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

Hilda Shannon
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 84 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:

Hilda Shannon
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 84 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.

Urology Services Inquiry

Urology services

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

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?

Urology Services Inquiry

Staff

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

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

Learning

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

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

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

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

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

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

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

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

NOTE:

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

Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice No. 84 of 2022

Date of Notice: 23 September 2022

Witness Statement of: Hilda Shannon

I, Hilda Shannon, will say as follows: -

SECTION 1 – GENERAL NARRATIVE

General

1. **Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**

1.1 I first started in the trust on 1st November 2004 in cancer services when it was then the Craigavon and Banbridge Group trust. I started off as a clerical officer which included pulling charts for Oncology clinics, filing, covering the Mandeville unit reception and booking patients for oncology and haematology clinics.

1.2 I have had no involvement nor do I have any knowledge of the matters set out in the Terms of Reference of the Urology Inquiry. I have never

worked with Urology services except when I was given the urology site as explained herein and set out in Q37. I have never had any involvement with the Urology MDM. Any time I have covered the generic cancer tracker email the urology tracker is usually included in these emails. If they are off on annual leave or sickness I would forward on to whoever is covering Urology.

1.3 My current role within the Southern Trust is as a patient tracker/MDM Co-Ordinator. I started this role in February 2008. When I first started my role I was given Urology and skin as my sites. At this time both sites had not gone live and they had no MDM and did not count in the cancer stats. I added in appointment dates and any radiology dates and biopsy dates. From what I can remember at that time it was mostly for training and also getting ready for these sites going live. I also helped with breast tracking and covered the breast MDM at that time when the tracker/MDM Co-Ordinator was off on annual leave. I started as Upper GI MDM Co-Ordinator in late 2008. My duties include tracking patients through their 31/62-day pathway, adding patients to the Upper GI and Colorectal MDM with correct and current information and sending the outcomes of MDM and the minutes to all MDM team members. I liaise closely with the GI department to provide timely care for patients. My duties don't include urology patients.

1.4 I attend the Upper GI and Colorectal MDM every week on a Thursday. I have never attended any meeting that involved any issues raised within Urology.

2. **Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt**

about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.

2.1 I have included my job description, employment history and SOP. I obtained employment history from Ciara Rafferty and my employment history is accurately set out in this document. The relevant documents can be located in S21 84 of 2022 Attachments folder. *Please see:*

1. Job Description
2. Employment History
3. 20210225 Colorectal MDT Operational Policy

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 nothing further to add.

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.

Urology Services Inquiry

Your role

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

4.1 I held the role of a Clerical Officer Band 2, Mandeville Unit, Cancer Services from 01/11/04 – 03/02/08. My duties and responsibilities included pulling charts for oncology clinics, working on reception, preadmitting patients for chemotherapy, blood transfusions and bone morrow biopsies, checking patients into clinics and booking oncology clinics and Haematology clinics.

4.2 I have held the role of a Cancer Tracker/MDM Co-Ordinator from 03/02/08 – present. From February 2008 until the end of 2008 I helped with Urology and Skin. At that time these sites were not counted in cancer stats and had not yet gone live. Both sites had no MDM at that point. I also covered Breast MDM and tracking when the patient tracker/MDM Co-Ordinator was off. From end of 2008 I have been Upper GI and Colorectal tracker. My duties and responsibilities in this role include tracking patients through the 31/62-day pathway, adding patients to MDM for discussion and making sure that all relevant information is added for each patient.

4.3 A generic cancer tracker email was set up in 2013. At that time it was manned by the Band 3 higher clerical officer post. From April 2021 a rota was created so that each of the cancer trackers took their turn each day with looking at this. This is a backup so that patients needing discussed at MDM or who have been referred for further tests are not missed.

4.4 Urology emails may be sent to the generic email. I would forward these to the urology patient tracker/MDM Co-Ordinator.

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 In my role as Clerical Officer Band 2 Mandeville Unit, Cancer Services from November 2004 – February 2008 my Line Manager was Wendy Clayton (Cancer Services Co-ordinator). I had no responsibility for departments, services, systems, roles or individuals.

5.2 In my role as Cancer Tracker/MDM Co-Ordinator from February 2008 – present my Line Managers have been Angela Muldrew, Vicki Graham, Sinead Lee and Ciaran McCann. Angela Muldrew has now returned as our Line Manager. I have and have had no responsibility for departments, services, systems, roles or individuals.

5.3 The line manager is someone who has direct managerial responsibility for us.

5.4 The dates of each line manager to whom I reported to directly are as follows:

a) Angela Muldrew – Band 5 until 05/10/14
b) Vicki Graham – 06/10/14 – 09/08/20
c) Sinead Lee – 10/08/22 – November 2020
d) Ciaran McCann – November 2020 – 31/03/21
e) Sinead Lee – 01/04/21 – 04/01/22
f) Angela Muldrew – 05/01/22 – Present

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 have no responsibility of managing staff.

Urology Services Inquiry

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 When I was clerical officer band 2 I mainly used PAS and Patient Centre. I used PAS to book oncology & haematology clinics, to find patient charts and to track patient charts back to filing or to secretaries. I used patient centre to check clinic letters. At that time NIECR wasn't in place.

7.2 As Upper GI/Colorectal cancer tracker/MDM Co-Ordinator, CaPPs would be the main system that I use. This is used for tracking patients and keeping diary comments up to date, for adding patients for discussion at MDM and for adding in relevant investigations for Upper GI/Colorectal patients.

7.3 I use Sectra to check for dates of any radiology appointments for example CT and MRI. NIECR is used throughout Northern Ireland by all trusts and GPs. We use this to check clinic letters, GP referrals, pathology reports and radiology reports. This helps with tracking patients on their pathway.

7.4 These systems allow me to make sure that I have all the correct information for patients being discussed at MDM. The systems also allow us to see dates for scans, outpatient appointments and endoscopies. Also when tracking patients these systems allow us to make sure that they are moving through their cancer pathway. CaPPs has traffic light system and we check notifications daily. The traffic light system is green for patients on day 1-28, amber for patients day 29 – 49, red for patients Day 50-62 and then patients who have breached are black.

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 We have an annual Knowledge & Skills Framework (KSF) review. In this review we discuss whether mandatory training is up to date. We also discuss our objectives for the next year including training that may help with jobs in higher bands. This is carried out by our line manager. These are held individually. I have attached dates of KSF. I have been unable to obtain required documents from management or Ciara Rafferty.

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 Each individual site has a SOP (Standard Operating Procedure). I have attached the SOP for Colorectal (*please see 3. 20210225 Colorectal MDT Operational Policy*). This helps other MDM Co-Ordinators or trackers when they are covering different sites to meet the standards that the site is used to. It also helped me when I first took over as guidance and was a great help with my transition from the previous tracker.

9.2 Our line manager attends cancer op meetings with other trusts in Northern Ireland. If there are any relevant changes to certain practices with tracking or changes within CaPPs they will let us know either via email or verbally at our monthly tracker meeting. Sometimes changes are made to CaPPs like new closure reasons.

9.3 Every 4 years each site has a PEER review. This is an outside group consisting of patients, nurses & consultants from outside of Northern Ireland reviewing a select number of patients who have been diagnosed and treated at any time to make sure that the service is being run effectively.

Urology Services Inquiry

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

10.1 The performance indicators that I am aware of are as follows.

10.2 Annual KSF appraisal. KSF appraisal is a chance for us to discuss with our line manager whether there is anything we need to help improve our role. It also allows us to set out any targets we would like to meet for the following year, for example new roles.

10.3 Our line manager would ask us to provide tracking updates. This involves escalating patients who are at risk of breaching or have breached their 31/62-day pathway.

10.4 I also take outcomes for the Upper GI/Colorectal MDM. These outcomes are approved by the MDM chair before letters are sent to the GP.

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

11.1 I assure that I adhere to appropriate standards for my role as Upper

11.2 GI/Colorectal tracker/MDM Co-Ordinator by escalating patients who are at risk of breaching or who have breached to my Line

11.3 Manager via email and also by keeping diary comments as up to date as possible.

11.4 Breaching is when a patient has gone past their days in the pathway.

11.5 Following MDM I send the outcomes I have taken on CaPPs to the chair of the MDM who looks over them and approves them for sending out to GPs. The outcomes are manually typed at MDM onto CaPPs.

11.6 It is important that we keep up to date with trust mandatory training. This includes manual handling, health & safety and fire training.

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

12.1 I have not by-passed any of the systems. Outcomes of MDM have always been either approved or signed by the MDM chair in Upper GI and Colorectal MDM. Following COVID letters are no longer signed by the chair within Upper GI and Colorectal. The line manager will let us know when they need a tracking up date, usually once a month and patients are escalated unless the line manager is already aware of problems which will affect a patient's pathway. This may include if there is a known delay with endoscopies or CT's and MRI's. I would not know if these were bypassed by others.

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

13.1 The systems of governance within my role include MDM where patients are discussed following investigations to decide the right treatment pathway.

13.2 Upper GI/Colorectal MDM have an AGM every year which all members of MDM discuss any improvements that can be made within each MDM speciality.

13.3 I also escalate patients who are breaching or at risk of breaching to my line manager.

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 No I would not be involved in any support for quality improvement initiatives. This would not be relevant within my role.

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

15.1 During my tenure it was my understanding that the Head of Service in Urology was responsible for overseeing the quality of services in Urology.

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

16.1 I am unaware of who oversaw the clinical governance arrangements of urology and how this was done. I have never worked in Urology services.

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

17.1 I have never worked in Urology services other than as set out in my answer to Questions 1 and 37 and my role would have nothing to do with providing the requisite service and support to urology services.

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

18.1 I am not able to answer this question as my job does not involve urology services. I have always worked within cancer services and none of my roles within that department have involved urology services other than as set out in my answer to Questions 1 and 37.

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 My present role within the cancer tracking team is setting up the MDM for the Colorectal MDM and tracking patients through their pathway. I liaise with General surgeons and their secretaries and the endoscopy team about getting patients booked for scopes. I am not and have not been involved with any aspects of urology services other than as set out in my answer to Questions 1 and 37.

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 don't liaise directly with anyone about any aspect of urology. I liaise directly with my line manager in cancer services. This does not include urology services or urology cancers.

20.2 As tracker for the Colorectal/Upper GI MDM we have a weekly MDM at the same time on a Thursday as does Urology. I have never attended any Urology MDM and have no minutes for any urology MDM.

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 My role has no relevance to the operational, clinical and/or governance aspects of urology services.

21.2 For Upper GI/Colorectal I add patients for discussion at MDM who have had their staging scans/tests so the MDM can make a decision on the treatment pathway. I also track Upper GI/Colorectal patients within their pathway to make sure they are on the correct waiting lists and timeline. I escalate Upper GI/Colorectal patients to my line manager when patients are falling behind on their pathway.

21.3 Urology, Breast, Skin, ENT, Lung, Gynae all have trackers/Co-Ordinators who do the same for their own site.

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

22.1 I have never attended a Urology MDM. I am unable to comment on the efficiency or effectiveness of governance processes and procedures

within urology. I have never been involved in urology in any way other than as set out in my answer to Questions 1 and 37.

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

23.1 I have never informed or engaged with performance metrics or had any other patient or system data input within urology other than as set out in my answer to Questions 1 and 37.

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

(i) **Waiting times**

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

(iii) **Letter and note dictation**

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

(v) **Prescription of drugs**

(vi) **Administration of drugs**

(vii) **Private patient booking**

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

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

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

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

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

(xiii) **Staffing**

(xiv) **Clinical Nurse Specialists**

(xv) **Cancer Nurse Specialists**

(xvi) **Palliative Care Nurses**

(xvii) **Patient complaints/queries**

24.1 I have no responsibility or input into any of the above areas within urology.

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 As part of my job as Upper GI/Colorectal tracker/MDM Co-Ordinator it is important to keep up to date with tracking and I give regular tracking updates to my line manager. I also escalate any patients which I feel are at risk of breaching or who already are breaching. Also if a patient has a known malignancy, I would add the patient to the MDM to push through the pathway.

25.2 If I did have concerns a DATIX would be filled in. I have not had to use these.

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

26.1 I have had no concerns or issues arising from any of the issues set out at para 24 (i) – (xvii) or any other matter regarding urology services. I have never covered any Urology MDM or escalated any patients of concern for urology.

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 have never worked within urology services other than as set out in my answer to Questions 1 and 37 and have no knowledge of any concerns other than as set out in my answer to Questions 1 and 37.

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 Within my role I have had no direct contact with urology practitioners. I have no recollection of any concerns 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?**

29.1 Within my role in cancer services I have had no involvement with any steps taken to risk assess the potential impact of the concerns once known. I had no knowledge of any concerns.

Urology Services Inquiry

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

30.1 I was not made aware of any concerns raised. My job as Upper GI & Colorectal patient tracker/MDM Co-Ordinator in cancer services is to track patients and to make sure all correct information is added for the Upper GI and Colorectal MDM. I have no experience of even adding information on for the Urology MDM. I would not be made aware of any concerns raised within Urology services.

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

31.1 I have no knowledge of this due to not working within Urology services. Within my role I would have no need to be involved.

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 Within my role as patient tracker/MDT Co-Ordinator we would have tracker meetings once a month. Currently we have 14 trackers/MDM Co-Ordinators across all cancer sites. Our line manager would make us aware of any policy changes via email or verbally at MDM. This would mainly be information from cancer performance meetings. This information would relate to changes to CaPPs and to the escalation policy. This would not include urology or urology cancers. We would not be made aware of any investigations outside of cancer services unless it had an impact on our role.

32.2 I am involved with Upper GI and Colorectal cancers. I have never covered for the Urology MDM and I have never covered or been asked to cover urology as the Upper GI and Colorectal MDM is on the same day. I have never worked in urology services other than as set out in my answer to Questions 1 and 37.

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 have never worked within urology services other than as set out in my answer to Questions 1 and 37 or covered a Urology MDM.

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 Within my role I would not have any access to these or have any knowledge of Trust governance documents, such as Governance meeting minutes or notes, or the risk register, whether at Departmental level or otherwise. I cannot say how any concerns would be reflected in these documents.

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

35.1 The Trust have a whistleblowing policy for staff to feel safe if they have any concerns. I have not had any concerns within my role to use it but I think it is worth having in the Trust.

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 cannot answer this question. I do not know the working relationships between urology staff and other trust staff. I did not have interactions with urology staff. I had no concerns regarding staff relationships.

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

37.1 I never worked with any medical (clinical) managers and non-medical (operational) managers within urology so cannot comment on this question.

37.2 I have never been involved with the Urology MDM. When I first started as a patient tracker/MDM Co-Ord in February 2008 I was looking at skin and urology tracking. I added in appointment dates and any radiology dates & biopsy dates. At that time these had not gone live for tracking which means their cancer pathway was not up and running. This was mostly for training. I have been MDM Co-Ordinator and tracker for Upper GI and Colorectal from the end of 2008. When I began my role as patient

tracker/MDM Co-Ordinator I had no MDM. I helped cover Breast MDM when the MDM Co-Ordinator at that time was off on annual leave or sickness. When I started as a patient tracker/MDM Co-Ordinator the skin MDM and Urology MDM had not begun. The tracking for these sites had not gone live and did not count in official cancer stats. From what I can remember this was for training and also to get ready for the MDM's to start and going live with cancer stats being recorded.

37.3 As it was over 14 years ago I cannot remember the exact date I took over as Upper GI and Colorectal tracker.

Learning

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

38.1 I am not aware of any governance concerns arising out of the provision of urology services other than as set out in my answer to Questions 1 and 37. I have never had any involvement with governance issues. I feel that with me never working within urology services or involvement with urology MDM that these concerns would not have been brought to my attention.

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 cannot comment on what went wrong within urology services as it would not involve my current role or any other role I have had in the Southern Trust.

Urology Services Inquiry

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

40.1 I have never worked in urology services and have not been informed of any learning from a governance perspective regarding the issues of concern within urology services or concerns involving Mr. O'Brien.

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 unaware of any failures to engage fully with the problems within urology services. Within my role I would have no knowledge of this.

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? and did you raise those concerns with anyone? If yes, what were those

42.1 I have no experience with Urology MDM or escalations and tracking. I have never been involved in any handling of concerns. Any concerns would have been dealt with by urology services. Throughout my tenure in the Southern Trust I have worked in cancer services. I cannot say if mistakes were made by others.

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

43.1 I have never been in a managerial role and have always worked within cancer services. I don't have any concerns specifically with governance arrangements within cancer services. I cannot answer for urology due to never having covered any urology MDM's or escalated any urology patients.

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 no further information to add to my statement.

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.

Urology Services Inquiry

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: Hilda Shannon _____

Date: 12/10/22_____

Section 21 Notice Number 84 of 2022

Witness Statement: Hilda Shannon

Index

Attachment	Document
1	Job Description
2	Employment History
3	20210225 Colorectal MDT Operational Policy

Southern Health and Social Care Trust

Quality Care - for you, with you

Patient Tracker/MDT Co-Ordinator Band 4

Southern Health and Social Care Trust

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JOB DESCRIPTION

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

JOB SUMMARY

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

KEY DUTIES / RESPONSIBILITIES

PATIENT TRACKER:

1. Proactively track all patients with cancer or suspected cancer and take appropriate action to ensure a timely diagnosis and treatment for cancer patients, as required to achieve cancer access targets. This will include the pre-booking of some diagnostic tests and treatments.

2. To have ensure their knowledge of the wide range of procedures involved, in booking appointments enables patients to be effectively recorded onto PAS and as appropriate for pre booked for appointments.

3. To support the flow of information to and from Primary Care, including acknowledging receipt of suspected cancer referrals and responding to queries regarding appointment details.

4. Responsible for ensuring all patients with cancer or suspected cancer have pre booked appointments and treatment in line with the cancer access patient pathways.

5. To negotiate with clinical staff, waiting list staff and admin staff when clinic slots are insufficient in order to facilitate an appointment for patients at the earliest opportunity. To escalate this to the relevant Senior Officer/Manager if there is insufficient capacity to meet the agreed patient pathway standards.

6. To contact other sites across the Regional Network and to liaise with other patient tracker/MDT co-ordinators in order to identify available capacity.

7. Making decisions which require analysis as to the most appropriate appointment for a cancer patient whilst considering other patient needs and workload.

8. Provide information to the clinical teams and cancer services team in relation to the timely treatment of cancer patients.

9. To collect, maintain and input information to support databases for weekly performance reports relating to cancer patients including the tracking of patients and discussion at the MDT.

10. To monitor performance against agreed waiting time targets for diagnosis and treatment.

11. Provide accurate and timely data to the cancer management team.

12. Progress patients through their cancer journey, ensuring that all test/scans are ordered and the patients notes, results and reports are made readily available to the appropriate clinician in time for the next step of the pathway.

13. To communicate sensitively with patients & carers who have recently received a diagnosis of cancer.

14. Assist in meeting the regional cancer access targets.

15. Provide audit support to the MDT meetings relating to patient tracking.

16. Assist in the analysis and preparation of information for reports for monitoring waiting times, monthly/quarterly, for Trust Board and Cancer Management

Team.

17. Maintain timely and accurate data collection, maintaining cancer MDT database, taking corrective action when data is incomplete or inaccurate.

MDT CO-ORDINATOR:

1. Responsible for the co-ordination, organisation and management of the weekly MDT meetings Trust wide, ensuring all relevant people are notified, all required information, notes, reports, results and X-Rays are available.

2. Generate a list of relevant patient names for the meetings and distributing this to the MDT members prior to meeting.

3. Responsible for collection and preparation of patient notes.

4. To work with the members of the MDT to ensure that all patients diagnosed with a new primary cancer are discussed at a MDT meeting.

5. Attend weekly MDT meetings, complete detailed proforma or summary for each patient discussed, including ensuring the details are sent to the relevant GP within 24 hours of MDT.

6. Responsible for typing, distributing of minutes, noting action points and follow-up action following up to ensure actions are taken in a timely manner.

7. Maintain a record of treatment decisions made at multi-disciplinary team meetings and ensure that these decisions are recorded in patient notes.

8. Maintain an accurate record of attendance at MDT meetings ensuring all cancelled meetings are recorded with a cancellation reason.

9. Ensure all documentation is kept in such a manner that any cancer patient tracker is able to take on the work.

10. When required receive telephone calls, communication with patients and/or their relatives.

12. Ensure all referrals made from MDT are forwarded to relevant professional.

13. Responsible for requesting relevant x-ray images and charts for MDTs.

14. To assist and participate in MDM Peer Review process

OTHER RESPONSIBILITIES:

1. Actively participate in the induction and training of new staff within the directorate.

2. Provide Patient Tracker/MDT Co-ordinator cover across tumour sites as required

RAISING CONCERNS - RESPONSIBILITIES

1. The post holder will promote and support effective team working, fostering a culture of openness and transparency.

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

GENERAL REQUIREMENTS

The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
    - Smoke Free policy
    - IT Security Policy and Code of Conduct
    - standards of attendance, appearance and behaviour

4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.

5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.

6. All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public,

with limited exceptions, under the Freedom of Information Act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the [org name] policy and procedures on records management and to seek advice if in doubt.

7. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.

8. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

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

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

March 2022

Southern Health and Social Care Trust

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PERSONNEL SPECIFICATION

JOB TITLE AND BAND Patient Tracker/MDT Co-ordinator- Band 4

DEPARTMENT / DIRECTORATE Cancer Services, Acute Services

SALARY

HOURS Full time/Part time (minimum of 30 hours)

Ref No: March 2022

Notes to applicants:

1. *You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
2. *Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the Trust reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.*
3. *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.*

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Qualifications/ Experience	1. Level 4 qualification (on the Qualifications and Credit Framework, QCF), i.e. HNC or equivalent / higher qualification in a business/administrative related subject **AND** 1 years' experience in a clerical / administrative role **OR** 4 GCSEs at Grades A-C including English Language and Maths or equivalent / higher qualification AND 2 years' experience in a clerical / administrative role	Shortlisting by Application Form

	OR 3 years' experience in a clerical / administrative role 2. Experience in the use of Microsoft Office products including Word, Excel, Powerpoint	
SECTION 2: The following are **ESSENTIAL** criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	1. Ability to work as part of a Team 2. Ability to use own initiative 3. Ability to identify problems and recommend appropriate solutions. 4. Effective Planning & Organisational skills with an ability to prioritise own workload 5. Effective Communications skills to meet the needs of the post in full. 6. Ability to maintain thoroughness and attention to detail at work 7. Flexible with regard to working arrangements with possibility of working cross-sites (CAH & DHH)	Interview

DESIRABLE CRITERIA		
SECTION 3: these will **ONLY** be used where it is necessary to introduce additional job related criteria to ensure files are manageable. You should therefore make it clear on your application form how you meet these criteria. Failure to do so may result in you not being shortlisted		
Factor	**Criteria**	**Method of Assessment**
Experience	Experience in the use of hospital based systems, eg, Patient Administrative System (PAS), Cancer Access Patient Pathway System (CAPPS), etc	Shortlisting by Application Form

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

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.
Successful applicants may be required to attend for a Health Assessment

THE TRUST IS AN EQUAL OPPORTUNITIES EMPLOYER

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ue	What does this mean?	What does this look like in practice? - Behaviours
W king Together	ether for me for people we upport. We work across Health and Social ith other external organisations and ecognising that leadership is the ty of all.	• I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
ompassion	itive, caring, respectful and understanding se we care for and support and our We listen carefully to others to better and take action to help them and ourselves.	• I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
Excellence	o being the best we can be in our work, prove and develop services to achieve nges. We deliver safe, high-quality, te care and support.	• I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
ness & Honest	nd honest with each other and act with ndour.	• I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times

Southern Health and Social Care Trust

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STRICTLY CONFIDENTIAL

Employment Information for Hilda Shannon during SHSCT employment as at 5 October 2022

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

Prepared for: Hilda Shannon, Patient Tracker/Mdt Co-Ord

Ref: ad/2022/429

Date: 5 October 2022

Note: Information has been extracted from BOXI i.e. lists records from HRMS up to December 2013, and HRPTS as at 5 October 2022

Employment History from November 2004 - October 2011 (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 Information	HILDA SHANNON	01/11/2004		01/11/2004	03/02/2008	Permanent	ADMIN & CLERICAL (2)	CRAIGAVON AREA HOSPITAL	32324A	CAH MED RECORDS - CANCER SERVIC
				04/02/2008	31/10/2011	Temporary Move to Higher Band (Acting Up)	ADMIN & CLERICAL (4)	CAH - MAIN BUILDING	73324A	CAH MED RECORDS - CANCER SERVIC

Employment History from November 2011 (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 Information	Mrs Hilda Jane Shannon	01/11/2004		01/11/2011	31/03/2014	Permanent	Permanent	Patient Tracker/Mdt Co-Ord	Admin & Clerical (4)	Cancer Services Admin	CAH MED REC - CANCER SERVICES
				01/04/2014		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 January 2022*

PDP Received Training Record (as per HRMS)

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

Fac/Bk/Staff No	Full Name	Training Course Description	Training Start Date	Training End Date
Personal Information	HILDA SHANNON	PDP RECEIVED	25/03/2011	25/03/2011
		PDP RECEIVED	13/02/2012	13/02/2012

KSF PDR/PDR Qualifications (as per HRPTS)

Pers.No.	Full Name	Qualification Name	Start Date	End Date
Personal Information	Mrs Hilda Jane Shannon	KSF PDR/PDP 2013/14	02/12/2013	02/12/2014
		KSF PDR/PDP 2015/16	15/05/2015	15/05/2016
		KSF PDR/PDP 2018/19	18/04/2018	18/04/2019

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

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- Operational Policy - Colorectal Cancer Services

Policy Author: Mr Kevin McElvanna

Position: Consultant Colorectal Surgeon and Clinical Lead

Organisation: Southern Health & Social Care Trust

Date 25 February 2021

Signed: Personal Information redacted by the USI

The Colorectal MDT members agreed this Operational Policy at the AGM held on:

Date Agreed: 25 February 2021

Version: 2.0

The following Operational Policy for the Southern Health and Social Care Trust's Colorectal Multidisciplinary team provides an overview of the service, how it is accessed by patients and coordinated across the Trust services.

Two other documents have been developed, which should be read in conjunction with this operational policy. They are the annual work plan, which outlines the direction of the service in the incoming year and the annual report, which details the work completed in the past year, achievements and areas of work outstanding which need to be rolled into the incoming year.

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1.0 Introduction & Purpose of MDT

The Southern Health and Social Care Trust provide a Colorectal Cancer Service for patients living the southern area of Northern Ireland. The service includes outpatients, diagnostics, surgery and chemotherapy.

The SHSCT provides all acute services including emergency care, theatres, day procedures, endoscopy, and inpatient acute care including medical, surgical, and maternity in both Daisy Hill (DHH) and Craigavon Hospitals (CAH), with intensive care services available in Craigavon Hospital.

Outpatient services are provided in various sites across the Trust, which include, CAH, DHH, with outreach clinics in Banbridge, South Tyrone and Armagh.

1.1 Access to SHSCT Colorectal Services 14-2D-113

Referrals from GPs to the acute Trust services, with the exception of suspected cancer referrals, have been centralised to a single referral and booking centre based at the Craigavon Hospital site. Approximately 225 new colorectal cancers are diagnosed each year at the SHSCT.

Colorectal Services by site

Hospital	Outpatients	Endoscopy	Radiology	Surgery
Craigavon	*x*	*x*	*x*	*x*
South Tyrone	*x*	*x*	*x*	
Daisy Hill	*x*	*x*	*x*	

In order to maintain the quick turnaround, a central suspect cancer (red flag) service has been maintained separate to the general referral process. GPs submit referrals electronically using the Nican referral guidelines (Appendix 1). A rostered Consultant member of the MDT will electronically triage the referrals via the eTriage portal on the Northern Ireland Electronic Care Record (NIECR).

The referrals are managed by the Cancer Tracking Team which was appointed to ensure that patients are appointed and move to investigations and treatment as quickly as possible. This team incorporates both tracking of suspect and confirmed cancers, and provides administrative support to the multidisciplinary team meetings (MDT).

Colorectal cancers picked up by the internal acute hospital teams are referred to the tracking team for presentation at the MDT. The tracking team consists of the trackers/admin coordinators:

Hilda Shannon
Colorectal MDT Co-ordinator
Southern Health and Social Care Trust
Personal Information redacted by the USI

Personal Information redacted by the USI

Tel: Personal Information redacted by the USI

Although there are separate access points, the system is coordinated centrally using the CaPPs database system and constant communication across the team**.** ***(APPENDIX 1*****)**

The operation of the Colorectal Cancer Service is dependent on successful multi-disciplinary team working across the two acute hospital sites with the multi-disciplinary team meeting acting as the core for decision making and management of patients with the emphasis specifically on suspect and confirmed cancer.

2.0 MDT Membership and Responsibility (14-2D-101)

The colorectal team is one of the longest standing teams in the Trust. A formal MDT meeting and multidisciplinary working has been in existence since 2004. The following table outlines the membership of the MDT.

2.1 MDT Lead Clinician / Chairperson

Within the SHSCT Mr Kevin McElvanna is the MDT Colorectal Lead Clinician and chairperson of the local MDT forum.

2.2 MDT Lead Responsibilities

It is the responsibility of the MDT Chair to:

- Clarify the Chair / Deputy Chair of the MDT Meeting and ensure the local MDT meetings runs to time.
- Clarify the diagnosis, treatment decisions and patient consultation dates and ensure that each patient has a clear treatment plan.
- Ensure that the presenting clinician is responsible for carrying out any action points (for example: contacting a patient, arranging further tests etc)

In addition the chair is responsible for:

- Development of the MDT and its activities.
- Chairing an annual operational/audit meeting.
- Ensuring a pathway and core policies are agreed.
- Adhering to agreed clinical management guidelines (e.g. NICaN, NICE etc).
- Ensuring a high quality integrated service, which meets local, regional and national standards.
- Participation in the regular review of the regional guidelines.
- Organisation of “Business Meetings” of the MDT and ensure its deliberations are recorded.
- Production of an annual work-plan and report, which should be copied to the Lead Cancer Management Team.
- Ensuring collection of appropriate cancer minimum dataset, working with the Cancer management team.
- Establishing an audit programme and review of outcomes.
- Ensuring governance arrangements are in place.
- Ensuring the integration of patients/users and carers in assessment of service and service improvement.

The Chairperson may wish to delegate some of the above duties but will remain responsible for their completion.

2.3 Deputy MDT Chairperson

In the absence of the chair, the nominated deputy is Mr Epanomeritakis.

2.4 Relationship and Attendance at CRG Colorectal Group (14-2D-16)

The SHCT Colorectal MDT operates as part of the wider regional colorectal network group with core members represented on behalf of the Trust.

The Local MDT chair is considered an integral member of the regional colorectal Clinical Reference Group (CRG) and is required to attend the CRG colorectal group.

If the chairperson is not able to attend, then the designated deputy, Mr Epanomeritakis will attend the CRG. As per the CRG Terms of Reference either Mr McElvanna or his Deputy (Mr Epanomeritakis) must attend 2/3 of CRG meetings – a copy of annual attendance at CRG meetings is presented in the Colorectal Cancer Annual Report.

Mr McKay is the Clinical Lead for the regional Colorectal Clinical Reference Group (until March 2021). Mr McKay and a CNS also represent the SHSCT MDT at the CRG meetings.

The team undertake the following roles and responsibilities:

- Engages with the CRG to develop and implement network-wide clinical, referral, imaging and pathology guidelines.
- Agrees to collect the CRG agreed minimum dataset.
- Participates in an annual Network audit project and present the results for discussion at one of the CRG meetings.
- Engages with the CRG to develop and agree an approved list of clinical trials.

2.5 Colorectal Multidisciplinary Team Membership (14-2D-101)

Clinical Specialty	MDT Member Name	Cover	Remarks
Surgery	Mr McElvanna	Mr McKay / Mr Neill	Clinical lead, MDT Chair
	Mr Epanomeritakis	Mr Hewitt / Mr Yousaf	Deputy MDT Chair.
	Mr Neill	Mr McElvanna / Mr McKay	
	Mr Hewitt	Mr Epanomeritakis / Mr Yousaf	
	Mr Yousaf	Mr Epanomeritakis / Mr Hewitt	
	Mr McKay	Mr McElvanna / Mr Neill	
	Mr McArdle	-	
	Mr Mark	-	
Physician Gastroenterologist	Dr S Bhat	Dr P Murphy/ Murdock	
	Dr P Murphy	Dr Bhat /Murdock	
	Dr S Murphy	Dr Hillemand / Hussain	
	Dr A Murdock	Dr P Murphy / Bhat	
	Dr C Hillemand	Dr S Murphy / Hussain	
	Dr M Hussain	Dr Elsafi / Harrington	
	Dr G Elsafi	Dr Doyle/ Harrington	
	Dr J Doyle	Dr Hillemand/ S Murphy	
	Dr C Harrington	Dr Doyle/ Elsafi	
Radiology	Dr P Rice	Dr Yousuf / McKeown	Lead Colorectal Radiologist
	Dr I Yousuf	Dr Rice / Dr McKeown	
	Dr C McKeown	Dr Rice / Dr Yousuf	
	Dr K Quinn	Dr Rice/Dr McKeown	
	Dr C Magee	Dr Yousuf / Rice	
Histopathology	Dr A. Brady	-	
Oncology	Dr Park	Dr Harte	Clinical Oncologist (Colonic & Rectal)
	Dr Harte	Dr Park	Clinical Oncologist (Colonic & Rectal)
Specialist Nursing	CNS L Berry	CNS B Trainor CNS C Young CNS T Garvie CNS F Keegan	Stoma / Coloproctology CNS – Patient Info & User Lead Audit Lead
	CNS M Connolly	Palliative Care Nurse	Nurse Specialist - Palliative Care
MDT Co-ordinator	Mrs H Shannon	Ms Kelly	CAH Tracker

2.6 Laparoscopic Colorectal Cancer Surgery – 14-2D-110

In the Southern Trust, all patients with a laparoscopically-suitable colonic cancer have the option of a laparoscopic resection discussed with them. There are currently 5 surgeons who offer this procedure.
Please refer to ***APPENIDX 2*** for letter re Laparoscopic Surgeons

Rectal Surgeons	Cover
Mr Neill	Mr McKay
Mr McKay	Mr Neill
Mr Epanomeritakis	Mr McElvanna / Hewitt
Mr Mc Elvanna	Mr Epanomeritakis / Hewitt
Mr Hewitt	Mr Epanomeritakis / McElvanna

2.7 Core Members for Anal Cancer 14-2D-102

Anal cancers are initially presented at the local MDM and then referred for discussion at the regional Anal cancer MDM.

2.8 Clinical Oncologists for Anal Canal 14-2D-109
Designated Oncologist

Dr Park and Dr Harte are the consultant oncologists attending the local MDT. They cover each other as Deputy or in the absence of both a SpR attends on their behalf. Regionally, there is a newly agreed Anal Canal cancer MDT and both Dr Park & Dr Harte are the representative oncologists on this MDT.

The Oncologists' role is to ensure compliance with the CRG oncology management guidelines. Oncology opinion can be sought outside the MDT meeting if required for emergencies or urgent cases. These opinions and discussions are documented at the next MDT meeting.

2.9 Designated Surgeon / Clinician

The designated Surgeons and Gastroenterologists are listed as core members of the MDT.

2.10 Designated Clinical Specialist Nurse

There are currently 5 Nurse Specialists - Lynn Berry (1.0 WTE), Claire Young (0.8 WTE), Bernadette Trainor (0.4WTE), Tanya Garvie (0.7WTE) and Fiona Keegan (1.0WTE) for the colorectal service which includes the stoma service.

The nurse specialists provide information and support for patients and hold the following responsibilities:

- Contributing to the multidisciplinary discussion and patient assessment/care planning decision of the team at their regular meetings.
- Providing expert nursing advice and support to other health professionals in the nurse's specialist area of practice.
- Involvement in clinical audit.
- Leading on patient communication issues and co-ordination of the patient pathway for patients referred to the team – acting as the keyworker or responsible for nominating the key worker for the patient's dealings with the team.
- Leading on the patient and user involvement in the service.
- Contributing to the management of the service
- Utilising research in the nurse's specialist area of practice.
- Holding the relevant qualifications and undertaking additional training as required to provide expert advice and support.

2.11 Designated Radiologist

Dr Rice, Dr Yousuf, Dr McKeown ,Dr Quinn and Dr Magee are the designated radiologists. Their role is to ensure compliance with the CRG imaging guidelines.

2.12 Designated Pathologist

Dr Aidan Brady is the designated pathologist; his role is to ensure compliance with diagnostic assessment and reporting within the CRG pathology guidelines. All Pathologists take part in EQA.

2.13 Designated Oncologist

Dr Park and Dr Harte are the consultant oncologists attending the local MDT. They cover each other as deputy, or in the absence of both, an SpR attends on their behalf.

The Oncologists' role is to ensure compliance with the CRG oncology management guidelines. Oncology opinion can be sought outside the MDT meeting if required for emergencies or urgent cases. These opinions and discussions are documented at the next MDT meeting.

2.14 Palliative Care Representative

Due to the limited palliative care resource it is not always feasible to have a named representative attend all of the meetings. Maureen Connolly, Palliative Clinical Nurse Specialist, has been nominated as the palliative care representative. Most referrals are currently made outside of the MDT meeting using the agreed referral mechanism. The tracker is notified of this referral and this is discussed and documented at the next MDT meeting.

2.15 Tracker/MDT Co-ordinator

Hilda Shannon
Colorectal Tracker / MDT Co-ordinator
Southern Health and Social Care Trust
Personal Information redacted by the USI
Personal Information redacted by the USI
Tel: Personal Information redacted by the USI

In her absence Sinead Lee or any of the other cancer trackers will cover the role.

The Colorectal Tracker / MDT coordinator role is pivotal to ensure the smooth and successful operation of the MDT meeting. The role requires liaison with the clinicians, secretaries, histopathologists and wider team to prepare for and support the weekly MDT meeting.

The other responsibilities of the role include:

- Taking notes (as agreed with the individual clinician) on the proforma. At the end of discussion, the Tracker/MDT Co-ordinator will ensure that the proforma has been signed-off as being a correct record of the meetings discussion.
- A summary sheet or the proforma will be completed by the Tracker/MDT Co-ordinator and will be posted to the referring General Practitioner within 24 hours of the MDT discussion taking place. This will ensure timely communication with primary care. The Tracker/MDT Co-ordinator will hold a copy of the proforma and summary sheet on file.
- For recording the MDT attendance for every meeting.
- For adding any patient on the MDT list not discussed (notes, films or results missing, lack of time), to the following week's list.
- To prospectively track all patients with cancer or suspected cancer in achieving the regional cancer access targets
- For ensuring all patients with cancer or suspected cancer have pre booked appointments and treatment in line with cancer access targets, and to raise delays with the MDT
- For maintaining timely and accurate data collection, within the databases.

The tracker ensures that all cancer patients are discussed at the MDT meeting. Effective co-ordination of MDT meetings helps to ensure that all relevant information is available and that decisions are recorded and communicated to all. Their role also ensures that waiting times are monitored and further steps in the pathway are planned and co-ordinated.

2.16 Designated Deputy/ Cover Arrangements

Core members have identified their designated deputy to attend in their absence. Attendance at the core MDT meetings must be sufficient to make a clinical decision. Recognised deputies may attend instead of core members and

between core members and their deputy attendance should be at least 2/3 of the number of meetings. In the absence of a core member, management plans are agreed with the deputy and communicated to the absent member by the Chairperson or his nominee.

2.17 Extended Membership 14-2D-106

Extended members have been identified, however due to limited capacity most are unable to attend the MDT. Their roles have been defined by the chairperson and are referred to as required. These members include:

- Liver /pancreatic surgeon – referrals are made to the Belfast Trust
- Thoracic surgeon with lung metastatic expertise
- Interventionalist Radiologist
- Dietician, Clinical geneticist, genetic counsellor, counsellor, Clinical psychologist Plastic surgeon, Physiotherapists and Gynaecologist are available to the team, but do not attend the MDT meetings
- Social work services are available at all parts of the patient pathway.

EXTENDED MEMBERS

Remit
Liver / Pancreatic surgeon: Mr Diamond, Mr McKie, Mr Taylor, Mr Kirk, Mr Vass, Ms Jones
Thoracic surgeon with lung metastatic expertise: Mr McManus
Interventionalist Radiologist: Dr McConville
Dietician: Edel Carty
Clinical geneticist/counsellor : Dr Magee
Psychologist: Dr Daly
Palliative care: currently vacant
Gynaecologist: Mr McCracken
Plastic surgeon: *(Ulster Hospital, Regional Plastics Centre, SET)*

2.18 General Housekeeping

Annual Leave for any member of the MDT should be provided to the Tracker/MDT co-ordinator six weeks in advance of the meeting. Cover should be arranged if possible, to ensure that patients are not delayed.

Any meetings which need to be cancelled e.g. due to bank holidays, sickness, and courses must be highlighted to the Tracker/MDT Co-ordinator who will ensure all members of the MDT are aware of the cancellation.

3.0 Colorectal Referral Pathway (14-2D-113)

Suspected Lower GI Cancer referrals from Primary Care are electronically triaged via the eTriage portal on the Northern Ireland Electronic Care Record (NIECR) by a rostered Consultant member of the MDT (unless specifically named). Referrals from other hospital departments and specialties are e-mailed to this Consultant by the Red Flag Appointments team.

The referral may be triaged to 'Direct to Test' (e.g. endoscopy, imaging or qFIT) appointment (face-to-face or virtual), downgraded, redirected or discharged. The COVID pandemic has significantly impacted access to outpatient appointments and diagnostics and the MDT has adapted resources accordingly.

Following clinic attendance or direct investigation, the patient then proceeds along the colorectal pathway (which is due to be updated by NICAN 2021). (***APPENDIX 4***)

Red flag slots have been allocated to clinics in order to ensure that patients can be appointed quickly within 7-10 days of receipt of referral. These slots have been identified on all of the outpatient sessions.

Other suspect or proven cancers, which have been picked up internally within hospital systems, are directly referred to one of the colorectal consultant core members wither for initial presentation at the local Multidisciplinary meeting (MDM) or emergency surgery / stenting if required.

The Southern Trust colorectal cancer surgical service is provided at the Craigavon hospital site. All patients are presented to the SHSCT Lower GI MDM which is hosted at Craigavon with the Daisy Hill team videoconferencing in for the meetings, when they cannot attend in person. This includes all groups of cancers within the specialty - colonic, rectal and anal.

3.1 Anal Cancers N14-2D-114

Anal cancers are initially discussed locally and then referred to the regional anal cancer MDT via the oncologists as required.

3.2 Outpatient Service

The colorectal service provides an outpatient service on the CAH site. Lower GI outpatient referrals are also seen at Daisy Hill Hospital (DHH) and Banbridge Polyclinic. Assessment for colorectal cancer follows the CRG guidance – ***APPPENDIX 6.***

The COVID pandemic has impacted the provision of the colorectal outpatient service during 2020/21. There has been a reduction in the availability of face-to-face clinics for patients and where possible this has been replaced with virtual review appointments. This will be reviewed as part of the cancer rebuild plan going forward.

3.3 Diagnostic Services

The Southern Trust provides a number of diagnostic tests across the Trust. Ultrasound and CT imaging are available at CAH, DHH and STH, with MRI being provided only at Craigavon Area Hospital. CT Colonography is performed at DHH and STH. PET imaging is provided as a Regional Service at the Belfast Trust. Imaging services adhere to the CRG guidelines.

Endoscopy services are available at the CAH, DHH and STH sites. The Colonoscopy service cannot be accessed directly by GP (no open access policy), however Consultants do triage patients direct to endoscopy or outpatients or radiology.

Cellular pathology services are available at Craigavon Hospital from the initial cytology, biopsy and surgical pathology, within the CRG guidelines All Daisy Hill hospital specimens are transported to the Craigavon Laboratories on completion of the AM sessions or the following morning after the PM session.

Craigavon Pathology is a CPA fully accredited laboratory with a team of six WTE general consultant pathologists with a lead for each specialty. All members of the team participate in EQA.

In the diagnostic part of the pathway suspect cancer specimens are labelled with a 'red flag' to ensure prompt appointment and attention in the relevant area. This process allows the tracking team to follow the patient's progress and ensure prompt presentation at the next MDT.

3.4 Results Clinic

There are no dedicated results clinics in operation in the colorectal service. However, prior to the COVID pandemic, consultants have used the 'education Room' in Level 4North on the Craigavon site to inform patients of diagnoses and post-operative results.

Pandemic Infection control restrictions have suspended access to this facility and results consultations currently take place at ad-hoc 'face-to-face' appointments in the outpatients department. In selected cases results may also be discussed at virtual appointments.

A Clinical Nurse Specialist (CNS) is present at the majority of consults and joint surgeon/CNS appointments are co-ordinated via the [redacted] email.
Personal Information redacted by the USI

In DHH, consultants book patients directly to either their next clinic or Surgical Assessment Unit for the delivery of results.

Patients are booked by consultants or CNS after discussion at MDM and a decision has been made for further treatment or otherwise.

3.5 Treatment

All treatment plans follow the Northern Ireland guidelines.

Dr Harte and Dr Park provide outreach oncology / chemotherapy outpatient clinic from the Belfast Trust with Chemotherapy being delivered locally at Craigavon in the Mandeville Unit.

Radiotherapy is provided as a Regional Service at the Belfast Trust.

Palliative and Supportive Care is provided locally by both Acute and Community Palliative Care Teams.

Colorectal Surgical intervention is provided at Craigavon Hospital. For emergency admission of colorectal cancer patients, where possible, all patients are referred directly to one of the core colorectal MDT surgeons for surgical intervention, ideally within 24 hours of admission and, if required, for transfer from DHH to CAH site if it is clinically safe. Those patients requiring an emergency procedure are presented at MDM postoperatively and followed up by a core colorectal cancer surgeon.

3.6 Stenting Services

The following named persons provide a colonic stenting service within the SHSCT:

- Dr Paul Rice, Consultant Radiologist, CAH - Dr Rice provides an in-hours stenting service in CAH, in his absence Dr McConville is his Deputy.
- Mr Damian McKay Consultant Colorectal Surgeon
- Mr Kevin McElvanna Consultant Colorectal Surgeon

4.0 MDT ORGANISATION 14-2D-104

4.1 Multidisciplinary Team Meeting (14-2D-103)

As part of the patients' pathway, newly diagnosed patients are presented at the weekly (Thursday 12.45pm – 2pm) local Colorectal Multidisciplinary Team Meeting (MDM) held in CAH.

Dr Harte and Dr Park attend the MDM as they are present at CAH on Thursdays and the DHH team video-conferences to the meeting. Consequently, the effectiveness of the service is dependent on a successful MDT, with the MDM acting as the core for decision-making and management of patients.

4.2 Review and Follow-up

The MDT meeting is a group of people of different health care disciplines, which meets every Thursday from 12.45pm, in Tutorial Room 1, Medical Education Centre (CAH) to discuss patients diagnosed with colorectal cancer. Each member attending the MDT contributes to the discussion and decision-making regarding ongoing diagnostics, staging and treatment. Mr McElvanna chairs the meeting as both the Clinical lead and MDT chair for the colorectal cancer service.

4.3 Minimal Individual Workload (14-2D-107)

Each Surgical core member will undertake a minimum of 30 colorectal resections annually. The Colorectal Cancer Annual report provides a summary of this individualised workload.

4.4 Patients for Discussion at Weekly MDT (14-2D-104)

The weekly MDT currently discusses symptomatic cases and will also discuss screening detected cancers on the commencement of bowel screening. Discussion includes:

- Newly diagnosed cancer patients.
- All SHSCT post-operative patients.
- All patients with recurrent disease.
- Any other problematic cases needing discussion.
- Anal cancers are currently discussed in the local MDT, and referred on to Belfast for further management, where necessary.
- The MDT also discusses their performance against cancer access targets, discussing reasons for breaches and where possible takes action.

All cancer patients are discussed at the MDT meeting. Effective co-ordination of MDT meetings helps to ensure that all relevant information is available and that decisions are recorded and communicated to all. It also means that waiting times are monitored and further steps in the pathway are planned and co-

ordinated. The following describes the purpose and organisation of the colorectal MDT.

The aim of the MDT is to ensure a coordinated approach to diagnosis; treatment and care services for all patients diagnosed with Primary and Secondary colorectal Cancer, within the CRG agreed guidance. This will ensure the patient receives the best care, from the best person or team in the best possible place within recommended timeframes.

The MDT has the combined function of diagnosis (to rapidly assess and achieve histopathological confirmation of cancer), treatment (discussing the management of all newly diagnosed cancers) and communication (with the appropriate agencies e.g. primary care teams, hospice etc). Furthermore, the MDT is committed to achieving the highest standards of care and patients outcomes by:

- Collection of high quality data-CAPPS
- Analysis of such data in audit cycles
- Involvement in local, national and international research studies
- Incorporation of new research and best practice into patient care
- Providing comprehensive information to patients and their relatives
- Involving patients in assessment and redesign of the services.
- Patient's holistic needs are considered when agreeing treatment/management plan

The clinician referring a patient to the MDT is supported by the colorectal team in:

1. Providing a rapid diagnostic and assessment service and agreeing treatment plans for all new cancer patients.
2. Identifying and managing his/her patients with colorectal cancers (including tertiary referrals), agreeing treatment plans for current cancer patients who face new treatment options, including those patients suitable for referral for clinical trials.
3. Being responsible for the provision of information, advice and support for all patients and their carers throughout the course of the illness.
4. Providing treatment and follow-up for these patients and ensure that every patient with cancer receives multi-disciplinary management with appropriate oncological input. Referral processes must be confirmed within the pathway framework.
5. Providing a rapid referral service for patients who required specialist management.
6. Collecting data for network-wide audit
7. Implementing service improvement – working with the oncology, radiology and pathology departments and Lead Cancer Team to adopt modernisation to benefit the patient journey.
8. Ensuring that protocols/guidelines/standard operating procedures are developed /updated for all aspects of management /diagnosis/treatment of patients with cancer.

9. Developing and agreeing an approved list of clinical trials within the cancer network, which are supported by Mr. Epanomeritakis, the nominated lead research member of the colorectal MDT.
10. Participating and ensuring that the MDTs activities are audited and the results documented and fed back to Lead Cancer Team where appropriate.
11. Reviewing of audit outcomes with timed action plans.

The full MDT meets annually to decide on the need for audit and to review the results of audits that have been performed. The MDT also discusses their performance against cancer access targets, discussing reasons for breaches and where possible takes action.

4.5 Core Members Attendance 14-2D-105

MDT meetings are organised in a manner that achieves efficient use of the expertise available to make the best clinical decisions in the minimum possible time. The Tracker/MDT Co-ordinator keeps a record of attendance at each MDT meeting. Core members must attend 2/3 of meetings. When a core member of the MDT cannot attend, their patient/s can be discussed on their behalf by a covering consultant, or deputy, when appropriately briefed.

A clear protocol for referral to the MDT meetings is in operation, so that all clinicians must provide:

- Patient identity
- Clinical and patient History
- Disease
- Treatment decision.

Patients cannot be discussed at MDT appropriately unless all supporting information is available.

The MDT and the MDM have agreed Mr McElvanna as the Chairperson for a 3-year term. This has been formalised by Mr McCaul, the Cancer Clinical Director **(Appendix 3).** In the absence of Mr McElvanna, Mr Epanomeritakis will act as deputy as agreed by Mr McElvanna.

The MDT membership is identified on two levels: - the core and the extended members. Core members are expected to attend 66% of the MDT meetings. The core membership must be seen as such for both the whole MDT and for the purpose of the MDT meeting. The complete MDT Membership meets at least annually to confirm policy and complete audits. A summary of attendance of the core members is presented in the Colorectal Cancer Annual Report.

4.6 MDM Weekly Documents (14-2D-104) (14-2D-115)

The Chairperson and the MDT have agreed the order for discussion of patients at the MDM to ensure that patients continue quickly through the cancer

pathway. However, patients can only be discussed if the patient's consultant or deputy is in attendance.

The Tracker/MDT Co-ordinator will circulate the Pre-Meeting List on the Wednesday afternoon, before the MDT. This list can be updated till the day of the MDM. Trackers should be given the names of every patient with a new diagnosis of colorectal cancer by Wednesday 12:30 at the latest (only urgent cases will be accepted after the deadline). Additions can be discussed at the end of the MDM, time permitting.

The MDT works within the agreed NICaN minimum data set, which has been based upon nationally agreed data sets.

4.7 Presentation of Patients to the MDT Meeting (MDM)

All patients, where colorectal cancer is strongly suspected on clinical/diagnostic examination, are to be discussed at MDM. Cases to be discussed can be notified by any member of the team (e.g. pathology, radiology, surgery, and oncology) to the MDT Tracker via email. Patients cannot be presented if there is no supporting information to inform the MDM discussion.

All cases presented are discussed with benign cases being discussed briefly to leave more time for confirmed cancers / recurrences to be discussed.
All patients with a new diagnosis of cancer should be documented at the MDM at the earliest opportunity and before surgical intervention. This will have the effect of;

a) Alerting all members to the existence of the case
b) Facilitating Trackers in monitoring of the patient journey
c) Allowing discussion of surgical options if necessary.

If a patient has received emergency surgery, or found to have had cancer following what was perceived to have been surgery for benign pathology, their case should be referred to a core member and discussed at the next MDT meeting.

5.0 Referral to Local MDT

5.1 Primary Care Referral

GPs cannot refer directly to the MDM. Referrals with suspect cancer may have been up or downgraded in accordance with the NICaN referral guidelines. Feedback on the appropriateness and timeliness of suspected cancer referrals is provided. Patients will then be presented once diagnosed with cancer. A letter is sent, within 48 hours, from the MDM to inform the GP of the discussion and treatment plan.

5.2 Oncology Referral

Following discussion patients who are for oncological management are formally referred via letter, this includes full patient details i.e. MDT report with management plan, operation notes and diagnostic results are forwarded to Dr Harte or Dr Park, Consultant Oncologists.

The MDM report, in combination with the management plan, will be emailed to the Consultant Oncologists regarding patients discussed but who are not for treatment.

5.3 Radiology Referral

Patient cases for discussion are also brought to the MDT by Radiologists and Pathologists. These patients may not have previously been on a suspect cancer pathway.

Following MDT discussion, urgent / red flag radiology requests are booked onto the electronic booking system for radiology by the referring MDT member FAO MDT GI Radiologist. If radiology is requested outside of the MDT, the Consultant must discuss with Radiologist to ensure urgent priority for patient and inform the Tracker.

5.4 Palliative Care Referral

Any referrals to the palliative care team can be made at MDT, or outside of the MDT meeting, however the tracker should be informed of these referrals.

5.5 Inter – Trust Referrals (ITT)

All patients who are referred to other Trusts for further investigation or treatment must be transferred by Day 28 on the 62 day pathway. For all patients on both 31 and 62 day pathways, Inter Trust transfer forms and written referrals must be sent within 48 hours of the decision to Inter Trust transfer the patient. The Consultant's secretary may forward the referral information, however it is the Tracker's responsibility to ensure that all of the required correspondence, investigations, and written referral have been sent to and received by the other Trust.

5.6 Referrals outside the MDT meeting (MDM)

Where referrals are of an urgent manner and cannot be delayed until the next MDM, the clinician may contact the relevant core member/s by telephone to discuss and arrange the management of the patient. This should be communicated to the Tracker, so that this can be formally noted at the next MDT meeting.

5.7 Communication with Primary Care (N14-2D-123)

The patient's treatment management plan is agreed at the MDM. The GP should receive MDM information usually 48 hours following discussions with the patient regarding their diagnosis, investigation and treatment plan. This is in addition to the information that is forwarded from the MDT meetings. This is currently provided in a typed letter following the patient's attendance for discussion of results. GPs will also be able to view the MDT outcome and the letter following discussion with the patient on the Electronic Care Record (ECR).

5.8 Patient Information and Permanent Record of Consultation (14-2D-118/119)

The MDT is signed up to the NICaN Patient Information Pathway and MDT members follow guidelines issued by NICaN (Appendix 8). Relevant members of the MDT (usually the Consultant) offer the patient a *Permanent Record* of the consultation at which treatment options for their condition are discussed (Appendix 9).
Written information is also available for patients and is usually offered by their key worker, but can be given by any member of the MDT. Some information is available on-line on the Network website. Patient information is made available on request in different languages and formats for those patients from different ethnic minorities or disabilities.

5.9 Supportive Care and Rehabilitation Services

A comprehensive range of supportive care and rehabilitation services are available for colorectal cancer patients under the care of the Colorectal MDT. The MDT recognises that supportive care should be provided to patients at all stages of the cancer pathway and following treatment. Referral to these services can be made via members of the team and some can be accessed by the patient directly.

5.9.1 Pre-chemotherapy Education Sessions & Helpline

All patients requiring chemotherapy are invited to attend a pre-chemotherapy education session in the Mandeville unit. A 24 hour regional helpline service is available for advice and support for patients who are receiving chemotherapy.

5.9.2 Clinical Psychology and Counselling Service

Mary Daly is the Clinical Psychologist available for cancer patients. Two part-time Counsellors from Cancer Focus NI are funded by the trust to provide counselling support to cancer patients and they are based in Craigavon Area Hospital.

5.9.3 Macmillan Support & Information Services

Macmillan Cancer Support have an information hub in the reception area of Craigavon Area Hospital which provides booklets and leaflets on all aspects of cancer for patients, carers & their families, health professionals and general public.

Macmillan Cancer Support in partnership with Citizen Advice Bureau has an advisor available on the Craigavon Area Hospital site, four days per week, to offer financial and benefits advice to patients and their families.

Macmillan in association with SHSCT also run a six-week course called **H.O.P.E** (Helping to Overcome Problems Effectively) aimed at helping patients with cancer manage the day-to-day impact of living with the disease.

5.10 Patient Feedback and User Involvement (14-2D-120)

Patient experience and quality of service are of importance to the team. However, this is an area where there has been little directed activity. To date feedback has been provided from complaints and compliments. The team carry out patient experience questionnaire surveys every two years. A Regional Cancer Patient Experience Survey (CPES) was undertaken May 2015 and a second regional survey is being rolled out during 2018. The results will be available at a regional and trust level.

On a regional basis the NICaN Patient and Public Involvement (PPI) and NICaN colorectal group patient representatives feed into the overall PPI for both the local and regional services. Any issues raised at these meetings will also be incorporated into the work plan

6.0 Operational Policy for the Key Worker 14-2D-117

For the purpose of this policy the Key Worker will be defined as the person who, with the patient's consent and agreement, takes a key role in co-ordinating the patients care and promoting continuity, ensuring the patient knows who to access for information and advice.

6.1 Main responsibilities of the Key Worker

With the agreement of the patient, the Key Worker will:

- Act as the main contact person for the patient and carer at a specific point in the pathway.
- Offer support, advice and provide information for patients and their carers, accessing services as required.
- Ensure continuity of care along the patient's pathway and that all relevant plans are communicated to all members of the MDT involved in that patient's care.
- Ensure that the patient and carer have their contact details, that these contact details are documented and available to all professionals involved in that patients care.
- Ensure that the next Key Worker has the appropriate information about the patient to fulfil the role.
- Support the patient in identifying their needs, review these as required and co-ordinate care accordingly.
- Liase and facilitate communication between the patient, carer and appropriate health professionals and vice versa.
- Assist to empower patients as appropriate.

6.2 Identification of the Key Worker

The identification of the Key Worker will be the responsibility of the designated MDT Core Nurse member.
The Key Worker can be any member of the MDT agreed with the patient and must be documented by the MDT. The name of the agreed Key Worker will be clearly documented within the patients care notes in the patient communication record sheet**.** It is important to ensure that the patient and carer understand the role of the Key Worker as early as possible in the patient's pathway of care.

It is recognised that the Key Worker, for a significant part of the pathway, will be the Specialist nurse, however it will change over time as the patient's needs change during their journey. Any changes will be negotiated with the patient and carer prior to implementation, and a clear handover provided to the next Key Worker.

7.0 Clinical Audits / Research / Trials

7.1 Clinical Audit 14-2D-121

The MDT has appointed Mr Damian McKay as the Lead for Audit alongside Denise Bond and Karen Parsons, Research Nurses.

The team has agreed to take part in the CRG audits and national audits as required.

7.2 Clinical Trials & Research 14-2D-122

All Cancer clinical trials being introduced at the SHSCT must be presented at the Clinical trials Steering committee meeting. This meeting is chaired by Fiona Reddick (Head of cancer services) and attended by heads of departments. This committee is responsible for the sign off and agreement of a study to proceed. The Research Nurses will co-ordinate the portfolio of trials as agreed by the steering committee and the NICTN (NI Cancer Trials Network).

The MDT has appointed Mr. Epanomeritakis as their trials lead. A list of trials has been agreed regionally and SHSCT's involvement in the trials is included in the comments section.

7.3 Advanced Communication N14-2D-124

All core members of the Colorectal MDT who have direct clinical contact with patients should attend the National Advanced Communication Skills Training Programme.

Please refer to the Colorectal Cancer Annual report for record of attendance at advanced communication training.

7.4 Cancer Access Patient Pathway Database (CaPPs)

All suspect and confirmed cancer patients are recorded on a regional web based database system, CaPPs by the cancer tracking team.

Each patient is tracked, using the CaPPs system through her pathway from receipt of referral to 1st definitive treatment. This tracking database leads onto a tumour specific MDM module which supports the MDM meetings and once fully resourced will include the patient outcome and survival data.

CaPPS is a permanent patient record of each MDM discussion and all information regarding the patient and the intended management plan is held there. This management plan is sent to the GPs within 48 hours of MDT. A copy of the management plan is also filed in the patient's notes.

There is a decision support tool (business objects) module to generate reports from the Tracking module. The MDM business objects modules are under development.

8.0 Clinical Guidelines for Colorectal and Anal Cancer (14-2D-111) (14-2D-112)

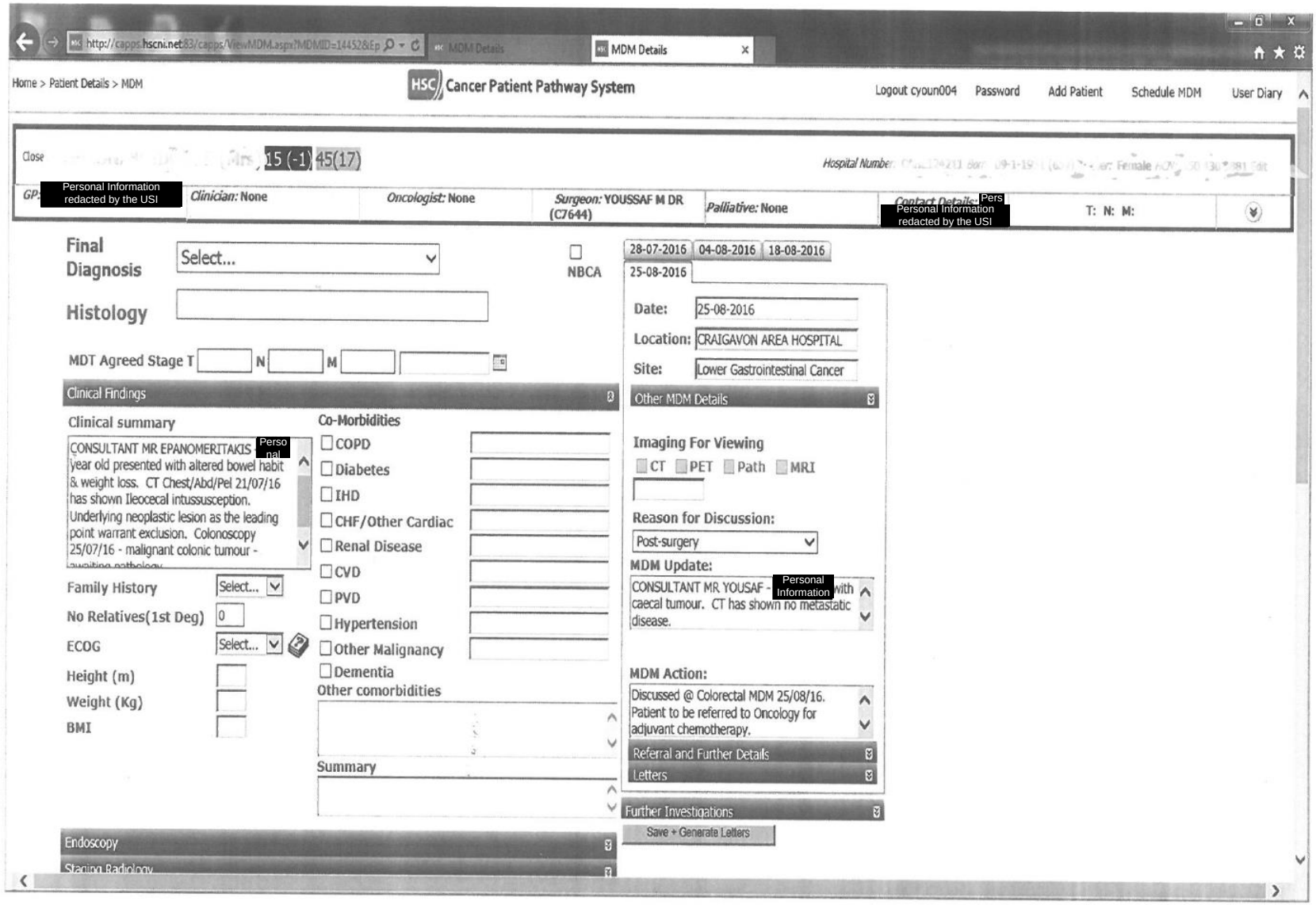
The Colorectal MDT has agreed and work in accordance to the Clinical Management Guidelines for Colorectal Cancer and Anal Cancer at their Local MDT.

9.0 Operational Policy Review

This Operational Policy will be reviewed on an annual basis, or more frequently if required, in response to changes in regional and national guidelines and to feedback from patients and service users.

All members of the MDT are expected to adhere to the contents of the Operational Policy and are valued for the role that each individual plays within the wider team and service.

Appendix 1 – *CaPPS database COLORECTAL CANCER MDM*



Appendix 2

Southern Health and Social Care Trust

Quality Care - for you, with you

Date

To whom it may concern:

I would like to confirm that the following surgeons have been appointed by the Southern Health & Social Care Trust and are authorised to perform laparoscopic colorectal cancer surgery. I can confirm that these surgeons have the recognised laparoscopic colorectal cancer surgery skills, either through completion of recognised training, or have performed 20 or more laparoscopic colorectal surgical resections prior to 31st December 2009.

Details are provided below:

List of approved Laparoscopic Surgeons	Training
Mr K McElvanna	Laparoscopic Colorectal Fellowship
Mr A Neill	Laparoscopic Colorectal Fellowship
Mr D McKay	Laparoscopic Colorectal Fellowship
Mr Epanomeritakis	>20 resections before end 2009
Mr Yousaf	Currently being mentored by Mr Epanomeritakis

Yours sincerely

APPENDIX 3

Southern Health and Social Care Trust

Mr Kevin McElvanna
Consultant Colorectal Surgeon
Craigavon Area Hospital

28/02/2019

Dear Kevin

Re: Clinical Lead for the Colorectal Cancer Team

Further to our recent discussion, I understand that the Colorectal Cancer team members have nominated you as the clinical lead for the service.

I would like to confirm your position as Clinical Lead for the Colorectal Cancer Service from February 2019. This term of office will be for an initial 3 years, after which time it will be reviewed.

The role and responsibilities for the lead are detailed in the Operational Policy for the service.

I would like to welcome you to the wider Cancer team and thank you for your agreement to act as the Clinical Lead.

Yours sincerely

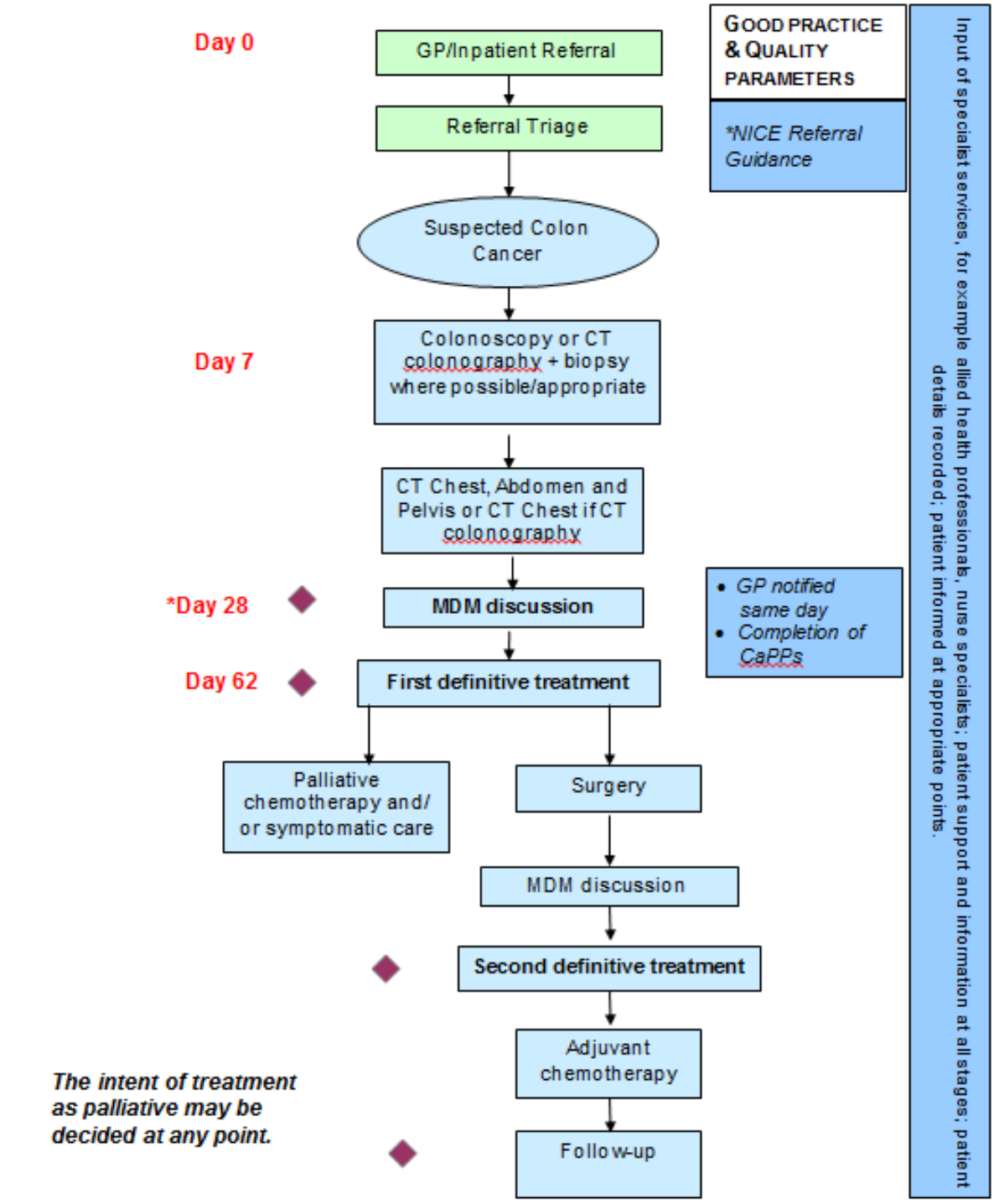
Personal Information redacted by the USI

David McCaul (Mr)
Clinical Director - Cancer Services
SHSCT

Appendix 4: Regional Care Pathways

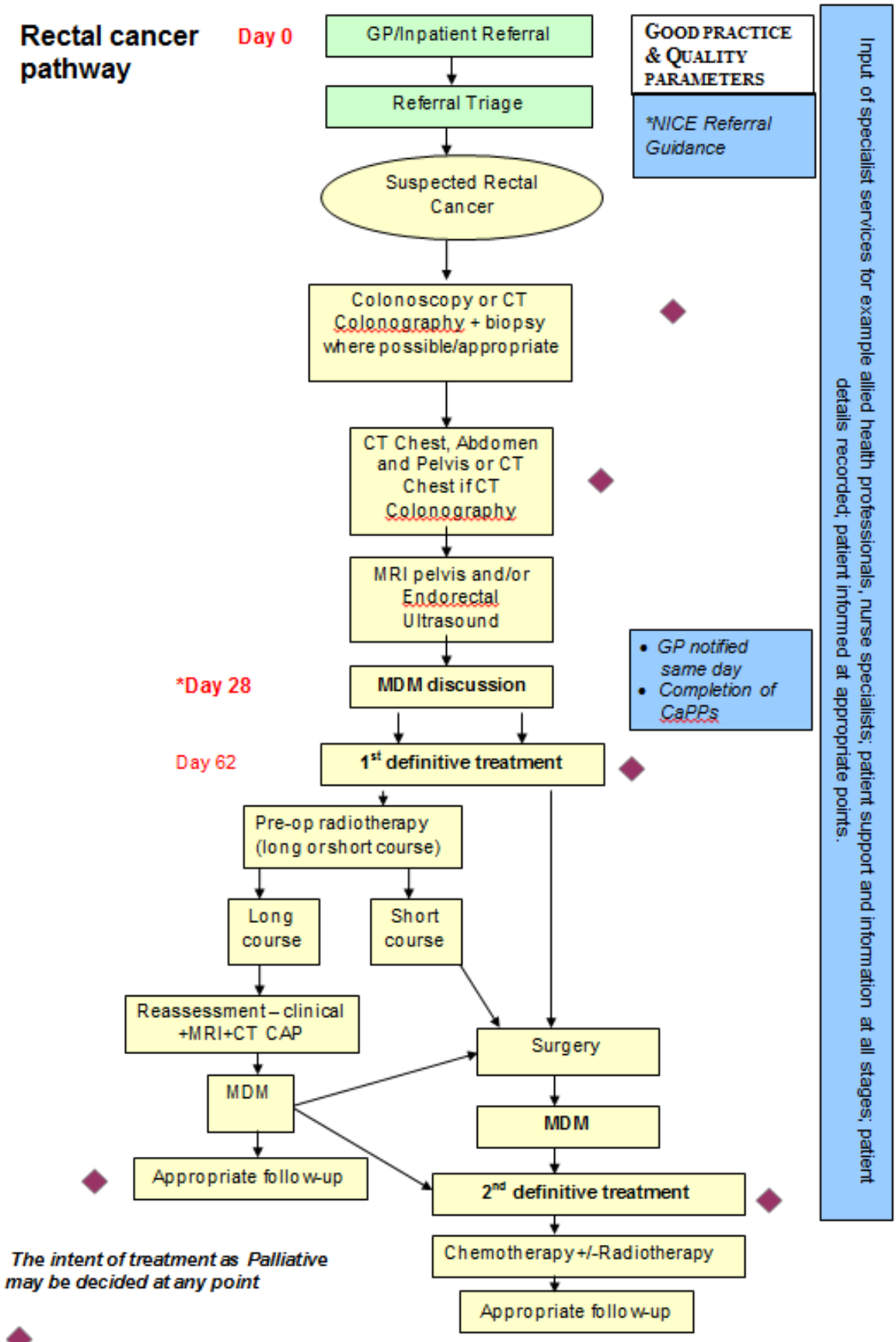
Colon Cancer

(Version 11: Reviewed an amended at NICaN CRC Regional Group meeting on the 4th Dec 2014)

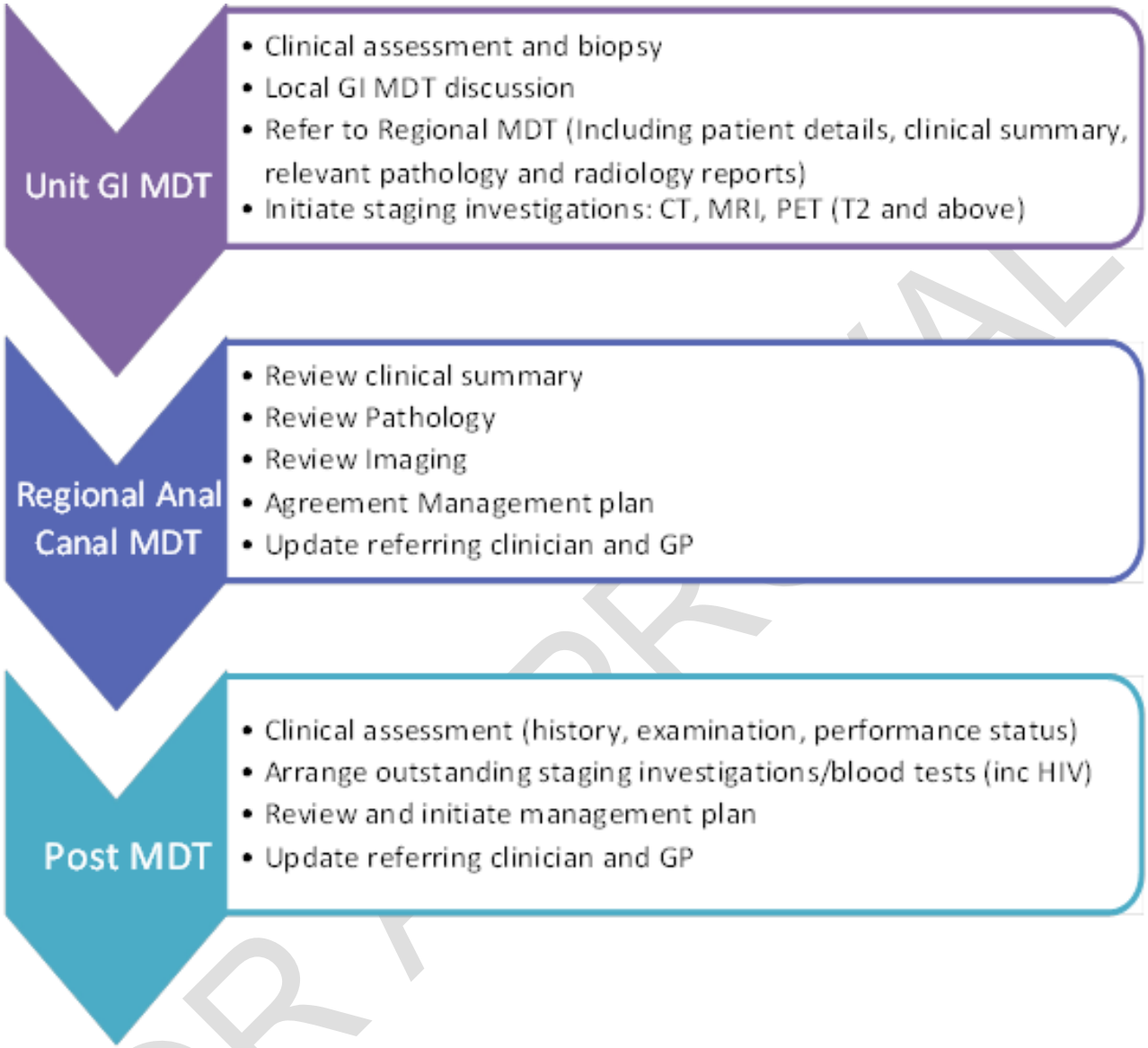


Referral for holistic assessment should be made at an appropriate time, which may be when the patient is diagnosed, when the 1st definitive treatment decision is taken, at post treatment follow-up or whenever the patient requests it.

*Where it is required inter trust transfer must take place by day 28 on the pathway.



Anal Cancer Pathway



Go Live Date: 01/11/2019

Pathway for Lynch Syndrome testing and onward referral

Local Colorectal Team:

- During consent for examination (biopsy/resection) ensure patients are informed that genetic testing of their tumours may be carried out in the event of a colorectal cancer diagnosis.
- Offer testing to all people with colorectal cancer when first diagnosed – do not wait for the results before starting treatment.
- Local Lab to arrange for molecular testing of diagnostic tumour biopsy specimen by NI Molecular Pathology Laboratory (NIMPL).
- MDT to ensure there is a mechanism for recording number of patients referred, results received etc. – a summary should be included within the MDT Annual Report.

↓

NI Molecular Pathology Laboratory (NIMPL):

- Test for MSI and, if MSI-H, perform BRAF mutation analysis.
- Upload molecular results to LabCentre and only for MSI-H/BRAF-wt cases (10% of total), send notification/copy of report to MDM coordinator, originating clinician, reporting and MDM histopathologist.
- Retain records of numbers tested and number requiring further sequential testing – provide a quarterly report to each colorectal MDT.

↓

MDM:

- MDM coordinator to bring back the MSI-H/BRAF-wt patients to next available MDM where patients' responsible Consultant should:
  - Gain consent for referral and explain the possible implications of a positive test result for themselves and their relatives.
  - Refer patient to Clinical Genetics.

↓

Clinical Genetics:

- Receive referral and arrange for appropriate counselling, clinical assessment and germline screening test.
- Inform and counsel the patient on outcome of testing.
- Inform referring colorectal consultant of outcome.
- If patient is a women with lynch refer to relevant gynae team for discussion of options and screening from 35yrs.

→ **Local Colorectal Team**: Arrange appropriate surveillance for the patient depending on result. Lynch = 2 yearly surveillance colonoscopy

→ **Local Gynae Team**: Meet with patient to discuss appropriate options and screening

↓

Clinical Genetics – Cascade Testing:

- For patients with confirmed lynch syndrome, Clinical Genetics should arrange contact with relevant family members for cascade testing
- If cascade testing results in confirmed lynch syndrome then Clinical Genetics should write to the patient's GP advising that patient should be referred to local colorectal team for screening colonoscopy and polpectomy (every 2 years) due to confirmed lynch syndrome and If patient is a woman they should also be referred to local gynae team for discussion of options regarding endometrial screening.
- Clinical Genetics should retain records which can be shared with local colorectal MDTs for annual business reports etc.

↓

GP: Refer to local colorectal team +/- gynae team as per letter from Clinical Genetics

Referral Protocol for the Regional Hepato-Pancreatico-Biliary Multi-disciplinary Meeting (HPB MDM)

Referral to the Regional HPB MDM

Referrals to the HPB MDT must fulfil the following criteria:

1. All referrals to the HPB MDT must be sent to a named consultant who is a core member of the Regional HPB MDM using the HPB MDT referral form.
2. All hepatoma referrals **must be** discussed with a hepatologist prior to submission of the referral form (see Appendix for contact details).
3. Referrals to MDT must be made by a Consultant.
4. A local MDT discussion should have taken place prior to referral.
5. A clear question for the MDT to discuss must be stated on the referral form.
6. ECOG status is mandatory for all referrals.
7. Your local MDT coordinator should be notified of the referral to enable them to transfer the patient on CaPPS for discussion.

Email address: Personal Information redacted by the USI

The following patients should be referred for discussion at the regional HPB MDM:

Hepatocellular cancer (HCC)

- All patients with a lesion suspicious of HCC should be referred to the HPB MDM for discussion
- Referral should usually be directed to a hepatologist (or HPB Surgical team in non cirrhotic patients)

Please note:

- Patients MUST NOT have a biopsy of suspected HCC before referral
- Referrals should follow the guidelines in the NICaN HCC pathway

Pancreatic Cancer

- All patients with suspected pancreatic cancer should be referred to the HPB surgical team in the Mater Hospital e.g. obstructive jaundice, pancreatic mass on imaging.
- Patients with confirmed metastatic disease and suitable performance status should be referred to oncology.

Please note:

- Referring clinicians should consider ERCP, brushings and stenting to relieve jaundice. Advice on this is available from the centre as required.
- Referrals should follow the NICaN pancreatic cancer pathway.

Colorectal Liver Metastases

- All patients with colorectal liver metastases should be referred to the HPB MDT.
- Referring clinicians should clearly state whether patient is fit for surgery or intervention
- Referring clinicians should include details of extrahepatic disease and whether this is resectable (i.e. low volume pulmonary disease)

Please note:

- Patients should NOT have a percutaneous biopsy of metastasis prior to the referral
- Patients fit for surgery will be added to MDT post surgery for registration and communication back to the referring team

Other HPB cancers e.g. Bile Duct Cancers

- All patients with suspected bile duct cancer (e.g. obstructive jaundice or mass in bile duct on imaging) should be referred to the HPB surgical team in the Mater.
- The referring clinicians should consider ERCP, brushings and stenting
- Hilar tumours should ideally be managed by PTC.

Please note:
Local teams can ask for a presentation at the HPB MDT for any patients with performance status 3 or 4 without a patient being seen if full clinical details are provided.

Outcome of HPB MDM

Every HPB MDM outcome will state the Primary Action and Person Responsible for that action. A letter stating the outcome of the HPB MDM discussion will be generated for each patient within 1 working day of the meeting and forwarded to the referring consultant and the patient's GP. This letter is also available on ECR.

Diagnostic Investigations

Specific investigative examinations should accompany the referral to the Specialist MDT:

Hepatocellular Cancer
USS abdomen result
Triphasic CT abdomen (or MRI liver)
Alpha fetoprotein
FBP, LFT, Coag, U+E
Hepatitis B+C serology IF available

Pancreatic cancer
Agreed protocol Staging CT Chest/Abd/Pelvis
CA19-9 tumour markers if not jaundiced

Colorectal Liver metastases
CT Chest/Abd/Pelvis
MR liver with primovist
CEA tumour markers
KRAS & BRAF testing of primary tumour

Other HPB cancers
CT Chest/Abd/Pelvis
CA19-9 tumour markers

Appendix: Referral Contact Details

HEPATOLOGY, RVH

NAME	SECRETARY
Dr Neil McDougall Consultant Gastroenterologist/Hepatologist Personal Information redacted by the USI	**Mary Bright** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Dr Johnny Cash, Consultant Hepatologist Personal Information redacted by the USI	**Siobhan Miskelly** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Dr Ian Cadden, Consultant Hepatologist Personal Information redacted by the USI	**Teresa Gault** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Dr Roger McCorry, Consultant Hepatologist Personal Information redacted by the USI	**Emma Chapman** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Dr Conor Braniff, Consultant Hepatologist Personal Information redacted by the USI	**Grainne McCartney** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI

HPB SURGICAL TEAM, MIH

NAME	SECRETARY
Mr Mark Taylor, Consultant HPB surgeon Personal Information redacted by the USI	**Alan Gibson** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Mr Tom Diamond, Consultant HPB Surgeon Personal Information redacted by the USI	**Jennifer Dundas** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Mr Lloyd McKie, Consultant HPB Surgeon Personal Information redacted by the USI	**Eleanor Taylor** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Mr Gareth Kirk Consultant Pancreaticobiliary Surgeon Personal Information redacted by the USI	**Grace Kirkland** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Miss Claire Jones, Consultant HPB Surgeon Personal Information redacted by the USI	**Grace Kirkland** Personal Information redacted by the USI

	Tel: Personal Information redacted by the USI
Mr David Vass, Consultant HPB Surgeon Personal Information redacted by the USI	**Alan Gibson** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI

ONCOLOGY, Cancer Centre, BCH
Copy all referrals to Personal Information redacted by the USI

NAME	SECRETARY
Dr Martin Eatock, Consultant Oncologist, BCH Personal Information redacted by the USI	**Elizabeth Stephens** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Dr Colin Purcell, Consultant Oncologist, BCH Personal Information redacted by the USI	**Elizabeth Stephens** Personal Information redacted by the USI **Tel:** Personal Information redacted by the USI
Dr Claire Harrison, Consultant Clinical Oncologist Personal Information redacted by the USI	**Angela Dilworth** Personal Information redacted by the USI Personal Information redacted by the USI
Dr Jolyne O'Hare, Consultant Clinical Oncologist Personal Information redacted by the USI	**Angela Dilworth** Personal Information redacted by the USI Personal Information redacted by the USI

Appendix 5 – Colorectal Network Site Specific Group Guidelines

The regional guidelines were discussed at the Southern colorectal Multidisciplinary meeting on 08/05/2014. They have been agreed and adopted as the guidance to be used in the Southern Trust colorectal Service.

Mr Adrian Neill

Appendix 6

Southern Health and Social Care Trust

Cancer information pathway recording form

Version 1 February 2015

Place addressograph here

Assessment and provision codes:

P	Patient accepted paper copy		D	Patient declined information
DC	Patient declined, carer accepted		NA	Information not relevant
S	Patient was signposted and assisted to seek own copy		O	Other; you may wish to write a note

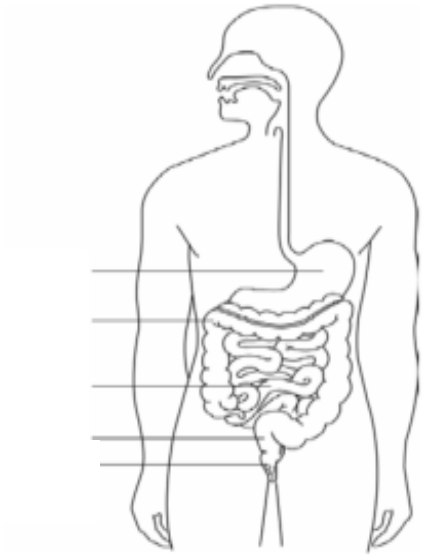
KEY WORKER DETAILS:	

Information Given by	**Code**	**Date**	**Completed**
CNS contact details			
Macmillan Cancer Guide			
Macmillan CAB Flyer			
Cancer Survivorship website flyer			
Information for you & About this pack			

Site specific information for patients

Appendix 7: Colorectal Consultation Discussion Record N08 – 2D – 225

Patient Name:	Date:
Specialist Name:	



Diagnosis:	
Future Investigations:	
Proposed Treatment:	
If you or your carer have any queries or concerns about your diagnosis, treatment or condition please contact your Key Worker:	
Name of Consultant:	**Tel:**
Role:	

Specialist Signature: _____

Appendix 8

COLORECTAL CANCER PATIENT KEY WORKER PATHWAY

Referral	**GP**
Diagnostics	**Consultant / CNS**
MDT	**Surgeon / CNS**
Results Clinic	**CNS**
Surgery	**Surgeon / CNS**
Chemotherapy	**Chemotherapy Nurse**
Radiotherapy	**Oncologist at BCH**
On completion of active treatment	**GP**
Palliative care	**GP** *(Co-ordinates District Nurse & Community Palliative Care)*
Issued	**Review**