, Wards, Pathology and Radiology, to ensure planned appointments, tests and treatments progress smoothly and in a timely manner. Collect, record and report cancer information from other staff/departments to input onto the patient's pathway to give a fuller picture of the patient's symptoms, history, test results and plan for management. Ensure all newly diagnosed cancer patients are discussed at the Multi-disciplinary Meetings. Escalate to management any concerns around patients breaching any of the target dates on their cancer pathway eg Day 21 by which time the patient should have had their first investigation.

4.6 Attending to the Generic Cancer Tracker Email mailbox which was established on 28/01/2013 so that emails from Trust staff regarding suspect/confirmed cancer patients could be sent to this mailbox. There the cancer trackers could pick up on them and see that they were not missed and included anyone off on leave/sickness or out of the office. A couple of trackers attended to this mailbox. Then on 26/04/2021 a rota was created for all cancer trackers to take turns attending to the generic cancer tracker email mailbox by either dealing with the emails themselves or forwarding them onto the appropriate tracker.

4.7 Clerk, Red Flag Appointments, 17/06/2013 - 12/10/2014 – Duties: Training new staff and see note 4c.

4.8 Cancer Tracker/MDT Co-ordinator Urology, 13/10/2014 - 12/04/2015 – Duties: Training new staff and see note 4e.

4.9 Clerk, Red Flag Appointments Part-time 13/4/2015 - 22/05/2016 - Duties: Duties: Training new staff and see note 4c.

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4.10 Cancer Tracker/MDT Co-ordinator Part-time 14/09/2015 - 23/05/2016 - Duties: Training new staff and see note 4e.

4.11 Cancer Tracker/MDT Co-ordinator - 23/05/2016 - 13/11/2016 - Duties: Training new staff and see note 4e.

41.12 Cancer Tracker/MDT Co-ordinator - 14/11/2016 – 03/11/2019 Duties: Training new staff and see note 4e.

4.13 Cancer Tracker/MDT Co-ordinator - 04/11/2019 -present post – Duties: Training new staff and see note 4e.

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 I do not/did not manage/d or have/had responsibility for any departments, services systems, roles and individuals. Below are the management I reported to in each of my roles:

2007: Human Resources Assistant, Lurgan Hospital - Line Manager: Mrs Donna Lavery, Band 5, Human Resources Officer.

2008: Human Resources Assistant, Craigavon Hospital – Line Manager: Lynne Magee, Assistant Manager.

2009: Clerk, Red Flag Appointments, Cancer Services, Craigavon Hospital – Line Manager: Angela Muldrew, Cancer Services Co-ordinator.

2010: Clerk, Red Flag Appointments, Cancer Services, Craigavon Hospital – Line Manager: Angela Muldrew, Cancer Services Co-ordinator.

2011: Clerk, Red Flag Appointments, Cancer Services, Craigavon Hospital – Line Manager: Angela Muldrew, Cancer Services Co-ordinator.

2012: Clerk, Red Flag Appointments, Cancer Services, Craigavon Hospital – Line Manager: Angela Muldrew, Cancer Services Co-ordinator and Telephone Call Handler, Out of Hours Call Centre, Craigavon Hospital – Mr Paul.

2013: Cancer Tracker/Multi-disciplinary Co-ordinator Gastro/Surgical - Cancer Services, Craigavon Hospital - Line Manager: Angela Muldrew, Cancer Services Co-ordinator. Telephone Call Handler, As & When, Out of Hours Call Centre, Craigavon Hospital – Mr Paul.

2014: Clerk, Red Flag Appointments, Cancer Services, Craigavom Hospital – Line Manager: Angela Muldrew. Telephone Call Handler, As & When, Out of Hours Call Centre, Craigavon Hospital –Line Manger - Marie Loughran.

2015: Cancer Tracker/MDT Co-ordinator Urology, – Cancer Services, Craigavon Hospital - Line Manager: Vicki Graham Telephone Call Handler, As & When, Out of Hours Call Centre, Craigavon Hospital - Line Manager: Trudy Best.

2016: Cancer Tracker/MDT Co-ordinator Part-time - Cancer Services, Craigavon Hospital - Line Manager: Vicki Graham Clerk, Red Flag Appointments Part-time, Cancer Services, Craigavon Hospital – Line Manager: Vicki Graham

2017: Cancer Tracker/MDT Co-ordinator - Cancer Services, Craigavon Hospital - Line Manager: Vicki Graham, Cancer Services Co-ordinator.

2018: Cancer Tracker/MDT Co-ordinator - Cancer Services, Craigavon Hospital - Line Manager: Vicki Graham, Cancer Services Co-ordinator.

2019: Cancer Tracker/MDT Co-ordinator - Cancer Services, Craigavon Hospital - Line Manager: Vicki Graham, Cancer Services Co-ordinator.

2020: Cancer Tracker/MDT Co-ordinator: Cancer Services, Craigavon Hospital - Line Manager: Vicki Graham. Cancer Services Co-ordinator.

2021: Cancer Tracker/MDT Co-ordinator: Cancer Services, Craigavon Hospital - Line Manager: Sinead Lee. Cancer Services Co-ordinator.

2022: Cancer Tracker/MDT Co-ordinator Cancer Services, Craigavon Hospital – Angela Muldrew, Cancer Services Co-ordinator.

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 I do not manage 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 Knowledge and Skills Framework – a personal progress review is carried out on an annual basis to measure how we are working and whether our training is up to date. It started in April 2009.

7.2 Training for Fire Awareness, Equality, Good relations and Human rights, Infection Prevention Control, Moving and Handling, Data Quality, Safeguarding People, Waste Management, Information Governance, Cyber security awareness, Display Screen Equipment.

7.3 Standard Operating Procedure (SOP) is a document with guidelines of the process of tracking a suspect/confirmed patient.

7.4 Weekly Cancer Meeting held by Management to ensure that all is being done in an effort in the care of suspect/confirmed cancer patients.

7.5 My line manager checks over my patient targets and will advise me if she notices a patient who needs my attention.

7.6 My work colleagues and line manager are also a support system for myself if I have any questions or need advice/information regarding tracking patients or regarding the Multi-disciplinary Team (MDT) Meetings.

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

8.1 In the Southern Trust, the performance review or appraisal were initially known as Personal Development Plans (PDP) and then they become the Knowledge and Skills Framework (KSF). Both types of review were to be carried out by my line managers. The review is carried out on a yearly basis to measure my performance of job duties, training completed and objectives for the coming year.

8.2 *Please see 1. Employment Record* which includes dates of my Personal Development Plans (PDP) and Knowledge and Skills Framework (KSF)

8.3 *Please see 2. Sample of my Knowledge and Skills Framework (KSF) from 2021 in my post as a Cancer Tracker.*

8.4 I have only 1 copy of my reviews - 2021.

8.5 My Line Managers carried out the Personal Development Plans (PDP) Knowledge and Skills Framework (KSF) reviews:

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a) PDP RECEIVED 02/12/2010 02/12/2010 Angela Muldrew
b) PDP RECEIVED 08/12/2011 08/12/2011 Angela Muldrew
c) PDP RECEIVED 23/03/2013 23/03/2013 Angela Muldrew
d) KSF PDR/PDP 2013/14 26/03/2013 26/03/2014 Angela Muldrew
e) KSF PDR/PDP 2014/15 08/01/2014 08/01/2015 Vicki Graham
f) KSF PDR/PDP 2014/15 01/07/2015 Trudi Best
g) KSF PDR/PDP 2015/16 19/05/2015 19/05/2016 Vicki Graham
h) KSF PDR/PDP 2016/17 28/10/2016 28/10/2017 Vicki Graham
i) KSF PDR/PDP 2017/18 17/11/2017 17/11/2018 Vicki Graham
j) KSF PDR/PDP 2018/19 19/02/2018 19/02/2019 Vicki Graham
k) KSF PDR/PDP 2018/2019 07/02/2019 Vicki Graham
l) KSF PDR/PDP 2019/2020 06/02/2020 Vicki Graham
m) KSF PDR/PDP 2020/2021 10/06/2021 Sinead Lee

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 There are the following guidelines from Northern Ireland CAncer Network (NICAN), NI Tumour specific Cancer Waiting Times (CWTs)Guidance, (Northern Ireland Cancer Access Standards – A Guide, Cancer Pathway Escalation Policy, Standard Operating Procedures (SOP), My Job Description for Patient Tracker and MDT Co-ordinator. *Please see 3. Cancer Tracker Job Description Jun 2015*

9.2 The Trust has policies for me to follow: Fire Awareness, Equality, Good relations and Human rights, Infection Prevention Control, Moving and Handling, Data Quality, Safeguarding People, Waste Management, Information Governance, Cyber security awareness, Display Screen Equipment.

9.3 I would generally be made aware of any updates on policy and guidance relevant to me by email or when described at a Cancer Tracker Meeting which are generally held every month.

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

10.1 The Cancer Patient Pathway System (CAPPS) for tracking suspect/confirmed cancer patients has a clock system that shows what day a patient is on, in their 62 day pathway. The Cancer Pathway System is also colour coded, highlighting and changing as the days move on. This is helpful for quick referencing; green for within target, orange if the patient is coming close to breaching the target date of 1st RF appointment or treatment date, black if the patient has breached the target date. I can filter the system to show patients on higher numbers of days who need the most attention. I can see what patients are awaiting their first red flag appointment by Day 14 out of the 62 days.

10.2 I regularly (generally every week) report to our line manager, Angela Muldrew as to how our tracking is progressing and of any difficulties we may be encountering.

10.3 My Personal Development Plans (PDP) and Knowledge and Skills Framework (KSF) completed yearly would be used to measure performance of my role (see Appendix III).

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 To assure myself that I adhere to the appropriate standards for my role I check my emails daily and to be aware of any updates in systems and processes I may need to know about.

11.2 I take notes as I learn new information so that I can refer to them again when a topic arises.

11.3 My Job Description for Patient Tracker and MDT Co-ordinator. *Please see 3. Cancer Tracker Job Description Jun 2015*

11.4 I can ask my peers for their knowledge and advice on how to deal with an enquiry/situation e.g. I may need to send an email but unsure of the best way to word it. I can ask them for advice of the appropriate way to word it. I can also rely on my peers to advise me if they think I might need to look into a query that might affect my patients' progress or if I need to know some new information I might have missed hearing about, e.g., a consultant is retiring soon to which I would need to find out who will be dealing with their patients.

11.5 My line manager Angela Muldrew is very skilled at her job and is constantly checking our work and will raise any concerns with me. Mrs Muldrew asks for a weekly report on our patient tracking record, of how many patients we have tracked and of any concerns.

11.6 Each cancer site has an audit every year where problems and achievements are looked at and discussed, aiming towards achieving a higher standard of treatment/work.

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 do not have experience of these systems being by-passed.

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

13.1 Information Governance - Ensure that if I notice any incorrect patient details are on a system I double check with a couple of other systems as to which is correct, eg., a patient's address – it is very important that this is correct so that they receive their hospital letters. I am careful about information sharing of patient details – to whom I am emailing about them, to whom I am actually talking on the phone to and when confidentially carrying patient details around the hospital. Disposing of confidential information is important – I only use the confidential bins that have contents shredded. Access to patient details is on a 'need to know' basis.

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 When I have problems with our IT systems whether it is the Emails in Outlook or problems with video-conferencing we can contact the IT department through the IT Portal or by phone for help and assistance.

14.2 A Multi-disciplinary meeting room has been built in an effort to provide a room available for all meetings regarding Cancer patients. There are a few teething problems that we have advised management and the IT Department about.

14.3 There are Standard Operating Procedures (SOP) for each cancer site. I would expect my management team to provide a copy of this.

14.4 NI Tumour specific Cancer Waiting Times (CWTs) Guidance. I would expect management to provide a copy of this.

14.5 Northern Ireland Cancer Network (NICAN) – with advice of symptoms for General Practitioners (GP) of who to refer regarding Suspect cancer. This is also referred to by consultants and doctors. I would expect my management would provide a copy of this.

14.6 Northern Ireland Cancer Access Standards – A Guide, Cancer Pathway Escalation Policy. I would expect my management to provide a copy of this.

14.7 Belfast Trackers are in the process of creating a manual to refer to with regards to cancer codes, processes, different cancers names, information beneficial to tracking a patient.

14.8 The Trust have employed more Cancer Trackers to ease the pressure of the growing amount of new patients being referred with suspect cancer entering the cancer pathway system.

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

15.1 During my tenure I understood it would have been the Clinical Governance Department which was responsible for overseeing the quality of services in urology. I have not dealt with the Clinical Governance Department in any way.

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

16.1 There is a Clinical Governance Department in the Trust but I am unsure of the details of how they govern departments apart from issuing their policy.

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?**

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17.1 In my role as a Red Flag Appointments Clerk I did sometimes have difficulty getting the Red Flags referrals triaged or booked. I did bring this to the attention of management verbally. My manager would have needed regular updates of how the booking of referrals were progressing. In most cases, it was difficult to book urology patients within the target date of 14 days due to inadequate appointment slots at clinics to which my line manager would escalate this to senior management to advise of this. In some cases, more red flags slots were added but patients did breach their target dates on their cancer pathway. I am not sure how often this happened but urology seemed to be struggling for a long time and still is. Quite often red flag referrals that waited a day or two longer to be triaged, needed chased up to get them triaged and back to the office to begin the process of booking. Phone calls would have been made as well to secretaries to find out where their consultant might be. When I found the consultant, I explained to them about our time restraints as a reminder to why I was chasing them. The turnaround time was short, Day 1 was the day we received the referral even if it was received at 5:00pm. The patient's appointment is to be booked by Day 14 or before. The weekends count in the 14 day target. The referral needs to be left for triage, triaged, collected from triage, patient telephoned, appointment made (even if we cannot contact the patient), letter sent out first class and all in time for Day 14.

17.2 In my role as a Cancer Tracker/Multi-disciplinary Team Co-ordinator I feel the Trust is under tremendous pressure trying to deal with so many patients without enough staff in the Urology Department. If there were enough staff, patients would be treated in good time. From a Tracker aspect, this has been brought to the attention of management and they have offered overtime and employed more staff to work on the Cancer Tracking part of Urology which has helped a lot. However, even though we have more cancer trackers and have improved the ability to add patients to Multi-disciplinary meetings there is still not enough consultants or time available to discuss enough patients.

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

Please explain your answer in full.

18.1 In most ways the team were helpful especially Mr Mark Haynes who was very approachable, and although he was trying to get through as much work as possible, he would still make time to explain things. He is very dedicated and professional in his dealings with triaging referrals and how a Multi-disciplinary Meeting should be held and prepared for.

18.2 Unfortunately, the urology radiologist was not in attendance at some of the multi-disciplinary meetings which meant patients were deferred to the next week for discussion. Example: in 2019, I noticed that there was no radiologist at the urology multi-disciplinary meetings for approximately 20 out of 45 meetings.

18.3 The nurses are very helpful and approachable if we have a query.

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 As a Red Flag Appointments Clerk- I have to ensure red flag referrals from General Practitioners, Wards and Consultants/Doctors were added to the Patient Administration System (PAS**),** then add to a spreadsheet to track when and where the referral is taken for triage and the date when collected from triage. From triage the patients are either booked into a red flag appointment slot within the 14 day time limit or downgraded and their referral sent to the Central Booking Centre to be added to a waiting for eventual booking into an urgent/routine appointment. I am required to phone the red flag patients to offer them the first available day and time slot for a red flag appointment, make the appointment, ask them to also take the details down and send out a red flag appointment letter by first class post. I have to make sure the referral is filed under the correct date in the correct folder for collection by Medical Records, who pull the charts from filing, file the referral, prepare the chart and deliver the chart to the clinic.

19.2 As a Cancer Tracker/MDT Co-ordinator I have to ensure that the patients that come onto the Cancer Patient Pathway System (CAPPS) are tracked for their 1st Red Flag appointment, if not discharged back to General Practitioner (GP) having been downgraded to urgent or routine I have to see that patients are then sent for testing (sometimes biopsies can be done at the 1st appointment) or investigations. I set reminder dates for when tests/investigations are due. I update the patient's diary notes at each stage of their tests/investigations, clinic appointments and outcome results. In most cases, Consultants/Doctors/Nurses advise me of patients who need to be discussed at the Multi-disciplinary Meetings but if I find any patients whom I feel should be discussed, I will either add them for discussion or contact their consultant/doctor to query if this patient should be discussed at the next Multi-disciplinary Meetings. At the Multi-disciplinary Meetings I take note of the patients' outcomes, generate a letter to the General Practitioner (GP) and Report that in the Administrative Support file in the patient's chart. I email the secretaries to advise of patients that need review appointments and on the Cancer Patient Pathway System (CAPPS) transfer patients to Belfast who are going there for treatment.

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 would have liaised with my line managers Angela Muldrew (in my post of Clerk in Red Flag Appointments during my 3 postings in this job (see 4c, 4g, 4i) and Vicki Graham in my post as Urology Cancer Tracker 13/10/2014 - 12/04/2015, Urology CONSULTANTS - Mr Mark Haynes, Mr Anthony Glackin, Mr Aidan O'Brien, Mr John O'Donoghue, Mr Suresh, Mr Young, Mr Akhtar, RADIOLOGIST – Dr Marc Williams, NURSES – Jenny McMahon, Leanne Brown, Kate O'Neill, SECRETARIES – Elizabeth Troughton, Leanne Hanvey,

Noleen Elliott, Paulette Dignam, Nicola Robinson, Teresa Loughran, Monica McCorry.

20.2 The urology meetings I would have attended with the Urology Team were the Multi-disciplinary Meetings for Cancer Patients which were held weekly. Attendances were noted and added to the Cancer Patient Pathway System (CAPPS). The Minutes of the Urology Multi-disciplinary Meeting were typed by the Cancer Tracker, saved and emailed out to the staff involved in Multi-disciplinary Meetings as provided by my managers.

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 work as a Cancer Tracker in Cancer Services so I cannot answer with regard to the day to day running of the urology services. My role as a Red Flag Appointments Clerk and Cancer Tracker/MDT Co-Ordinator was to support the Urology Team in management of suspect/confirmed cancer patients. I was required to provide a platform where patients could be referred into the hospital as a red flag, triaged, seen in clinic at the first available appointment slot, with information and results tracked on a cancer pathway and then discussed in a meeting with a multi-disciplinary team and a management plan made towards their treatment. (See 19a & 19b for more details of post involvement.)

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 My overall view of the efficiency and effectiveness of governance processes and procedures within urology is that more staff and clinics are needed to help with the pressures. If the staff are under too much pressure, how can they work effectively, even with all the training.

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 In the Cancer Patient Pathway System (CAPPS), once a patient's details download there is a timing system which counts the days towards when a cancer patient is to start their treatment and this should be within 62 days. There are targets for each part of the cancer pathway: by day 14 target for 1st red flag appointment, by day 21 target for their first test (eg CAT Scan, Ultrasound, Biopsy, Bloods, MRI), by Day 25 discussion at the Multi-disciplinary Team (MDT) Meetings. If cancer is proved, and the patient cannot be treated locally, they are then transferred to Belfast for treatment by the day 28 target, for treatments in the Cancer Centre for radiotherapy or certain chemotherapies not available locally or depending on the speciality if it is not provided by the Southern Trust, eg., Sarcomas). Treatment, either locally or by Belfast should occur by the Day 62 target, if not sooner.

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

(i) **Waiting times**

24.1 Yes: first red flag appointment by Day 14; first test by Day 21; first discussion at Multi-disciplinary Team (MDT) Meeting by Day 25, and; if patient is for treatment in Belfast then transferred on the Cancer Pathway System to the Belfast Trackers and first treatment by Day 62.

24.2 If patients are not meeting their targets I escalate by email to my manager Angela Muldrew, MDM Administrator & Projects Officer to advise of the patient and where the delay is, eg., date for radiology, date for surgery. Angela Muldrew will email/escalate this to the Head of Services, Wendy Clayton, Jane Scott, Ronan Carroll, Barry Conway, Claire Quin, Sharon Glenny, Sinead Lee.

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

24.3 As a Red Flag Appointments Clerk– It was my responsibility to ensure red flag referrals from General Practitioners, Wards and Consultants/Doctors were added to the Patient Administration System(PAS), then included on a spreadsheet to track when and where they were to be taken for triage. Upon collection from triage the red flag referrals would be either booked into a red flag appointment slot within the 14 day time limit or downgraded and sent to the Central Booking Centre to be added to a waiting list for eventual booking into an urgent/routine appointment slot. I would phone patients to offer them the first available day and time slot for a red flag appointment, book the appointment on the Patient Administration System (PAS), ask the patient to write down the appointment details, as I write them on the referral and send out a red flag appointment letter first class. I then file the red flag referral under the correct date in the correct folder for collection by Medical Records who pull the charts from filing, file the referral, prepare and deliver the chart to the clinic.

(iii) **Letter and note dictation**

24.4 I do not have any specific responsibility or input in this area within urology.

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

24.5 If this relates to booking appointments – please see note (iia)

24.6 I do not deal with the actual scheduling of procedures or surgeries. From the tracking information in the Cancer Patient Pathway System (CAPPS), emails or outcomes of the Multi-disciplinary Team (MDT) Meetings I would check on the Patient Administration System (PAS),that the suspect/confirmed cancer patients are scheduled for procedures or surgeries with an early date and if not, contact the secretary/consultant to enquire of the delay. If the delay does not relate to the patient's choice, I would escalate to my line manager

Angela Muldrew, MDM Administrator & Projects Officer who would then escalate to Head of Surgery. The details of scheduled dates are noted in the patient's diary along with comments and a notification date would be set to check on the outcome of what was scheduled.

(v) Prescription of drugs

24.7 I do not have any responsibility or input in this area within urology.

(vi) Administration of drugs

24.8 I do not have any responsibility or input in this area within urology.

(vii) Private patient booking

24.9 I do not have any responsibility or input in this area within urology.

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

24.10 I would be responsible for setting up and co-ordinating Multi-disciplinary meetings (MDMs). The meetings are set up to discuss suspect/confirmed cancer patient that are being tracked on the Cancer Patient Pathway System (CAPPS). On the Cancer Patient Pathway System (CAPPS) I can input patient details; name, address, health & care number, hospital number, date of birth, a summary of their symptoms, medical history relevant to this episode, tests carried out, radiological and pathological reports, outcomes by the Team regarding management. I input/paste in this information and the Cancer Patient Pathway System (CAPPS) compiles it so that a Patient Preview List can be printed for discussion at the Multi-disciplinary meetings (MDMs). In the days before the meeting, I will receive emails advising of patient names for discussion at the Multi-disciplinary meetings (MDMs). These names, if not already being tracked on the Cancer Patient Pathway System (CAPPS) are added with information pertaining to the suspect/confirmed cancer. I update

their page with a summary, radiological and pathological results. I email out the Patient Preview List (as mentioned above) to all the consultants, junior/senior doctors, clinical nurse specialists, palliative care nurses, oncology doctors, secretaries and cancer trackers so that those who are attending the meeting can see the list of patients for discussion and prepare themselves for the discussion. I attend the Multi-disciplinary meetings (MDMs), set up the room, connect the other attendees from other hospitals to the video conferencing system, deal with any IT issues that tend to arise, take the outcomes of the patients. Then after the Multi-disciplinary meetings (MDMs) have taken place, ensure all paperwork is taken away for shredding, close down computers, screens, video-conferencing and lights. On returning to the office, add in the outcomes to each patient on the Cancer Patient Pathway System (CAPPS). When this is done, I double check that the outcomes are correct. I then forward the patient preview list by email but this time with the outcomes of the discussions. From the Cancer Patient Pathway System (CAPPS), General Practitioner (GP) letters and Multi-disciplinary meetings (MDM) reports can be printed. The GP letters are posted to the relevant surgeries and the MDM reports are filed in the patients charts by the Administrative Support Team in my office. Some patients are referred onto Belfast for either further treatment,eg., surgery not done in the Southern Trust or to the Cancer Centre, Belfast for radiotherapy/chemotherapy.

24.11 The attendances are also recorded by myself on the Cancer Patient Pathway System (CAPPS). When consultants/doctors/nurses need this information they email the cancer trackers who in turn , email our line-manager who has access to the Business Services Organisation (BSO) where this information is gathered and advice of their attendances can be obtained.

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

24.12 The only dealing with following up on results/sign off of results would be if I come across, within hours or a couple of days of a report becoming available, I would email the report to the relevant consultant/doctor, in an effort

to speed up when the consultant/doctor views this and can advise of the next step.

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

24.13 Some patients are referred onto Belfast for either further treatment, ie., surgery not done in the Southern Trust or to the Cancer Centre, Belfast for radiotherapy/chemotherapy. Following the Multi-disciplinary meetings (MDM), we update the required information on the Cancer Patient Pathway System (CAPPS) and activate an inter-trust transfer, advise the Belfast Tracker who will then liase with Belfast Surgeons, Nurses, Cancer Centre staff all in an effort to obtain the first available slot for appointments and treatments. Consultants/Doctors also do a letter of referral for further care and treatment.

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

24.14 In my Red Flag appointments post I had dealt with the storage and management of Red Flag referrals which were a paper document. Once I received them, certain details were recorded onto the Patient Administration System (PAS) and an Excel spreadsheet. They were brought to which ever consultant was to triage that day/week. Once we brought them back from triage, they were put in a file in our office ready for booking an appointment. After the appointment was booked they were moved to another file, still in our office, until such times as Medical Records collected them to file in the patient's chart for clinic.

24.15 In my post as Cancer Tracker/MDT Co-ordinator I do maintain records in the Cancer Patient Pathway System (CAPPS) and make every effort to maintain their accuracy regarding patient details eg address, information recorded for Multi-disciplinary Team (MDT) Meetings.

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

24.16 In my Red Flag appointments role I would enter certain details of the patient onto the Patient Administrative System (PAS) inputting codes which

related to the referral to show it is a suspect cancer referral, update patient details as per General Practitioner referral, eg., address, phone numbers, next of kin, previous names, names known as. Check clinic for available red flags slot. Book first red flag appointments, produce appointment letters from this system, cancel and rebook appointments if the one posted out does not suit.

24.17 In my Cancer Tracker/MDT Co-ordinator role I would use the Patient Administrative System (PAS) to check if the patient has had their first appointment, has been added to a waiting list, has been pre-op assessed, date for surgery/procedure, has been downgraded or discharged to General Practitioner.

(xiii) **Staffing**

24.18 I do not have any specific responsibility or input in this area within urology.

(xiv) **Clinical Nurse Specialists**

24.19 My specific responsibilities or input with Clinical Nurse Specialists are to do with the advising of a patient to be tracked on the Cancer Patient Pathway System (CAPPS): if a patient has been added or is to be added to the Multi-disciplinary meetings (MDM)they will contact me by email or telephone.

(xv) **Cancer Nurse Specialists**

24.20 My specific responsibilities or input with Cancer Nurse Specialists relate to the advising of a patient to be tracked on the Cancer Patient Pathway System (CAPPS): if a patient has been added or is to be added to the Multi-disciplinary meetings (MDM) they will contact me by email or telephone.

(xvi) **Palliative Care Nurses**

24.21 My only specific responsibility or input with Palliative Care Nurses would be through emails/telephone calls regarding a patient being discussed at the Multi-disciplinary meetings (MDM).

(xvii) **Patient complaints/queries**

24.22 In my role as a Red Flag Appointments clerk I would have dealt with queries regarding their appointments, which in all cases were resolved. Patients may not have been available for a phone call to arrange a suitable appointment, in which case I would still book the patient into the first available Red Flag appointment slot and send out a Red Flag appointment letter. If this did not suit, the patient had the necessary details to phone in to rearrange a more suitable date.

24.23 In my role as a Cancer Tracker/ MDT Co-ordinator I do not have any dealings with 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.**

25.1 In the first instance I would deal with the concern myself whether by phone call, email or face to face. If this did not solve the issue, I would have to escalate it to my line manager which could be face to face, phone call or email depending on the situation. If my line manager could not resolve the problem, they would escalate to the head of services.

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 Triaging of red flag referrals so that an appointment could be booked within 14 days – plainly requires referrals to be triaged by a certain time limit. My line manager Angela Muldrew, MDM Administrator & Projects Officer was always checking up with us regarding all aspects of the red flag referrals. I would quite often have to track down the consultant who was due to triage that day/week and bring the referrals to them for triaging, whether in between patients during clinic, during ward rounds or in their office. As with other consultants, I did have times when I had to go directly to Mr O'Brien to have referrals triaged which could have been due to time restraints eg there maybe red flag slots for the next day that need filled. Mr O'Brien would always triage the referrals when they were brought directly to him. He was always polite and I felt I could convey my concerns for times restraints, in a respectful way and he would return the respect. The system of triaging for urology did change where the referrals were left in one place (an office in the urology unit) for triaging and collection. The system for dealing with referrals has changed now and there are much fewer paper referrals now as they are mostly on the Clinical Communications Gateway (CCG) which downloads onto the Cancer Patient Pathway System (CAPPS). I am unsure of the process now but consultants/doctors can triage referrals through this system Clinical Communications Gateway (CCG) which is also a safer and a more accessible record for following up and booking appointments from.

26.2 Multi-Disciplinary Meetings – Mr O'Brien's summaries were very long which took some time to read. I do not feel I could have told a consultant that their summaries were too long. It was jested at the meetings about the length of the some summaries. Other consultants provide more concise summaries, patients are still being discussed and an outcome for a management plan is being made.

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 have concerns about Mr O'Brien regarding the triaging of referrals as I had about other consultants/doctors who needed to triage within a certain length of time. I expressed this to him, sorry that I cannot remember the reply but I continued to bring the referrals directly to the consultants regardless of any comment as this was my job. I mentioned about triaging problems to my line manager which would be escalated to higher management. I imagine one solution presented itself when the new urology department opened in 2013 and there was a staff room where referrals were left centrally for triaging and collected for booking. There were still a few times when the referrals had to be brought into the clinic room for triaging due to time restraints of red flags slots that needed filled. The triaging of red flag referrals were not just an issue with Mr O'Brien.

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 If the red flag referrals were not triaged in time this would delay in patients being booked into the earliest possible red flag appointment slot. So I persisted in getting the referrals triaged by any consultant if the designated consultant would most likely not be available that day. It may have caused me to work on later in the day to book the patients.

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

29.1 If red flag referrals were not triaged in a timely manner or if red flag slot were available for the next day or two, I would persist in getting the referrals triaged by any appropriate consultant so that I could book the patients into the red flag slots so that the slots were not missed.

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 The turnaround time for booking red flag referrals is short. Day 1 was the day we received the referral even if it was received at 5:00pm. The patient's appointment is to be booked by Day 14 or before. The weekends count in the 14 day target. The referral needs to be left for triage, a consultant needs to find time to triage it, the referral needs collected from triage, a suitable clinic is picked and the patient telephoned, appointment made (even if we cannot contact the patient), letter sent out first class and all in time for Day 14. There was daily pressures in adding referrals to the hospital systems, getting the referrals triaged and booked. I was always against time as there were not only urology referrals but referrals for every other department as well. I was part of a team that worked well together and between us we organised ourselves to constantly prioritise delivery, collection and booking of red flag referrals. Our line manager was also working with us to obtain more red flags slots or clinics to alleviate the risk of breaching. Any concerns were escalated to higher management for them to deal with.

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 would have to advise my line manage if the urology referrals were delayed in triaging or if there were not enough slots at the urology clinics for all

the referrals. There was already the Cancer Patient Pathway System that monitored the referrals from the day they came in and what day they were on in their pathway. As the amount of referrals kept growing, an excel spreadsheet was set up, which I could fill in as a backup with details of the patients name, H&C number and to whom and when the referral went to for triaging. The consultants generally triaged on a weekly basis. I would have to persist in finding where the consultant was and physically bring the referrals to them for triaging otherwise ask another consultant to triage them. Any concerns were also mentioned at the Cancer Tracking meetings.

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 not seen any outcomes of investigations that I can remember. Following an investigation, I would expect an email to be sent and advice to refer to a certain policy.

32.2 As a cancer tracker/ MDT Co-ordinator - If I had concerns about a suspect/confirmed cancer patient I escalate this in an email to our line manager and if they cannot help to expedite the patients' progress they will escalate by email to the appropriate Head of Service who in turn can contact the staff/departments to press for a date for a test/surgery/treatment.

32.3 As a red flag appointments clerk – If I had concerns about referrals I would have to advise my line manage if the urology referrals were delayed in triaging. I knew I had to persist in finding where the consultant was and physically bring the referrals to them for triaging otherwise ask another consultant to triage them.

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 would have to update my line manager with how the appointments were going. If I had a concern, I could ask my line manager for her advice. I identified if the red flag referrals were not going to be booked in time but this could be that clinics are already over booked with urgent & routine patients or a lack of clinic slots. This was addressed by escalating these concerns to my line manager, who then escalated to the Heads of Services/Operational Support Leads. In cases of the clinic overbooked we would have sometimes received permission to go ahead and book into all available red flag slots. These concerns were also mentioned at the Cancer Tracking meetings.

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 and I do not have knowledge of concerns raised or identified by others reflected in Trust governance documents except for the emails I receive to remind me about the care I need to take with inputting patient information, sending emails and security awareness. I would only have dealt with Information Governance training. In this policy I would have learnt about Records Management, Email Etiquette, Social Networking, IT Security, Trust Emails I have never seen a risk register.

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 Regarding red flag referrals – I no longer work in this area and the system has changed so I cannot comment on this.

35.2 As a cancer tracker/mdt co-ordinator – more staff are needed in urology to ease the work load so that staff are not under so much pressure which will affect their performance in work. More clinics and support are needed to deal with the

amount of patients that are coming through the cancer system which in turn, mean more patients need to be discussed at the multi-disciplinary meetings for a management plan to be formed.

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 know of how the working relationships between urology staff and other Trust staff were. I do not know if staff were afraid of Mr O'Brien. I never heard this mentioned.

36.2 I had a good working relationship with the Urology Team. The Urology Consultants/Doctors and nurses were approachable and helpful. Mr O'Brien is of a higher intelligence, had been a consultant and worked in the hospital for a long time, so I did not converse with Mr O'Brien very much. I tend to listen to people more than talk to them. I never felt I was afraid of Mr O'Brien. I just had to get the referrals triaged.

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 As I did not work in the Urology Department, I would not have any knowledge if the medical (clinical) managers and non-medical (operational) managers in urology worked well together.

Urology Services Inquiry

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 If the delays in the cancer patients' pathway could be tightened up, shorter meetings and more concise details. More training is probably needed in time management.

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 can only say this from my point of view, Consultant/Doctors and nurses are amazing in the treatment they can provide to patients. Staff are so often under extreme pressure. We may lose site of all the aspects of the job that need obeyed. Were they not able to work together as a team in dealing with clinic processes, management, patient care.

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 All staff members should be subject to a performance review. It can be difficult dealing with certain personalities, to make them understand the ways the service must run and to suggest a more efficient way to work. Mr O'Brien's penmanship, grammar and spelling was A+ but the time lost in this was surely costly.

40.2 I was told that some patients only wanted to be seen by Mr O'Brien and did not mind waiting a long time at clinic to see him. I was also told Mr O'Brien phoned patients to their home, to speak to them about their management plan in the comfort of their home which patients would have appreciated so much. This may have been done in his own time.

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.**

41.1 I am not aware if or how the problems in the urology services were dealt with. There have been staff shortages which would impact the service as well. In terms of red flag appointments, from when I started in this job, the referral concerns were emailed or verbally advised to my line manager on a very regular basis, discussed at cancer tracker meetings and escalated to higher up management which they were continually trying to deal with.

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?**

42.1 I do not know how overall this could have been dealt with differently. In the areas of my work I chased Mr O'Brien and other consultants for referrals

that I needed back from triage. Consultants are dealing with life and death situations, so if I have to chase up on referrals, it may be frustrating but we are the safety net to ensure the administration keep moving and is processed. When I was a cancer tracker for urology I changed my working hours to be available go over MDM outcomes for grammar and punctuation. So that the outcomes were completed in good time for letters to be sent out to the General Practitioner (GP) and Multi-disciplinary Meeting (MDM) reports could be filed for clinic.

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 would not have dealt with governance arrangements or know how they were dealt with.

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

44.1 I have nothing else to add.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from

official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Statement of Truth

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

Signed: Marie Dabbous

Date: 21st October 2022

S21 82 of 2022

Witness statement of: Marie Dabbous

Table of Attachments

Attachment	Document Name
1	Employment Record
2	2021 Knowledge Skills Framework Performance Review PDR-MD
3	Cancer Tracker Job Description Jun 2015

Southern Health & Social Care Trust **STRICTLY CONFIDENTIAL**

Employment Information for Marie Dabbous during SHSCT employment as at 6 October 2022

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

Prepared for: Marie Dabbous, Patient Tracker/Mdt Co-Ord

Ref: ad/2022/433

Date: 6 October 2022

Note: Information has been extracted from BOXI i.e. lists records from HRMS up to December 2013, and HRPTS as at 6 October 2022

Employment History from November 2003 - June 2013 (as per HRMS)

Fac/Bk/Staff No	Full Name	Date Appointed to Trust	Date Left Trust	Hist. Grade Effective Start Date	Hist. Grade Effective End Date	Employment Status	Hist. Grade Description	Hist. Location of Post	Cost Centre Code	Cost Centre Description (as at January 2014)
Personal	MARIE DABBOUS	03/11/2003		03/11/2003	13/06/2004	Permanent	GRADE 2	LURG HEALTH &SOC SER CENT	34832A	CBC DIR OF HUMAN RESOURCES
Personal				14/06/2004	31/08/2004	Temporary	GRADE 3	LURG HEALTH &SOC SER CENT	34832A	CBC DIR OF HUMAN RESOURCES
				01/09/2004	31/01/2005	Permanent	GRADE 2	LURG HEALTH &SOC SER CENT	34832A	CBC DIR OF HUMAN RESOURCES
				01/02/2005	31/08/2005	Temporary	GRADE 3	LURG HEALTH &SOC SER CENT	34832A	CBC DIR OF HUMAN RESOURCES
				01/09/2005	09/03/2008	Permanent	ADMIN & CLERICAL (2)	LURGAN HOSP - H&SS CENTRE	73832A	CBC DIR OF HUMAN RESOURCES
				10/03/2008	01/03/2009	Permanent	ADMIN & CLERICAL (2)	DISTRICT OFFICE	73910H	RECRUITMENT & SELECTION
				02/03/2009	31/12/2011	Secondment (Internal)	ADMIN & CLERICAL (3)	CAH - MAIN BUILDING	73324A	CAH MED RECORDS - CANCER SERVIC
				01/01/2012	22/07/2012	Permanent	ADMIN & CLERICAL (3)	CAH - MAIN BUILDING	73324A	CAH MED RECORDS - CANCER SERVIC
				23/07/2012	16/06/2013	Temporary Move to Higher Band (Acting Up)	ADMIN & CLERICAL (4)	CAH - MAIN BUILDING	73324A	CAH MED RECORDS - CANCER SERVIC

Employment History from January 2012 and June 2013 (as per HRPTS)

Pers.No.	Full Name	Date Appointed to Trust	Date Left Trust	Date Commenced Post	Date Left Post	Contract Type	Work Contract	Position	Job Description	Organizational Unit	Cost Center
Personal	Ms Marie Dabbous	16/01/2012	16/12/2019	16/01/2012	31/05/2017	Bank	Bank	Telephonist (2) -Bank	Telephonist (2)	Out Of Hours - Support	CBC SAUCS C'VON (OUT OF HRS)
										Out Of Hours Call Handlers/Receptionists*	CBC SAUCS C'VON (OUT OF HRS)
				01/06/2017	16/12/2019	Bank	Bank	Telephonist (2) -Bank	Telephonist (2)	Out Of Hours Call Handlers/Receptionists	CBC SAUCS C'VON (OUT OF HRS)
Personal	Ms Marie Dabbous	14/09/2015	23/05/2016	14/09/2015	23/05/2016	Temporary	Temp Higher Bd	Patient Tracker/Mdt Co-Ord	Admin & Clerical (4)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
Personal	Ms Marie Dabbous	03/11/2003		17/06/2013	12/10/2014	Permanent	Permanent	Admin & Clerical (3)	Admin & Clerical (3)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
				13/10/2014	12/04/2015	Permanent	Temp Higher Bd	Patient Tracker/Mdt Co-Ord	Admin & Clerical (4)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
				13/04/2015	22/05/2016	Permanent	Permanent	Admin & Clerical (3)	Admin & Clerical (3)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
				23/05/2016	13/11/2016	Permanent	Temp Higher Bd	Patient Tracker/Mdt Co-Ord	Admin & Clerical (4)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
				14/11/2016	03/11/2019	Permanent	Temp Higher Bd	Patient Tracker/Mdt Co-Ord	Admin & Clerical (4)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
				04/11/2019		Permanent	Permanent	Patient Tracker/Mdt Co-Ord	Admin & Clerical (4)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
										Cancer MDT Administration**	CAH MED REC - CANCER SERVICES

**Position was realigned to new organisational unit in February 2016*

***Position was realigned to new organisational unit in January 2022*

HR Analytics and Governance Team, Workforce Information Department, HROD Directorate

Received from SHSCT on 21/10/2022. Annotated by the Urology Services Inquiry.

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	MARIE DABBOUS	PDP RECEIVED	02/12/2010	02/12/2010
		PDP RECEIVED	08/12/2011	08/12/2011
		PDP RECEIVED	23/03/2013	23/03/2013

KSF PDR/PDP Qualifications (as per HRPTS)

Pers.No.	Full Name	Qualification Name	Start Date	End Date
Personal	Ms Marie Dabbous	KSF PDR/PDP 2013/14	26/03/2013	26/03/2014
		KSF PDR/PDP 2018/19	19/02/2018	19/02/2019
Personal	Ms Marie Dabbous	KSF PDR/PDP 2014/15	08/01/2014	08/01/2015
		KSF PDR/PDP 2015/16	19/05/2015	19/05/2016
		KSF PDR/PDP 2016/17	28/10/2016	28/10/2017
		KSF PDR/PDP 2017/18	17/11/2017	17/11/2018
		KSF PDR/PDP 2021/22	31/10/2021	30/10/2022

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.

Southern Health and Social Care Trust
Quality Care - for you, with you

Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Cancer Tracker/MDT Co-ordinator Band 4 **Staff Number:** Personal Information redacted by the USI

Is Professional Registration up to date? _____

KEY ISSUES & OUTCOMES	COMMENTS
Have you read and understood your Post Outline? **Post Outlines can be accessed via Trust Intranet (KSF link)** **YES** [x] **NO** [ ] **Have Post Outline levels been achieved:** **YES** [x] **NO** [ ] **If no, record below what action to be taken:**	**Staff members comments on his/her performance over past year:** Personal Information redacted by the USI
Objectives for Next Year: Personal Information redacted by the USI	

Reviewee Staff Name (Print) Marie Dabbous _____ Signature _____ Personal Information redacted by the USI _____ Date __07/10/2021_____

Reviewer Manager/Supervisor (Print) _Sinéad Lee__ Signature _____ Date _____

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	24/03/2021	
	Information Governance	27/05/2021	
	Moving and Handling	29/03/2017	Marie to complete 05/10/2021
	Infection Prevention Control	03/02/2021	
	Equality, Good relations and Human rights	27/05/2021	
	Cyber security awareness	20/04/2021	
Corporate Mandatory Training ROLE SPECIFIC	Safeguarding People, Children & Vulnerable Adults		
	Waste Management	29/03/2017	
	Data Quality	20/06/2017	
	Display Screen Equipment		Marie to complete 04/10/2021
	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 –

Issues –

Reviewee Staff Name (Print) _Marie Dabbous_____ Signature _____ Personal Information redacted by the USI _____ Date __07/10/2021_____

Reviewer Manager/Supervisor (Print) ___Sinéad Lee___ Signature _____ Date _____

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

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