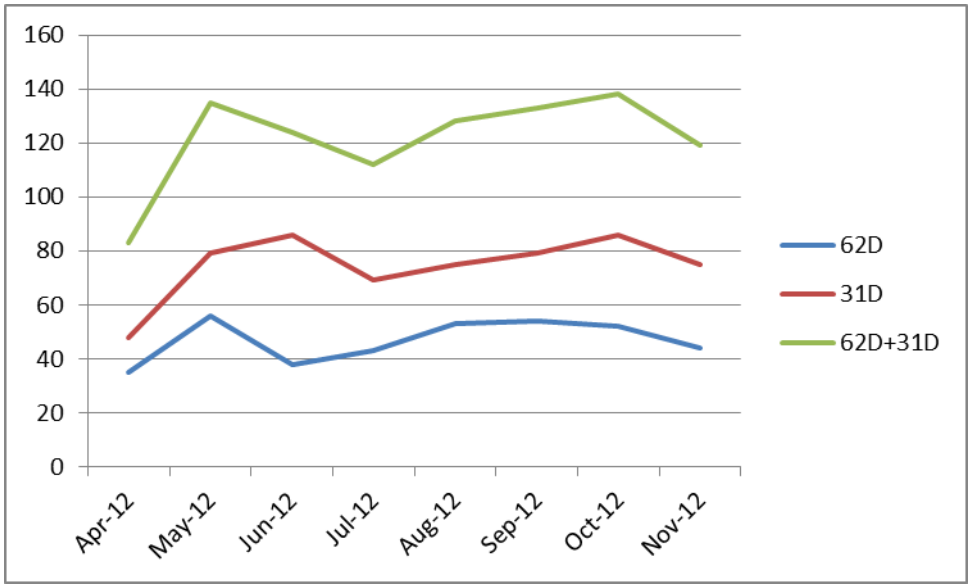
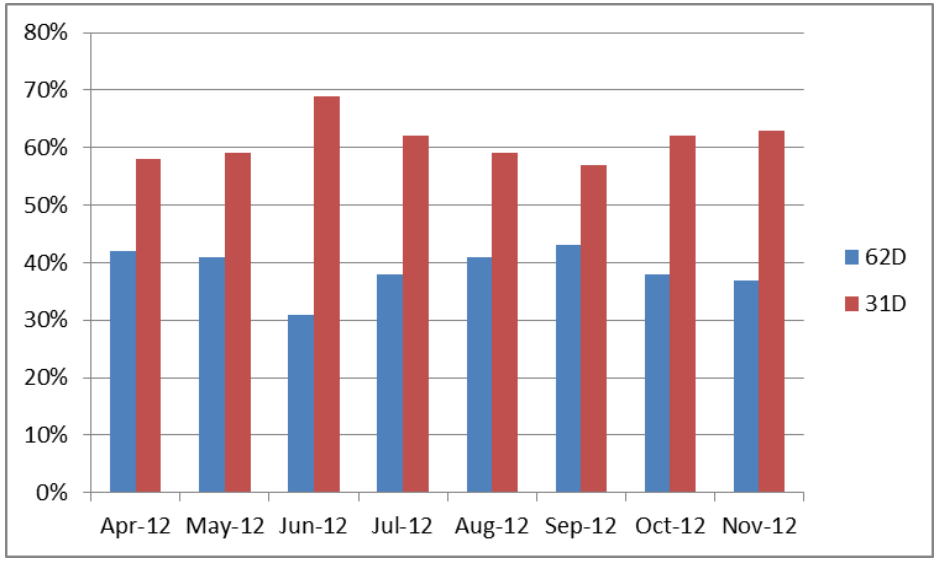
Number of confirmed cancers April - Nov 12



% of Confirmed cancers split between 31/62Days April - Nov 12



CONFIRMED CANCER AND 1ST DEFINITIVE TREATMENT

Tumour Site	Treatment Type	Apr-2012	May-2012	Jun-2012	Jul-2012	Aug-2012	Sep-2012	Oct-2012	Nov-2012	Total
Brain	Specialist Palliative Treatment				1		1			2
	Surgery	1	2	3			3	1		10
Brain	**Total**	**1**	**2**	**3**	**1**		**4**	**1**		**12**
Breast	Active Monitoring		1						1	2
	Anti-cancer drug regimen/Chemotherapy	1	4	2	1	2	3	4	1	18
	Radiotherapy						1		1	2
	Specialist Palliative Treatment		1				1	1		3
	Surgery	13	24	12	17	18	20	16	14	134
Breast	**Total**	**14**	**30**	**14**	**18**	**20**	**25**	**21**	**17**	**159**
Gynae	Anti-cancer drug regimen/Chemotherapy	1				1		1	1	4
	Chemoradiotherapy		1	1			1		1	4
	No Treatment					1				1
	Specialist Palliative Treatment	2		1	1		1	1		6
	Surgery	9	5	10	3	10	11	7	5	60
					1					1
Gynae	**Total**	**12**	**6**	**12**	**5**	**12**	**13**	**9**	**7**	**76**
Haem	Active Monitoring			1		1		1		3
	Anti-cancer drug regimen/Chemotherapy	4	7	5	4	1	4	3	3	31
	Radiotherapy	1				1				2
	Specialist Palliative Treatment					1				1
	Surgery		1							1
	Watchful Waiting	2	3	3	2	2	2	1	2	17
Haem	**Total**	**7**	**11**	**9**	**6**	**6**	**6**	**5**	**5**	**55**
ENT	Anti-cancer drug regimen/Chemotherapy				1	2				3
	Chemoradiotherapy		1			1				2
	Radiotherapy		1	1	1			5	2	10

	Surgery	3	2	1	3	1	3	3	3	9
					1					1
ENT	**Total**	**3**	**4**	**2**	**6**	**4**	**3**	**8**	**5**	**35**
LGI	Active Monitoring						1			1
	Anti-cancer drug regimen/Chemotherapy	1			1			2		4
	Chemoradiotherapy		3		2	2	2		2	11
	No Treatment							1		1
	Radiotherapy	2			2		1	4	1	10
	Specialist Palliative Treatment	3	1	1		1	1	2		9
	Surgery	13	10	12	21	15	14	13	13	111
LGI	**Total**	**19**	**14**	**13**	**26**	**18**	**19**	**22**	**16**	**147**
Lung	Active Monitoring		1	1	1					3
	Anti-cancer drug regimen/Chemotherapy	5	2	1	3	4	3	3		21
	Chemoradiotherapy						1		3	4
	Radiotherapy	8	3	5	1	8	10	3	2	40
	Specialist Palliative Treatment	2	3	6	3		2	7	2	25
	Surgery	4		3	1	3	1	2	4	18
	Watchful Waiting	1		2			1	1		5
Lung	**Total**	**20**	**9**	**18**	**9**	**15**	**18**	**16**	**11**	**116**
Other	Anti-cancer drug regimen/Chemotherapy							1	1	2
	Radiotherapy			1	1					2
	Specialist Palliative Treatment	2			2	1				5
	Surgery	1	1		1			1		4
	Watchful Waiting		1					1		2
Other	**Total**	**3**	**2**	**1**	**4**	**1**		**3**	**1**	**15**
Sarcomas	Anti-cancer drug regimen/Chemotherapy						1			1
	Specialist Palliative Treatment							1	1	2
Sarcomas	**Total**						**1**	**1**	**1**	**3**

Skin	Anti-cancer drug regimen/Chemotherapy	1								1
	Radiotherapy					1				1
	Surgery	13	33	22	27	29	26	35	22	207
	Watchful Waiting				1					1
							1	1		2
Skin	**Total**	**14**	**33**	**22**	**28**	**30**	**27**	**36**	**22**	**212**
UGI	Anti-cancer drug regimen/Chemotherapy	1	3	2	4	1	2	3	2	18
	No Treatment						2	1		3
	Radiotherapy				1					1
	Specialist Palliative Treatment	3	8	2	1	8	3	3	4	32
	Surgery	1	2	1	2	2		5	1	14
UGI	**Total**	**5**	**13**	**5**	**8**	**11**	**7**	**12**	**7**	**68**
Urology	Active Monitoring	1	7	8	5	6	4	3	7	41
	Anti-cancer drug regimen/Chemotherapy	8	17	14	8	12	7	12	9	87
	Brachytherapy		1		1	2	1		1	6
	Radiotherapy					1		1		2
	Specialist Palliative Treatment		2			1		1	1	5
	Surgery	6	10	9	10	10	8	13	8	74
	Watchful Waiting					1			1	2
Urology	**Total**	**15**	**37**	**31**	**24**	**33**	**20**	**30**	**27**	**217**
	Specialist Palliative Treatment								1	1
	Total								**1**	**1**
	All Tumour Sites Total	**113**	**161**	**130**	**135**	**151**	**144**	**165**	**120**	**1119**

Southern Trust Cancer Access Standards Meeting

Notes of Cancer Performance Meeting Thursday, 21st November at 10am, Meeting Room, Admin Floor, CAH

Present:

Fiona Reddick (Chair)	Kay Carroll	Wendy Clayton	Angela Muldrew
Martina Corrigan	Sharon Glenny	Lisa McAreavey	Amie Nelson

Agenda	Discussion	Action
Apologies	Anne McVey, Patricia McStay, Eileen Murray, Ronan Carroll	
October Performance/ Breaches	Fiona Reddick went through the Cancer Performance Dashboard 62D – 88% 31D – 98% 14D Breast – 50% Wendy then went through the breach reports in the dashboard & also the possible/definite spreadsheet for November & December.	
Cancer PTL	Some of the patients that were on the 62D+ Cancer PTL were discussed.	
RF Operational Issues	Angela advised that the cancer services admin team are experiencing difficulties getting Lung RF referrals triaged in CAH. She also advised that process that Dr Convery had suggested is not working. Dr John is happy for referrals to be brought to his clinics to be triaged but Dr Convery is not. Kay advised that she will raise this with the consultants to agree a process. Discussion took place regarding the process for releasing unused red flag slots. Angela advised that Cheryl had raised a concern about the slots being released to RBC so it was agreed that Kay would speak to the team Angela asked for clarification if RF Appointment staff could use the RF slots on the clinics if clinics are already full or overbooked. The following was agreed: General Surgery – Amie advised they were to be used ENT & Urology – Martina advised they were to be used Gastro, Lung & Dermatology – Kay to speak to consultants to agree if these can be used. Gynae – Lisa to discuss with Gynae team and advise if these can be used The process for breast patients who are going to DHH for surgery was discussed due to concerns in patients being delayed	Kay to speak to CAH respiratory consultants to agree the triage process Kay to speak to Dermatology regarding releasing RF slots process Kay & Lisa to confirm whether RF slots can be used if free
Any Other Business	Fiona advised that the NICaN tumour groups are starting again and asked if the Head of Services would like to get the minutes. It was agreed that Fiona would circulate the minutes to the Heads of Service	Fiona to circulate the NICaN tumour group minutes

Date	Thursday, 19th December 2013, 10am, Mtg Rm	

Southern Health and Social Care Trust

Cancer Performance Dashboard Report November 2013

CANCER PERFORMANCE SUMMARY REPORT - November 2013

	% Breast 2WW	% 31D Performance	% 62D Performance
September 2013	43%	99%	90%
October 2013	50%	98%	85%
November 2013	23%	100%	92%

Inter-Trust Transfer Breachers – 62 Day

	Dec 12	Jan 13	Feb 13	Mar 13	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Total
Breast	0	0	0	1	0	0	0	0	0	0	0	0	1
Colorectal	0	1	0	0	0	0	2	0	0	1	0	0	4
ENT	1	0	0	0	0	0	0	2	0	1	0	1	5
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	2	1	0	1	2	5	1	3	3	2	0	21
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	1	1	0	2	0	4
UGI	1	1	0	0	0	0	1	0	0	1	3	0	7
Urology	1	0	0	2	1	0	0	0	1	1	1	0	7
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	4	1	3	2	2	8	4	5	7	8	1	49

Internal Breaches – 62 Day

	Dec 12	Jan 13	Feb 13	Mar 13	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Total
Breast	2	2	1	0	0	0	0	0	0	0	0	0	5
Colorectal	0	0	0	0	0	0	0	0	0	0	0	0	0
ENT	0	0	0	1	0	0	0	0	0	0	0	0	1
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	0	0	1	0	0	0	1
Urology	2	1	1	0	1	1	3	2	1	1	4	3	17
Total	4	3	2	1	1	1	3	2	2	1	4	3	27

Day 31 Breaches

	Dec 12	Jan 13	Feb 13	Mar 13	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Total
Breast	1	1	7	0	0	0	0	0	0	1	0	0	10
Colorectal	0	0	0	0	0	0	0	0	0	0	0	0	0
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	0	2	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	1	0	1	0	0	1	1	0	0	2	0	6
Total	1	2	7	1	0	0	1	1	2	1	2	0	18

Modality	Internal/External	Reason
Urology	62D Internal	• Delay in 1st Appointment (Day 38) • 12 day wait for CT Urogram • 54 day wait for surgery • Treatment complete Day 128
Urology	62D Internal	• 34 day wait for TRUSB • 20 day wait for MRI • 12 day wait for review appointment • Treatment complete day 82
Urology	62D Internal	• 1st appointment day 21 • 25 day wait for review appointment to commence treatment • Treatment complete 70
Head & Neck (ENT)	62D External	• 12 day wait for review • ITT Day 34 • Treatment complete day 98
		•
		•
		•
		•
		•
		•

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Urology pathways – 1st haematuria outpatient appointment, flexis, reviews following MDM.
- Urology surgery capacity
- CT Urogram capacity due to demand
- Lung pathway due to complex diagnostic testing and repeat bronchs
- Lymphoma pathway to remain on 62D pathway
- Breast 1st Appointments & Surgery
- CT Colonography capacity due to demand

External

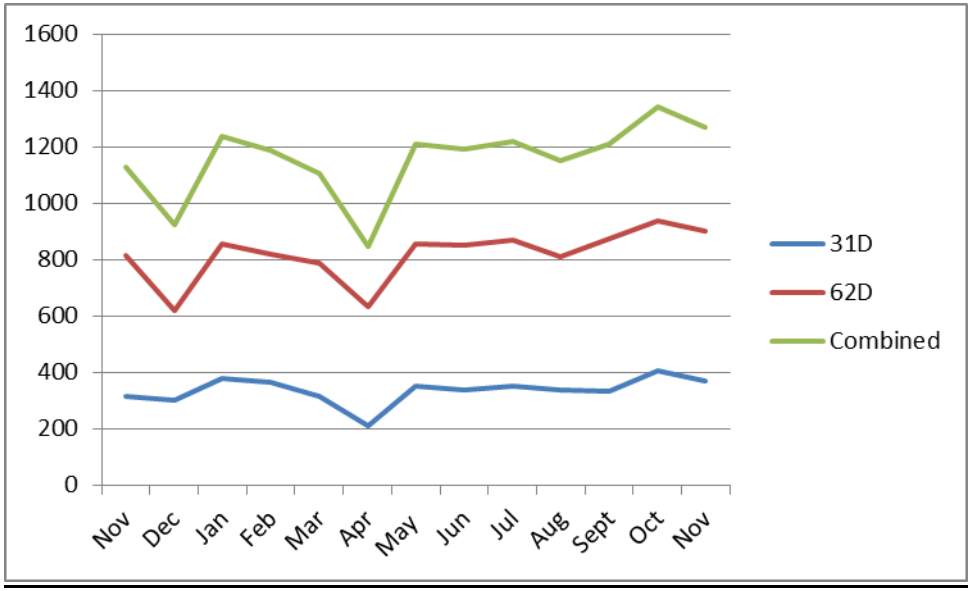
- Lung and Upper GI patients are at risk due to PET capacity – PET waiting time up to 3 weeks
- Access to Thoracic surgical assessment and surgery slots.
- Brachytherapy
- Plastics

REFERRAL – SUSPECT October 12 – October 13

62 DAY REFERRALS	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Brain/Central Tumour	0	1	0	0	0	1	0	0	0	0	0	0	0
Breast Cancer	183	144	214	153	150	131	223	177	187	184	175	248	169
Gynae Cancers	75	73	83	103	92	64	73	81	79	88	91	105	103
Haematological Cancers	10	6	8	5	6	5	13	14	6	8	5	8	9
Head/Neck Cancer	48	32	44	51	53	47	61	55	57	63	73	66	57
Lower Gastrointestinal Cancer	172	105	142	159	163	96	132	129	148	132	161	157	183
Lung Cancer	34	31	39	38	33	26	39	37	34	29	33	26	44
Other Suspected Cancer	16	25	28	25	22	20	28	21	13	14	12	20	16
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancers	118	82	105	104	92	89	132	151	166	125	163	133	103
Testicular Cancer	1	1	1	3	0	1	1	3	2	1	1	1	1
Upper Gastrointestinal Cancer	58	56	88	72	87	68	76	99	63	77	88	69	72
Urological Cancer	99	66	105	108	100	58	80	85	114	89	71	105	144
62D Total	**814**	**622**	**857**	**821**	**798**	**606**	**858**	**852**	**869**	**810**	**873**	**938**	**901**

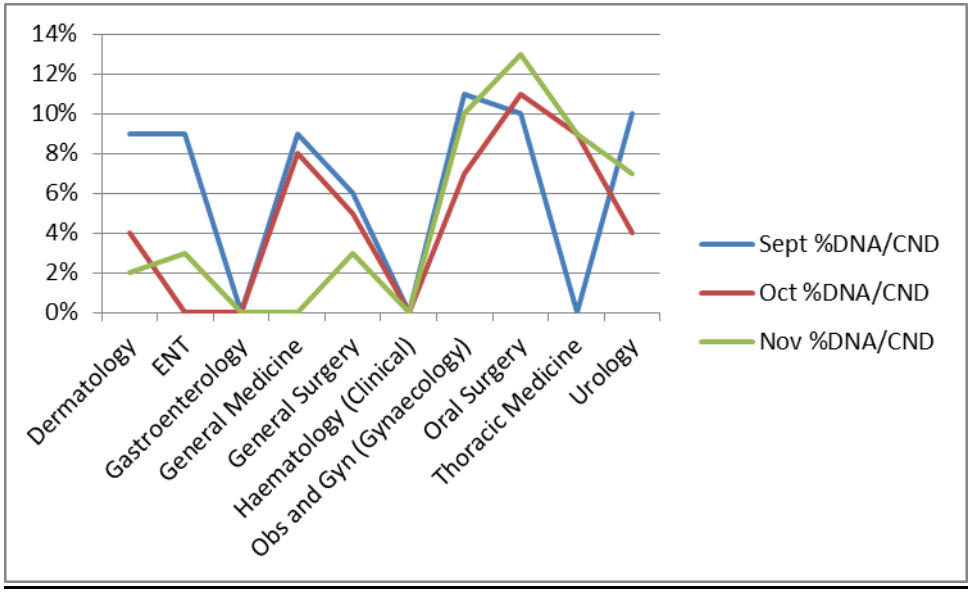
31 DAY REFERRALS	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Brain/Central Tumour	2	1	10	2	7	8	25	11	6	9	13	8	8
Breast Cancer	44	39	40	39	46	33	34	40	44	33	48	37	42
Gynae Cancers	35	30	55	32	29	16	35	43	57	20	31	34	42
Haematological Cancers	15	19	32	26	11	12	22	16	17	25	15	24	21
Head/Neck Cancer	10	5	15	16	21	7	11	11	16	7	12	16	12
Lower Gastrointestinal Cancer	30	38	27	38	31	14	21	30	50	50	47	77	69
Lung Cancer	36	43	48	45	42	37	53	45	32	50	29	43	39
Other Suspected Cancer	1	7	3	4	1	5	4	4	4	3	1	0	0
Sarcomas	2	0	1	0	0	2	0	0	0	0	0	2	0
Skin Cancers	42	29	46	64	58	21	53	50	41	54	57	45	40
Testicular Cancer	0	0	0	0	0	0	1	1	0	1	2	1	0
Upper Gastrointestinal Cancer	33	33	39	37	29	20	44	50	39	49	48	66	54
Urological Cancer	64	58	64	64	43	36	50	38	47	39	33	52	43
31DTotal	**314**	**302**	**380**	**367**	**318**	**211**	**353**	**339**	**351**	**340**	**336**	**405**	**370**
62D Total	**814**	**622**	**857**	**821**	**789**	**635**	**858**	**852**	**869**	**810**	**873**	**938**	**901**
Combined Total	**1128**	**924**	**1237**	**1188**	**1107**	**846**	**1211**	**1191**	**1220**	**1150**	**1209**	**1343**	**1271**

November 12 – November 13 Suspect Cancer Referrals



Red Flag Outpatient DNA

	Sept-13			Oct-13			Nov-13		
Speciality	**Attendances**	**DNA&CND**	**Sept %DNA/CND**	**Attendances**	**DNA&CND**	**Oct %DNA/CND**	**Attendances**	**DNA&CND**	**Nov %DNA/CND**
Dermatology	115	12	9%	109	5	4%	89	2	2%
ENT	41	4	9%	28	0	0%	35	1	3%
Gastroenterology	12	1	0%	11	0	0%	16	0	0%
General Medicine	10	1	9%	11	1	8%	11	0	0%
General Surgery	351	22	6%	371	21	5%	364	11	3%
Haematology (Clinical)	4	0	0%	9	0	0%	9	0	0%
Obs and Gyn (Gynaecology)	74	9	11%	82	6	7%	63	7	10%
Oral Surgery	9	1	10%	16	2	11%	13	2	13%
Thoracic Medicine	25	0	0%	29	3	9%	31	3	9%
Urology	38	4	10%	75	3	4%	38	3	7%
	679	54	6%	741	41	5%	669	29	5%



Confirmed Cancers

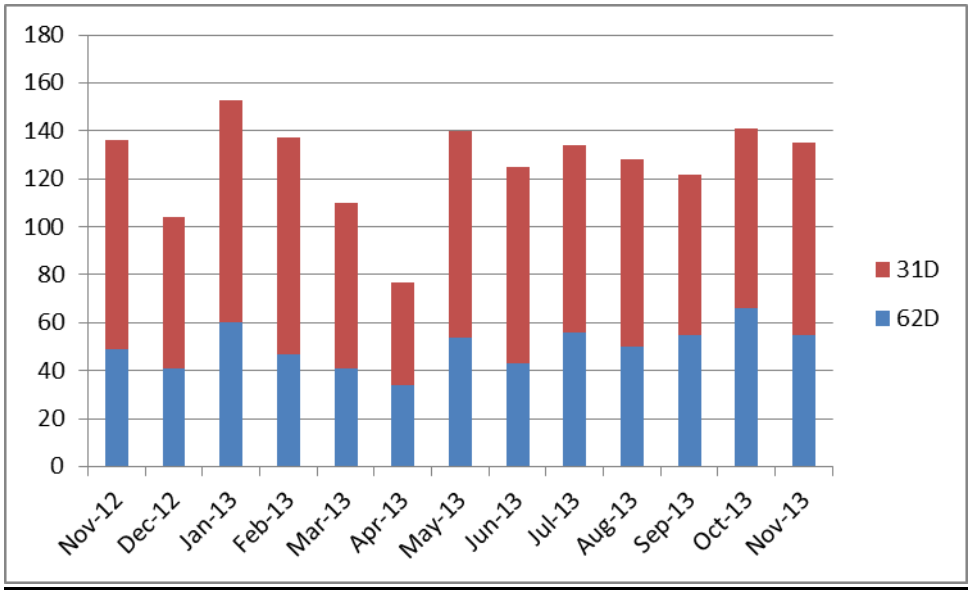
62Day Confirmed Cancers

Tumour Site	Nov-12	Dec-12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept1 3	Oct13	Nov13	Total
Breast	5	6	12	14	2	2	9	5	10	12	15	14	15	121
Gynae	3	4	3	2	5	3	4	1	1	5	4	3	5	43
Haem	2	1	1	1	0	3	6	1	2	1	0	1	2	21
ENT	2	2	0	1	2	0	1	3	6	1	1	3	1	23
LGI	7	3	10	5	4	3	8	7	5	5	5	6	5	73
Lung	4	4	8	4	1	3	5	8	7	5	5	4	2	60
Other	0	0	2	1	0	0	0	0	0	0	0	1	0	4
Sarcomas	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Skin	11	7	9	9	12	3	11	4	11	9	7	10	9	112
UGI	2	1	1	1	1	1	2	3	7	5	2	6	4	36
Urology	13	13	14	9	14	15	8	11	7	7	16	18	12	157
Total	**49**	**41**	**60**	**47**	**41**	**34**	**54**	**43**	**56**	**50**	**55**	**66**	**55**	**651**
% 62 confirmed	**36%**	**39%**	**40%**	**34%**	**42%**	**44%**	**39%**	**34%**	**42%**	**39%**	**45%**	**47%**	**41%**	**40%**

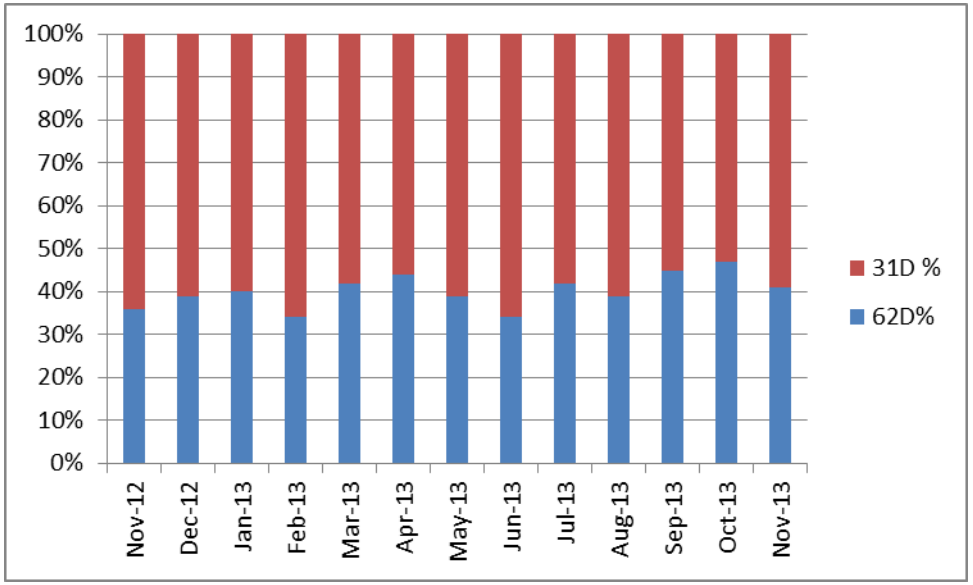
31Day Confirmed Cancers

Tumour Site	Nov-12	Dec-12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Total
Brain	0	1	1	0	1	4	5	4	1	0	1	1	0	19
Breast	13	4	4	10	4	3	12	5	6	6	9	7	10	93
Gynae	6	2	4	9	3	2	4	4	10	7	1	4	4	60
Haem	3	4	8	9	11	2	9	3	8	10	5	6	5	83
ENT	3	0	2	3	0	2	2	1	1	3	1	3	0	21
LGI	11	11	10	9	9	1	9	14	11	12	11	10	18	137
Lung	8	8	12	10	12	6	9	13	14	6	13	11	5	127
Other	1	0	1	0	1	1	0	0	1	0	2	1	1	9
Sarcomas	1	1	2	3	0	0	0	0	1	0	0	1	0	9
Skin	20	19	14	25	17	5	20	11	15	15	5	13	14	193
UGI	6	3	8	5	5	2	4	5	2	4	3	10	12	69
Urology	15	10	27	7	6	15	12	21	8	15	16	8	11	171
Total	**87**	**63**	**93**	**90**	**69**	**43**	**86**	**82**	**78**	**78**	**67**	**75**	**80**	**989**
% 31 confirmed	**64%**	**61%**	**60%**	**66%**	**58%**	**56%**	**61%**	**66%**	**58%**	**61%**	**55%**	**53%**	**59%**	**60%**
TOTAL31+62	**136**	**104**	**155**	**137**	**120**	**77**	**140**	**125**	**134**	**128**	**122**	**141**	**135**	**1640**

Number of confirmed cancers November 12 - November 13



% of Confirmed cancers split between 31/62Days November 12 – November 13



Cancer Performance Meeting

Notes of meeting held Thursday 18th December 2014 at 10am
Meeting Room, Admin Floor, CAH (VC Available)

Present: W Clayton K Carroll M Corrigan R Carroll F Reddick
V Graham L McAreavey P McStay

Agenda	Discussions	Action
Apologies	A Nelson	
Notes of last meeting	Agreed as true record	
November 14 performance	Fiona went through the Cancer performance dashboard. Breast 2 week wait has improved from 95.7% to 100%. 31 Day achieved 99%. 62 Day achieved 88.4%. Fiona discussed November Breaches – External 1 x colorectal, 1 x H&N, 1 skin, and 1 x urology. Internal – 1 upper GI & 1 urology, Longest RF appointment waits – Haematuria – Day 20. Daisy Hill Hospital was experiencing problems with haematuria 1st appointments. This has now been resolved. Number of Red Flag referrals has remained relatively static in comparison with 2013 figures. Lower GI has had an increase, while Upper GI has seen a decrease in number of referrals. Skin has had an increase in referrals – 40 when compared from November 2013 and November 2014. Wendy advised if potential increase in Breaches in January 2015 due to Christmas and New Year and the impact that this will have due to annual leave, cancelled clinics, cancelled theatre slots and cancelled diagnostic lists. In December 2013 performance was 84%, 88% in January 2014 & 85% in February 2014. Last year it was Urology and Breast were the tumour sites that were experiencing difficulties which resulted in breaches, this year it is now Lung and Colorectal.	

Date of Next Meeting	Thursday 22nd January 2015 @ 10.00am Meeting Room, Admin Floor	

Southern Health and Social Care Trust

Cancer Performance Dashboard Report November 2014

CANCER PERFORMANCE SUMMARY REPORT - November 2014

	% Breast 2WW	% 31D Performance	% 62D Performance
September 2014	99.5%	100%	82.5%
October 2014	100%	99.1%	88.2%
November 2014	95.7%	99.0%	88.4%

Inter-Trust Transfer Breachers – 62 Day

	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	1	1	1	0	1	1	1	0	0	0	1	7
Head & Neck	1	1	0	0	0	0	0	1	1	2	4	1	10
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	2	1	2	2	3	0	2	3	3	2	0	18
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	0	1	0	0	1	0	0	0	2	0	1	6
UGI	0	0	0	0	0	2	1	1	0	2	2	0	7
Urology	0	0	1	0	0	0	2	4	0	2	0	1	6
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	4	4	3	3	7	4	9	4	11	0	4	53

Internal Breaches – 62 Day

	Dec 13	Jan14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Total
Breast	0	0	0	2	1	2	0	0	0	0	0	0	5
Colorectal	0	0	0	0	0	0	0	0	1	0	1	0	2
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0
Haem	0	1	0	0	0	0	0	1	0	0	0	0	2
Lung	0	1	0	0	0	0	0	0	0	1	0	0	2
Skin	0	0	0	0	0	0	0	0	0	0	0	0	0
UGI	0	0	0	0	0	0	1	0	0	0	1	1	3
Urology	6	1	5	8	4	6	8	9	4	2	0	1	54
Total	6	3	5	10	5	8	9	10	5	3	2	2	68

Day 31 Breaches

	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Total
Breast	0	2	0	1	4	1	1	0	0	0	0	0	9
Colorectal	0	0	0	0	0	0	0	0	0	0	0	1	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	1	0	0	0	0	0	1	0	1	0	3
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	4	0	1	1	0	0	0	0	0	6
Total	0	2	1	5	4	2	2	0	1	0	1	1	19

Modality	Internal/External	Reason
Urology	62D Internal	• 1st Haematuria appointment day 43 (DHH) • Treatment complete day 66
Upper GI	62D Internal	• 14 Day wait on CT scan being performed due to no up to date GFR. • 13 Day wait on EUS to be performed. • 18 Day wait on PET scan. • Treatment complete day 84
Colorectal	62D External & 31D Internal	• ITT was not received onto Day 51 from Antrim Hospital • Surgery performed on Day 79.
Head & Neck	62D External	• 1st appointment day 16 • Pandendoscopy & biopsy day 29 • 7 day delay in regional MDM discussion • ITT day 43 • Treatment complete day 63
Urology	62D External	• 2 week delay in patient being discussed @ MDM and being reviewed by Consultant, which led to a 1 week delay in patient being listed for Regional discussion (3 week delay in pathway in total) • ITT day 56 • Treatment complete day 67
Skin	62D External	• ITT day 27 • Treatment complete day 86
		•
		•

Risk Areas for November/December 2014

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Lung pathway due to complex diagnostic testing and repeat bronchs
- Lymphoma pathway to remain on 62D pathway
- CT Colonography (Only being done for Bowel Screening Patients)
- Barium Enema's being performed instead of CT Colonography – Only 1 agreed per list.
- OGD & Colonoscopies
- Skin 1st Appointments
- Gynae as a whole – Appointments/no capacity for Hysteroscopy's/Surgery dates –Dr Currie off on annual leave
- Oral Surgery appointments- Nothing available until the end of November,

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting time up to 2 weeks
- Access to Thoracic surgical assessment and surgery slots.
- Brachytherapy
- Plastics

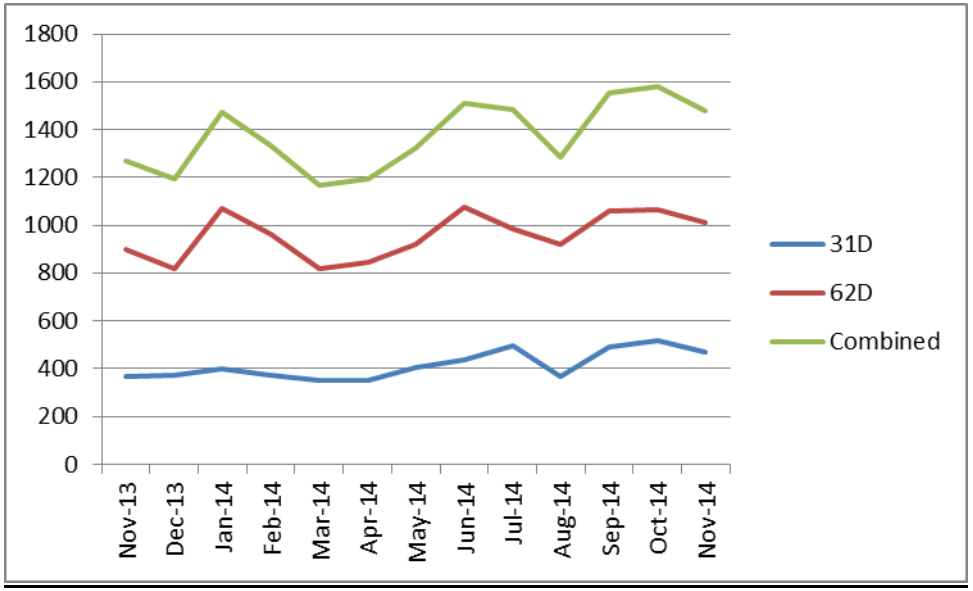
REFERRAL – SUSPECT Nov 13 – Nov 14

62 DAY REFERRALS	Nov13	Dec13	Jan14	Feb14	Mar14	Apr14	May14	Jun14	Jul14	Aug14	Sept14	Oct 14	Nov 14
Brain/Central Tumour	0	0	1	0	0	4	2	2	3	1	1	1	1
Breast Cancer	169	168	241	217	143	152	202	264	232	202	229	235	219
Gynae Cancers	103	74	93	81	82	94	94	83	95	94	117	117	108
Haematological Cancers	9	11	11	21	5	7	4	7	8	11	7	7	9
Head/Neck Cancer	57	63	83	70	59	56	60	64	71	68	86	72	74
Lower Gastrointestinal Cancer	183	145	180	153	165	170	141	167	157	142	150	186	174
Lung Cancer	44	28	63	37	42	43	51	52	34	40	51	37	33
Other Suspected Cancer	16	11	26	15	12	19	15	10	16	10	10	36	36
Sarcomas	0	0	0	1	0	0	0	0	0	0	2	3	1
Skin Cancers	103	107	115	105	94	103	132	174	142	129	163	126	140
Testicular Cancer	1	1	3	1	1	1	2	2	2	1	0	0	0
Upper Gastrointestinal Cancer	72	88	118	126	100	101	123	146	107	112	122	117	101
Urological Cancer	144	123	136	138	114	93	94	107	119	106	122	126	117
62D Total	**901**	**819**	**1070**	**965**	**817**	**843**	**920**	**1078**	**986**	**918**	**1060**	**1063**	**1013**

31 DAY REFERRALS	Nov13	Dec13	Jan14	Feb14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14
Brain/Central Tumour	8	9	10	8	10	8	6	14	23	11	13	17	7
Breast Cancer	42	30	38	44	36	21	40	34	63	38	50	56	63
Gynae Cancers	42	38	47	50	43	36	33	39	48	25	50	45	54
Haematological Cancers	21	16	26	25	15	23	10	21	23	42	43	30	25
Head/Neck Cancer	12	19	24	22	12	13	30	9	18	8	11	15	11
Lower Gastrointestinal Cancer	69	72	71	43	64	61	65	78	80	47	78	90	78
Lung Cancer	39	30	32	31	30	36	37	44	35	27	30	38	40
Other Suspected Cancer	0	0	0	0	0	4	37	0	0	0	1	1	0
Sarcomas	0	0	0	0	0	0	84		1	0		0	0
Skin Cancers	40	44	52	51	38	33	37	68	63	56	73	83	66
Testicular Cancer	0	0	1	3	0	0	0	0	1	0	0	0	0
Upper Gastrointestinal Cancer	54	66	51	46	63	76	84	84	85	53	92	93	71
Urological Cancer	43	50	50	48	39	40	63	44	56	61	51	50	53
31DTotal	**370**	**374**	**402**	**371**	**350**	**351**	**405**	**435**	**496**	**368**	**492**	**518**	**468**
62D Total	**901**	**819**	**1070**	**965**	**817**	**843**	**920**	**1078**	**986**	**918**	**1060**	**1063**	**1013**

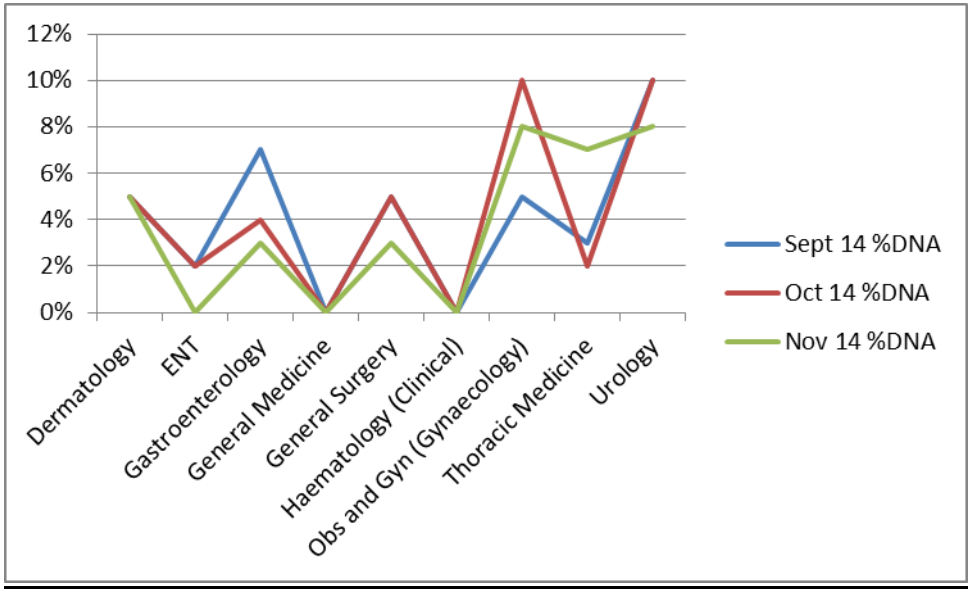
Combined Total	1271	1193	1472	1336	1167	1194	1325	1513	1482	1286	1552	1581	1481

November 13 – November 14 Suspect Cancer Referrals



Red Flag Outpatient DNA

	Sept 14			Oct 14			Nov 14		
Speciality	**Attendances**	**DNA&CND**	**Sept 14 %DNA**	**Attendances**	**DNA&CND**	**Oct 14 %DNA**	**Attendances**	**DNA&CND**	**Nov 14 %DNA**
Dermatology	119	6	5%	135	7	5%	123	6	5%
ENT	48	1	2%	49	1	2%	34	0	0%
Gastroenterology	27	2	7%	25	1	4%	31	1	3%
General Medicine	3	0	0%	1	0	0%	4	0	0%
General Surgery	456	26	5%	426	23	5%	376	10	3%
Haematology (Clinical)	9	0	0%	11	0	0%	8	0	0%
Obs and Gyn (Gynaecology)	96	5	5%	73	8	10%	94	8	8%
Thoracic Medicine	38	1	3%	43	1	2%	29	2	7%
Urology	85	9	10%	90	10	10%	99	9	8%
	881	50	4%	853	51	4%	798	36	4%



Confirmed Cancers

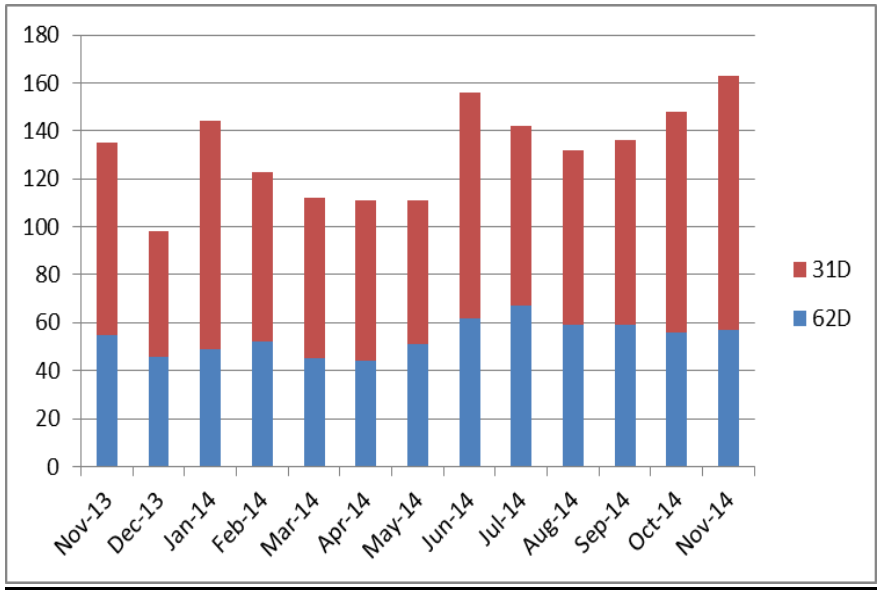
62Day Confirmed Cancers

Tumour Site	Nov13	Dec13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Total
Breast	15	10	9	8	11	12	11	13	9	10	6	11	10	135
Gynae	5	5	4	1	3	0	3	0	2	3	3	3	3	35
Haem	2	3	2	4	2	0	0	1	2	1	2	5	5	29
Head & Neck	1	0	3	0	0	2	2	4	1	1	2	4	4	24
LGI	5	5	5	7	3	6	5	6	6	6	6	12	12	94
Lung	2	4	6	6	5	8	10	6	8	6	5	8	8	82
Other	0	1	1	0	0	0	0	0	2	1	0	0	0	5
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	9	4	4	8	4	4	5	10	11	7	8	3	3	80
UGI	4	3	2	4	2	3	3	5	4	2	4	3	3	42
Urology	12	11	13	14	15	9	12	17	22	22	20	7	8	182
Total	**55**	**46**	**49**	**52**	**45**	**44**	**51**	**62**	**67**	**59**	**59**	**56**	**57**	**702**
% 62 confirmed	**41%**	**47%**	**34%**	**43%**	**40%**	**40%**	**46%**	**37%**	**47%**	**45%**	**43%**	**38%**	**35%**	**42%**

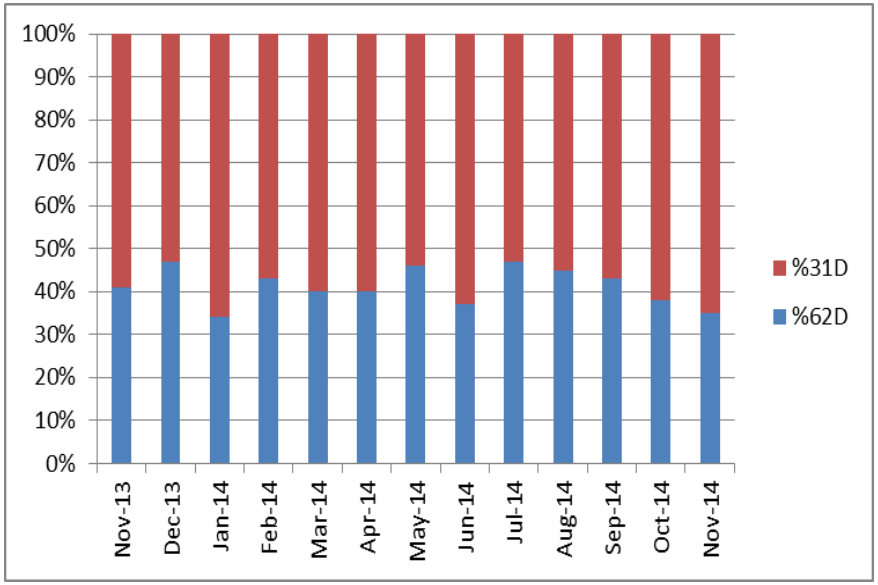
31Day Confirmed Cancers

Tumour Site	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14	Oct 14	Nov 14	Total
Brain	0	1	3	2	4	3	1	2	4	2	1	2	3	28
Breast	10	3	11	6	6	9	4	9	7	7	2	13	13	100
Gynae	4	4	2	7	5	3	5	2	8	5	4	2	2	51
Haem	5	2	13	9	6	6	4	9	1	12	11	12	14	104
Head & Neck	0	2	1	3	1	2	1	1	4	2	2	4	4	25
LGI	18	7	16	4	5	9	7	19	12	10	20	14	14	162
Lung	5	9	9	5	6	8	9	8	5	2	4	9	11	90
Other	1	3	2	3	1	5	2	6	2	1	3	5	6	39
Sarcomas	0	1	0	1	0	0	0	0	1	1	1	1	1	7
Skin	14	9	19	13	11	2	11	19	10	8	7	12	17	162
UGI	12	1	11	3	8	7	5	6	7	9	8	8	9	95
Urology	11	10	8	15	14	13	11	13	14	14	14	10	12	159
Total	**80**	**52**	**95**	**71**	**67**	**67**	**60**	**94**	**75**	**73**	**77**	**92**	**106**	**988**
% 31 confirmed	**59%**	**53%**	**66%**	**57%**	**60%**	**60%**	**54%**	**63%**	**53%**	**55%**	**57%**	**62%**	**65%**	**58%**
TOTAL31+62	**135**	**98**	**144**	**124**	**112**	**111**	**111**	**150**	**142**	**132**	**136**	**148**	**163**	**1690**

Number of confirmed cancers November13 – November 14



% of Confirmed cancers split between 31/62Days November 13 – November 14



62D % cancer conversion

Tumour Site	No. of referrals	No. of confirmed cancer	%conversion
Brain	1	0	0%
Breast	219	10	4.6%
Gynae	108	3	3.0%
Haem	9	5	5.6%
Head & Neck	74	4	5.4%
LGI	174	12	6.9%
Lung	33	8	24.2%
Other	36	0	0%
Sarcoma	1	0	0%
Skin	140	3	2.1%
Testicular	0	0	0%
UGI	101	3	3.0%
Urology	117	8	6.8%

Cancer Performance Meeting

Notes of meeting held Thursday 19th November 2015 at 10am
Meeting Room, Admin Floor, CAH (VC Available)

Present: R Carroll (Chair), W Clayton, M Corrigan, V Graham, K Carroll, A Nelson, W Clarke

Agenda	Discussions	Action
Apologies	Fiona Reddick	
Notes of last meeting	Agreed as true record	
October 15 performance	Wendy welcomed everybody and went through the Cancer performance dashboard. Breast 2 week wait achieved 100%. 31 Day was 100% and 62 Day achieved 76% which was anticipated. Wendy advised that Breast has achieved 100% for November up until now, but due to increase in referrals the 2 week wait is not achievable. There is a lot of on-going work with Breast to try and bring the 2 week wait back down. Wendy advised that performance is anticipated to be low for November with a predicated 76%. This will be a knock on effect from summer leave. Wendy discussed Octobers Breaches. There were 16 breaches in total. External –2 x Colorectal, 1 x Head & Neck, 1 x Haematology, 5 x Lung, 2 x Skin, 1 x Upper GI and 2 x Urology. There were 2 internal breaches – 1 x Gynae & 1 x Colorectal. **Risk Areas – Internal** **CT Colonography** – There currently is only the capacity to see RF's only. **Breast 1st OPD's** – Work in on-going to bring 2 week wait down. **Risk Areas – External** **Skin ITT's** – Ongoing Plastic delays. SET and Belfast Trust are in discussions with HSCB	

	PET – Current waiting times is around 2weeks. **RF Operational Issues**: Currently there are no operational issues to report. **Peer Review Update** Wendy advised that there is no further update on Peer Review.	
Date of Next Meeting	Thursday 17th December 2015 @ 10.00am Meeting Room, Admin Floor	

SEC PERFORMANCE REPORT - AS AT 12/04/2016

			MARCH 2015 - YEAR END							Apr-16								
Speciality	Division	OP/IP/DC	Expected SBA- April - End of March	Expected Activity	ACTUAL	Actual Variance- Patients	Actual % Variance	Projected Access	15/16 & 16/17 SBA tbc	Expected SBA - April	Expected Capacity April	Capacity - ROTT 5%	*Expected Activity*	Variance- Patients	% Variance	Projected Access	Comment
UROLOGY	SEC	NOP	3949	3454	3514	-435	-11.02%	Cons - 46 weeks (SWAH) ICATS - 46 weeks 1172 > 9 weeks	3949	329	305	290	290	-39	-11.95%	Routine LW = 73 weeks Urgent LW = 40wks	Based on available NOP sessions on rota and virtual activity trend in 2015/2016
UROLOGY - submitted SBA	SEC	NOP							3591	299	305	290	290	-10	-3.17%		
UROLOGY	SEC	IP	571	1086	1056	497	87.04%	84 weeks 272 > 26 weeks	571	48	78	74	74	27	55.73%	<u>Daycases</u> Routine LW = 121 wks Urgent LW = 98 wks <u>Inpatients</u> Routine LW = 124wks Urgent LW = 119wks	Based on average out-turn in 2015/16 to date and available sessions on theatre rota
UROLOGY	SEC	DC	4385	3087	3574	-1262	-28.78%		4385	365	270	257	300	-65	-17.85%		
UROLOGY	SEC	OPwP Patient activity									46	44					
UROLOGY (no OPP)	SEC	IP/DC	4956	4173		-765	-15.44%		4956	413		0	0	-413	-100.00%		
UROLOGY (with OPP)	SEC	IP/DC	4956	4880	4630	-326	-6.58%		4956	413		0	0	-413	-100.00%		
UROLOGY (with OPP) PROPOSED NEW SBA IPDC	SEC								4198	350	348	331	331	-19	-5.50%		
UROLOGY OPP PROPOSED NEW SBA	SEC								432	36	46	44	44	8	21.39%		

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Clayton, Wendy

From: Clayton, Wendy
Sent: 06 May 2022 09:29
To: Lappin, Lynn; McNaboe, Ted
Cc: Haynes, Mark; Glackin, Anthony; Carroll, Ronan
Subject: RE: TP Bx regional help - RPOG

I am looking for a flex cyst IS contract from Q2, as we have a clear capacity gap. Pamela has been trying to source a flex cyst contract already in place but no luck, so we will have to write one. I am really keen to get this contract started sometime in Q2, may not be July due to the S21's but hopefully if I get it written and agreed middle to end of June 22 then first patients can go possibly end of July/august.

Happy that Belfast use our contract too once in place.

We are behind in our surveillance patients which I am concentrating on at the moment. There are 227 patients with expected dates between May 2020 – June 2022 which we are fitting into the Friday CDSU session only

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

From: Lappin, Lynn <Personal Information redacted by the USI>
Sent: 06 May 2022 09:12
To: Clayton, Wendy <Personal Information redacted by the USI>; McNaboe, Ted <Personal Information redacted by the USI>
Cc: Haynes, Mark <Personal Information redacted by the USI>; Glackin, Anthony <Personal Information redacted by the USI>; Carroll, Ronan <Personal Information redacted by the USI>
Subject: RE: TP Bx regional help - RPOG

David has advised that Belfast Trust may be in the best position to assist. He has added this to RPOG agenda.

David has further asked if we would be in a position to assist Belfast Trust with their flexible cystoscopies. Not sure of their volume of waits / timescale but what position are we in?

Regards.

Lynn

Lynn Lappin
Head of Performance
SHSCT

☎ **Direct Dial:** Personal Information redacted by the USI
Extension: Personal Information redacted by the
Mobile: Personal Information redacted by the USI

From: Lappin, Lynn
Sent: 06 May 2022 08:57

To: Clayton, Wendy <Personal Information redacted by the USI>; McNaboe, Ted <Personal Information redacted by the USI>
Cc: Haynes, Mark <Personal Information redacted by the USI>; Glackin, Anthony <Personal Information redacted by the USI>; Carroll, Ronan <Personal Information redacted by the USI>
Subject: RE: TP Bx regional help - RPOG

Wendy I will request assistance via David McCormick and come back to you.

Regards.

Lynn

Lynn Lappin
Head of Performance
SHSCT

☎ **Direct Dial:** Personal Information redacted by the USI
Extension: Personal Information redacted by the
Mobile: Personal Information redacted by the USI

From: Clayton, Wendy <Personal Information redacted by the USI>
Sent: 05 May 2022 18:49
To: Lappin, Lynn <Personal Information redacted by the USI>; McNaboe, Ted <Personal Information redacted by the USI>
Cc: Haynes, Mark <Personal Information redacted by the USI>; Glackin, Anthony <Personal Information redacted by the USI>; Carroll, Ronan <Personal Information redacted by the USI>
Subject: TP Bx regional help - RPOG

Hi Lynn / Ted

Can you request through your RPOG group if any other Trust is able to help with our TP biopsies. Longest waiter is currently 11 weeks and we have 71 with no dates.

We do have the IS 3five new outpatient red flag contract which hopefully we will see a slow down of patients being added to the waiting list.

Let me know the outcome of the meeting.

Chris has tried to get us a weekend session with totally healthcare but this unfortunately fell through.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

Clayton, Wendy

From: Clayton, Wendy
Sent: 07 March 2022 12:28
To: 'brian.duggan[redacted]'; christine.allam[redacted]
Cc: Haynes, Mark; Carroll, Ronan; Lappin, Lynn; Lee, Sinead ([redacted]); Muldrew, Angela; Scott, Jane M ([redacted]); McAlinden, Matthew; Robinson, Katherine ([redacted]); Poland, Orla; McNaboe, Ted
Subject: FW: ST urology TURBT
Attachments: Copy of Copy of REPORT_07_-_13_WEEK_IP__DC_PTL_-_PATIENT_LEVEL.xlsx

Dear Brian

Further to your below email, please find attached 15 red flag TURBT patients for surgery and onward care in SET. If you need any further information let me know.

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: Haynes, Mark <[redacted]>
Sent: 28 February 2022 15:04
To: Clayton, Wendy <[redacted]>
Subject: FW: ST urology TURBT

See below – can I catch up with you tomorrow?

From: Duggan, Brian <[redacted]>
Sent: 25 February 2022 12:40
To: Gray, Sam <[redacted]>
Cc: McAllister, Ian <[redacted]>; Lisa McWilliams <[redacted]>; [redacted]; Glen Dunwoody <[redacted]>; Parks, Maggie <[redacted]>; Allam, Christine <[redacted]>
Subject: Re: ST urology TURBT

Dear all,

I had a chat with Mark Haynes yesterday and he is going to draw up a list of 15 TURBT cases to come across to SET. We will take over care, complete procedure, follow up on pathology and imaging results and discuss all the cases through our SET MDT.

5 possible outcomes are likely for these patients at the time of SET MDM discussion. Mark and I have agreed what cases should go back to ST for follow up or additional treatments. Please see below,

1. Pathology from bladder is benign and imaging is normal, SET will discard to GP
2. Pathology shows low risk mucosal disease and imaging normal, SET will discharge to ST for cystoscopy follow up
3. Pathology shows high risk mucosal disease and imaging normal, SET will discharge to ST for intravesical treatment (Sr Patricia Thompson) and cystoscopy follow up of cancer in ST
4. Pathology shows muscle invasive disease or high risk mucosal disease that needs cystectomy, patients to be referred and details emailed to Mr Haynes for urgent results clinic and discussed at central Belfast Trust MDT

5. Additional issues picked up on imaging, (renal tumour, kidney stones, colorectal pathology, other pathologies), these need referred back to appropriate specialist in ST.

The urologists in SET will share these cases among the Consultant group so that these patients get dates as soon as possible,

Happy to discuss further if any queries,

Kind regards,

Brian

Sent from my iPad

On 25 Feb 2022, at 08:31, Gray, Sam <Personal Information redacted by the USI> wrote:

> Thanks Ian,
> We discussed this at our team meeting yesterday and would be happy to help.
>
> Sam
>
> ---
>
> **From:** McAllister, Ian
> **Sent:** 24 February 2022 17:18
> **To:** Lisa McWilliams;Personal Information redacted by the USI 'Glen Dunwoody'
> **Cc:** Parks, Maggie; Allam, Christine; Gray, Sam; Duggan, Brian
> **Subject:** ST urology TURBT
>
> Good Afternoon
>
> In SET we have been reflecting on the urology index procedures data that Glen presented at RPOG on Monday. We may well be in a position to help with some of the urology cancer work from the ST, particularly TURBTs.
> If you were in agreement Brian was going to approach the urology team in ST to offer assistance and transfer suitable patients to SET for the initial surgical treatment of their bladder malignancy.
>
> Kind Regards
> Ian

Hospital	HCN	Casenote	Forename	Surname	Address Line1	Admission Reason	Intended Primary Procedure Code	Operation Description1	Operation Description2	Weeks waiting	Current Day on Pathway
CAH	[redacted]					RED FLAG TURBT ON ANTI-PLATELE	M42.1	RED FLAG TURBT ON ANTI-PLATELET	ALLERGY PRE DIABETIC ASPIRIN HSQ FAO ANAES GT 10.11.2021	20	31D referral - Clock hasn't started
CAH						RED FLAG TURBT	M42.1	RED FLAG TURBT	CAT 2C ALLERGIES ASPIRIN	19	31D referral - Clock hasn't started
CAH						RF TURBT	M42.1	RF TURBT		16	Recurrence
CAH						TCC BLADDER <2CM	M42.1	TURBT		16	31D referral - Clock hasn't started
CAH						RF TURBT	M42.1	RF TURBT	REQUIRES BLOOD TRANSFUSION NIDDM	16	D147
CAH						RF TURBT ANTICOAG CANCELLATIC	M42.1	RF TURBT ANTICOAG CANCELLATION		16	D76
CAH						RF TURBT +/- STENT	M42.1	RF TURBT +/- STENT		15	D140
CAH						RF RELOOK TURBT	M42.1	RF RELOOK TURBT		12	**Progression first diagnosis 2019 unsure whether as per tracking guidance if needs tracked**
CAH						RED FLAG TURBT	M42.1	RED FLAG TURBT		9	31D referral - Clock hasn't started
CAH						BLADDER TUMOUR (NEW DIAGNOSIS	M42.1	TURBT		5	D98
CAH						TUMOUR AT LFT VUJ WITH HYDRON	M42.1	TURBT + LFT URETERIC STENT	DIABETIC NIDDM ASPIRIN	5	D73
CAH						BLADDER TUMOUR (2-3CM, PAPILLA	M42.1	TURBT		5	D99
CAH						RF CYSTOSCOPY & BLADDER BX	M42.1	RF CYSTOSCOPY & BLADDER BX		5	31D referral - Clock hasn't started
CAH						RF TURBT	M42.1	RF TURBT		5	Recurrence
CAH						BLADDER TUMOUR	M42.1	TURBT PAPILLARY 3CM	DIABETIC ON WARFARIN	4	D104
CAH						RF TURBT	M42.1	RF TURBT	DHH/CAH RIVAROXABAN ALLERGIES	4	D43

Personal Information redacted by the USI

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Clayton, Wendy

From: Clayton, Wendy
Sent: 08 May 2022 10:57
To: Tyson, Matthew
Subject: FW: PCNL's to SET... lets send URS listed patients please

Importance: High

Thanks for all your help Matt and would be good to get a potential solution for the PCNL patients. Chat to you soon

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the
Mob: Personal Information redacted by the USI

From: Tyson, Matthew <Personal Information redacted by the USI>
Sent: 06 May 2022 14:05
To: Clayton, Wendy <Personal Information redacted by the USI>
Cc: Haynes, Mark <Personal Information redacted by the USI>; Scott, Jane M <Personal Information redacted by the USI>; Lappin, Lynn <Personal Information redacted by the USI>; McAlinden, Matthew <Personal Information redacted by the USI>; christine.allam Personal Information redacted by the USI; McAuley, Laura <Personal Information redacted by the USI>
Subject: RE: PCNL's to SET... lets send URS listed patients please
Importance: High

Hi Wendy

I have spoken to Brian on the phone just now and we have agreed a slightly different proposal

1. We will send 25 patients fit for LVH to them for URS and laser who are listed for URS and laser- can we take the longest waiting 25 which are fit for URS and laser in LVH and send to them please and copy me in..

We have patients listed as fit for LVH and Laura may kindly have a session now and then to go through the waiting lists for URS and laser if we need any more for them. Can we send 25 patients from our list.

I think we also need to be aware of sending patients away for operations and clinics still add more admin and follow-up to us when they return (?how many then stone preventions/ 24 hr urines. I need to set up a nurse led prevention for the patients at risk and those who go to renal need to be identified.

2. There may be the odd patient who has a 2-3cm stone, who is super fit who could be offered the option of a URS and laser and explained to that this is an alternate to PCNL, but explained the pro's and con's of each and the guidelines explained. Myself and Laura did one of these with a stuck stent and huge renal stone a few weeks ago, the Thulium Laser is excellent, but lets not forget the guidelines and evidence for PCNL. Thulium laser is a game changer and we will be able to do suitable patients with 2-3cm stones I am sure.
3. The vast majority of our PCNLs are full stags and suspect a few need a nephrectomy or multiple PCNLs
4. The routine flexi URS list will have stones on that actually are now needed PCNL as will have grown.

We need to get to the point of a high volume complex stone unit and do all these PCNLs and keep up with the demand of patients listed and not all these long waits.

We need a robust follow-up system (and identification of these patients who are sitting on lists) for the high risk stone formers, spinal patients are really high risk from forming stones and dying from them. Yes, that means when I have time I need to go through all these lists, I need to set up the follow-up with Laura and Jason with the highest risk/complex coming to me.

Re. URS and laser and stones >2cm

1. A recent systematic review addressing renal stones > 2 cm showed a cumulative SFR of 91% with 1.45 procedures/patient; 4.5% of the complications were > Clavien 3. Digital scopes demonstrate shorter operation times due to the improvement in image quality. (we have a decent flexi scope… there are pro's and con's to this scope, overall it is very good, but I feel at some point this should be reviewed with the vast number of scopes on the market and what would the

optimum scope be (there are small scopes available, smaller doesn't always mean better, but does give more option to complete certain cases in one sitting and therefore the option available would decrease re-bookings, I believe a 7.5F disposable scopes are now available)

2. Prolonged operative times are linked to increased complication rates in ureteroscopy, and efforts must be made to keep it below 90 minutes.

3. EAU guidelines still recommend

Perform percutaneous nephrolithotomy (PNL) as first-line treatment of larger stones > 2 cm.	Strong

That said, in suitable patients, being aware of potential for multiple procedure URS and laser for stones >2cm is reasonable and can be recommended, and in need we have done, but this at present would be the minority and not majority.

Treat larger stones (> 2 cm) with flexible ureteroscopy or SWL, in cases where PNL is not an option. However, in such instances there is a higher risk that a follow-up procedure and placement of a ureteral stent may be needed.	Strong
Perform PNL or retrograde intrarenal surgery for the lower pole, even for stones > 1 cm, as the efficacy of SWL is limited (depending on favourable and unfavourable factors for SWL).	Strong

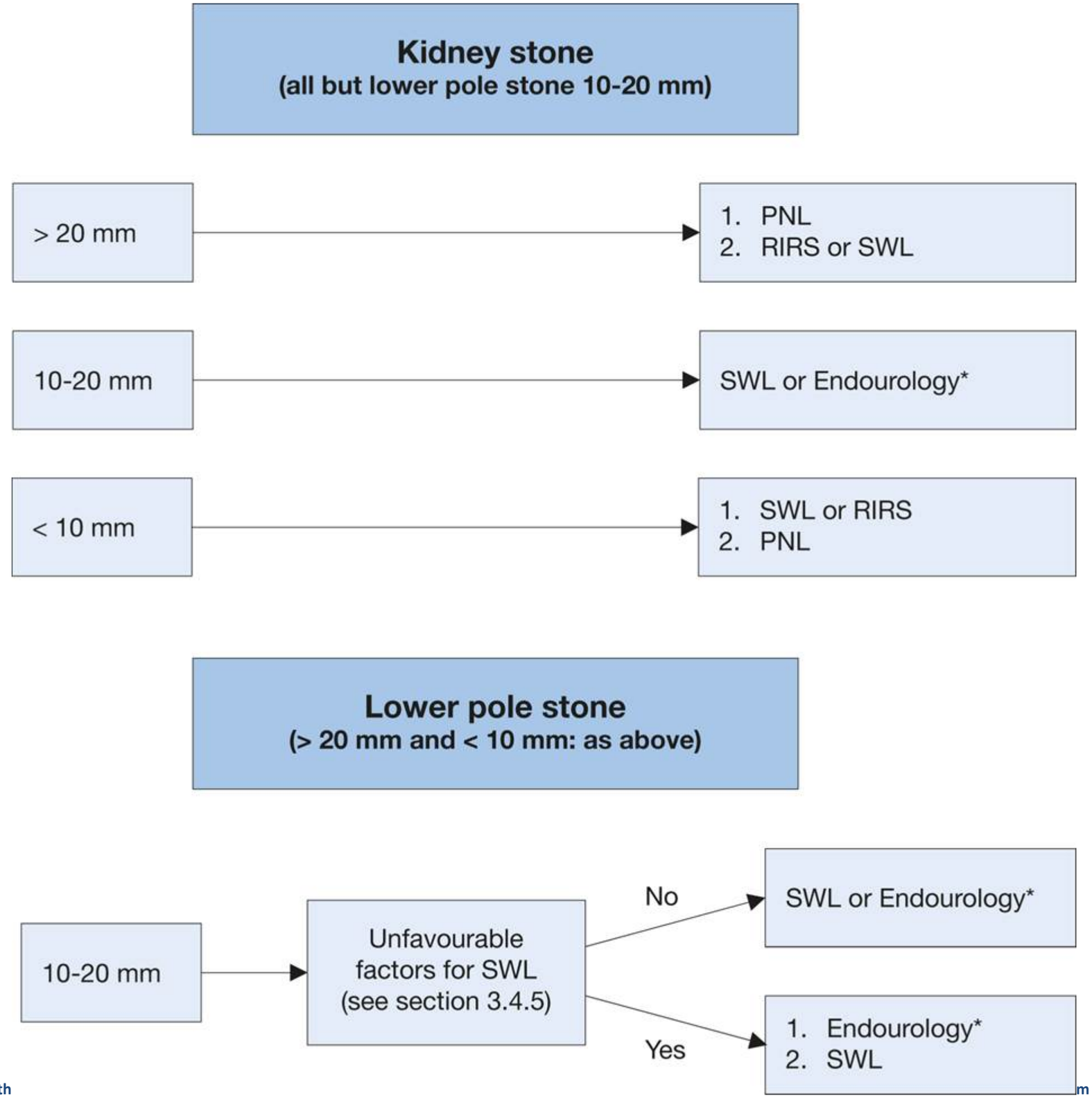


Figure 3.2: Treatment algorith **m for renal stones (if/when active treatment is indicated)**

Kind regards

From: Clayton, Wendy <[redacted]>
Sent: 06 May 2022 12:54
To: Tyson, Matthew <[redacted]>
Cc: Haynes, Mark <[redacted]>; Scott, Jane M <[redacted]>; Lappin, Lynn <[redacted]>; McAlinden, Matthew <[redacted]>; [redacted]
Subject: PCNL's to SET

Hi Matthew

Hopefully I've good news for you.

Chris Allam from SET has just been on the phone -. They have requested that we send **25 x PCNL patients, fitter the better with 3cm or less stones.**

Brian Duggan is going to review them and offer laser in LVH; if they accept then great and will remain with SET if they refuse they will be returned back to our Trust for PCNL

I know it will be some work for you to go through and pick out the patients but if additional hours is required to do this let me know asap. You will see a missed call from me which is about same. Any queries come back to me.

Lynn – this is at no extra cost for the Southern Trust

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 25/04/2016 - LNL

ISSUED TO ASD: 25/4/16

No:	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
1	Commissioning Plan Target	ASD	All (Op)	Red	Delayed Discharge Coded Information	* Failure to ensure discharge information coded/recorded undermining performance against delayed discharge targets * Trust lowest regional performance (all other Trusts achieving 97 - 100%) * Issue raised at DHSS Accountability meeting	March 96% February 98% January 97% December 95% November 96% October 93% September 63% August 60% July 69% June 66% 87 not coded in Jan - 1 ENT, 26 gen surg, 14 gen med, 4 breast surgery, 22 A&E, 1 gyane, 3 haem, 1 HDU, 1 ICU, 1 trauma, 4 urology,	97 - 100% (2014/15)	* Action plan agreed in June and submitted to DHSS by Chief Executive * Weekly monitoring in place * Performance decreased in July * Urgent refresh of Action Plan undertaken * Gap identified when patients had been discharged from the ward out of hours * Improvement in quanity of coding - up to 79% mid October but concerns around quality as level of complex cases has decreased by 50% * Note - drop in simple discharges performance (see Risk 28 below) ? link to improved performance	* Sinead will do a daily 'mop up' to try and improve actual returns from the ward. * Ward clerks will do a 'mop up' from the night before pre-9am to address gap * SHSCT liaise with other Trusts to share any best practice * All to reinforce actions required with professional Staff * Refresh guidance document on defining simple/complex definitions and applications of S or C codes ATICS/SEC Update: Reports from Sinead continue to be shared to HOS/Lead Nurses for action, number of uncoded delayed discharges have decreased and will continue to be monitored	Anita Carroll All Operational A/Ds	Immediate
2	Commissioning Plan Target	ASD	MUSC	Amber	Re-admissions	*General Re-admission rate (CHKS) below peer. *Peaks in re-admission December/February - analysis indicate General Medicine re-admissions increased	Ref: CHKS/TB report	No comparable CHKS information for region	* Analysis of re-admission peaks indicate G medicine for review * Report Shared with ADM/AD and meeting took place to review data; idnetify paterns/trends;	* Further analysis from CHKS to be undertaken * Follow-up meeting to be arranged	Lesley Leeman Anne McVey	March
3	Commissioning Plan Standard	ASD	All (Op)	Red	Reviews beyond clinically indicated timescales (excluding visiting specialties from February)	* Delays in review of patient presenting adverse clinical risk	March 13090 February 14018 January 16987 December 17347 October 20627 September 21915 August 22968 Ref: Monthly OP Review Backlog Report	N/A	* Re-direction of internal resources, in 2015/2016, to provide additional face to face activity and validation of reviews beyond clinically indicated timescales * Actions in place to ensure management of 'urgent' reviews * Monthly monitoring reports in place * Review of previous practice and arrangments at specialty level	* Agreement to recruit validation posts from internal re-direct resouces - ongoing * Additional resources confirmed from HSCB for Q1/Q2 for Cardiology; Diabetology; Endocrinology; General Surgery; Orthopaedics; Pain Management; Rheumatology; Urology	All Operational A/D	Immediate
4	Commissioning Plan Standard	ASD	ATICS & SEC; CCS & IMWH; MUSC	Amber	Planned procedures beyond clinically indicated Timescales	*Delay in review of patients for planned screening/repreat procedures presenting adverse clincial risk	Endoscopy - There are 1093 patients awaiting a planned procedure with the longest waiter from March 2015. There are a further 742 non-scope patients awaiting a planned procedure. Of these there are 15 patients waiting from 2014 - 4 Urology (longest waiting May 2014) and 11 Cardiology (longest waiting June 2014).	N/A	* Internal target for management of planned endoscopy patients (internal target 12 weeks for urgent new and planned, routine planned are waiting almost 1 year greater than clinically indicated timescale) * Planned list segmented into urgent planned and routine planned to ensure urgent planned patients seen first * On-going discussion at Endoscopy Users Group	* Validation of non-endoscopy long waits required * Agreement to undertake piece of work to identify capacity streams for endoscopy and increase co-ordination of planning and scheduling to optimise * ?? Consideration of additional nurse endoscospist into training ATICS/SEC continue to monitor planned waiting times, targeting longest waiters	All Operational A/D	Ongoing
5	Commissioning Plan Target	ASD	All (Op)	Red	Access Time (Outpatients) - General	*Increase in access times associated with capacity gaps and emergent demand	Specialties > 26 weeks: ATICS & SEC: ENT; General Surgery; Orthopaedics; Pain Management; Urology MUSC: Cardiology; Endocrinology; Diabetology; Gastroenterology; Ortho-Geriatric; Neurology; Thoracic Medicine; Rheumatology SEC; g surgery/urol/ orthopaedics Ref:Biweekly Access Time Report	N/A	* Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity through achievement of SBA volumes and appropriate management of urgent patients * Strict chronological management required and good OP clinic management practice with implementation of recommendations of HSCB review * Information provided to GPs in GP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits - drafted and shared * Note: Specialties waiting over 52 weeks include Endocrinology; Gastroenterology; Ortho-Geriatrics; Neurology; Orthopaedics; Rheumatology; Urology * Awaiting confirmation from HSCB on the management of paused patients in the IS	* Ongoing focus on length of urgent waits to ensure clinically acceptable - impacting on routine in cases (See risk 6 below) * Additional resources from HSCB in Q1/Q2 confirmed for Cardiology; Diabetology; Endocrinology; ENT; Gastroenterology; General Surgery; Neurology; Orthopaedics; Rheumatology; Thoracic Medicine * All ADs and operational leads to ensure additional resources are fully utilised and highlight any risks to performance ASAP as resources could be re-allocated to the 'secondary' list	All Operational AD	Ongoing
6	Commissioning Plan Target	ASD	All (Op)	Red	Access time differential for routine and urgent patients	Some urgent patients are waiting equal time for appointmentgs as routine patients	Specialties: Urology Ref: Monthly Access Times Report	N/A	* Focus on determination of clinically acceptable wait times * Focus on good booking practices to ensure urgent patients are booked first * On-going flexibility of OP clinical templates to ensure urgent patients booked before clinically acceptable timescale * For specific areas see access times tab * Awaiting confirmation from HSCB on the management of paused patients in the IS	* Ongoing focus on length of urgent waits to ensure clinically acceptable - impacting on routine in cases * Urgent waits reviewed at monthly A/D Performance Meetings and routinely operational meetings	All Operational A/D	ongoing
7	Commissioning Plan Target	ASD	All (Op)	Red	Access Times (In-patient/Day Case) - General	*Increase in access times associated with capacity gaps and emergent demand	Specialities > 52 weeks: Breast Surgery; Cardiology; General Surgery; Orthopaedics; Pain Management; Urology Ref: Weekly PTL and Monthly Access Times Report	N/A	* Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity through achievement of SBA volumes and manage urgent patients appropriately * Strict chronological management required and good OP clinic management practice * Information provided to GPs in GP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits - drafted and shared * Awaiting confirmation from HSCB on the management of patients paused in the IS	*Ongoing monitoring of urgent wait times against clinically acceptable levels * HSCB have confirmed additional funding in Q1/Q2 for Cardiology; Dermatology; Pain Management; General Surgery; Gynaecology; Orthopaedics; Urology * All ADs and operational leads to ensure additional resources are fully utilised and highlight any risk to performamce ASAP as resources could be reallocated to the 'secondary' list	All Operational A/D	ongoing
8	Commissioning Plan Target	ASD	All (Op)	RED	Access Times (Diagnostics) - General	March 2016 position - CT 16 -weeks, CTC 19-weeks, Dexa 19-weeks, MRI-15 weeks, NOUS 15-weeks, Flurioscopy 22-weeks, Endoscscopy 45 weeks (routine) *Increase in access times associated with capacity gaps and emergent demand	Ref: Weekly PTL and Monthly Access Times Report	N/A	* Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity and managed urgent patients appropriately * Strict chronological management required and good IEAP management practices * Information provided to GPs monhtly to inform GPs and patients of expected waits * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits	Awaiting confirmation of funding from HSCB for Q1/Q2 When confirmation received secure appropriate IH and IS activity levels to meet allocated volumes	Heather Trouton (Diagnostics) Ronan Carroll / Anne McVey (Endoscopy)	On-going
9	Commissioning Plan Target	ASD	All (Op)	TBC	Excess Beddays	Inability to meet target	Ref: Trust Board Monthly Performance Report	N/A	* Need to undertake analysis of excess beddays by specialty; elective/non-elective * Need to assess impact of day case rates	* CHKS to provide analysis		
10	Commissioning Plan Standard	ASD	MUSC	Amber	Biological Therapies	* Presenting demand in cases of funding for initiation on biological therapies	March - waits >13 weeks	N.A	*Analysis of project requirement for biological therapies undertaken *Escalation to HSCB of requirement beyond funding *Need to ensure arrangements in place for strict compliance with NICE guidance	*strict compliance with NICE guidance *ongoing monitoring of demand with escalation to HSCB (regionall commissioning team) should further demand present	Anne McVey	On-going

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 25/04/2016 - LNL

ISSUED TO ASD: 25/4/16

No:	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
11	SBA	ASD	All (Op)	Red	Failure to deliver SBA Volumes (IP/DC, OP)	* Failure to deliver SBA volumes (in context of current poor access times)	Ref: Month-End SBA Monitoring Summary	N/A	* Specialty areas that will not achieve performance within normal tolerances +/- 5% @ 29/2/16: Out-patients - Manpower/SBA/performance issues - Urology; Orthopaedics; Pain Management; Endocrinology; Diabetology; Dermatology; Thoracic Medicine; Gynaecology; Out-patients - Demand issues - Orthodontics, Colposcopy Inpatients/Daycases - Manpower/performance issues - General Surgery; Breast Surgery; Urology; Orthopaedics; ENT; Gynaecology; Endoscopy * Monthly A/D performance meeting in place to review SBA and routine operational review * Recovery plans in place as appropriate	* Focus on SBA action plans (at Divisional level) to recover SBA to within tolerances +/- 5% by end of September * Recovery plans submitted - General Surgery to be submitted * All SBA proposals concluded with the exception of Urology * Specific focus on endoscopy to seek additional sessional provision * Urgent analysis and review to be undertaken where specialities have lost significant capacity in Month 1 of the 2016/2017 - need to understand why sessional capacity is lost and implement necessary actions to rectify as a matter of urgency	All Operational A/D	On-going
12	Commissioning Plan Target	ASD	All (Op)	N/A	Failure to achieve target	* Variation in week day and weekend mortality rates presenting clinical risk	Death rate at weekends should not exceed weekday rate by more than 0.1%	N/A	In March there was a 3% death rate on weekdays and 1.8% rate on weekends although cumulativley for 2015/2016 the rate at weekends was more than 0.1% difference to weekdays.	* Analysis to be carried out on March position and monthly monitoring required.	All Operational A/D	On-going
13	Commissioning Plan Target	DIV	CCS & IMWH	Red	DRTT - Failure to achieve target that 100% of diagnostics (imaging) reported and verified within 28 days for a routine patient and 48 hours for an urgent patient	Patients waiting longer than clinically indicated for reporting of Diagnostic tests	Ref: Monthly Trust Board Performance Report and Bi-Annual Indicators of Performance Report	N/A	* Actions to increase capacity including the appointment of an IS provider to supplement current IS provision * Close monitoring of long waits is required * On-going Regional actions are in discussion for a Regional Radiology Reporting Network * Medica can perform 200 per day 5 days per week * Additional reporting capacity can be provided by 4 ways if required *Need to consider impact of further manpower issues in radiology & any additional actions *Awaiting confirmation of Q1/Q2 funding from HSCB	* Close monitoring of long waits is required. * On-going Regional actions are in discussion for a Regional Radiology Reporting Network. * Internal focus on priority work. * Plain Film reporting IPT submitted to SLCG.	Heather Trouton	On-going
14	Standard	ASD	CCS & IMWH	Red	Breast Radiology Services (Screen & Sympomatic)	Service at risk due to lack of consultant capacity	* ROUND LENGTH 2015/2016 TARGET 90% February 98.8%; January 99%; December 98%; November 100%; October 99.3%; September 99.5%; August 99%; July 99.7% * SCREEN TO ASSESSMENT - TARGET 90% (Recalled to Assessment within 3-Weeks) February 97%; January 100%; December 71% (2 not booked in time due to Bank Holiday and 10 appointed patients DNA'd); November 81% (awaiting previous films for 2 patients, 5 not read on time and 1 DNA); October 95%; September 94%; August 86% (1 patient not read on time, 2 patients CND due to holidays); July 80%; June 63% * SCREEN TO ASSESSMENT - DATE OF FIRST OFFERED APPOINTMENT - TARGET 100% February 100%; January 100%; December 91%; November 80%; October 93% (1 patient required films); September 96%; August 85% (1 patient no capacity, 2 not read on time, 1 awaiting plain films); July 100%; June 73% * SCREEN TO ROUTINE RECALL - TARGET 90% (Normal Results within 2-Weeks) February 100%; January 100%; December 95%; November 99%; October 99%; September 97%; August 99%; July 99%; June 99%	N/A	* Previously Consultant on sick leave so high risk for screening as leaves 1 consultant for screening - previously 1 remaining consultant had dropped all fluroscopy sessions to do additional screening resulting in access times increasing (Breast Radiology Consultant returned from sick w/c 23.11.15 on phased return) * One of the sustantive reporting radiologists retired 31/3/16 - unable to reruit replacement * Impact on implementation of recurrent symptomatic breast sessions to be determined	* Focus remains on screening with reporting delayed * Need to assess impact of retirement of key reporter - unable to recruit; locum plan in place * ??medium - long term solution	Heather Trouton	Immediate
15	Operational	DIV	ATICS & SEC	Red	Inability to provide full medical services affecting achievement of SBA, access times, ward services provisions	* Risk regarding the inability to secure appropriate levels of middle grade doctors medical staff * Reduction in level of elective activity that can be undertaken * Impact on rota and need to provide for out of hours cover/ward cover as priority	Affecting General Surgery OP and SBA performance Ref: Month-End SBA Monitoring Summary	N/A	* General Surgery funded NIMTDA allocation 4 middle grade; Trust funded 2 middle grade * Impact on contribution to out-patient capacity/on general elective work * Potential impact on rota for both General Surgery and Urology as inability to recruit junior doctors affects capacity * Michael Bloomfield updated at November Elective Monitoring meeting	* Paper to SMT re Contigency ? Actions with NIMDTA	Ronan Carroll	On-going
16	Commissioning Plan Target	DIV	ATICS & SEC	Red	Inability to continue to meet General Surgery elective requirements with General Surgery SBA anticipated to be underperforming from April 2016	* Risk regarding the on-going provision of General Surgery elective services in the current model - inability to flow patients and fully utilise sessional capacity in current configuration * Significant volume of lost sessions in April without robust	Affecting General Surgery out-patient and IP/DC SBA performance Ref: Month-End SBA Monitoring Summary	N/A	* Inability fully utilise sessions in DHH due to reduced demand for conditions suitable for the site * Inability to meet SBA for IP/DC * Change in casemix, practice and demand casemix affecting throughput * Consideration of this issue needs to be undertaken in context of emergency surgical strategy and regional elective care strategy document (still in draft) 23 general surgery sessions lost in April - robust reasons for lost capacity not yet ascertained	* Review of a range of analysis to baseline existing position (theatre utilisation/demand/capacity) * Consideration of flow issues to DHH and plan to be developed in the short-term * A/Ds/Director to meet to consider requirement/process to develop an elective surgical strategy	Ronan Carroll	On-going
17	Commissioning Plan Target	DIV	IMWH	TBC	Inability to continue to meeting Gynaecology elective surgery SBA	* Risk regarding the on-going provision of gynaecology surgical services in line with current SBA in context of change in casemix	Affecting Gynae IP/DC SBA levels Ref: Month-End SBA Monitoring Summary	N/A	* Change in casemix, practice and demand affecting throughput in accordance with traditional SBA * Inability to fully utilise theatre sessions and optimise capacity * Inequitable access times for surgery/access to relevant theatre capacity	* On-going work to translate casemix and SBA for IP/DC into new comparable SBA - procedure based in association with Clinical Directors * Engagement with Commissioner planned for 2016/2017 to present findings	Heather Trouton	September
18	Commissioning Plan Target	DIV	MUSC	Red	ED performance Failure to meet target that 95% of patients should be treated, admitted or discharged within 4 hours of arrival	* Increased waiting time * Poor patient experience	March 76.7% 4-hour target 10 x 12 hour breaches Ref: Monthly Trust Board Performance Report		* IPTs for additional resources for Unscheduled care submitted * Winter pressures/contingency plans in place * Reduced beds in the system from September to December 2015 due to essential works * Additional winter beds opened 16 November 2015 * Plans for Ambulatory Unit in development	* Range of ED and whole system initiatives in place to improve flow * Additional pilot of review of 80 years + admission from ED via AC@H team * Additional medical and key professional staff in wards at weekends in January to improve flow in absence of fully implemented 7-day working arrangements * Lookback of Christmas/New Year holiday period to be undertaken * Forward planned for key pressure points in February/March/Easter required	Anne McVey	On-going
19	Standard	DIR	CCS & IMWH	Red	Pathology reporting backlog	* Clinical risk associated with backlog in pathology reporting * Standard is 7 calender days for urgent and 10 calender for routine	Currently all specimens under 14 days, but this position is fluid October - backlog 260 September - backlog of 800 specimens	N/A	* Impact associated with vacancy * Inability to recruit - did have 3 applicants for post but all pulled out * Ad hoc contracts in place with BHSCT consultant colleagues providing additional capacity * No IS provision available	* On-going triage of each specimen to manage urgent/piroity cases * Need to consider communication with referrers to advise of current backlog * Continue to utilisation Belfast / Antrim consultants to help with pathology reporting WLI sessions	Brian Magee	On-going

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 25/04/2016 - LNL

ISSUED TO ASD: 25/4/16

No:	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
20	Operational	DIV	ATICS & SEC	TBC	Impact of long routine access times on pre-operative patients - need for rework	* Clincial risk associated with change of conditions/ongoing suitability for surgery * Impact on theatre capacity associated with potential increase in cancelled surgery on the day * Potential double handling with second review consultant patient required impact on on-going review capacity		N/A	* Requirement to review patients prior to surgery to recheck joints and x-ray due to increasing access times * Key specialty affected Orthopaedics	* Need to assess clinical position in relation to pre-operative review * All A/Ds and operational leads to ensure additional resources fully utilised and highlight any risk to performance ASAP	Ronan Carroll	On-going
21	Operational	ASD	CCS	TBC	Backlog pre-operative assessment cases	* Impact on elective patient flow * Potential increase in theatre cancellations/lost capacity		N/A	* Increasing volumes of patients waiting pre-operative assessment * Review of pre-oeprative assessment flow by ATICS * Additional internal funding to clear 1200 backlog of consultant assessment for pre-op (internally re-directed resources) up to the end of March 2015	* Non-recurrent backlog clearance in progress up to March 2016 * Proposal for pilot of pre-op to be developed further to discussion with SLCG (? Cost implication to be determined and agreed with SLCG) * Need to consider impact of clearances of 1200 backlog pre-op cases * All A/Ds and operational leads to ensure additional resources fully utilised and highlight any risk to performance ASAP *Pre-op Team are currently reviewing all processes - complete *Pilot of new process is commencing with Orthopaedics, currently arranging meeting with the Ortho consultants to discuss further. *Non-recurrent funding has been requested for Q1/2 *With increased length of weight for patients across specialities, this is resulting in double handling of patients requiring pre-assessment *Assess the impact of the Q1/2 NOP / IPDC non-recurrent additionality	Ronan Carroll	On-going
22	Operational	DIV	All (Op)	TBC	Inability to provide level of additional capacity committed to from internal redirected resources	Finance risk		N/A	* With new consultants and additional activity being undertaken for internally re-directed resources and further commitment to HSCB additional funding leading to increase demand for OP accomodation and staffing	* Previously the totality of bids analysed and plan in place for accommodation/nursing provision * Close monitoring required to ensure capacity utilised and any early escalation of risk associated with inability to undertake planned activity * Previously stock take was undertaken and submitted to finance and with estimate of work undertaken to date and that planned to be completed by March	OSLs Martina Corrigan Ronan Carroll	**Completed - Recommended for Closure**
23	Operational	DIV	ATICS & SEC	TBC	Elective Theatre capacity at CAH	TBC		N/A	* Insufficient theatre capacity CAH site * Extended days not productive * Rroutine capacity managed via robust scheduled/using of SOW gaps * Failure to be able to utilise threates at DHH sufficiently for casemix	* Update on capcaity plan required ? interim options * Meetings planned to review Theatre issues as part of capital/redevelopment plans	Mary McGeough	On-going
24	Orthodontic Service	DIV	ATICS & SEC	TBC	Inability to continue to provide support to Orthodontic service	Lack of trained orthodontic nurses		N/A	* Both trained orthdontic nurses absent * Inability to provide sufficient level of appropriate cover imapcting ability to continue to manage orthodontic patients on site * Capacity secured in School of Denistry for sessional support * Issues escalated to Commissioner	* Capacity secured in School of Denistry for sessional support * Issues escalated to Commissioner	Roanan Carroll	On-going
25	Standard	ASD	ATICS & SEC		Ophthalmology - long waits and review backlog	Perception that waits relate to SHSCT		N/A	* Ongoing work with Commissioner to transfer management of service (still on Trust PAS) * Additional funding HSCB for IS capacity for new OP (BHSCT to manage)	* Actions sit with BHSCT	Ronan Carroll	On-going
26	Governance	DIR	ATICS & SEC	TBC	Trauma pressures	Trauma demand for in-patient and out-patient beyond the Commissioned level	SBA performance @ 29/2/16: New Out-Patients +18% (+1182) Non-Elective In-Patients +18% (+298)	N/A	* Demand for trauma above Commissioned levels * Interim arrangements in place to divert 10th T&O consultant to trauma facing job plan, however job description with Specialty Advisor prior to advert likely to change focus to standard elective/trauma split job plan with additional capacity for trauma 'lost' * Option to reduce trauma demand advocated by Commissioner - include implementation of Glasgow model	*Phased implementation of Glasgow Model commenced - timescale required * Meeting with Commissioner held to consider future T&O consultant activities and impact of change in job plan to elective facing	Ronan Carroll	On-going
27	Governance	DIV	MUSC	TBC	Timescale for urgent waits	Cardiology DC - Urgent waits beyond clinical acceptable levels	Urgent waits now reduced to 34-weeks	N/A	* Previously unequaitable waiting times for different cardiology cath lab procedures	* A/D to address individual urgent wait issues with individual operators and seek action/sharing of caseload to reduce risk	Anne McVey	TBC
28	Financial	DIR	All (Op)	TBC	Underdelivery of IS contracted volumes in 2015/2016: General Surgery Varicose Veins - 80 patients to be seen Ortho In-patients 6 to be seen in 352 and a further 4 to be seen in NWIH Pain In-Patients 35 and Out-Patients 57	Finanacial Risk	Confirmed underdelivery	N/A	* Whilst providers haD given assurance that there is no risk to delivery of volumes there would be risk following ROTT/RTT and DNA for patients * Patients are now paused in the IS with confirmation awaited from HSCB on management of these patients	* Contract holders to ensure they are managing patients to ensure maximum level seen in IS * Awaiting confirmation from HSCB on management of patients paused within the IS	Contract Owners	March 2016

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 25/04/2016 - LNL

ISSUED TO ASD: 25/4/16

No:	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3827	19/08/2016	Safe, High Quality and Effective Care		Due to the move down from level 6 to outpatient department to the current OPD accommodation is not suitable to sustain numbers.	Risk of late diagnosis and treatment. Health and Safety and fire risk to patients and staff.	Reduction in the number of fracture patients that can attend each clinic to be reduced.	12/11/21 Refurbishment in DHH for fracture clinic will not take place within financial year 2021/2022. Await confirmation of funding for 2022/2023. 08/09/2021- accommodation for refurb not available as yet. 28/06/2021- remains a risk. Investigating refurbishing Phase 1 OPD in DHH for fracture clinic. Plans developed at a cost of £60k. Waiting to here if funding is to be approved before commencing work. 15/02/2021- remains a risk. Due to the Covid 19 pandemic DHH fracture clinics remain in CAH however still risk due to no social distancing. One DHH clinic has moved to an evening clinic from November 2020. Requested fracture accommodation in STH, unfortunately no capacity to date. 11/12/2020 - remains a risk. DHH fracture clinics remain in CAH however still risk to no social distancing. One DHH clinic moving to evening clinic from Nov 2020. Requested fracture accommodation in STH, unfortunately no capacity to date. 20/10/2020 - remains a risk. DHH fracture clinics remain in CAH however still risk to no social distancing. One DHH clinic moving to evening clinic from Nov 2020. Requested fracture accommodation in STH 10/8/2020 - Remain on risk register. DHH fracture clinic transferred to CAH due to covid pandemic. Need new accommodation in DHH to transfer service back large number of patients going through CAH on a Mon and Tuesday, CAH is not suitable for 2 consultant led clinics. 18.09.19 Remain on Register until capital allocation 24.06.19 - DHH T&O accomodation is priority 1 on the Trust's capital allocation list. To remain on the RR until new accomodation is complete. This will move the fracture clinic from level 2 SAU. 28/3/19 - fracture clinic in DHH continues to be located on level 3 DHH (SAU room), therefore numbers remain reduced. Remains on the capital allocation list 6/2/19 - as below no change to risk	HIGH	DIV
4018	15/10/2016	Provide safe, high quality care		Inpatient / Daycase Planned Backlog	Delay in review of patients planned for screening/repeat procedures presenting adverse clinical risk.	INDC planned backlog in the following surgical specialties: urology, general surgery, ortho and chronic pain.	19/11/21 ICU beds are currently sitting at 12.WIthin Elective Theatres there are 16 urgent bookable sessions in CAH and 5 urgent bookable sessions in DHH 16/09/2021- OSL update- continues to monitor backlog. Due to Covid 19 pressures there are reduced theatre sessions and therefore the focus is on red flag. 08/09/2021- Due to the increase in Covid ICU patients, theatres have decreased sessions down to 3 all day urgent bookable in CAH and one AM session per day in DHH. This will result in ongoing backlog in planned and surveillance surgical patients. 28/06/2021- OSL continues to monitor planned IPDC backlog. Theatres sessions has increased with DHH restarting 14/06/2021 with 15 theatre sessions. Only RF and urgent at present. Validating top 10 longest waiters each month. 15/02/2021- Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 due to Covid. Currently one 1 urgent bookable list per day Mond to Friday. clinically urgent and priority 2 patients being scheduled. The Trust is currently facing the 3rd surge. No urgent bookable in DHH. 11/12/2020 - Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 due to COVID pandemic. Currently only clinically urgent and priority 2/3 patients being scheduled. The Trust is currently facing the 2nd COVID surge. 1 urgent bookable each day in CAH and 3 days in DHH 20/10/2020- Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 due to COVID pandemic. Currently only clinically urgent and the red flag priority 2 patients being scheduled. The Trust is currently facing the 2nd COVID surge unsure if elective surgery will continue 10/8/2020 - Planned IPDC backlog continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. 18/6/19 - planned IPDC backlog continues to be a clinical risk due to no capacity. risk has been impeded by medical ongoing issue[illegible] which has resulted in	HIGH	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4019	15/10/2016	Provide safe, high quality care		Inpatient / Daycase Planned Backlog for Endoscopy	Delay in review of patients for planned screening/repeat procedures presenting adverse clinical risk.	Endoscopy planned backlog. Papers written and submitted to Director re risk. Requested HSCB funding for planned backlog clearance.	19/11/21 Currently only clinical urgent and red flag priority 2 patients are being scheduled for endoscopy. Planned backlog continues to increase as no planned patients are being booked. Validation of planned endoscopy patients is still ongoing. Endoscopy capacity has decreased due to Covid 19 pressures, the redeployment of theatre based workforce continues to impact on capacity within South Tyrone Hospital (STH). The day clinical centre was redeployed to STH day procedure admission ward during the pandemic which still remains in day procedure. This was a 14 bedded ward historically used to run two endoscopy lists 5 days a week simultaneously. Until they return to CAH it is not possible for STH to return to a 19 planned endoscopy list per week. 16/09/2021- Planned endoscopy backlog validation is still in progress 28/06/2021- planned endoscopy backlog is currently being validated by the Gastro and General Surgical Team. 15/02/2021- Planned IPDC endoscopy backlog continues as a clinical risk. All elective surgery cancelled in March due to the COVID pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for endoscopy. Backlog continues to grow at present. as no planned endoscopy patients are being scheduled. Validation of planned endoscopy patients has commenced. 20/10/2020- Planned IPDC endoscopy backlog continues as a clinical risk. All elective surgery cancelled in March due to the COVID pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for endoscopy. Backlog continues to grow at present. Colon patients being sent Qfit test then prioritised for their colon. Still working on IS contract 10/8/2020 - Planned IPDC endoscopy backlog continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for endoscopy. Backlog continues to grow at present. In process of securing contract to bring IS into the Trust for weekend endoscopy additional sessions	HIGH	DIV
4021	12/04/2019	Provide safe, high quality care		Access Times (Outpatients) - General (not inclusive of visiting specialties)	Increase in access times associated with capacity gaps and emergent demand - Capacity gapin RF, urgent and routine.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	19/11/21 OSL update SEC, New regional guidance has been approved for Outpatient admin validation this will be for ENT, Urology and Trauma and Orthopaedics. From April 19 admin validation has been ongoing, new regional technical guidance has been approved and will commence Jan 2022 and the validation team admin support will increase, recruitment in progress.Capacity reduced due to Covid 19 social distancing guidance which is decreasing the number of booked clinics. IPC guidance is continually reviewed and updated. 160921 OSL update- Within outpatients admin validation is ongoing within the following areas: ENT, BFH and orthopaedics. OSL progressing decision with IPC if clinic sizes can be increased. 08/09/2021 - Currently only red flag and some urgent patients are being booked however demand is still greater than capacity. Redeployment of DSU and Theatre staff to ICU for surgery reduces theatre capacity on CAH, STH and DHH sites. Six urgent bookable sessions in CAH, fourteen trauma sessions and five urgent bookable sessions in DHH with cancellation of day surgery and endoscopy. 28/06/2021- OSL and HOS continue to monitor longest waiters. Currently due to social distancing reduced numbers continue and only red flag and urgent patients being booked. Agreed to contact IPC to see if we can increase numbers at clinics. Admin validation to commence. 15/02/2021New Outpatients backlog waiting times continues as a clinical risk. All outpatient cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. The trust is facing a 3rd surge at present. All outpatients cancelled again and outpatient staff redeployed. 0/10/2020 - New Outpatients backlog waiting times continues as a clinical risk. All outpatient cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag priority 2 patients being scheduled for surgery. Backlog continues to grow at present. The trust is facing a 2nd surge at present 10/8/2020 - New Outpatients backlog waiting times	HIGH	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
4022	12/04/2019	Provide safe, high quality care		Access Times (In-patient/Day Case) - General	Increase in access times associated with capacity gaps and emergent demand.	ATICs/SEC specialties with New Outpatients >52 weeks; urology, general surgery, Orthopaedics, Chronic Pain	19/11/21 OSL and HOS continue to monitor outpatient stragglers >52 weeks. we are currently booking P2 priority patients due to Covid 19 patients. 16/09/21 OSL update- OSL and HOS continue to monitor top ten longest waiters for inpatient/day case. 08/09/2021 - Due to increase in Covid 19 ICU patients, theatres have decreased sessions down to three all day urgent bookable in CAH and one am session per day in DHH. This will result in ongoing backlog in planned and surveillance surgical patients. 28/06/2021- OSL and HOS continue to monitor. Top 10 longest waiters to be validated on a monthly basis. Theatres sessions have increased with DHH restarting 14.06.2021 with 15 theatre sessions. Only priority 2 elective surgery on CAH site. 15/02/2021- New outpatient long waiting times continues as a clinical risk. Reduced outpatient capacity due to covid. Still only RF and urgent patients being scheduled. Surge 3 all outpatients have been cancelled and staff redeployed to support the Wards 11/12/2020 - New outpatients long waiting times continues as a clinical risk. Reduced outpatient capacity due to covid. Only RF and urgent patients being scheduled. Outpatient accommodation increased slightly from 14/12/2020 but not to full capacity. To continue with reduced numbers due to social distancing 20/10/2020 - New outpatients long waiting times continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag new and review patients being booked at present. Reduced capacity due to outpatient rooms being utilised for new covid processes, reduced patients per clinics for social distancing. New referrals have been reduced from March to June 2020 due to covid pandemic. 10/8/2020 - New outpatients long waiting times continues as a clinical risk. All elective surgery cancelled in March 2020 to due covid pandemic. Only clinically urgent and red flag new and review patients being booked at present. Reduced capacity due to outpatient rooms being utilised for new covid processes, reduced patients per clinics for social distancing. New referrals have been reduced from	HIGH	DIV
4131	03/12/2020	Safe, High Quality and Effective Care	Trustwide	Reduction in elective capacity due to covid restrrictions-Urology ENT, Gen Surgery, Gynae and Orthopaedics	With the Covid-19 pandemic SEC ability to accommodate commissioned levels of activity is not being achieved resulting in increases in waiting times and volumes of patients on the elective and planned waiting list. As a result of increased waiting times and reduced capacity consequently patients may come to harm, increased levels of pain and discomfort and reduced quality of life	Mon-Friday 1x all day Urgent bookable on both sites CAH and DHH Due to limited elective capacity consultants clinically prioritise patients for surgery using the FSSA royal college guidelines, priority to cancer patients. Regional cancer rest meeting working towards equalising waiting times across the province. In house additionally from January 2021 on DHH site Endoscopy- weekend additional sessions in LV	12/11/2021ICU beds are currently sitting at 12.WIthin Elective Theatres there are 16 urgent bookable sessions in CAH and 5 urgent bookable sessionsin DHH. 08/09/2021 - Due to increase in Covid 19 ICU patients, theatres have decreased sessions down to three all day urgent bookable in CAH and one am session per day in DHH. THis will result in ongoing backlog in planned and surveillance surgical patients. Only priority 2 for CAH and DHH sites. 28/06/2021- DHH recommenced elective theatres x 15 sessions on the 07/06/2021. CAH elective sessions continue with reduced theatres- currently 2-3 urgent bookable per staff however this is staff dependent. Agency staff have taken leave July/August 21. 9/6/2021 the ongoing workforce issues will affect our ability to provide core operating sessions. Primarily for in patient theatres. The action in respect to recruitment is in place. advertisements are going out in June and 9 new registered nurses are due to commence work between June and Sept for CAH in patient theatres. we are currently working with the nurse bank and agency to attract theatres nurses and Dps from agency across mainland UK. 15/02/2021- ICU remains open to 16 patients, surge staff from day surgery and theatres/recovery remain in-situ. Currently in surge 3 03/12/2020- full de-escalation of CCaNNi critical care surge plan- this is currently medium surge and difficult to predict. Commencement of in house additionally from Jan 2021 for endoscopy and surgical specialties and the January sessions are currently being agreed. Increase urgent bookable theatre sessions	HIGH	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3802	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Nurse Recruitment for Adult and Paed theatres	Risk of being unable to cover all required theatre sessions with appropriately skilled theatre staff, therefore, there is a risk of sessions not being scheduled or being cancelled if insufficient skilled Theatre staff are not available.	We continue to use the Nursing Team in ATICs across all theatre departments. This includes cross site working, to ensure that we make the best use of our resources to cover the core confirmed sessions.	19/11/2021- no further update. 20/09/2021- Rolling nurse recruitment for Band 6 for paeds theatre is at advert. No paediatric surgery at present due to surge- redeployment of staff to ICU. 28/06/2021- Jan/Feb 2021x8 band 5 staff nurses recruited through peri-operative workstream. June 2021 band 5 applications closed, approx 8 band 5 have been recruited. Waiting on checks and start dates. Delivering of care x 1 Band 7 and 10 x Band 6's funding secured. ATICS going out to advertisement (3x CEPs Band 7- 1 funded and 2 at risk). 15/02/2021- regional peri operative recruitment drive closing date 05/02/2021, awaiting confirmation of applicants and interviews to be processed. ATICS remain with larger number of vacant adult and paediatric theatre nursing posts. 11/12/2020 - request through E&G for a commissioned paediatric nursing course for 21/22. Regional recruitment plans ongoing. HOS ATICS remains on group 20/10/2020 - regional recruitment plans ongoing. HOS ATICS sits on the group. 10/8/2020 - Since the covid-19 pandemic Paediatric theatre presently being used for outpatient ENT AGPs. No paediatric surgery currently on the DHH site. Only 2 paediatric nurses Band 6 at present, out for recruitment with BSO. Continues as risk. Continuing with recruitment drives for adult theatre nursing staff. Vacancies still remain. For retention Band 5 uplift to Band 6 successfully completed. 3/9/19 - only 3 paed nurses at present (1 is 16 hours only). Further nursing gap highlighted to AD and Director - paper attached 18/6/19 - Unfortunately continued high level of vacancies in ATICS. Theatre nursing paper has been submitted to the Acute Director. Continue to run main theatres in CAH and DHH at 30% reduction. Risk remains high. 28/3/19 - Continued high level of vacancies in theatres and risk to staffing main theatre sessions. Continue to run at 30% less theatre sessions for April 2019.	MOD	DIV
3804	27/05/2016	Safe, High Quality and Effective Care	Outpatients Dept	Pre Op Assessment	Pre-op assessment is currently under resourced to provide the number of assessments required and deal with the increase in demand to the service	Staffing has been structured within pre-op to cover the key areas ensuring the best use of the limited resources. We are currently proactively working to change the existing pre-op processes to ensure that patients are pre-assessed and passed fit before ever being scheduled for surgery. This impacts on the need for additional staffing as we are working to change the processes while having to continue with existing processes.	20/09/2021- Pre-op staffing currently matches the requirements for urgent bookable. Recruitment required. Will update as necessary. 28/06/2021- remains unchanged will discuss way forward with AD. 15/02/2021- remains unchanged. 11/12/2020 - remains unchanged. Internal audit completed and addressing recommendations 2010/2020 - remains unchanged 10/8/2020 - Pre-op assessment demand continues outweigh capacity. Out for recruitment BSO band 6. Requested planners to complete a business case to enhance pre-op service. 10/8/2020 - Pre-op assessment demand continues outweigh capacity. Out for recruitment BSO band 6. Requested planners to complete a business case to enhance pre-op service. 18/9/19 - Lead nurse is interviewing this week for new pre-op nursing staff. Pre-op is one of the projects submitted under demography monies. 18/6/19 - Ongoing works pressures continue in pre-op due to demand. Group met to progress pre-op paper however planners will be not support without confirmed funding stream. To remain on RR. 28/3/19 - Risks continue as below and additionality continues. Agency band 2 part time to start end of April 19 to support the B5/6 nursing staff. 6/2/19 - High sickness rate in pre-assessment at present. Additional hours offered to keep up with demand. Discuss additional admin B2 to be recruited as risk to support the B5/6	MOD	DIV

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3800	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	Anaesthetic cover for maternity services	We currently fail to meet the standards regard to anaesthetic cover for maternity theatres. There is a risk to the Maternity patients from having inadequate cover. The staff is approximately 2.0wte. The nursing levels do not meet the national guidelines. Risk of failing anaesthetic accreditation, currently do not meet the standards.	A paper is being completed with regard to sorting the deficit in both anaesthetic and nursing cover.	19/11/2021- no change 20/09/2021- no change 28/06/2021- no change 15/02/2021- risk remains the same 11/12/2020 - risk remains unchanged, however, in DHH elective c-sections are performed in the main theatres. 20/10/2020 - risk remains unchanged, however, in DHH elective c-sections are performed in the main theatres. 10/8/2020 - no further update. Risk continues. 18.09.19 - HOS & LN's have met and are meeting again in the next month to go through figures for the nursing requirement 18/6/19 - meeting was held between gynae and ATICs, business case to be progressed. To be kept on RR 28/3/19 - Next ATICS business meeting arranged for 19/4/19, await update from Dr Scullion. 6/2/19 - discussed at ATICS business meeting. Dr Scullion investigating the transfer of IMWH maternity theatres	MOD	DIV
3727	01/09/2015	Make the best use of resources	Anaesthetics, Theatres & Intensive Care Services	No equipment store available in Day Surgery Unit CAH	Currently there is a 2 bedded side room unable to be used for patients as it stores the equipment for this unit. This can impact on the availability of beds for the daycase list, particularly when lists are occurring simultaneously. Potential for harm; Potential delay of access to day surgery beds. Limited availability of segregation for patients for IPC reasons and also male/female.	Try to maximise the use of the existing 12 bed spaces. Continues to use the 2-bedded side room for equipment as this reduces the risk to patients and staff of equipment being stored in corridors, this would also be a fire hazard.	19/11/2021- no change 28/06/2021- remains unchanged no funding. 15/02/2021- remains unchanged still no capital funding 11/12/2020 - remains unchanged 20/10/2020 - remains unchanged, no capital funding identified. 10/8/2020 - Still no capital funding, risk remains the same. 18.09.19 Still no capital funding risk remains the same 18/6/19 - still no capital funding identified, risk remains the same. 28/3/19 - as below, risk remains as no capital funding identified. 6/2/19 - no capital funding, therefore risk remains the same.	MOD	DIV
4095	02/06/2020	Provide safe, high quality care Be a great place to work	Trustwide	Mishandling of Patient handover resulting in an Information Governance breach	There is a risk that the handover with patients details could be mislaid anywhere on site or in the community. Patient detail not being managed in a confidential manner thereby reveling the patient's private business and exposing the Trust to a breach in public confidence.	All disciplines of staff have been informed of the recent breaches in Information Governance and the consequence of same. All wards and departments have bins with clearly visible signage indicating they are for the disposal of the confidential handover prior to the end of their shift Regular reminders at patient safety briefings to adhere to Trust governance protocols Representative in Acute have met and agreed the content on the handovers. Incident and meeting note shared with OPPC, Peads and MH directorates.	12/11/20212 An Information Governance audit has taken place and results are pending to ascertain compliance with non identifiable patient from handovers.To await report to ascertain compliance to inform if this risk should remain on register. 20/09/2021- AD to confirm is this can be removed from risk register 28/06/2021- Additional confidential waste bins at doffing, exits and signs were erected re disposing confidential waste appropriately. 24/02/2021- continuously monitored 02/06/2020 Staff regularly reminded of necessity to adhere to Trust governance protocols.	LOW	DIV
750	28/07/2008	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	STH Theatres and Day Procedure Unit requires UPS/IPS syste,	Theatres and Day Procedure Unit at STH currently does not have any form of backup electrical supply other than the emergency generator; in the event of a power failure all power supplies to socket outlets will drop out for approx. 15 seconds until the generator comes on line.	Battery backup exists on the anaesthetic machine only.	12/11/2021- no change 20/09/2021- UPS/IPS need an injection of £200k. Estates are costing. 29/06/2021- less than 50% of the required installation has been completed. I have liaised with estates to advise of the next priorities if a phased approach for installation of further UPS/IPS is being considered when funding becomes available. I have listed the areas below detailing completed works in Green and the work that remains outstanding in red: Theatre 1 pendants Completed Theatre 2 pendants Completed Recovery area main theatre 6 bed spaces and defib plug Not completed DPU recovery 6 bed spaces and defib plug in reception Not completed DPU 1 procedure room pendants Not completed DPU 2 procedure room pendants Not completed DPU Decontamination unit (2 drying cabinets completed and 2 endoscope washers not completed) 15/02/2021- covid remains a priority for estates no change to risk 11/12/2020 - still with estates, priority to covid 20/10/2020 - no change and remains with estates. Priority being given to covid 10/8/2020 - no change, remains a risk. Helena to e-mail Estates re plan to address IPS/UPS. 18.09.19 No change	HIGH	HOS

ID	Opened	Principal objectives	Location (exact)	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)	Register Holding
3801	27/05/2016	Safe, High Quality and Effective Care	Anaesthetics, Theatres & Intensive Care Services	JAG Accreditation	Due to the waiting times for patients having endoscopy procedures, we cannot achieve timeliness of appointments, and therefore, cannot achieve JAG accreditation. This is a regional issue and JAG are aware of same.	JAG is working with HSCB and the Trusts with regard to the revised JAG standards and the potential for 2 levels of accreditation.	12/11/2021 No ATICS business meeting interface 15/09/2021- unchanged. 28/06/2021- unchanged. 15/02/2021- priority given to covid pandemic. Significantly reduced capacity available on all day surgery sites. 11/12/2020 - remains the same, priority being given to covid pandemic 20/10/2020 - Due to covid pandemic remains unchanged, currently going into 2nd surge 10/8/2020 - Dr P Murphy is the Interim Endoscopy lead. Endoscopy waiting times continue to be an issue in achieving JAG accreditation. 18.09.19 Require a led for JAG 28/3/19 - next ATICS Business meeting Fri 19/4/19, to discuss taking JAG off the RR. 6/2/19 - Consider taking off Directorate RR to be discussed at next ATICS Business meeting.	MOD	HOS

Business Case Template **REVENUE FUNDING £250k - £1m**

REVENUE BUSINESS CASE PROFORMA COVER

(To be submitted with every business case)

Name of Organisation	Southern Health and Social Care Trust, Craigavon Area Hospital
HSCB Representative	David McCormick
Project Title	Expansion of Southern Trust Urology Team (7th Consultant Urologist & staff infrastructure))
Total Cost	**£886,219 FYE, £221,555 CYE (2020/21)**
Project Start Date*	01 January, 2021
Completion Date	Recurrent

Project start date is the date at which the business case is approved and the project starts to incur costs. No expenditure should be committed until all approvals are in place. You should ensure that the actual start date is entered NOT the planned start date.

Complete this section if bid is for new funding

BID FOR NEW FUNDING	
Is this bid for new funding (Y/N)	Y
How much total funding required?	£886,219 FYE
How much funding required per year?	£886,219 FYE, £221,555 CYE (2020/21)
Is this funding to be made recurrent?	*Y*

Complete this section if funding available within existing allocation

Funding available within existing allocation (Y/N)	***N***
Total cost of proposal	
Cost of proposal per year	
Is this cost within recurrent allocation?	

Is this business case	***Y/N***
(a) Standard	***Y***
(b) Novel	***N***
(c) Contentious	***N***
(d) Setting a precedent	***N***
If "yes" to (b) or (c) or (d), requires Departmental & DFP approval ***Is Departmental / DFP approval required***	

Approvals & submissions

Prepared by: Susan Devlin, Planner (Band 6) and Martina Corrigan, Head of ENT, Urology, Ophthalmology and Outpatients, Craigavon Area Hospital **Name Printed (signed)** **Date**

Approved by: Melanie McClements, Interim Director of Acute Services, Southern Health and Social Care Trust **Name printed Melanie McClements (signed)** **Grade / Title: Interim Director of Acute Services** **Date** **Insert more boxes if further approvals are required by officials** **Please tick the box below to confirm that expenditure has not been committed until the necessary approvals are in place.** √ **(To be completed by the business case approver within the provider organisation).** **If expenditure has been committed before the necessary approvals are in place, please provide explanation below.**
Trust Director of Finance Signature (required) **Name printed: Helen O'Neill (signed)** **Date**
Trust Chief Executive Signature (required) **Name printed: Shane Devlin (signed)** **Date**

Complete this section if Department / DOF approval required

Date submitted to Department **Department/ DOF approval (y/n)** **Date approved**

SECTION 1(a): Commissioner Specification to include strategic context and need (to be completed by the Commissioner).

Commissioner Statement

In 2008/09 A Regional Review of (Adult) Urology Services was undertaken by a multi-disciplinary and multi-organisational Steering Group in response to service concerns regarding the ability to manage growing demand and maintain quality standards. The regional review was followed in 2013/14 by a stock-take to assess progress to date.

Over the last 10 years there have been significant changes in the way urology services are delivered, with increased focus on e-triage, enhanced roles for specialist nurses, one stop service provision and new patient pathways. This change in clinical practice, coupled with the different levels of implementation across Trusts has resulted in significant variations in waiting times across the region.

Since the completion of the stocktake, the HSCB has met with Trusts to explore how service redesign could help address the key challenges facing the service. These challenges include:

- There are regional variations in pathways for both new outpatient assessments and treatments, including cancer;
- There are regional variations in waiting times for outpatients and surgical procedures, with significant numbers of patients waiting for core urology procedures;
- There has been a significant change in referral patterns. The total number of urology referrals have increased by 7.5% since 2015, with red flag and urgent referrals increasing by 26% and 15% respectively. This has a direct impact on the cancer waiting times and those referrals classified as routine;
- A regional capacity gap across both outpatient assessments and treatments which continues to grow as demand increases;
- Across the region there are continued challenges for the recruitment and retention of clinical staff at all levels;
- There are infrastructure constraints and in particular limited access to operating theatre sessions which has resulted in excessive waiting times for routine core urology procedures;

The following IPT aims to make the urology service more sustainable by expanding the urology workforce in the Southern Trust

The Trust is asked to submit a proposal to help reduce the current waiting times for urology assessments and treatments. The proposal must demonstrate how key elements of best practice will be introduced to improve productivity.

Background and Strategic Context (Trust)

The Southern Trust was established on 1st April 2007 following the amalgamation of Craigavon Area Hospital Group, Craigavon & Banbridge Community, Newry & Mourne and Armagh & Dungannon Health and Social Services Trusts. It is one of six organisations that provide a wide range of health and social care services in Northern Ireland. The Trust is responsible for the delivery of high quality health and social care to a resident population of approximately 380,000 and employs 13,000 staff.

The Trust's Hospital network comprises two acute hospitals (Craigavon Area Hospital and Daisy Hill Hospital) with a range of local services provided at South Tyrone and Lurgan Hospitals. The hospitals work together to co-ordinate and deliver a broad range of services to the community.

Both acute hospitals provide a range of medical, surgical and maternity specialties including emergency departments, elective/non-elective inpatient medicine and surgery,

maternity and paediatrics. Craigavon Area Hospital is the larger of the two acute hospitals hosting much of the more complex care. A range of day, outpatient and diagnostic services are offered locally at South Tyrone and Lurgan Hospitals.

The Department of Health (DOH asked the Medical Director/Director of Public Health for the Public Health Agency/Health and Social Care Board to take forward medical workforce planning for Northern Ireland for the period until 2019. The Urology Planning and Implementation Group which was led by the Health and Social Care Board (HSCB) and Public Health Authority (PHA) and included clinicians and senior managers from all Trusts with representatives from both NIMDTA and BMA. In May 2017 the HSCB/PHA issued a Urology Medical Workforce Planning Report (NI) 2017-2024. The work included:

- The identification of a set of principles and standards for urology, based on the Royal College of Surgeons and the British Association of Urological Surgeons (BAUS) standards
- A stocktake of the urology medical workforce at all grades working in hospitals in Northern Ireland
- The determination of the medical workforce required to deliver the service in line with the agreed principles and standards
- An analysis of the impacts (where possible) of modernisation work-streams and strategic service change
- Analysis of information on trainee numbers, recent trends in recruitment of trainees, attrition rates and numbers of trainees exiting per year with CCT accreditation

The subsequent Report (dated May 2017) detailed the number of additional consultants needed to meet the population needs in 2024, a total number of .13 which includes filling both the current vacant posts and the posts vacated through retirement.

The report recommended the need to fund an additional four trainees as a first phase and then to review the need for an additional two trainees once the modernisation work has been further progressed.

Whilst the current service model has urological surgical inpatient procedures delivered in only four hospitals, there are outpatient clinics and day procedures delivered in the local hospitals across NI to provide improved access for the population. The modernisation or urology services is an important element of the work of the Urology Planning and Implementation Group, including exploring the role of the Clinical Nurse Specialist. Clinical pathways for common conditions and reviews for patients with cancer are also being agreed and implemented. While these developments are expected to have an impact on the current workload of doctors, it is not yet possible to quantify the actual impacts with certainty. It will also take several years to fully implement the role of Clinical Nurse Specialists with training and mentoring requirements. If this impact is not materialised then additional trainees may be required to meet the projected population need.

There continues to be supply and demand challenges in relation to the Consultant workforce. Whilst the Trust has made progress in a number of specialties, particular challenges continue within Emergency Medicine, General Medicine, Paediatrics and Urology.

The Southern Trust continues to work to analyse and improve recruitment and advertising strategies, with the aim of reaching a wider pool of potential medical staff across the UK and further afield, with a focus on hard-to-fill posts. The Trust continues to engage with the ongoing regional International recruitment campaigns and is keen to secure the appointment of additional Consultant Urology support as subsequently detailed in this paper.

SECTION 1(b): DEMONSTRATE THE NEED FOR THE PROJECT

Current Urology Service at SHSCT

The urology service provided at Craigavon Area Hospital encompasses the entire spectrum of urological investigation and management, with the main exceptions of radical pelvic surgery, renal transplantation and associated vascular access surgery, which are provided by the Regional Transplantation Service in Belfast. Neonatal and infant urological surgery is provided by the Regional Paediatric Surgical Service in Belfast.

Craigavon Area Hospital has been designated as a Cancer Unit, with its Urological Department being designated the Urological Cancer Unit for the Area population of 425,000 (+65,000 Fermanagh) total 490,000. A wide spectrum of urological cancer management has been provided for some time. Cancer surgery includes orthotopic bladder reconstruction in the management of bladder cancer. Cancer management also includes intravesical chemotherapy for bladder cancer. Immunotherapy for renal cell carcinoma is also performed.

The Trust has a purpose built Urology outpatient facility located in the Thorndale Unit, main outpatient department at Craigavon Area Hospital. It is run by three Clinical Nurse Specialists. Outpatient services include urodynamics, ultrasound, intra-vesical therapy, prostate biopsy and flexible cystoscopy.

Outreach outpatient clinics are currently provided in Armagh, Banbridge, South Tyrone Hospital and the South West Acute Hospital in Enniskillen. Due to the recent retirement of a General Surgeon with an interest in Urology in Daisy Hill Hospital the team are currently making arrangements to move some of the urological services to Daisy Hill Hospital in order to allow the continuation of urology at Daisy Hill Hospital.

A fixed site ESWL lithotripter with full facilities for percutaneous surgery is also accommodated in Craigavon Area Hospital and the department also has a holmium laser.

Flexible cystoscopy services are undertaken by Specialist Registrars and Clinical Nurse Specialist on the Craigavon/Daisy Hill and South Tyrone sites.

The official statistics on cancers diagnosed in Northern Ireland during 1993-2017 were published on 23/3/2019. There were 9,401 patients diagnosed with cancer each year during 2013-2017 (excluding non-melanoma skin cancer, (NMSC)). Prostate cancer was one of the most common cancers diagnosed between 2013 and 2017.

The most common cancers diagnosed for this period were:

- Prostate cancer (24% of all male cancers ex NMSC), lung cancer (14%) and bowel cancer (14%) among men.
- Breast cancer (30% of all female cancers ex NMSC), lung cancer (13%) and bowel cancer (11%) among women.

Cancer risk was strongly related to age with 62% of cases occurring in people over the age of 65 years and incidence rates greatest for those aged 85-89 years. The likelihood of developing cancer by the age of 75 was 1 in 3.5 men and 1 in 3.7 for women. Over the last ten years the number of cancers (excluding NMSC) has increased by 15% from 8,269 cases in 2008 to 9,521 in 2017. These increases are largely due to our ageing population.

The table below gives the population projections for Northern Ireland and the Southern Trust area for all ages and also for the 65 and over age group. The figures demonstrate a significant projected increase with a higher increase for the Southern Trust area than Northern Ireland as a whole, in total population numbers and also in the 65 years and older population. The older population tends to be the most reliant age group on hospital care.

Northern Ireland Population Projections[1]

[1] Northern Ireland Statistics and Research Agency (NISRA) 2014 Based Population Projections, Published 2016

	2017	2020	2023	2026	2029	2032	2035	2039	% Increase 2017- 39
All Ages									
NI	1,873,502	1,903,663	1,930,407	1,954,144	1,974,120	1,990,810	2,005,005	2,021,322	**7.9%**
SHSCT	381,731	393,503	404,753	415,559	425,826	435,623	445,149	457,686	**19.9%**
Age 65 and Over									
NI	304,302	325,025	350,448	379,629	411,899	443,646	471,014	498,528	**63.8%**
SHSCT	55,427	59,798	65,003	70,998	77,832	84,632	90,973	98,104	**77.0%**

'The British Association of Urological Surgeons (BAUS) recommends a consultant workforce ratio of 1 wte per 60,000 population' which would indicate a recommended consultant workforce of 8.00 WTE for the SHSCT (including Fermanagh population)

Current Staffing Urology:

The following staff complement supports the Urology Service:

- 6.00 WTE Consultant Surgeons
- 3.00 WTE Specialist Registrars
- 0.50 WTE Specialty Doctor (currently vacant)
- 1.50 WTE Specialty Doctor

Supported by:

- 4 Nurse Practitioners - 1 funded by Macmillan for a 3 year period, (currently in year 2) to be subsequently funded by the Trust.
- An IPT was submitted to the HSCB on 21/9/19 to seek funding for a further 2 Nurse Practitioners.

The following table details the actual Urology Activity between 2017/18 compared to 2019/20:

Year	Activity Type	SBA	Activity	% Variance	Variance
2017/2018	NOP	3591	3797	+6%	+206
	IP/DC	4198	4699	+12%	+501
2018/2019	NOP	3591	3841	+7%	+250
	IP/DC	4198	4717	+12%	+519
2019/2020 (April to July)	NOP	1197	1060	-11%	-137
	IP/DC	1399	1653	+18%	+254
2019/2020 (April to September)	NOP	1796	1685	-6%	-111
	IP/DC	2099	2501	+19%	+402

The figures show an underperformance of 111 new patients, -6% in 2019/20 to date for outpatients. At the end of June a Consultant Urologist left the Trust (to go on a one year fellowship). A Locum has been covering some opd activity however priority was given to inpatient/daycase activity which had a significant impact on outpatient activity.

Changes to the NHS pension tax regime are resulting in consultants requesting reduction in their hours, considering retiring earlier than they originally planned and/or being unable to undertake any additional clinical work. This will have a significant impact on all specialties in the future including urology.

The numbers of patients waiting for a new outpatient appointment, in particular the urgent referrals are unacceptably high as shown below:

As at the **1st August 2019** there were **4107 new patients on the Urology Outpatient waiting list**.

New Outpatients:

- 859 Urgent referrals with 14 waiting over 52 weeks and the longest wait is 87 weeks
- 3,248 referrals waiting with 2,168 of these waiting over 52 weeks (the longest wait is 184 weeks)

Daycase:

- **Total patients on the waiting list 690**
- 349 Urgent cases with the longest wait 258 weeks. 90 patients waiting over 52 weeks

- 341 Routine cases with the longest wait 274 weeks. 156 patients waiting over 52 weeks

Inpatients:

- **Total on the inpatient waiting list 959**
- 675 Urgent cases with the longest wait 259 weeks. 346 patients waiting over 52 weeks
- 284 Routine cases with the longest wait 260 weeks. 212 patients waiting over 52 weeks

The backing for this service expansion is driven by the need to support the reduction in the current waiting times for urology assessments and treatments. The figures demonstrate a clear need to secure additional consultant capacity.

Key Elements of Best Practice to enhance productivity

When the Red Flag referral is received the Consultant triages this and indicates on the letter what preparations/diagnostics etc are needed for the patients visit, e.g. bloods/ Urinalysis, flexible cystoscopy, biopsy, ultrasound, CT etc. this is then processed through the Red Flag team and the patient appointed appropriately to the next available New Outpatient clinic. The wait for the appointment is within 8-14 days (as opposed to previously over 30 days).

When the patient is invited to attend the clinic they are advised that they may have to be present for a number of hours and they may require to have a number of tests carried out during their appointment.

The whole team meet before the clinic starts to discuss and make a plan for each patient. The nursing staff greet the patient and do any bloods urinalysis etc. the patient is seen for a consultation with the Consultant/Registrar who explains what other tests they may need done and the reasons why. The Nurse at this consultation accompanies the patient to have their further tests done, e.g. Flexible Cystoscopy/TRUS Biopsy/Ultrasound. Clinical Nurse Specialists (CNS) do these tests (this Trust is the only place in N. Ireland where nurses do biopsies). The Consultant/Registrar continues seeing patients but are available for the CNS if needed whilst carrying out the procedures. Once the procedure is completed the Consultant then discusses any results and the next steps (if any) with the patient. For most patients they will get an outcome from the consultation and will either be discharged, sent for further tests, e.g. MRI scan or will be added to a waiting list for surgery. All consultants keep slots free on their theatre sessions for 'red flags', patients who are seen for the majority of the time within the 62-day target. If a patient needs to come back to discuss their tests the consultant will have protected timeslots to see the patient again avoiding delay.

The Trust has been advised by the HSCB that elective baseline funding will be recurrent to appoint an additional consultant urologist and has requested submission of this IPT which sets out associated activity/implementation plan.

SECTION 2(a): OBJECTIVES

Project Objectives	Measurable Targets
1. Increase outpatient capacity for urology referrals by April 2021	**Baseline Urology OPD:** 2019/20 - SBA Baseline 3591 As at 1st August 2019 there were **4,107** new patients on the waiting list. **Target:** Increase capacity by: • 299 New Outpatients • 798 Review Outpatients **Please note to achieve a reduction in waiting times a non-recurrent exercise will be required**
2. Increase daycase capacity for urology patients by April 2021	**Baseline Urology Daycase:** 2019/20 - SBA Baseline 3,142 As at 1st August 2019 there were **690** patients on the waiting list **Target:** Increase capacity by: • 140 Daycases and • 350 Flexible Cystoscopy **Please note to achieve a reduction in waiting times a non-recurrent exercise will be required**
3. Increase inpatient capacity for urology patients by April 2021	**Baseline Urology Inpatients:** 2019/20 – SBA Baseline 1056 As at 1st August 2019 there were 959 patients on the waiting list

	Target: Increase capacity by: • **175 Elective In-patients** **Please note to achieve a reduction in waiting times a non-recurrent exercise will be required**
4. Reduce the time patients wait for their first outpatient appointment by April 2021	**Baseline:** At the 31 July 2019 there were 2179 waiting longer than 52 weeks. The longest wait was 184 weeks. **Target:** By March 2021 50% of patients should be waiting no longer than 9 weeks for an outpatient appoint and no patient waits longer than 52 weeks. The Trust cannot commit to a reduction in first outpatient appointment with this investment but will increase capacity for new outpatients and will continue to direct capacity to red flag and urgent waits in the first instance.

SECTION 2(b): CONSTRAINTS

Constraints	Measures to address constraints
1. Availability of Funding	The Health and Social Care Board has identified a conditional allocation pending submission of a robust Investment Proposal. This IPT sets out the volumes of activity to support the appointment of 1.00 WTE Consultant Urologist and staff support to expand the Urology Team at the Southern Trust.
2. Availability of trained Consultant staff and nursing support	The Trust continues to promote local and international recruitment campaigns to encourage trained nurses to apply for positions in the Trust. There may also be applicants who would be interested in relocating from the UK.

SECTION 3: IDENTIFY AND SHORTLIST OPTIONS

Option Number/ Description	Shortlisted (S) or Rejected (R)	Reason for Rejection
1. Status Quo - continue with existing arrangements	**S**	
3. Appoint an Additional Consultant Urologist (see below for detail)	**S**	
4. Appoint an additional 2.00 wte Consultant Urologists (see below for detail)	**S**	

Option 1 Status Quo

There would be no additional resources appointed/or additional capacity with the Status Quo.

Option 2 Appoint an additional Consultant Urologist

Option 2 involves funding a 7th Consultant Urologist. The indicative job plan and associated activity would be as follows:

Indicative job plan:

- 1 New OP clinic per week 299 pts
- 2 Review clinics OP 798 pts
- 2 In-patient lists 175 pts
- 1 x Day Case 140 pts

- 1 x Flexible Cystoscopy session 350 pts

(All of the above elective activity/elective theatre activity and opd activity is calculated x 35 weeks due to Urology Surgeon of the Week commitments).
To deliver this activity the necessary support staff and goods and services will also be required.
Additional staff resources are detailed at Appendix A

Option 3 Appoint two additional Consultant Urologists
Option 3 involves funding a 7th and 8th Consultant Urologist. The indicative job plan and associated activity would be as follows:

- 2 New OP clinic per week = 598 pts
- Review OP 1,596 pts
- 4 In-patient lists 350 pts
- 2 x Day Case 280 pts
- 2 x Flexible Cystoscopy session 700 pts

(All of the above elective activity/elective theatre activity and opd activity is calculated x 35 weeks due to Urology Surgeon of the Week commitments).
To deliver this activity the necessary support staff and goods and services will also be required.
Additional staff resources are detailed at Appendix B

SECTION 4: MONETARY COSTS AND BENEFITS OF OPTIONS

Option 1: Status Quo	Year 0 20/21 £ 000	Year 1 21/22 £ 000	Year 2 22/23 £ 000	Year 3 23/24 £ 000	Year 4 24/25 £ 000	Year 5 25/26 £ 000	Totals £ 000
Capital Costs							
(a) Total Capital Cost	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Revenue Costs							
Revenue Baseline	2,015.2	2,015.2	2,015.2	2,015.2	2,015.2	2,015.2	12,091.2
(b) Total Revenue Cost	**2,015.2**	**2,015.2**	**2,015.2**	**2,015.2**	**2,015.2**	**2,015.2**	**12,091.2**
(c) Total Cost = (a) + (b)	**2,015.2**	**2,015.2**	**2,015.2**	**2,015.2**	**2,015.2**	**2,015.2**	**12,091.2**
(d) Disc Factor @ 3.5%pa	*1.0000*	*0.9662*	*0.9335*	*0.9019*	*0.8714*	*0.8420*	
(e) NPC = (c) x (d)	**2,015.2**	**1,947.1**	**1,881.2**	**1,817.5**	**1,756.0**	**1,696.8**	**11,113.8**

COST ASSUMPTIONS:

Finance Assumptions:

1. Year 0 is 2020/21 Financial Year.
2. The baseline costs for this case is the 2019/20 recurring revenue budget for the HoS Urology (CA7830) in the DAS directorate of SHSCT, adjusted for inflation to 2020/21 values.
3. No other revenue or capital costs are associated with this option
4. A discount factor @3.5% pa has been applied to calculate the NPC.
5. Please note all figures above have been rounded to thousands and shown to one decimal place.
6. Total Net Present Cost (NPC) equates to £11,113.8k for this option.

Option 2: Appoint an additional Consultant Urologist (7th) & support infrastructure	**Year 0 20/21 £ 000**	**Year 1 21/22 £ 000**	**Year 2 22/23 £ 000**	**Year 3 23/24 £ 000**	**Year 4 24/25 £ 000**	**Year 5 25/26 £ 000**	**Totals £ 000**
Capital Costs							
Computers and audio equip	5.9	0.0	0.0	0.0	0.0	0.0	5.9
(a) Total Capital Cost	**5.9**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.9**
Revenue Costs							
Revenue Baseline	2,015.2	2,015.2	2,015.2	2,015.2	2,015.2	2,015.2	12,091.2
Payroll	179.6	718.6	718.6	718.6	718.6	718.6	3,772.6
Unsocial allowances, On-Call and excess travel	12.2	48.8	48.8	48.8	48.8	48.8	256.2
Payroll related G&S	12.9	51.7	51.7	51.7	51.7	51.7	271.4
Additional G&S Costs	16.8	67.1	67.1	67.1	67.1	67.1	352.3
(b) Total Revenue Cost	**2,236.7**	**2,901.4**	**2,901.4**	**2,901.4**	**2,901.4**	**2,901.4**	**16,743.7**
(c) Total Cost = (a) + (b)	**2,242.6**	**2,901.4**	**2,901.4**	**2,901.4**	**2,901.4**	**2,901.4**	**16,749.6**
(d) Disc Factor @ 3.5%pa	*1.0000*	*0.9662*	*0.9335*	*0.9019*	*0.8714*	*0.8420*	
(e) NPC = (c) x (d)	**2,242.6**	**2,803.3**	**2,708.5**	**2,616.8**	**2,528.3**	**2,443.0**	**15,342.5**

COST ASSUMPTIONS:

Finance Assumptions:

1. Year 0 is 2020/21 Financial Year.
2. The baseline costs for this case is the 2019/20 recurring revenue budget for the HoS Urology (CA7830) in the DAS directorate of SHSCT, adjusted for inflation to 2020/21 prices.
3. The cost of the staff identified in Section 3 and Appendix A is calculated as per General Costing 2020.21, Version 2. This includes an allowance for employee related G&S and appropriate allowances for unsocial hours payments.
4. The medical staff costs include an allowance for excess travel and an on-call provision for their rota. This also includes the cost of 11 APA's for each 1.00 WTE.
5. A provision has been made for additional G&S for the additional activity. This based on 10% of the average 2018/19 TFR cost for each procedure adjusted for inflation to 2020/21 Rates.
6. The G&S cost of a Flexible Cystoscopy is assumed to be 10% of the cost of In-Patient Bed-Day (£90.39).
7. This work is expected to start on 01/01/2021 so a 3 month effect is included for 2020/21.
8. Office accommodation will be required for both the Consultant and Secretary on the CAH site; the cost should be covered within the 10% G&S.
9. The Capital costs identified in this case is totals £5,900 and is for computers/laptops/home access, digital dictation licences, mics and audio kit and mobile phones.
10. A discount factor @3.5% pa has been applied to calculate the NPC.
11. Please note all figures above have been rounded to thousands and shown to one decimal place.
12. Total Net Present Cost (NPC) equates to £15,342.5 for this option.

Option 3: Appoint 2.00 WTE Consultant Urologists (7th & 8th) and support infrastructure	**Year 0 20/21 £ 000**	**Year 1 21/22 £ 000**	**Year 2 22/23 £ 000**	**Year 3 23/24 £ 000**	**Year 4 24/25 £ 000**	**Year 5 25/26 £ 000**	**Totals £ 000**
Capital Costs							
Computers and audio equip	10.3	0.0	0.0	0.0	0.0	0.0	10.3
(a) Total Capital Cost	**10.3**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**10.3**
Revenue Costs							
Revenue Baseline	2,015.2	2,015.2	2,015.2	2,015.2	2,015.2	2,015.2	12,091.2
Payroll	359.3	1,437.1	1,437.1	1,437.1	1,437.1	1,437.1	7,544.8
Unsocial allowances, On-Call and excess travel	24.4	97.6	97.6	97.6	97.6	97.6	512.4
Payroll related G&S	25.9	103.5	103.5	103.5	103.5	103.5	543.4
Additional G&S Costs	33.6	134.3	134.3	134.3	134.3	134.3	705.1
(b) Total Revenue Cost	**2,458.4**	**3,787.7**	**3,787.7**	**3,787.7**	**3,787.7**	**3,787.7**	**21,396.9**
(c) Total Cost = (a) + (b)	**2,468.7**	**3,787.7**	**3,787.7**	**3,787.7**	**3,787.7**	**3,787.7**	**21,407.2**
(d) Disc Factor @ 3.5%pa	*1.0000*	*0.9662*	*0.9335*	*0.9019*	*0.8714*	*0.8420*	
(e) NPC = (c) x (d)	**2,468.7**	**3,659.7**	**3,535.8**	**3,416.1**	**3,300.6**	**3,189.2**	**19,570.1**

COST ASSUMPTIONS:

Finance Assumptions:

1. Year 0 is 2020/21 Financial Year.
2. The baseline costs for this case is the 2019/20 recurring revenue budget for the HoS Urology (CA7830) in the DAS directorate of SHSCT, adjusted for inflation to 2020/21 prices.
3. The cost of the staff identified in Section 3 and Appendix A is calculated as per General Costing 2020.21, Version 2. This includes an allowance for employee related G&S and appropriate allowances for unsocial hours payments.
4. The medical staff costs include an allowance for excess travel and an on-call provision for their rota. This also includes the cost of 11 APA's for each 1.00 WTE.
5. A provision has been made for additional G&S for the additional activity. This based on 10% of the average 2018/19 TFR cost for each procedure adjusted for inflation to 2020/21 Rates.
6. The G&S cost of a Flexible Cystoscopy is assumed to be 10% of the cost of In-Patient Bed-Day (£90.39).
7. This work is expected to start on 01/01/2021 so a 3 month effect is included for 2020/21.
8. Office accommodation will be required for both the two Consultants and their Secretary on the CAH site, the provision of which should be covered in the 10% employee related G&S.
9. The Capital costs identified in this case is totals £10,300 and is for computers/laptops/home access, digital dictation licences, mics and audio kit and mobile phones..
10. A discount factor @3.5% pa has been applied to calculate the NPC.
11. Please note all figures above have been rounded to thousands and shown to one decimal place.
12. Total Net Present Cost (NPC) equates to £19,570.1 for this option.

SECTION 5: NON MONETARY COSTS AND BENEFITS

Impact assessment

Non-Monetary Factor	Option 1 Status Quo	Option 2 Appoint a Consultant Urologist (7th) & infrastructure	Option 3 Appoint 2.00 wte Consultant Urologists & infrastructure
1. Increase outpatient capacity	There is limited potential to increase the current outpatient activity within the existing capacity available within the Status Quo.	Option 2 will provide additional new outpatient capacity for 299 new appointments for patients who are referred to a Consultant Urologist. To deliver the activity the necessary support staff and goods & services will be required.	Compared to Option 1 and Option 2 Option 3 will provide additional new outpatient capacity of 598 appointments. This would provide a significant improvement to the current outpatient capacity for patients referred to a Consultant Urologist. To deliver the activity the necessary support staff and goods & services will be required.
2. Increase daycase capacity	There is limited potential to increase the current daycase capacity with the Status Quo.	Option 2 will provide additional capacity for 140 day cases. To deliver the activity the necessary support staff and goods & services will be required.	Compared to Option 2 this option would provide capacity for an additional 280 day cases To deliver the activity the necessary support staff and goods & services will be required.
3. Increase inpatient capacity	There is very limited potential to increase the inpatient capacity within the current service model.	Option 2 will provide additional inpatient capacity for 175 patients. To deliver the activity the necessary support staff and goods & services will be required.	Compared to Option 2 Option 3 will provide 350 additional inpatient cases. To deliver the activity the necessary support staff and goods & services will be required.
4. Compliance with Ministerial OPD waiting time target	The Ministerial target states that by March 2020 – 50% of Patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks. As at July 2019 the longest wait was 184 weeks. There would be no improvement with the status quo as the existing Consultant complement could not achieve the stated compliance target. Waiting times and numbers of patients waiting would continue to increase.	Option 2 will increase the current funded consultant urology posts from 6 to 7. This will enable the team to reduce the number of patients waiting longer than 9 weeks and 52 weeks respectively. Option 2 will improve the waiting time target compared to Option 1. This will increase capacity by 299 outpatient appointments. However to effect a decrease in waiting times from the current level a non-recurrent exercise will be required.	Compared to both Options 1 and 2, Option 3 performs better. It will increase the current Consultant Urology posts from 6 to 8. This would provide additional scope for the Trust to achieve the Ministerial OPD waiting time target. This will increase capacity by 598 outpatient appointments. However to effect a decrease in waiting times from the current level a non-recurrent exercise will be required. However to effect a decrease in waiting times from the current level a non-recurrent exercise will be required.

SECTION 6: ASSESS RISKS AND UNCERTAINTIES

Risk Description	Likely impact of Risk L/M/H			State how the options compare and identify relevant risk management / mitigation measures
	Opt 1	Opt 2	Opt 3	
1. Reduction in current Consultant capacity (due to changes in pension tax regime)	H	H	H	Option 1, 2 and 3 all carry a high level of risk associated with the changes to pension. The changes to pension are prompting consultants and other senior medical staff to cut back on hours of work as they could obtain a significantly higher pension by cutting their hours. In relation to Northern Ireland the Permanent Secretary of Department of Health and Chief Executive of Health and Social Care for Northern Ireland are actively pursuing a way forward in respect of this issue.
2. Inability to appoint consultant/s	N/A	H	H	Option 1 involves no service change and therefore risk does not apply. This risk applies to options 2 and 3. It is deemed to be high for both options. There will be no-one completing training for the next 3 years. It may be possible that applicant/s may be interested in relocating from the UK. The Trust would however advertise for Locum staff. In the interim sessions could be considered as in-house additionality however there remains a risk with the current changes to tax regime. As noted at risk 1 above, once a doctor crosses a level of earnings the new rules come into play, this means that doctors are prompted to cut back on hours of work and it will be likely they will not wish to avail of additional working hours.
2. Inability to appoint nursing/key staff resources	N/A	H	H	Option 1 involves no service change and therefore risk does not apply. A high risk applies to options 2 and 3. There is a workforce deficit in nursing in Northern Ireland so recruiting to these posts will be a challenge. The Trust continues to progress a range of innovative approaches to recruitment including radio/ online/ social media campaigns, one-stop recruitment days, local, regional and national recruitment activities. There is also a risk with both option 2 & 3 that other key staff such as anaesthetic and radiology staff may not be appointed immediately. As with the urologist post the Trust would advertise again until posts are filled.

3. Availability of bed infrastructure	H	H	H	Due to emergency admissions the Trust continues to experience bed pressures. That said the Trust continually considers and implements new models of care/best practice and enhanced discharge planning processes with a view to alleviate bed pressures.
Overall Risk (H/M/L)	H	H	H	

SECTION 7: PREFERRED OPTION AND EXPLANATION FOR SELECTION

Option 1 - Status Quo

This option will not make provision for any additional capacity within the Urology service. The waiting times for new patient referrals will continue to be a challenge for the Trust to achieve waiting time targets. The achievement of the project objectives will not be delivered.

Option 2 and Option 3 will deliver the desired benefits:

- Additional capacity will be provided for:
  - Outpatients
  - Day case patients
  - Inpatients
- Progress will be made towards compliance with the recommendations of the opd waiting time target that by March 2020 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.

Option 3 would exceed option 2 in terms of delivery of benefits. However the risk of not being able to attract two consultants, due to the limited number available across the region, is significant. In addition the annual revenue cost of option 3 at **£1,738,628** is double that of Option 2 **£869,314.** Option 3 would exceed the funding envelope identified by the HSCB and therefore has not been identified as the preferred Option on this occasion.

The preferred Option is Option 2 – Appoint an Additional 7th Consultant Urologist and associated staff support. This option will meet the project objectives, enable additional capacity for urology patient referrals to the Trust and reduce the time patients wait for an appointment to see a Consultant Urologist.

There will remain a risk associated with changes to the NHS pension tax regime which will have a significant impact on all specialities in the future including urology. The Trust will actively advertise for both a Consultant Urologist and the necessary support staff with a view to expand the Urology Service at the Southern Trust.

SECTION 8: ASSESS AFFORDABILITY AND FUNDING ARRANGEMENTS

AFFORDABILITY STATEMENT	Year 0 20/21 £ 000	Year 1 21/22 £ 000	Year 2 22/23 £ 000	Year 3 23/24 £ 000	Totals £000's
Required:					
Capital	5.9	0.0	0.0	0.0	5.9
Resource	2,238.0	3,095.0	3,300.1	3,518.9	12,152.0
Depreciation	*1.2*	*1.2*	*1.2*	*1.2*	*4.8*
Existing Budget:					
Capital	0.0	0.0	0.0	0.0	0.0
Resource	2,015.2	2,148.8	2,291.3	2,443.2	8,898.5
Depreciation	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
Additional budget Required:					
Capital	5.9	0.0	0.0	0.0	5.9
Resource	222.8	946.2	1,008.8	1,075.7	3,253.5
Depreciation	*1.2*	*1.2*	*1.2*	*1.2*	*4.8*

Affordability narrative

Finance Assumptions:

1. Year 0 is 2020/21 Financial Year.
2. The baseline costs for this case is the 2019/20 recurring revenue budget for the HoS Urology (CA7830) in the DAS directorate of SHSCT, adjusted for inflation to 2020/21 prices.
3. The cost of the staff identified in Section 3 and Appendix A is calculated as per General Costing 2020.21, Version 2. This includes an allowance for employee related G&S and appropriate allowances for unsocial hours payments.
4. The medical staff costs include an allowance for excess travel and an on-call provision for their rota. This also includes the cost of 11 APA's for each 1.00 WTE.
5. A provision has been made for additional G&S for the additional activity. This based on 10% of the average 2018/19 TFR cost for each procedure adjusted for inflation to 2020/21 Rates.
6. The Capital costs identified in this case is totals £5,900 for computer equipment and mobile phones that are depreciated over five years. The depreciation of these assets is added to the revenue costs
7. Revenue Costs have been uplifted by 6.63% for inflation from 2021/22.
8. Please note all figures above have been rounded to thousands and shown to one decimal place.

SECTION 9: PROJECT MANAGEMENT (Please see additional activity detailed at Section 11)

It is proposed to implement the organisation and management of this project in accordance with the requirements of the Department of Finance and Personnel guidance relating to successful project management.

The following key roles have been identified:

- Project Owner – Mr Ronan Carroll (Assistant Director of Acute Services, Surgery & Elective Care & ATICS)
- Project Manager – Mrs Martina Corrigan, Head of ENT, Urology, Ophthalmology and Outpatients

A review of the project in relation to the stated objectives will be undertaken 12 months after full implementation.

Activity will be monitored on an ongoing basis via the Performance Management Team and submitted to the Health and Social Care Board.

SECTION 10: MONITORING AND EVALUATION

Who will manage the implementation? (please provide the name of the responsible individual where possible)	Ronan Carroll, Asst Director, Surgery and Elective Care and ATICs
Who will monitor and evaluate the outcomes? (please provide the name of the responsible individual where possible)	Acute Head of Service (independent to the project) will undertake post project evaluation
What other factors will be monitored and evaluated?	Appointment and commencement of Consultant Urologist and support staff
When will this take place? (preferably 4 to 12 months after project closure)	During the recruitment and commencement of the Consultant. A Post Project Evaluation will be undertaken 12 months after implementation.

SECTION 11: ADDITIONAL ACTIVITY

Specify the additional activity commensurate with the value of the Investment Proposal Template (expand as required where more service lines are involved.) Please ensure that any changes in activity arising from productivity and efficiencies associated with the investment are also recorded. See example.

				Activity From (previous SBA baseline)	Activity To (New SBA Baseline)		Please specify if activity relates to Investment or Productivity / Efficiency Gains
PoC	**Service line descriptor 1**	**Service line descriptor 2**	**Currency** use existing SBA currency e.g. (FCE / OP atts / Daycase / contacts / caseload / Occupied Beddays / Hours etc	**Full Year Effect Total**	**Current Year Effect Total**	**Full Year Effect Total**	**I - Investment** **P - Productivity**
Acute	Urology	Appointment of a 7th Consultant Urologist	New OP – 299 Review OP –798 Elective In-patients –175 Day cases –140 Flexible cystoscopy – 350	New OP – 3591 Review OP – 4489 Elective In-pts – 1056 Day cases – 3142 FCEs – 629 OP Procedures - 432	-	New OP – 3890 Review OP – 5287 Elective In-pts – 1231 Day cases – 3282 FCEs – 979	I

SECTION 11: MONITORING AND EVALUATION

Mr Ronan Carroll, Assistant Director of Acute Services, Surgery and Elective Care and ATICs will manage the implementation of this service expansion. Timescale for the implementation of the urology service expansion will primarily be dependent on the commencement date of the Consultant Urologist pursued as follows:

Task	Timescale
Approval of IPT by Trust SIC	February 2020
Approval of IPT by HSCB	March 2020
Confirmation of funding allocation	May 2020
Completion/approval of job plan to Specialty Advisor	May 2020
Advertisement of Consultant Post	July 2020
Advertisement of support staff	July 2020
New Consultant in Post	October 2020

A review of the project in relation to the stated objectives will be undertaken 12 months after full implementation of the proposal following the appointment of the new Consultant. The evaluation will be undertaken by a Head of Service independent to the Urology Team.

SECTION 12: BENCHMARKING EVIDENCE TO SUPPORT PREFERRED OPTION

BENCHMARK

Craigavon Area Hospital has been designated as a Cancer Unit, with its Urological Department being designated the Urology Cancer Unit for the area population of 490,000 (including Fermanagh) A wide spectrum of urological cancer management has been provided for some time. Cancer surgery includes orthotropic bladder reconstruction in the management of bladder cancer. Cancer management also includes intravesical chemotherapy for bladder cancer. Immunotherapy for renal cell carcinoma is also performed.

'The British Association of Urological Surgeons (BAUS) recommends a consultant workforce ratio of 1 wte per 60,000 population' which would indicate a recommended consultant workforce for the Trust of 8.0 wte.

This IPT sets out evidence to support the need for a further Consultant Urologist in line with BAUS guidelines.

Consultant Urologist (7th) & Additonal Staffing - (Based at DHH) - APPENDIX A	
Costing Schedule provided at Appendix C	
OPTION 2	
1 New OP clinic per wk = 299 pts 2 Review OP 798 pts 2 In-patient lists 175 pts 1 x Day Case 140 pts 1 x Flexible scope session 350 pts (activity calculated x 35 weeks)	
Recurring	**WTE**
Medical Staff	
Consultant Urologist	1.00
Consultant Anaesthetist	0.62
Consultant Radiologist	0.50
Specialist Nursing	
Band 7	1.00
Pre-op Assessments	
Band 5	0.17
Band 6	0.15
Theatres Nurses	
Band 6	0.52
Band 5	1.60
Band 5 (Recovery)	0.52
Band 3 "	0.52
	3.16
Elective Admission Ward Nursing	
Band 5	1.00
Band 3	1.00
	2.00
Outpatients	
Band 5	0.40
Band 3	0.78
	1.18
Ultrasonographers Band 7	0.50
	0.50
Laboratory	
Consultant Pathologist	0.10
BMS Band 7	0.15
	0.25
Pharmacy	
Clinical Pharmacist Band 7	0.20
Pharmacy Technician Band 4	0.20
	0.40
CSSD	
ATO Band 2	0.33
	0.33
Admin Support	
PAS/Clinical Coding Band 4	0.10
Personal Secretary Band 4	0.50
Booking Clerk Band 3	0.55
Audio Typist Band 2	0.55
Health Records Band 2	0.51
	2.21
Hotel Services	
Band 2	0.30
Goods & services	
Outpatient attendances 299 new & 798 review	
Day case x 140	
Flexible scopes x 350	

Consultant Urologist (7th & 8th) & additional staff resources				APPENDIX B	
(based at DHH)					
Costing Schedule provided at Appendix C					
Option 3					
2 New OP clinic per wk = 1,596 pts Review OP 1,596 pts 4 In-patient lists 350 pts 2 x Day Case 140 pts 2 x Flexible scope session 350 pts (activity calculated x 35 weeks)					
Recurring	**WTE**				
Medical Staff					
Consultant Urologist	2.00				
Consultant Anaesthetist	1.24				
Consultant Radiologist	1.00				
Specialist Nursing					
Band 7	2.00				
Pre-op Assessments					
Band 5	0.34				
Band 6	0.30				
Theatres Nurses					
Band 6	1.04				
Band 5	3.20				
Band 5 (Recovery)	1.04				
Band 3 "	1.04				
	6.32				
Elective Admission Ward Nursing					
Band 5	2.00				
Band 3	2.00				
	4.00				
Outpatients					
Band 5	0.80				
Band 3	1.56				
	2.36				
Ultrasonographers Band 7	1.00				
	1.00				
Laboratory					
Consultant Pathologist	0.20				
BMS Band 7	0.30				
	0.50				
Pharmacy					
Clinical Pharmacist Band 7	0.40				
Pharmacy Technician Band 4	0.40				
	0.80				
CSSD					
ATO Band 2	0.66				
	0.66				
Admin Support					
PAS/Clinical Coding Band 4	0.20				
Personal Secretary Band 4	1.00				
Booking Clerk Band 3	1.10				
Audio Typist Band 2	1.10				
Health Records Band 2	1.02				
	4.42				
Hotel Services					
Band 2	0.60				
Goods & services					
Outpatient attendances 299 new & 798 review					
Day case x 140					
Flexible scopes x 350					

Appendix C

Schedule of Costs for Option 2 and 3 (page 23)

Summary Costing schedule for Investment Decision Making Templates	Ref Number
Provider	SOUTHERN
Hospital Site or Community development	CRAIGAVON
Scheme Title	Elective Care 2020/21 - Expansion of Southern Trust Urology Team -7th Consultant Urologist
Pay and Price Levels	2019/20

Commissioner Use only
Sign and Date for TRAFFACS update

		Base Case - option 1				Option 2				Option 3			
Pay Costs	Description	months claimed	wte	fye	cye	months claimed	wte	fye	cye	months claimed	wte	fye	cye
				1,939,777	1,939,777			1,939,777	1,939,777			1,939,777	1,939,777
Specialist Nursing					0				0			0	0
Band 7	Nurse				0	6.00	1.00	50,744	25,372	6.00	2.00	101,488	50,744
Pre-op Assessments					0								
Band 5	Nurse				0	6.00	0.17	6,006	3,003	6.00	0.34	12,012	6,006
Band 6	Nurse				0	6.00	0.15	6,358	3,179	6.00	0.30	12,715	6,358
Theatre Nurses					0								
Band 5	Nurse				0	6.00	1.60	56,525	28,262	6.00	3.20	113,050	56,525
Band 6	Nurse				0	6.00	0.52	22,040	11,020	6.00	1.04	44,079	22,040
Band 5 (Recovery)	Nurse				0	6.00	0.52	18,371	9,185	6.00	1.04	36,741	18,371
Band 3	Nursing Assistant				0	6.00	0.52	12,849	6,425	6.00	1.04	25,698	12,849
Elective Admissions Ward					0								
Band 5	Nurse					6.00	1.00	35,328	17,664	6.00	2.00	70,656	35,328
Band 3	Nursing Assistant					6.00	1.00	24,710	12,355	6.00	2.00	49,420	24,710
Outpatients													
Band 5	Nurse					6.00	0.40	14,131	7,066	6.00	0.80	28,262	14,131
Band 3	Nursing Assistant					6.00	0.78	19,274	9,637	6.00	1.56	38,548	19,274
Band 7	Ultrasonographer					6.00	0.50	25,372	12,686	6.00	1.00	50,744	25,372
Laboratory													
Band 7	BMS					6.00	0.15	7,612	3,806	6.00	0.30	15,223	7,612
Pharmacy													
Band 7	Clinical Pharmacist					6.00	0.20	10,149	5,074	6.00	0.40	20,298	10,149
Band 4	Pharmacy Technician					6.00	0.20	5,786	2,893	6.00	0.40	11,572	5,786
Support Services													
Band 2	ATO - CSSD					6.00	0.33	7,465	3,732	6.00	0.66	14,930	7,465
Band 4	PAS Clinical Coding					6.00	0.10	2,893	1,447	6.00	0.20	5,786	2,893
Band 4	Personal Secretary					6.00	0.50	14,466	7,233	6.00	1.00	28,931	14,466
Band 3	Booking Clerk					6.00	0.55	13,591	6,795	6.00	1.10	27,181	13,591
Band 2	Audio Typist					6.00	0.55	12,442	6,221	6.00	1.10	24,883	12,442
Band 2	Health Records Clerk					6.00	0.51	11,537	5,768	6.00	1.02	23,073	11,537
Band 2	WBS				0	6.00	0.30	6,786	3,393	6.00	0.60	13,573	6,786
Non-AFC posts please detail below					0								
Medical	Consultant Pathologist - Cat A, No on-call, 11 APA					6.00	0.10	13,126	6,563	6.00	0.20	26,252	13,126
Medical	Consultant Urologist - Cat A on-call 1 in 7, 11 APA				0	6.00	1.00	137,885	68,943	6.00	2.00	275,770	137,885
Medical	Consultant Anaesthetist - Cat A on-call 1 in 8, 11 APA					6.00	0.62	85,489	42,744	6.00	1.24	170,977	85,489
Medical	Consultant Radiologist - Cat A on-call 1 in 16 11 APA				0	6.00	0.50	67,617	33,809	6.00	1.00	135,234	67,617
Allowances for posts noted above - please detail below					0								
Excess Travel													
Medical	£2k per 1.00 WTE					6.00		4,440	2,220	6.00		8,880	4,440
Unsocial Hours payments													
Theatre Nurses					0				0				0
Band 5	Nurse - 24 hr working - 23.09%				0	6.00		13,052	6,526	6.00		26,103	13,052
Band 6	Nurse - 24 hr working - 23.09%				0	6.00		5,089	2,544	6.00		10,178	5,089
Band 5 (Recovery)	Nurse - 24 hr working - 23.09%				0	6.00		4,242	2,121	6.00		8,484	4,242
Band 3	Nursing Assistant - 24 hr working - 28.47%				0	6.00		3,658	1,829	6.00		7,316	3,658
Ultrasonographers													
Band 7	Ultrasonographer - Weekend Working - 17.24%					6.00		4,374	2,187	6.00		8,748	4,374
Pharmacy													
Band 7	Clinical Pharmacist - Weekend Working - 17.24%					6.00		1,750	875	6.00		3,499	1,750
Band 4	Pharmacy Technician - Weekend Working - 17.24%					6.00		998	499	6.00		1,995	998
Support Services									0				0
Band 2	ATO - CSSD - Weekend Working - 21.45%					6.00		1,601	801	6.00		3,202	1,601
Band 4	PAS Clinical Coding - Weekend Working - 17.24%					6.00		499	249	6.00		998	499
Band 3	Booking Clerk - Weekend Working - 20.62%					6.00		2,802	1,401	6.00		5,605	2,802
Band 2	Health Records Clerk - Weekend Working - 21.45%					6.00		2,475	1,237	6.00		4,949	2,475
Band 2	WBS - Weekend Working - 21.45%				0	6.00		1,456	728	6.00		2,911	1,456
Salary Related G&S: /													
Band 2	Salary related G&S					6.00		2,942	1,471	6.00		5,885	2,942
Band 3	Salary related G&S					6.00		5,395	2,698	6.00		10,790	5,395
Band 4	Salary related G&S					6.00		1,762	881	6.00		3,523	1,762
Band 5	Salary related G&S					6.00		9,852	4,926	6.00		19,705	9,852
Band 6	Salary related G&S					6.00		2,134	1,067	6.00		4,268	2,134
Band 7	Salary related G&S					6.00		7,023	3,511	6.00		14,045	7,023
Medical	Consultant Pathologist					6.00		881	441	6.00		1,762	881
Medical	Consultant Urologist					6.00		9,250	4,625	6.00		18,500	9,250
Medical	Consultant Anaesthetist					6.00		5,735	2,868	6.00		11,470	5,735
Medical	Consultant Radiologist					6.00		4,537	2,269	6.00		9,074	4,537
	TOTAL PAY COSTS		**0.00**	**1,939,777**	**1,939,777**		**13.77**	**2,724,271**	**2,332,024**		**27.54**	**3,508,764**	**2,724,271**
Non-Pay Costs, Option 2 - please detail below													
Outpatient Attendences - 798 Review @ £22.46					0	6.00		17,923	8,962				
Outpatient Attendences - 299 new @ £22.46					0	6.00		6,716	3,358				0
Day Case * 140 @ £122.82						6.00		17,195	8,597				
Flexible Cystoscopy * 350 @ £122.82					0	6.00		42,987	21,494				0
									0				
Non-Pay Costs, Option 3 - please detail below													
Outpatient Attendences - 1,596 Review @ £22.46										6.00		35,846	17,923
Outpatient Attendences - 598 new @ £22.46										6.00		13,431	6,716
Day Case * 280 @ £122.82										6.00		34,390	17,195
Flexible Cystoscopy * 700 @ £122.82					0				0	6.00		85,974	42,987
					0				0				0
					0				0				0
	TOTAL NON-PAY COSTS			**0**	**0**		**13.77**	**84,820**	**42,410**		**27.54**	**169,641**	**84,820**
	GRAND TOTAL			**1,939,777**	**1,939,777**			**2,809,091**	**2,374,434**			**3,678,405**	**2,809,091**
								869,314	434,657			1,738,628	869,314
Phasing/Timescale		*(Can development be phased, if so provide details in this box)*				*(Can development be phased, if so provide details in this box)*				*(Can development be phased, if so provide details in this box)*			
PROGRAMME OF CARE		acute				acute				acute			
SUB-SPECIALTY INFORMATION eg inpatients, outpatients, daycases if known													
LCG													
If more than one LCG in option above please give details													
LGD													
If more than one LGD in option above please give details													

Health and Social Care Board

Directorate of Performance Management and Service Improvement

HSC Board Headquarters
12-22 Linenhall Street
Belfast
BT2 8BS

Tel : 0300 555 0115

Web Site : www.hscboard.hscni.net

Our Ref: LMcW102

Date: 1 June 2020

Aldrina Magwood
Director of Performance and Reform
Southern HSC Trust
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Dear Aldrina

UROLOGY FUNDING

I am aware that work is ongoing to finalise the recurrent IPT for the expansion of the SHSCT Urology service.

While this work is progressing and in recognition of the current service pressures, HSCB will provide £200k non-recurrently in 2020/21 to expand this service and allow the recruitment process to start later this year. A FYE recurrent allocation will be made available next year to allow the Trust to make permanent appointments.

May I take this opportunity to thank Trust colleagues for your cooperation in taking forward this important service development. Should you require further advice, please contact David McCormick (Personal Information redacted by the USI) in the first instance or telephone (Personal Information redacted by the USI).

Yours Sincerely

Personal Information redacted by the USI

Lisa McWilliams
Acting Director of Performance Management and Service Improvement

cc David McCormick

Southern Health and Social Care Trust

Quality Care - for you, with you

CONSULTANT UROLOGIST RECENT ADVERTISING – SOUTHERN HEALTH AND SOCIAL CARE TRUST

NO. OF TIMES ADVERTISED	DATE ADVERTISED	NORMAL ADVERTISING	APPLICATIONS RECEIVED	ENHANCED ADVERTISING
1	March 2021	Social Media Platforms Jobs.hscni.net BMJ website BMJ Journal	0	
2	May 2021	Social Media Platforms Jobs.hscni.net BMJ website BMJ Journal	2 (interviewed & not appointable)	
3	October 2021	Social Media Platforms Jobs.hscni.net BMJ website BMJ Journal	2 (interviewed & not appointable)	
4	February 2022	Social Media Platforms Jobs.hscni.net BMJ website BMJ Journal	0	➢ BMJ website – Top Job
5	April 2022	Social Media Platforms Jobs.hscni.net BMJ website BMJ Journal	Closing date: 10 May 2022	➢ Irish Medical Times ➢ BMJ website enhancements Top Job Premium job Promoted Job Target email to 150 registered candidates CV database search ➢ BMJ website in Australia & New Zealand

These Consultant Urologist post have also been shared with all the contracted agencies for the International Medical Recruitment project and a number of non-contracted agencies that deal with permanent / long term recruitment.

Working together Excellence Openness & Honesty Compassion

Southern Health and Social Care Trust

Quality Care - for you, with you

Clinical Fellow

(CT1/ST1 Level)

Urology

Craigavon Area Hospital

Something new and exciting for Junior Doctors seeking more choice and flexibility …

Southern Health and Social Care Trust

Quality Care - for you, with you

JOB TITLE: NEW Junior Clinical Fellow (2 Posts)
(CT1/ST1 Level)

DEPARTMENT: Urology

BASE/LOCATION: All posts are appointed to the Southern Health and Social Care Trust. The base hospital for these new Junior Clinical Fellow posts is **CRAIGAVON AREA HOSPITAL,** however the post holder may be required to work on any site within the Southern Health and Social Care Trust.

WHAT HAS THE SOUTHERN TRUST GOT TO OFFER YOU:

We understand sometimes our Junior Doctors want more choice and flexibility within their working environment. If this is something that interests you and career development, then please read on!

The Southern Trust is committed and dedicated to taking steps to improve the working lives of our Junior Doctors by introducing a number of new initiatives to reduce burnout by creating these new unique roles with up to **20% dedicated and protected contracted time for education and CPD**. As part of these bespoke Junior Clinical Fellow posts the CPD time will aim to offer you the opportunity to explore and develop a specialist interest within another specialty/area of your choice, teaching, well-being etc. There will also be OSCE Training available for you to attend once a month.

The successful candidates may use a **Self Rostering system** which will allow you to work more flexible hours that suit your needs.

These posts are available from August 2021 for 1 year in the first instance with a view of extending for another 1 year.

Whilst we appreciate these are not approved training posts, but we will mirror the training opportunities given to training post holders. We will work with you to allow you to consolidate your medical experience in a supportive environment, giving you wide ranging clinical exposure to act as a stepping stone into specialty training and beyond. This will allow you to gather the relevant competencies so you can then apply to the College for equivalent recognition for higher level posts.

Working together Excellence Openness & Honesty Compassion

SUMMARY FOR THESE UNIQUE AND EXCITING POSTS:

- These posts will attract a basic salary of **£49,339 - £77,581 pa** inclusive of an attractive Band 2B – 50% pay supplement payable on top of basic salary.
- These are temporary full-time positions (for 1 year in the first instance), however anyone interested in working like a flexible trainee or on a part time/job share basis, are also welcome to apply.
- Up to **20%** of your contracted time will be dedicated and **protected for Education** and SPA time.
- You will be awarded a personal Study leave budget of up to **£600 per year**.
- Access to all Contractual benefits including annual leave provisions, sick pay provisions, maternity/paternity leave provisions, access to NHS pension scheme etc.
- The Southern Trust has established a dedicated **revalidation support** team which ensures all doctors have an annual appraisal with a trained appraiser and supports all doctors through the revalidation process.
- The Trust supports the requirements for **continuing professional development** (CPD) as laid down by the GMC and is committed to providing time and financial support for these activities.

THE SOUTHERN TRUST:

The Southern Trust is one of the largest employers in Northern Ireland and Craigavon Area and Daisy Hill hospitals form the Southern Trust Acute Hospital Network - serving a population of over 380,000. Each year in our hospital network there are approximately 63,000 inpatient admissions; 25,000 day cases; 300,000 outpatient appointments; 116,000 Emergency Department attendances; and over 6,000 births. Statistics updated in 2015

The Southern Trust's acute hospital network was reaffirmed in 2016 as one of the UK's Top Hospitals for the fifth consecutive year. The national CHKS Top 40 Hospitals programme recognises acute sector organisations for their achievements in healthcare quality, improvement and performance. The Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. As well as being placed in the Top 40 Hospitals, the Southern Trust was shortlisted for the first time ever for the CHKS National Data Quality Improvement Award. Our vision is to 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them'.

SOUTHERN TRUST – IN THE SPOTLIGHT

The Southern Trust is one of the largest employers in Northern Ireland. Follow us on Twitter to hear all the latest news https://mobile.twitter.com/southernhsct or visit our YouTube channel for more news: https://www.youtube.com/channel/UC0YNNjgHJwX4WKregeR_IDQ/videos.

Our doctors play a vital role in the care and treatment of our patients and in return you can expect a positive experience that will support your development as a key member of the Southern Trust. But don't just take our word for it – listen to the comments of a few of our European doctors who have chosen to relocate from their home country and make a career with the Southern Trust:

https://www.youtube.com/watch?v=PmfX1fiAoac

https://www.youtube.com/watch?v=IPMi3xDKUXQ

https://www.youtube.com/watch?v=bV7EnYNN9Ns

DUTIES OF THE POST:

- Provide additional support within the Urology department in the management of Urology workload.
- Participate in ward round, outpatients clinics.
- Participate in the specialty on-call rotas as timetabled.
- Assess and manage inpatients, including supervision and support of foundation doctors.
- Discuss management and discharge plans with patients and relatives.
- Liaise with the multi-disciplinary teams associated with the specialty.
- Lead discharge planning and communicate with community teams (including electronic summaries).
- Attend specialty educational and multidisciplinary sessions.
- Maintain CPD including study for postgraduate qualifications.
- To maintain professional standards and obligations as set out by the General Medical Council and comply in particular with the GMC's guidance on Good Medical Practice as amended or substituted from time to time.
- Carry out any work related to and reasonably incidental to the duties set out in your job plan or rota including keeping of records and the provision of reports, the proper delegation of tasks and maintaining skills and knowledge.
- Comply with local policies including monitoring, annual leave, study leave, etc.

You will be under the supervision of a consultant and will be responsible for the management of patients.

WORK OF THE UROLOGICAL DEPARTMENT

The service provided at Craigavon Area Hospital encompasses the entire spectrum of urological investigation and management, with the main exceptions of radical pelvic surgery, renal transplantation and associated vascular access surgery, which are provided by the Regional Transplantation Service in Belfast. Neonatal and infant urological surgery provided by the Regional Paediatric Surgical Service in Belfast.

Craigavon Area Hospital has been designated as a Cancer Unit, with its Urological Department being designated the Urological Cancer Unit for the Area population of 380,000. A wide spectrum of urological cancer management has been provided for some time. Cancer management also includes intravesical chemotherapy for bladder cancer.

We are fortunate to have a purpose built Urology outpatient facility located in the Thorndale Unit at Craigavon Area Hospital. It is run by five Clinical Nurse Specialists. We have capacity for urodynamics, ultrasound, intra-vesical therapy, prostate biopsy and flexible cystoscopy. Most of our Craigavon clinics take place from this location. The Consultants also provide outpatient services at various locations throughout the Trust area.

The department has a fixed site ESWL lithotripter with full facilities for percutaneous surgery and the department also has two holmium lasers.

Flexible cystoscopy services are undertaken by Specialist Registrars on the Craigavon/Daisy Hill and South Tyrone sites.

Outreach outpatient clinics are currently provided in Armagh (10 miles from Craigavon) and Banbridge (12 miles from Craigavon) and South Tyrone Hospital (18 miles from Craigavon). Due to the recent retirement of a General Surgeon with an interest in Urology in Daisy Hill Hospital the team are currently making arrangements to move some of the urological services to Daisy Hill Hospital in order to allow the continuation of urology at Daisy Hill Hospital.

CONSULTANTS – Urology Department – Craigavon Area Hospital

Mr M Haynes (Associate Medical Director)
Mr M Young
Mr A Glackin
Mr M Tyson
Mr J O'Donoghue
Mr Omer

Craigavon Area Hospital

Craigavon Area Hospital is the main acute hospital within the Southern Health and Social Care Trust providing acute services to the local population.

Services at Craigavon Area Hospital include:

- General Surgery
- Urology
- General Medicine
- Geriatrics Acute
- Dermatology
- Haematology
- Cardiology
- Obstetrics
- Gynaecology
- Paediatrics including Surgery, Urology and ENT
- Special Care Babies
- ENT
- Intensive Care
- Emergency Medicine (ED)
- Trauma & Orthopaedics

Many additional specialties are represented as outpatients services including Ophthalmology, Neurology, Maxillo-Facial and Plastic Surgery, Orthodontic and Special Dental Clinics. The Macmillan Building is the dedicated Cancer Unit and provides dedicated accommodation for Oncology and Haematology outpatient clinics and day procedures.

A 74-bed Psychiatry facility acute inpatient care facility (Bluestone Unit) is also located on the Craigavon Area Hospital site.

SOME OF THE SPECIALIST INTEREST AREAS INCLUDE:

Anaesthetics IC Medicine
Trauma & Orthopaedics
Palliative Medicine
Emergency Medicine

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Paediatrics
Radiology
Teaching
Well-being

This list is not exhaustive and can be discussed with the panel at interview.

The expectations are that the post holder will gain valuable experience and achievements in Urology and the specialist interest of their choice.

CONTINUING PROFESSIONAL DEVELOPMENT
The Trust supports the requirements for CPD, as laid down by the Royal College and is committed to providing time and financial support for these activities.

REVALIDATION
The Trust has the required arrangements in place, as laid down by the Royal College to ensure that all doctors have an annual appraisal with a trained appraiser and supports doctors going through the revalidation process.

ROTA
The post holders will be required to work Monday to Friday 08.00 – 17.00 for the first 3 -4 weeks. There after they will participate on the rota below.

There is no requirement to undertake night shifts on the rota which allows the post holders the opportunity to undertake annual leave or study leave to facilitate their work and home life.

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	B	A	A	A	A	C	C
2	A	B	A	A	A		
3	A	A	B	A	A		
4	A	A	A	B	A		
5	A	A	A	A			

Duty details:

Duty	Name	Work Pattern	Start	Finish	Duration	
A	NWD	NWD	8:30	17:30	9:00	
B	Partial Shift	Partial Shift	8:30	23:00	14:30	
C	weekend	Partial Shift	9:00	21:00	12:00	

TERMS AND CONDITIONS:
This post will be contracted in accordance with:

Junior Doctor Terms and Conditions which can be viewed at:
CLICK HERE

Your salary scale will be in accordance with the NHS Remuneration for your grade, which can be viewed at: CLICK HERE

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If you feel these posts could offer you more choice and flexibility, then we would like to hear from you!! If you would like any additional information about these new posts, please do not hesitate to contact the Urology Department on Personal Information redacted by the USI

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. The HSC Code of Conduct for Employees sets out the standards of conduct expected of all staff in the Southern Health & Social Care Trust and outlines the standards of conduct and behaviours required during and after employment with the Trust. Professional staff are expected to also follow the code of conduct for their own professions.

4. Adhere at all times to all Trust policies including for example:

    - Smoke Free policy
    - IT Security Policy and Code of Conduct

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

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

7. 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 exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

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

9. 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 post may evolve over time and this Job Description will therefore 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.

Southern Health and Social Care Trust

Quality Care - for you, with you

PERSONNEL SPECIFICATION

DATE: **May 2021**

JOB TITLE: **NEW Junior Clinical Fellows (2 Posts) – Urology Department (CT/ST1 Level)**

HOURS: Full Time - but part time or flexible posts will also be available

SALARY: **£49,339 - £77,581 pa** inclusive of an attractive Band 2B (50%)

Notes to applicants:

1. ***Your application form:*** *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should do this for both essential and desirable criteria requirements. All essential criteria requirements listed below must be met by the stated closing date, unless otherwise stated.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA – *these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they 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;*

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. MBBS or equivalent medical qualification
2. Be eligible for full registration and holds a current licence to practice from the GMC at intended start date.[1]
3. Have evidence of achievement of foundation competencies from a UKFPO-affiliated foundation programme or equivalent in line with GMC standards / Good Medical Practice.

[1] *If successful at interview, applicants will be required to provide proof of their GMC application. Applicants must be registered, with a licence to practice at the time of appointment.*

The following are essential criteria which will be measured during the interview stage.

1. All applicants to have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues which could be demonstrated by one of the following:

   That applicants have undertaken undergraduate medical training in English **OR** have the following scores in the academic International English Language Testing System (IELTS) – Overall 7.5, Speaking 7, Listening 7, Reading 7, Writing 7.

   However, if applicants believe that they have adequate communication skills but do not fit into one of the examples they need to provide evidence.

2. Be eligible to work in the UK.
3. Knowledge of evidence based approach to clinical care.
4. Understanding of the implication of clinical governance.
5. Ability to lead and engender high standards of care.
6. Ability to develop strategies to meet changing demands.
7. Willingness to work flexibly as part of a team.
8. Good communication and interpersonal skills.
9. Ability to work well within a multidisciplinary team.
10. Ability to effectively train and supervise medical undergraduates and postgraduates.

DESIRABLE CRITERIA – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being short listed

1. Hold MRCS or equivalent.
2. Hold ATLS certification
3. Have undertaken previous research in the specialty.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

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BAND 6 PHYSICIAN ASSOCIATE NEW GRADUATE YEAR JOB DESCRIPTION

Title: Physician Associate (PA) New Graduate Year (NGY)

Specialty: Various specialties

Base: Health and Social Care Northern Ireland

Key Duties/ Main responsibilities

Work under the supervision of a named Consultant/Doctor, using clinical skills to deliver patient care including weekends and out of hours. Patients will present in different guises via different situations requiring analysis and judgement of the possibilities.

Take a history from patients and perform appropriate physical examinations, order and interpret appropriate diagnostic tests within relevant applicable guidelines and make an appropriate assessment and diagnosis in discussion with supervising Consultant/Doctor. A PA cannot currently request ionising radiation or prescribe medications.

Assimilate clinical information from various sources, including patient history, physical examination, diagnostic tests and present initial findings to the supervising Consultant/Doctor.

Inform and counsel patients and relatives/carers regarding explanation of procedures, diagnosis, treatment and management of conditions, once management/treatment plans have been determined in association with supervising Consultant/Doctor. This will include long term management consistent with life circumstances.

Treatment/management information will have to be presented with empathy and reassurance. In some circumstances to ensure adherence with treatment plans, persuasion and motivational skills will be required during communication with patients.

For mental health placements, assess, diagnose and consider the management plan of mental illness under the supervision of the Consultant Psychiatrist. Consider and identify appropriately the physical health needs of this patient group. Work within the MDT in a mental health setting.

Effective communication with the referring doctor and the patient's General Practitioner/Consultant by promptly issuing a clinical letter (paper or electronically) indicating patient findings and treatment/management plan with conditions for review either by the Consultant, General Practitioner, member of clinical team, Physician Associate or Nurse Practitioner.

Conduct telephone consultations which may involve discussing the result and implications of laboratory investigations.

There will be a requirement to liaise with, and refer to, (where appropriate) other clinical specialities. There will also be a requirement to follow up patients whilst under the care of other specialities within the system.

The Physician Associate will be required to work with, refer to and take referrals from other healthcare professionals such as nursing staff and Allied Health Professionals.

Effective negotiation with patients to manage conflict and de-escalate potentially violent or aggressive situations when required.

Consider, discuss and learn from complaints about aspects of care / service delivery.

Assist medical and nursing staff in all clinical emergencies.

Assist in clinical teaching of members of the multi-professional team and visiting learners, including medical/nursing students or Physician Associate students as well as participate in education and development programmes.

- Maintain patient airway in emergency situations.
- Give correct prescribed oxygen concentration.
- Give respiratory therapy.
- Measure and observe patients' condition and act appropriately on changes in condition.
- Record a 12 lead ECG, interpret results and act accordingly.
- Monitor patients' blood sugar and act appropriately on any changes in condition.
- Resuscitate and administer shock following cardiac arrest.
- Measure and observe patient's condition and act appropriately on changes in condition.
- Examination of eyes as required.
- Assess residual contents of bladder and need for urinary catheterisation or change in catheter.
- Safe movement and comfort of patients.

Supervision/Support

During the NGY PAs will be provided with a supportive learning environment, in which to consolidate and expand their range of skills and competencies. Supervision/support will include:

- Allocated daily supervision (medical)
- Initial daily review of patients and notes
- Building trust/team working
- Regular supervision/teaching sessions

- Regular review 3 monthly
- Final annual appraisal/assessment

The supervisor will meet with the PA in their first week as part of the induction process, and assess their skills and knowledge around general practice or hospital medicine. This assessment will then be used to design a structured programme of specific educational goals that will be reviewed on a 3–6-monthly basis, and appraised at the yearly review.

General Responsibilities

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and :-

- At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner
- Carry out their duties and responsibilities in a manner which assures patient and client safety
- Comply with all instructions in regard to Infection Prevention and Control
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them
- Comply with the Trust's No Smoking Policy
- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations
- Adhere to equal opportunities policy throughout the course of their employment
- Ensure the ongoing confidence of the public in service provision
- Comply with the HSC Employee Code of Conduct

Records Management

All employees of the Trust are legally responsible for all records held, created or used as part of their business within the Trust including patient/client, 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 Regulation (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the Trust's) policy and procedures on records management and to seek advice if in doubt.

Terms and Conditions

Salary
£31,365 - £37,890 (Band 6) during NGY leading to band 7 following successful completion of the New Graduate Year.

Hours
Full-time working is 37.5 hours per week.

The post-holder may be required to work a seven-day rota depending on specialty.

Medical
Appointment will be subject to a successful pre-employment health assessment.

Holidays
Annual Leave: 27 days on commencement, 29 days after 5 years' service 'and 33 days after 10 years' service.

Pension
The postholder can participate in the Health and Social Care Pension Scheme.

Closing Date
Completed application forms should be returned online to Recruitment Shared Service Centre, Rosewood Villa, Longstone Hospital Site, 73 Loughgall Road, Armagh, BT61 7PR

Canvassing, either directly or indirectly, will be an absolute disqualification.

We will review this Job Description and it may include any other duties and responsibilities we determine in consultation with the jobholder. We do not intend it to be rigid and inflexible but rather to provide guidelines within which the jobholder works.

(May 2021)

Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Urology Services

Demand Capacity Analysis

Strategic Planning and Performance Group

Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

CONTEXT

Performance – 31 day and 62 day targets for Urology

Trust	31 Day			62 Day		
	2019/2020	2020/2021	2021/2022	2019/2020	2020/2021	2021/2022
Belfast	**76%**	**83%**	**89%**	**17%**	**17%**	**6%**
South Eastern	**97%**	**98%**	**96%**	**27%**	**24%**	**32%**
Southern	**99%**	**93%**	**100%**	**41%**	**49%**	**13%**
Western	**100%**	**99%**	**100%**	**49%**	**43%**	**29%**
Region	**89%**	**91%**	**95%**	**32%**	**31%**	**19%**

Strategic Planning and Performance Group

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

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DEMAND

Strategic Planning and Performance Group

OP Referrals for Consultant-Led Urology

*Priority after Triage (RF/DG/U/R)		FY2019/2020		FY2020/2021		FY2021/2022 (Up to Jan 22)	
		Total Refs	% Refs	Total Refs	% Refs	Total Refs	% Refs
Belfast	Downgrade RF after Triage	113	1%	86	1%	112	2%
	Red Flag after Triage	3195	39%	2689	41%	2970	41%
	Urgent	2485	31%	2279	34%	2286	31%
	Routine	2334	29%	1575	24%	1923	26%
	Belfast Total	**8127**	31%	**6629**	30%	**7291**	29%
South Eastern	Downgrade RF after Triage	208	4%	116	2%	111	2%
	Red Flag after Triage	2141	39%	2172	45%	2483	46%
	Urgent	1357	25%	1195	25%	1343	25%
	Routine	1781	32%	1379	28%	1489	27%
	South Eastern Total	**5487**	21%	**4862**	22%	**5426**	22%
Southern	Downgrade RF after Triage	227	4%	91	2%	100	2%
	Red Flag after Triage	2063	34%	1800	41%	1904	40%
	Urgent	1839	30%	1121	25%	1034	22%
	Routine	1969	32%	1424	32%	1712	36%
	Southern Total	**6098**	23%	**4436**	20%	**4750**	19%
Western	Downgrade RF after Triage	427	6%	326	5%	401	5%
	Red Flag after Triage	2138	31%	2123	34%	2455	33%
	Urgent	1875	27%	1814	29%	2161	29%
	Routine	2432	35%	1940	31%	2403	32%
	Western Total	**6872**	26%	**6203**	28%	**7420**	30%
	Grand Total	**26584**	100%	**22130**	100%	**24887**	100%

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ACTIVITY

Strategic Planning and Performance Group

RED FLAG New Outpatients (core)

	19/20			20/21			21/22		
	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**
BT	1031	24	**1055**	880	3	**883**	1056	1	**1057**
SET	964		**964**	821		**821**	976		**976**
ST	1741	1	**1742**	1304	12	**1316**	1181		**1181**
WT	659	7	**666**	351	4	**355**	596	1	**597**
Total	4057	32	**4089**	3356	17	**3375**	3809	2	**3811**

URGENT New Outpatients (Core)

	19/20			20/21			21/22		
	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**
BT	1551	100	**1651**	1592	74	**1666**	1123	106	**1229**
SET	521	14	**535**	759	20	**779**	723	64	**787**
ST	1187	5	**1192**	330	5	**335**	372	56	**428**
WT	888	350	**1238**	720	229	**949**	855	528	**1383**
Total	4147	469	**4616**	3401	328	**3729**	3073	754	**3827**

ROUTINE New Outpatients (Core)

	19/20			20/21			21/22		
	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**
BT	730	366	**1096**	210	165	**375**	130	178	**308**
SET	341	158	**499**	565		**565**	472	19	**491**
ST	611	118	**729**	752	11	**763**	670	110	**780**
WT	1306	878	**2184**	1019	446	**1465**	1261	481	**1742**
Total	2988	1520	**4508**	2546	622	**3168**	2533	788	**3321**

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RED FLAG Review Outpatients (core)

	18/19			19/20		
	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**
BT	480	10	**490**	357	10	**367**
SET	591	0	**591**	693	0	**693**
ST	685	3	**688**	620	2	**622**
WT	396	428	**824**	401	395	**796**
TOTAL	2152	441	**2593**	2071	407	**2478**

URGENT Review Outpatients (Core)

	18/19			19/20		
	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**
BT	2889	200	**3089**	1679	92	**1771**
SET	1349	14	**1363**	1357	1	**1358**
ST	1686	5	**1691**	1614	106	**1720**
WT	894	329	**1223**	866	795	**1661**
TOTAL	6818	548	**7366**	5516	994	**6510**

ROUTINE Review Outpatients (core)

	18/19			19/20		
	Cons-led	Nurse-led	**Total**	Cons-led	Nurse-led	**Total**
BT	5756	597	**6353**	6369	759	**7128**
SET	1624	3	**1627**	1311	7	**1318**
ST	1843	408	**2251**	2075	477	**2552**
WT	2319	3437	**5756**	1913	2950	**4863**
TOTAL	11542	4445	**15987**	11668	4193	**15861**

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Review Waiting List @ 4th May 2020

Trust	0-3mths	3-6mths	6-9mths	9-12mths	12-15mths	15-18mths	18-21mths	21-24mths	GT 24mths	**Total**	Backlog
Belfast	367	140	80	24	1					**612**	245
South Eastern	433	307	119	52	44	37	1			**993**	560
Southern	419	336	293	273	298	271	194	267	859	**3210**	2791
Western	461	83	14						1	**559**	98
Total	1680	866	506	349	343	308	195	267	860	**5374**	3694

Time band = length of time waiting beyond clinically indicated review date
Backlog = > 3 months

Strategic Planning and Performance Group

Independent Sector Outpatient Activity

Fiscal Year	Belfast		Southern		Total
	New	Review	New	Review	
2018/2019	41	5			46
2019/2020	36	117			153
2020/2021	79	1		179	259

RED FLAG New Outpatients (WLI)

	18/19			19/20		
	Cons-led	Nurse-led	Total	Cons-led	Nurse-led	Total
BT	347	0	347	95	0	95
SET	297	0	297	98	0	98
ST	48	0	48	145	0	145
WT	0	0	0	0	0	0
Total	692	0	692	338	0	338

RED FLAG Review Outpatients (WLI)

	18/19			19/20		
	Cons-led	Nurse-led	Total	Cons-led	Nurse-led	Total
BT	4	2	6	0	5	5
SET	11	0	11	0	0	0
ST	4	0	4	0	22	22
WT	0	0	0	0	0	0
Total	19	2	21	0	27	27

URGENT New Outpatients (WLI)

	18/19			19/20		
	Cons-led	Nurse-led	Total	Cons-led	Nurse-led	Total
BT	32	0	32	6	12	18
SET	148	0	148	70	0	70
ST	0	0	0	13	0	13
WT	0	0	0	0	0	0
Total	180	0	180	89	12	101

URGENT Review Outpatients (WLI)

	18/19			19/20		
	Cons-led	Nurse-led	Total	Cons-led	Nurse-led	Total
BT	12	25	37	0	41	41
SET	28	0	28	0	0	0
ST	13	0	13	32	0	32
WT	63	0	63	9	0	9
Total	116	25	141	41	41	82

ROUTINE New Outpatients (WLI)

	18/19			19/20		
	Cons-led	Nurse-led	Total	Cons-led	Nurse-led	Total
BT	224	0	224	1	59	60
SET	168	0	168	12	0	12
ST	0	0	0	0	0	0
WT	0	0	0	0	0	0
Total	392	0	392	13	59	72

ROUTINE Review Outpatients (WLI)

	18/19			19/20		
	Cons-led	Nurse-led	Total	Cons-led	Nurse-led	Total
BT	42	16	58	0	89	89
SET	104	0	104	0	0	0
ST	54	0	54	161	0	161
WT	90	0	90	19	0	19
Total	290	16	306	180	89	269

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OP Referrals v OP Attendances (%)

New OP Referrals (All)

	19/20	20/21	21/22
BT	8127	6629	7291
SET	5487	4862	5426
ST	6098	4436	4750
WT	6872	6203	7420

New OP Attendances (All)

19/20	20/21	21/22
3838	3005	2751
1998	2165	2254
3663	2414	2410
4128	2777	3748

%

19/20	20/21	21/22
47.2	45.3	37.7
36.4	44.5	41.5
60.1	54.4	50.7
60.1	44.8	50.5

New OP Referrals (Red Flag)

	19/20	20/21	21/22
BT	3195	2689	2970
SET	2141	2172	2483
ST	2063	1800	1904
WT	2138	2123	2455

New OP Attendances (Red Flag)

19/20	20/21	21/22
1055	883	1057
964	821	976
1742	1316	1201
666	355	597

%

19/20	20/21	21/22
33.0	32.8	35.6
45.0	37.8	39.3
84.4	73.1	63.1
31.2	16.7	24.3

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Elective IPDC – Suspected Cancer 'Direct to Scope'

	19/20	20/21	21/22
BT	2411	2028	1764
NT	886	574	822
SET	1161	1136	1237
ST	-	3	11
WT	1179	1179	1182

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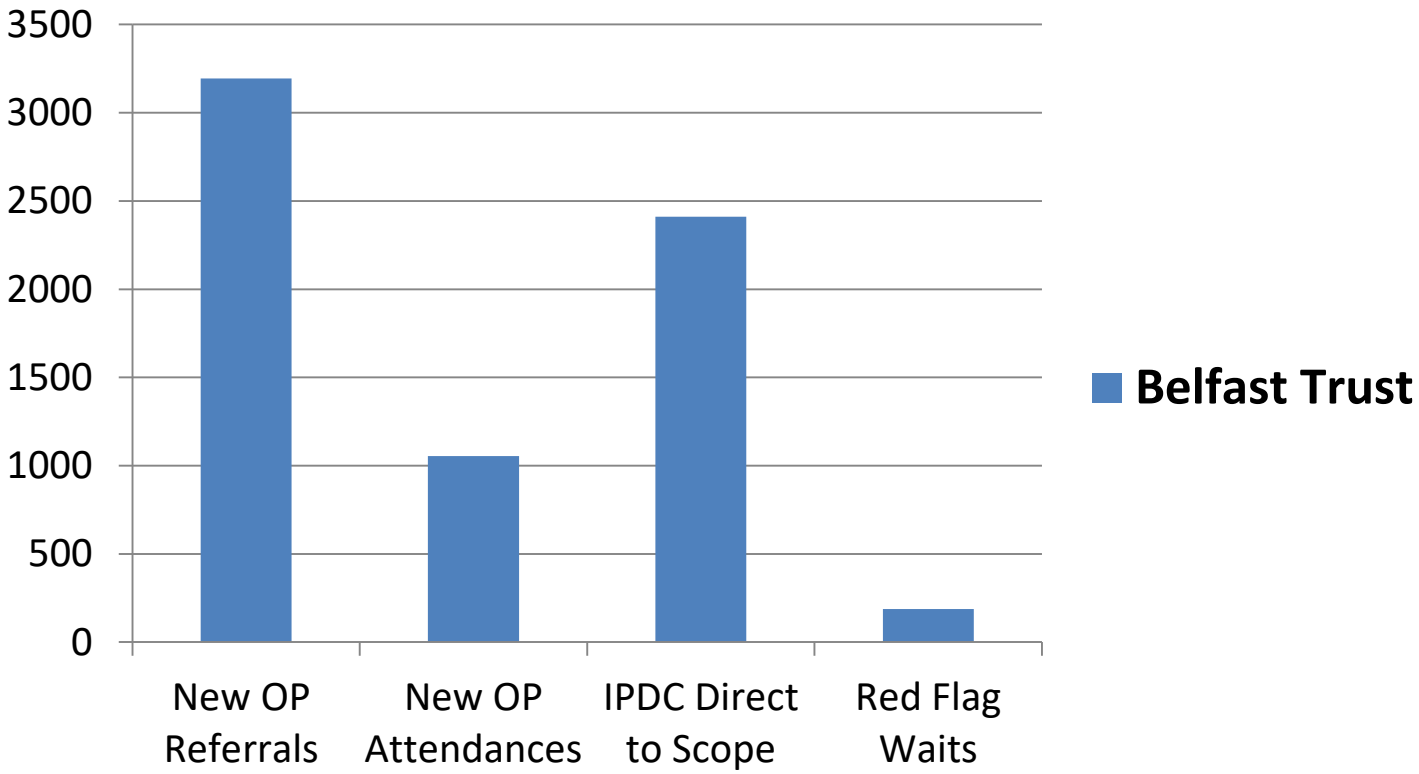
2019/2020 'Red Flag'



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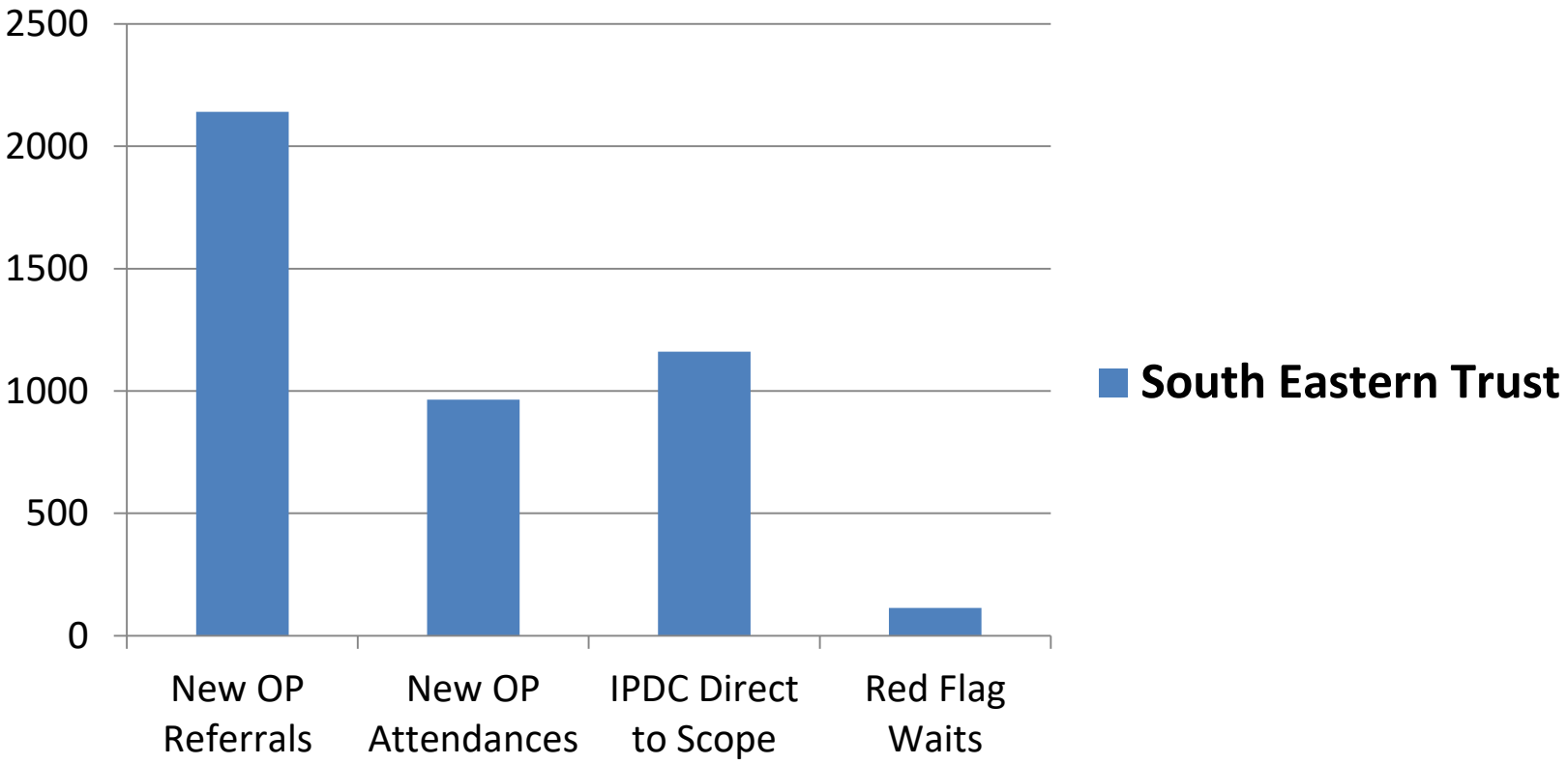
2019/2020 'Red Flag'



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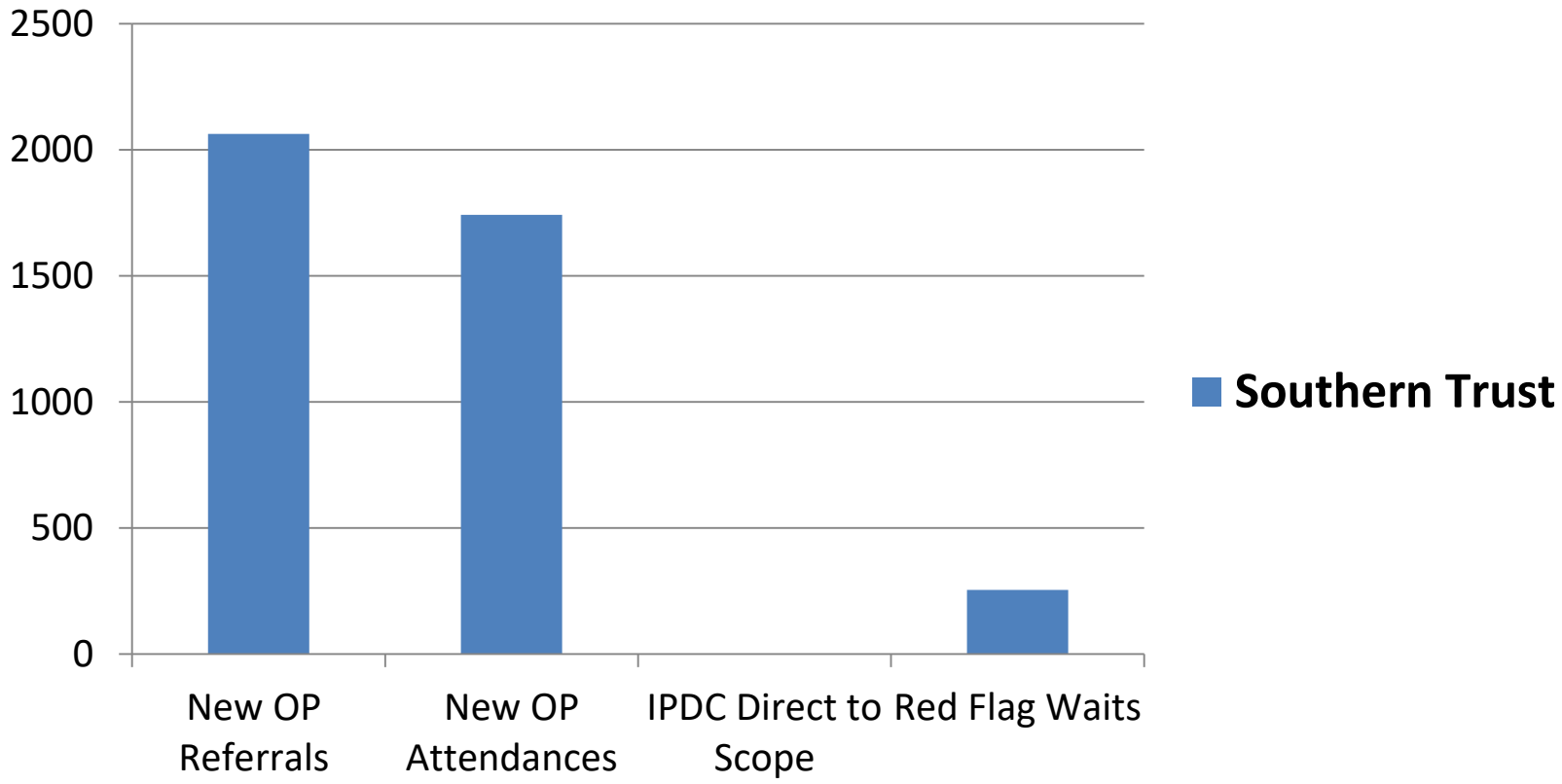
2019/2020 'Red Flag'



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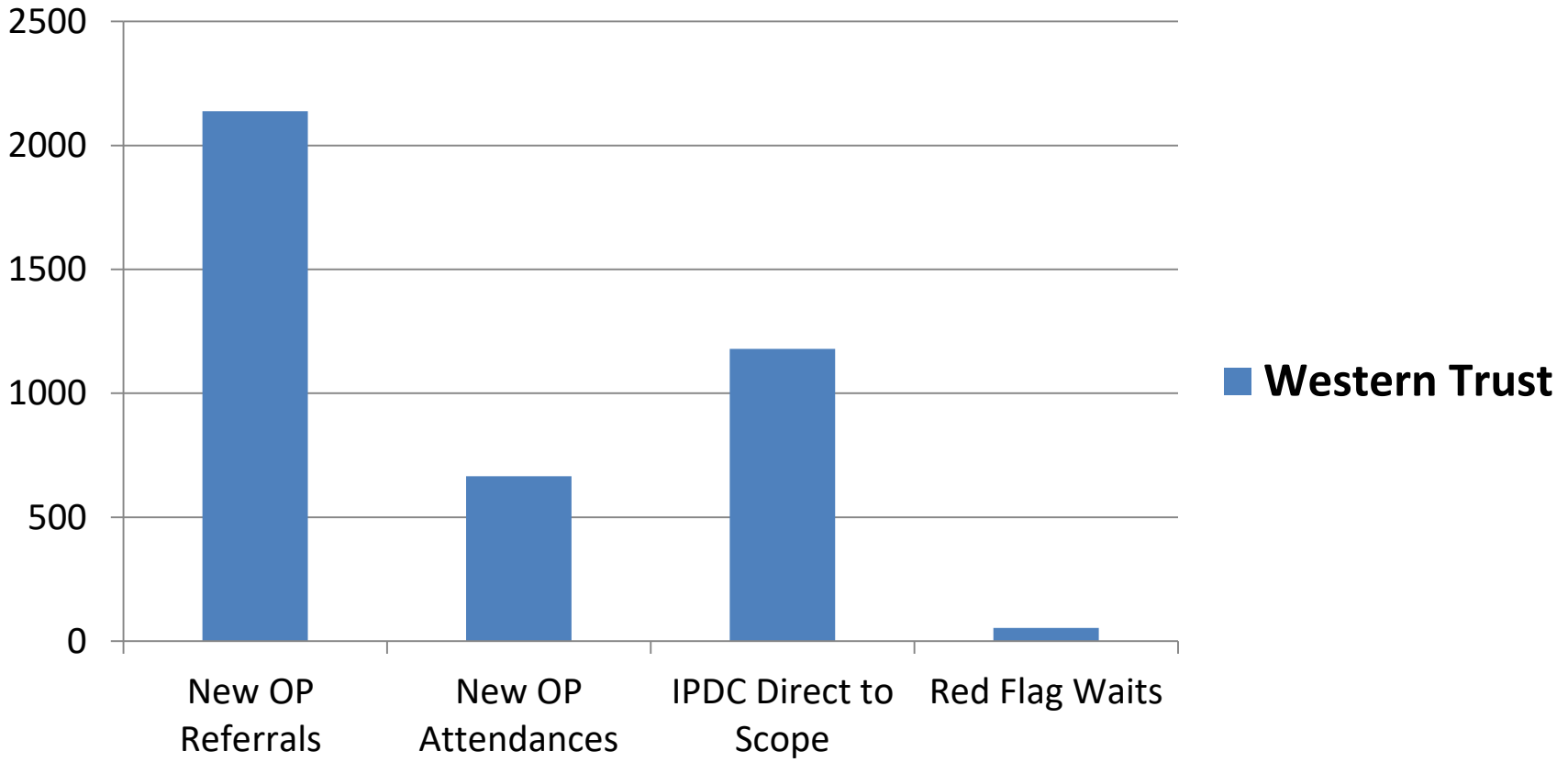
2019/2020 'Red Flag'



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CAPACITY

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Staffing Profile (WTE)

	Consultants	Staff Grades	Specialist Registrars	Clinical Fellows	Specialist Nurses
Belfast - Funded	9.0	1.0	5.0	2.0	2.0 benign 2.0 uro-oncology
Variance to funded	8.0 + 1.0 locum				
South East - Funded	6.0	3.0	1.0		1.85 benign 1.85 uro-oncology
Variance to funded	5.0 + 1.0 locum (NF)	2.0 (1 vacancy)			
Southern - Funded	7.0	2.0	3.0	1.0	2.0 benign 3.0 uro-oncology
Variance to funded	4.3 + 1.0 locum	1.8	2.0 (1 mat leave)	3.0 (SHO-grade)	
Western - Funded	8.0	2.0	2.0	1.0	6.8 benign 3.0 uro-oncology
Variance to funded		3.0			

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Urology Services Outpatient Clinic Capacity - Belfast

Types of clinics PER WEEK	Clinics	Slots		Total Slots	Weeks/ year		Additional Clinics	Slots	Weeks per year
		New	Review						
Virtual (Tues AM) (AR)	1	8-10		8-10	42		Raised PSA 2 x SG- 1 x CL	8-10	Ad hoc
Friday AM (AR) FTF	1	8-10		8-10	42		2 x Haematuria (W'abbey)	10-12	Ad hoc
CONURO3	1	20		20	42				
CONUR3VC	1	10		10	42				
THOT4	1	10		10	42				
THOTELR	1	10		10	42				
THOTAAH2	1	10		10	42				
OKANUR2	1	5		5	42				
OKANUR2VC	1	10		10	42				
OKRES3VC	1	10		10	42				
OKUROTEL	1	10		10	42				
OKRES5VC	1	10		10	42				
OKAUR5AM	1	6		6	42				

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Urology Services Outpatient Clinic Capacity - Belfast

Types of clinics PER WEEK	Clinics	Slots		Total Slots	Weeks / year		Additional Clinics	Slots	Weeks per year
		New	Review						
Results clinic (Cur)	2	10-12		20-24	42				
Review/New/FTF (Cur)	1	18		18	42				
Beekharry results Clinic	2	20		40	42				
Beekharry New patients	1	12	-	12	42				
Haynes Results Clinic	0.5	12	-	6	26				
Review Clinic AP	1	-	15	15	42				
FTF N&R	1	12		12	42				
PAC1 – new		7	-	7	40				
PAC3 – new	1	7	-	7	42				

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Urology Services Clinic Capacity – South Eastern

No./Types of clinics PER WEEK	clinics	Slots new	Slots review	total slots	Core Weeks/ year		Additional Clinics	Slots	Weeks per Year
Mr Gray F2F ARDS	1	6	8	14	42		WLI Urology x 4		Ad hoc
Mr Gray Virtual UHD	1	4	12	16	42		WLI Virtual Urology x 2		Ad hoc
Ms Dooher F2F UHD	1	6	8	14	42		Mr Hutton Prostate Clinic UHD	8	
Ms Dooher Virtual UHD	1	4	12	16	42				
Mr Abogunrin F2F	0.5	6	6	6	42				
Mr Abogunrin Virtual	0.75	6	6	9	42				
Mr Abogunrin F2F LVH	0.5	4	2	3	42				
Mr Abogunrin Virtual)	1		6-12	6-12	42				
Ms Hutton F2F Bangor	1	6	7	13	42				
Ms Hutton Virtual UHD	1	6	8	14	42				

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Mr Duggan F2F	1	5	3	8	42
Mr Duggan Virtual DH	0.25	6	7	3.25	42
Mr Duggan Virtual UHD	1	6	7	13	42
Mr McKnight F2F UHD	1	4	8	12	42
Mr McKnight Results DOSA	0.25	0	1	0.25	42
Mr McKnight Virtual	0.25	4	8	3	42
Nurse Urology F2F Ards	1	3	4	7	42
Nurse Urology Medical Device Clinic F2F Ards	0.25	3	4	1.75	42
Nurse Urology Virtual	1	0	2	2	42
Nurse Urology Ward 7 Treatment Room	0.25	0	9	2.25	42
Nurse Urology Virtual Ards	1	5	2	7	42
Nurse Urology F2F DOSA	1	6	0	6	42
Nurse Urology Virtual UH	0.25	0	12	3	42
Nurse Urology Virtual UH	0.25	0	12	3	42
Nurse Urology Virtual UHD	1	5	5	10	42

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Urology Services Clinic Capacity - Southern

No./Types of clinics PER WEEK	clinics	Slots New	Slots Review	total slots	Weeks/ year		Additional Clinics	Slots	Weeks per Year
New Haematuria	5.5	10		55	34 (CL) 42 (NL)		Ad hoc to cover core clinics		Up to 50 weeks
Review Clinic	5.5		12	66	32 (CL)				
Review Virtual Clinic	1		35	35	35				
New Virtual Clinic	1	7		7	35				

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Urology Services Clinic Capacity - Western

No./Types of clinics PER WEEK	Clinics	Slots		Total Slots	Core Weeks/ year		Additional Clinics	Slots	Weeks per Year
		New	Review						
Consultant Clinics	13	6	9	195	41				
Registrar Clinics	3	6		18	41				
Specialty Doctor Clinics	2	10		20	41				
Specialty Dr – ED	1	7		7	41				
Prostate Clinic (Nurse-led)	10	3	4	70	46				
Urodynamics (Nurse-led)	3	2		6	46				
Catheter (Nurse-led)	6	2	3	30	46				
TW Catheter (Nurse-led)	1	3		3	46				
Kidney Stone	3		8	24	46				
Upper Trace Surveillance	0.5		8	4	46				
Video Urodynamics	0.5		2	1	46				
Sacral Nerve Stimulation	0.5	7		3.5	46				

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Urology Services Procedures Capacity

Flexible Cystoscopy Procedures PER WEEK	Lists/ Sessions	Slots	Total Slots	Weeks per year
Belfast	4	11	44	42
South Eastern	1	100	100 (+100)	42
Southern	5*	10	50	42
Western	10	10	100	50

* 3 = theatres
2= outpatients

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Urology Services Procedures Capacity

TP Biopsy Procedures PER WEEK	Lists/ Clinics	Slots	Total Slots	Weeks per year
Belfast	3	6	18	42
South Eastern	1	6	6	42
Southern	1-2	6	6-12	42
Western	2	7	14	50

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VARIATION

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New OP % discharged immediately after 1st OPA (Red Flag)

(All activity inc Cons/CNS/IS/ICAT) (Same OPA & Discharge Date)

	19/20	20/21	21/22 (up to Jan 22)
Belfast – OPA Attendances	1055	833	1057
No. discharged at 1st OPA	336	122	185
	32%	**15%**	**18%**
South East– OPA Attendances	964	821	976
No. discharged at 1st OPA	20	83	43
	2%	**10%**	**4.4%**
Southern– OPA Attendances	1742	1316	1201
No. discharged at 1st OPA	615	431	488
	35%	**33%**	**41%**
Western– OPA Attendances	666	355	597
No. discharged at 1st OPA	6	16	-
	1%	**4.5%**	**-**

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Referrals Discharged without Attendance	Belfast	South Eastern	Southern	Western	Northern	Grand Total
FY2019/2020	3162	2121	2028	1756	17	9084

Discharge Grouping	Belfast	South Eastern	Southern	Western	Northern	Grand Total
ADD TO IPDC WL	2052	1227	351			3630
DISCHARGE TO REFERRER	165	257	777	109		1308
DIRECT ACCESS				1017		1017
DISCHARGE BY CONSULTANT	106		416	227		749
DISC AWAITING RESULT OP \ DIAG	67	207	111	266		651
TRANSFER CONSULTANT	371	145	10		16	542
DISCHARGE TO OTHER SERVICE	163	99	192	11		465
FOLLOWING VALIDATION	10	78	62	41		191
Automatic Discharge (Sys def)	20	24	43	56		143
TREATMENT COMPLETE	106	5		4	1	116
TREATED ELSEWHERE	27	40	24			91
AT PATIENTS REQUEST	9	16	13	11		49
DUPLICATE	43	2	4			49
DNA \ CND	15	3	8	12		38
ADMIT \ TREATED AS IP\ WA	2		16	2		20
REFUSED OFFER OF APPOINTMENT		17	1			18
ADD TO OP WL	5					5
OTHER	1					1
PATIENT AWAITING PROCEDURE		1				1
Grand Total	**3162**	**2121**	**2028**	**1756**	**17**	**9084**

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DNA & CND Rates

	All Activity: Urology	FY2019/2020 DNA+CND Rate	FY2020/2021 DNA+CND Rate	FY2021/2022 (Up to Jan 22) DNA+CND Rate
Belfast	Consultant-Led	9.5%	11.1%	7.9%
	Nurse-Led	8.8%	14.2%	8.1%
	Belfast Total	**9.3%**	**11.1%**	**7.6%**
South Eastern	Consultant-Led	6.0%	11.3%	11.8%
	Nurse-Led	16.9%	0.0%	15.3%
	South Eastern Total	**7.1%**	**11.2%**	**12.0%**
Southern	Consultant-Led	5.3%	1.7%	2.5%
	Nurse-Led	3.1%	0.0%	4.0%
	Southern Total	**5.2%**	**1.7%**	**2.9%**
Western	Consultant-Led	14.2%	10.3%	10.2%
	ICATS-Led	13.0%	11.1%	25.7%
	Nurse-Led	16.7%	10.7%	13.7%
	Western Total	**14.9%**	**10.4%**	**11.3%**
	Grand Total	**9.7%**	**8.9%**	**8.8%**

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DNA & CND Rates

Red Flag after Triage: Urology		FY2019/2020	FY2020/2021	FY2021/2022 (Up to Jan 22)
		DNA+CND Rate	DNA+CND Rate	DNA+CND Rate
Belfast	Consultant-Led	5.1%	7.5%	4.9%
	Nurse-Led	4.0%	0.0%	50.0%
	Belfast Total	**5.0%**	**7.4%**	**4.9%**
South Eastern	Consultant-Led	4.7%	4.5%	4.9%
	South Eastern Total	**4.7%**	**4.5%**	**4.9%**
Southern	Consultant-Led	5.0%	2.6%	2.5%
	Nurse-Led	0.0%	0.0%	
	Southern Total	**5.0%**	**2.6%**	**2.9%**
Western	Consultant-Led	8.6%	7.6%	6.1%
	Nurse-Led	0.0%	0.0%	0.0%
	Western Total	**8.5%**	**7.6%**	**6.1%**
	Grand Total	**5.5%**	**4.9%**	**4.5%**

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PATIENT PATHWAYS

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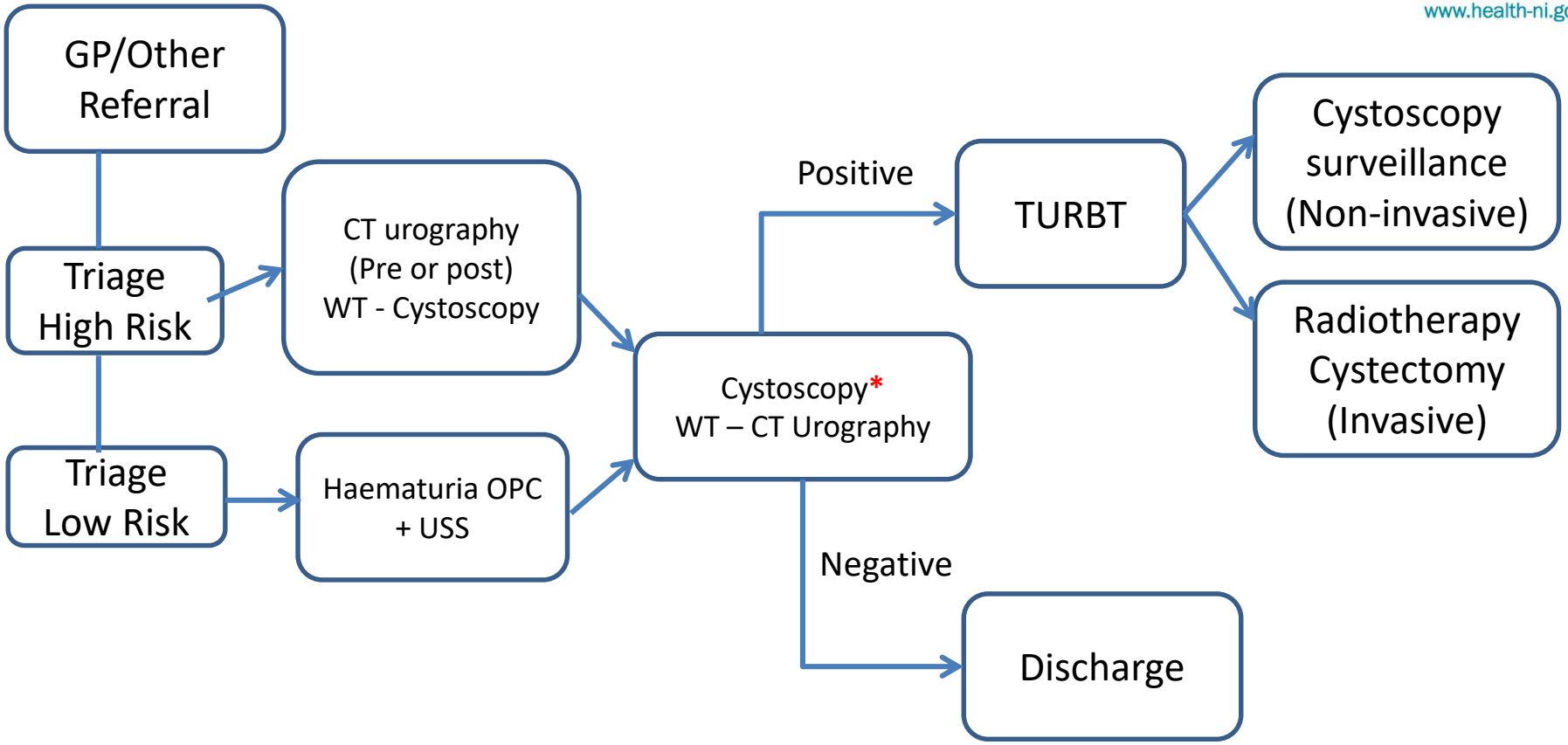
Haematuria Pathway



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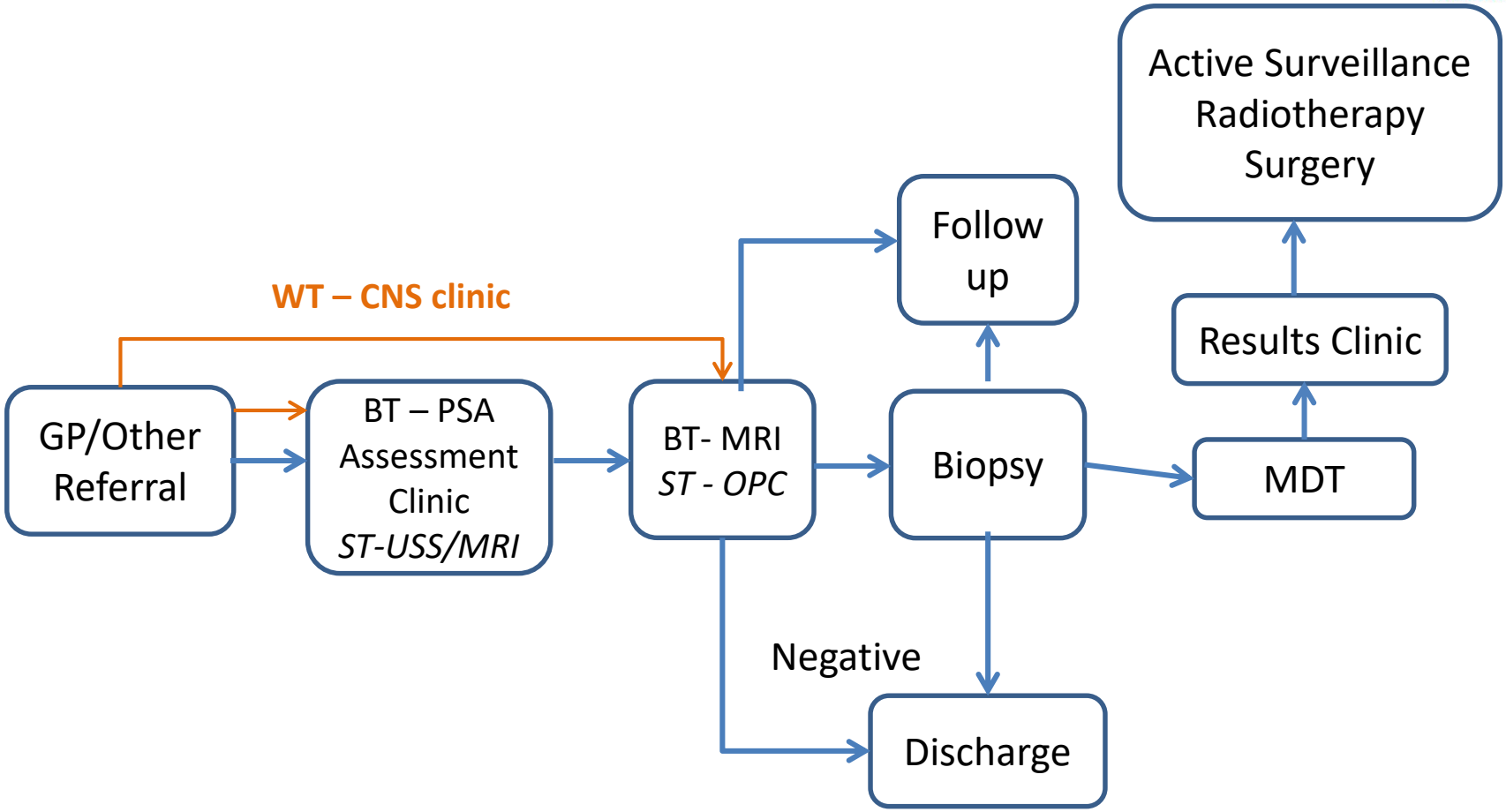
Raised PSA Pathway



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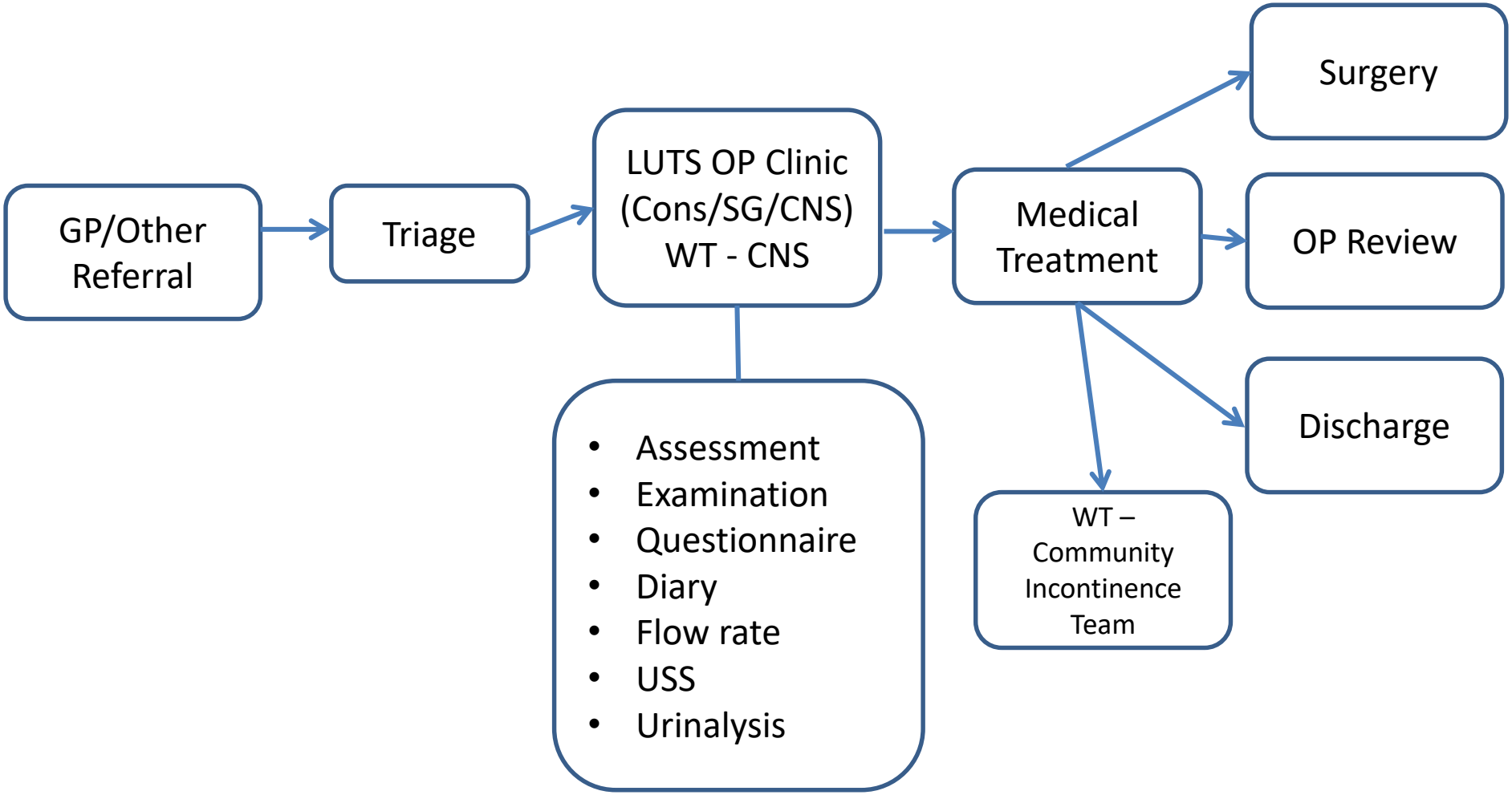
Lower Urinary Tract Symptoms Pathway



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SUMMARY

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Performance	• 62-day performance:	19/20 **32%**	20/21 **31%**	Feb 2022 **19%**	
Demand	• BT & WT receive approx 30% referrals • SET & ST receive approx 20% referrals				
Activity	• ST Red Flag New Outpatient Attendance high • All Trusts decrease in activity in 20/21 • Further decrease in activity 21/22 for BT & ST				
Review Waits	• May 2020	ST backlog 2791			
	• Apr 2022	ST backlog 1169	BT backlog 1126		
Clinics	• Higher % RF referrals attend OPC in ST		19/20 84.4%	20/21 73.1%	21/22 63.1%
CNS Roles	• WT CNS team = 9.80 WTE		WT have highest OP capacity		
Pathways	• Flexible cystoscopy performed in non-theatre settings		• Scope of CNS	• Return to OPC for results	

Strategic Planning and Performance Group

	Month:	Mr Michael Young 11PAs Start 1/11/21		Mr John O'Donoghue 12.2PAs Start 1/10/21		Mr Tony Glackin 11.48 Start 1/10/21		Mr Mark Haynes Start 1/11/21		Mr Matthew Tyson - 11.95PA	
	Version 1a	Oncall 1:7 Triage 8hrs oncall wk Thur AM half clinic when UOW (11:00-12:30) 24 Virtual Clinics per annum (Monday)		Oncall 1:7 Triage 8hrs oncall wk		Oncall 1:7 Triage 8hrs oncall wk				Oncall 1:7 Triage 8hrs oncall wk	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK ONE	Monday	STH Theatres or OPD	SPA/ROTA LEAD/ADMIN	Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	Cancer MDT Lead	Admin	Flexiable clinical work	Flexiable clinical work	CAH Day Surgery 1 & 3	Stone MDM - 2hrs S&G lead role - 2hrs
	Wednesday	Stone MDM 2hr/Admin	PP	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	New OPD - Con only - 10pts Con + 1 - increase	Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday	SPA/Admin			ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast		
	Saturday										
	Sunday										
WEEK TWO	Monday	Virtual Reviews - Con only - 10pts Con - increase - 24 p/annum	SPA/ROTA LEAD/ADMIN	Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	STH Daysurgery 2nd and 4th	STH new/ review OPD 2nd and 4th 12 Review or mix of N/R Reg - 8 rev	Flexiable clinical work	Flexiable clinical work	SPA	Stone MDM - 2hrs S&G lead role - 2hrs
	Wednesday	Stone MDM 2hr/Admin	PP	New OPD - Con only - 10pts Con + 1 - increase	CAH Day surgery 2nd and 4th	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	New OPD - Con only - 10pts Con + 1 - increase	Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday	SPA/Admin	SPA/ROTA LEAD/ADMIN		ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK THREE	Monday	Virtual Reviews - Con only - 10pts Con - increase - 24 p/annum		Theatre or Virtual RBL	Theatre or Virtual RBL			Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	Cancer MDT Lead		Flexiable clinical work	Flexiable clinical work	CAH Day Surgery 1 & 3	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Stone MDM 2hr/Admin	PP	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision				Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	New OPD - Con only - 10pts Con + 1 - increase	Patient safety Lead	MDT / educational supervisor		MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday	SPA/Admin	SPA/ROTA LEAD/ADMIN		ADMIN (from 11am)			Belfast	Belfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FOUR	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	STH Daysurgery 2nd and 4th	STH new/ review OPD 2nd and 4th	Flexiable clinical work	Flexiable clinical work	SPA	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Stone MDM 2hr/Admin	PP	New OPD - Con only - 10pts Con + 1 - increase	CAH Day surgery 2nd and 4th	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	New OPD - Con only - 10pts Con + 1 - increase	Patient safety Lead	MDT / educational supervisor	Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday	SPA/Admin	PP		ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FIVE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	Cancer MDT Lead	Admin	Flexiable clinical work	Flexiable clinical work	SPA	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Stone MDM 2hr/Admin	PP	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	New OPD - Con only - 10pts Con + 1 - increase	Patient safety Lead	MDT / educational supervisor	Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday	SPA/Admin			ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast	Theatre or Virtual RBL	

	Month:	Mr Michael Young 11PAs Start 1/11/21		Mr John O'Donoghue 12.2PAs Start 1/10/21		Mr Tony Glackin 11.48 Start 1/10/21		Mr Mark Haynes Start 1/11/21		Mr Matthew Tyson - 11.95PA	
	Version 1a	Oncall 1:7 Triage 8hrs oncall wk Thur AM half clinic when UOW (11:00-12:30) 24 Virtual Clinics per annum (Monday)		Oncall 1:7 Triage 8hrs oncall wk		Oncall 1:7 Triage 8hrs oncall wk				Oncall 1:7 Triage 8hrs oncall wk	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK ONE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 9-11 Admin Virtual clinic - destop rev of WL	Admin +/- MDT	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	Cancer MDT Lead	Admin	Flexiable clinical work	Flexiable clinical work	CAH Day Surgery 1 & 3	Stone MDM - 2hrs S&G lead role - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast		
	Saturday										
	Sunday										
WEEK TWO	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 9-11 Admin Virtual clinic - destop rev of WL	Admin +/- MDT	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	STH Daysurgery 2nd and 4th	STH new/ review OPD 2nd and 4th 12 Review or mix of N/R Reg - 8 rev	Flexiable clinical work	Flexiable clinical work	SPA	Stone MDM - 2hrs S&G lead role - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	CAH Day surgery 2nd and 4th	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK THREE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL			Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 9-11 Admin Virtual clinic - destop rev of WL	Admin +/- MDT	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	Cancer MDT Lead		Flexiable clinical work	Flexiable clinical work	CAH Day Surgery 1 & 3	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision				Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor		MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)			Belfast	Belfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FOUR	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 9-11 Admin Virtual clinic - destop rev of WL	Admin +/- MDT	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	STH Daysurgery 2nd and 4th	STH new/ review OPD 2nd and 4th	Flexiable clinical work	Flexiable clinical work	SPA	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	CAH Day surgery 2nd and 4th	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor	Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FIVE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT/ Reviews - Liz to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 9-11 Admin Virtual clinic - destop rev of WL	Admin +/- MDT	Post MDT/ Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hr/Admin	Cancer MDT Lead	Admin	Flexiable clinical work	Flexiable clinical work	SPA	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor	Admin	MDT	Belfast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Belfast	Belfast	Theatre or Virtual RBL	

Southern Health and Social Care Trust.

This job plan started 01 October 2021.

Job plan for Dr Glackin, Anthony Jude in Urology

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	5 week cycle with the 5th week occurring every quarter
Start Week	1
Report date	01 May 2022
Expected number of weeks in attendance	42 weeks
Usual place of work	Craigavon Area Hospital
Alternate employer	None Specified
Contract	2008
Private practice	Yes

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		12 May 2021	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting 1st sign-off agreement		7 Jun 2021	Dr Anthony Jude Glackin
In 'Discussion' stage - request cancelled		28 Jul 2021	Dr Anthony Jude Glackin
In 'Discussion' stage - awaiting 1st sign-off agreement		19 Aug 2021	Dr Anthony Jude Glackin
In 'Discussion' stage - sign-off not agreed	zoom discussion	23 Aug 2021	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting 1st sign-off agreement		13 Sep 2021	Dr Anthony Jude Glackin
1st sign-off agreed - awaiting 2nd sign-off agreement		10 Oct 2021	Mr Mark Dean Haynes
2nd sign-off agreed - awaiting 3rd sign-off agreement		18 Oct 2021	Dr Edward James McNaboe
Signed off		18 Oct 2021	Mr Ronan Carroll
In 'Discussion' stage		9 Nov 2021	Mr Stephen Morrison
In 'Discussion' stage - awaiting doctor agreement		10 Nov 2021	Mr Mark Dean Haynes
1st sign-off agreed - awaiting 2nd sign-off agreement		15 Nov 2021	Dr Anthony Jude Glackin
2nd sign-off agreed - awaiting 3rd sign-off agreement		29 Nov 2021	Dr Edward James McNaboe
Signed off		2 Dec 2021	Mr Ronan Carroll

Hours Breakdown

Trust Approval Required:
You have entered work which falls under the category External Duties or Additional HPSS Responsibilities. This work must have Trust approval before it can be entered onto your job plan. Please ensure you have completed the appropriate approval proforma to obtain Trust authorisation. Please refer to the Policies and Procedures section for more information.

	Main Employer PAs	Core PAs	APA PAs	Total PAs	Core hours	APA hours	Total hours
Direct Clinical Care (DCC)	8.003	8.003	0.000	8.003	31:28	0:00	31:28
Supporting Professional Activities (SPA)	1.492	1.492	0.000	1.492	5:58	0:00	5:58
Additional HPSS Responsibilities (AHR)	1.990	1.990	0.000	1.990	7:58	0:00	7:58
Private Professional Services (PPS)	Does not attract a value				2:53	0:00	2:53
Total	11.486	11.486	0.000	11.486	48:17	0:00	48:17

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286

Type	Normal	Premium	Cat.	PA
			Total:	1.286
Predictable	n/a	n/a	DCC	0.286
Unpredictable	n/a	n/a	DCC	1.000

The total PAs arising from your on-call work is:	1.286
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

On-call Rota (PA entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Craigavon Area Hospital
What is your on-call classification?	A
Weekday work	
What is the frequency of your weekday on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekday on-call work?	**0.286 0.500**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekend on-call work?	**0.000 0.500**
Other information	
Which objective does this on-call work relate to?	
Comments	

Sign off

Role: Clinical Director	Role: Clinical Director	Role: Board Member
Name: Mr Haynes, Mark Dean (Con)	Name: Dr McNaboe, Edward James (Con)	Name: Mr Carroll, Ronan
Signed:	Signed:	Signed:
Date:	Date:	Date:

Timetable

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Surgeon of the week 09:00 - 17:00 7.43 Weeks	Surgeon of the week 09:00 - 17:00 7.43 Weeks	Surgeon of the week 09:00 - 17:00 7.43 Weeks	Surgeon of the week 11:00 - 17:00 7.43 Weeks Surgeon of the week 09:00 - 11:00 7.43 Weeks	Surgeon of the week 09:00 - 17:00 7.43 Weeks		

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			

Week 5

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			

Activities

A Additional Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core 8.200 APA 0.000		35:38 0:00
S	Mon	09:00 - 12:00	wks 1-5	Core SPA Comments: Core SPA, May be performed off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.617	2:28
H	Mon	09:00 - 17:00	5 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
	Mon	12:15 - 13:30		NIMDTA appointed Educational Supervisor Comments: AES for 1xHST and CS for 1xFY1	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	32.31	0.240	0:58
	Mon	13:30 - 17:30		Sub Specialty clinic Comments: Oncology clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	25	0.595	2:23
U	Tue	08:30 - 13:00		Day surgery Comments: Includes pre-op ward	Southern Health and Social Care Tru..	South Tyrone Hospital	DCC	14	0.375	1:30

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
				round for consent etc, occurs 2nd and 4th Tuesday of month with 14 delivered per year						
H	Tue	09:00 - 17:00	5 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
	Tue	13:30 - 17:00		Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	12.92	0.269	1:05
U	Tue	13:30 - 17:30		Review Outpatients clinic Comments: Occurs 2nd and 4th Tuesday of month with 14 delivered per year	Southern Health and Social Care Tru..	South Tyrone Hospital	DCC	14	0.333	1:20
U	Wed	09:00 - 13:00		New patient Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	25	0.595	2:23
H	Wed	09:00 - 17:00	5 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Wed	14:00 - 17:30		Private Professional Services	Southern Health and Social Care Tru..	Craigavon Area Hospital	PPS	34.57		2:53
	Wed	17:30 - 19:30		Surgery MDT Comments: Preparation for MDM chair, shared 1:3, prospectively covered. May be performed at off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	17	0.219	0:48
H	Thu	09:00 - 11:00	5 wk cycle	Surgeon of the week Comments: Handover to UOW	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.088	0:21
S	Thu	09:00 - 11:00	wks 1-5	Patient related admin (reports, results etc) Comments: May be performed at off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
S	Thu	11:00 - 14:00		Core SPA Comments: May be performed at off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.617	2:28

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
H	Thu	11:00 - 17:00	5 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.265	1:04
S	Thu	14:00 - 16:00		Surgery MDT Comments: May be performed off site via video link	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
S	Thu	16:00 - 17:15		Core SPA Comments: May be performed at off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.257	1:02
	Fri	08:00 - 18:00		Planned in-patient operating sessions	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	25	1.488	5:57
H	Fri	09:00 - 17:00	5 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25

No specified day

"( )" Refers to an activity that replaces or runs concurrently
A Additional Programmed Activities
H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core APA Replaced	2.000 0.000 (0.000)	12:39 0:00 (0:00)
	1:00	0:00	Patient related admin (reports, results etc) Comments: Patient related admin performed off site and at time outside of other job planned activity	Southern Health and Social Care Trust.	Craigavon Area Hospital	DCC	42	0.250	1:00
	3:00	0:00	NIMDTA Formally Appointed Role - Please Specify Comments: Urology TPD at NIMDTA	Southern Health and Social Care Trust.	Craigavon Area Hospital	AHR	42	0.750	3:00
	4:00	0:00	Clinical Lead for element of servce - please specify Comments: MDM chair	Southern Health and Social Care Trust.	Craigavon Area Hospital	AHR	42	1.000	4:00

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

Mark,

I have annualised the job planned activities to reflect that I will providing care on weeks 1,2,4 & 5. On week 3 I will not provide any DCC except on Thursday (results) and I will continue with SPA and MDT on Thursdays. I therefore intend to develop my private practice in week 3.

Please have a careful look at Tuesday to make sure I have recorded this correctly, my intention is to provide DPU STH and STH

clinic on 2nd and 4th Tuesday each calendar month.

Happy to discuss

Tony

Southern Health and Social Care Trust.

This job plan started 01 April 2021.

Job plan for Mr O'Donoghue, John Paul in Urology

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	5 week cycle with the 5th week occurring every quarter
Start Week	1
Report date	01 May 2022
Expected number of weeks in attendance	42 weeks
Usual place of work	Craigavon Area Hospital
Alternate employer	None Specified
Contract	2008
Private practice	Yes

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		16 Mar 2021	Mr Stephen Morrison
In 'Discussion' stage - awaiting doctor agreement		13 May 2021	Mr Mark Dean Haynes
1st sign-off agreed - awaiting 2nd sign-off agreement		3 Jun 2021	Mr John Paul O'Donoghue
2nd sign-off agreed - awaiting 3rd sign-off agreement		18 Oct 2021	Dr Edward James McNaboe
Signed off		18 Oct 2021	Mr Ronan Carroll

Hours Breakdown

Trust Approval Required:
You have entered work which falls under the category External Duties or Additional HPSS Responsibilities. This work must have Trust approval before it can be entered onto your job plan. Please ensure you have completed the appropriate approval proforma to obtain Trust authorisation. Please refer to the Policies and Procedures section for more information.

	Main Employer PAs	Core PAs	APA PAs	Total PAs	Core hours	APA hours	Total hours
Direct Clinical Care (DCC)	9.255	9.255	0.000	9.255	36:28	0:00	36:28
Supporting Professional Activities (SPA)	1.492	1.492	0.000	1.492	5:58	0:00	5:58
Additional HPSS Responsibilities (AHR)	1.490	1.490	0.000	1.490	5:57	0:00	5:57
Private Professional Services (PPS)	Does not attract a value				1:39	0:00	1:39
Total	12.236	12.236	0.000	12.236	50:02	0:00	50:02

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286

Type	Normal	Premium	Cat.	PA
			Total:	1.286
Predictable	n/a	n/a	DCC	0.286
Unpredictable	n/a	n/a	DCC	1.000

The total PAs arising from your on-call work is:	1.286
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

On-call Rota (PA entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Craigavon Area Hospital
What is your on-call classification?	A
Weekday work	
What is the frequency of your weekday on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekday on-call work?	**0.286 0.500**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekend on-call work?	**0.000 0.500**
Other information	
Which objective does this on-call work relate to?	
Comments	Predictable on call activity = enhanced triage of new outpatient referrals including pre-attendance investigation, GP advice and direct waiting list additions

Sign off

Role: Clinical Director	Role: Clinical Director	Role: Board Member
Name: Mr Haynes, Mark Dean (Con)	Name: Dr McNaboe, Edward James (Con)	Name: Mr Carroll, Ronan
Signed:	Signed:	Signed:
Date:	Date:	Date:

Timetable

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Surgeon of the week 09:00 - 17:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 5 (7 week cycle) Surgeon of the week 09:00 - 11:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 5 (7 week cycle)		

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Planned in-patient operating sessions 08:00 - 18:00	Review Outpatients clinic 09:00 - 13:00 NIMDTA appointed Educational Supervisor	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 12:00	Clinical Lead for element of servce - please specify 09:00 - 12:00 Core SPA 12:00 - 14:00 Surgery MDT	Private Professional Services 09:00 - 11:00 Core SPA 11:00 - 16:15		

	13:00 - 13:30 New patient Clinic 13:30 - 17:30	NIMDTA appointed Educational Supervisor 12:00 - 13:30 NIMDTA appointed Educational Supervisor 13:30 - 17:00	14:00 - 16:00 NIMDTA appointed Educational Supervisor 16:00 - 17:00	Patient related admin (reports, results etc) 16:15 - 17:00		

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Planned in-patient operating sessions 08:00 - 18:00	Review Outpatients clinic 09:00 - 13:00 NIMDTA appointed Educational Supervisor 13:00 - 13:30 New patient Clinic 13:30 - 17:30	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 12:00 NIMDTA appointed Educational Supervisor 12:00 - 13:30 Day surgery 13:30 - 17:30	Clinical Lead for element of servce - please specify 09:00 - 12:00 Core SPA 12:00 - 14:00 Surgery MDT 14:00 - 16:00 NIMDTA appointed Educational Supervisor 16:00 - 17:00	Private Professional Services 09:00 - 11:00 Core SPA 11:00 - 16:15 Patient related admin (reports, results etc) 16:15 - 17:00		

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Planned in-patient operating sessions 08:00 - 18:00	Review Outpatients clinic 09:00 - 13:00 NIMDTA appointed Educational Supervisor 13:00 - 13:30 New patient Clinic 13:30 - 17:30	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 12:00 NIMDTA appointed Educational Supervisor 12:00 - 13:30 NIMDTA appointed Educational Supervisor 13:30 - 17:00	Clinical Lead for element of servce - please specify 09:00 - 12:00 Core SPA 12:00 - 14:00 Surgery MDT 14:00 - 16:00 NIMDTA appointed Educational Supervisor 16:00 - 17:00	Private Professional Services 09:00 - 11:00 Core SPA 11:00 - 16:15 Patient related admin (reports, results etc) 16:15 - 17:00		

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Planned in-patient operating sessions 08:00 - 18:00	Review Outpatients clinic 09:00 - 13:00 NIMDTA appointed Educational Supervisor 13:00 - 13:30 New patient Clinic 13:30 - 17:30	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 12:00 NIMDTA appointed Educational Supervisor 12:00 - 13:30 Day surgery 13:30 - 17:30	Clinical Lead for element of servce - please specify 09:00 - 12:00 Core SPA 12:00 - 14:00 Surgery MDT 14:00 - 16:00 NIMDTA appointed Educational Supervisor 16:00 - 17:00	Private Professional Services 09:00 - 11:00 Core SPA 11:00 - 16:15 Patient related admin (reports, results etc) 16:15 - 17:00		

Week 5

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Planned in-patient operating sessions 08:00 - 18:00	Review Outpatients clinic 09:00 - 13:00 NIMDTA appointed Educational Supervisor	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 12:00	Clinical Lead for element of servce - please specify 09:00 - 12:00 Core SPA 12:00 - 14:00 Surgery MDT	Private Professional Services 09:00 - 11:00 Core SPA 11:00 - 16:15		

	13:00 - 13:30 New patient Clinic 13:30 - 17:30	NIMDTA appointed Educational Supervisor 12:00 - 13:30 NIMDTA appointed Educational Supervisor 13:30 - 17:00	14:00 - 16:00 NIMDTA appointed Educational Supervisor 16:00 - 17:00	Patient related admin (reports, results etc) 16:15 - 17:00		

Activities

A Additional Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core APA	10.325 0.000	42:53 0:00
S	Mon	08:00 - 18:00	wks 1-5	Planned in-patient operating sessions Comments: Planned inpatient theatre including 60min pre and post op ward round for consent / discharge. May be theatre session on alternative site. If no theatre available then telephone outpatient activity to be scheduled in place.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	2.058	8:14
H	Mon	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Tue	09:00 - 13:00	wks 1-5	Review Outpatients clinic Comments: Review OP clinic including Post MDM cancer appointments	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.823	3:18
H	Tue	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
S	Tue	13:00 - 13:30	wks 1-5	NIMDTA appointed Educational Supervisor	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.103	0:25
S	Tue	13:30 - 17:30	wks 1-5	New patient Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.823	3:18
S	Wed	09:00 - 11:00	wks 1-5	Stone treatment clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
H	Wed	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Wed	11:00 - 12:00	wks 1-5	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.206	0:49
S	Wed	12:00 - 13:30	wks 1-5	NIMDTA appointed Educational Supervisor	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.309	1:14
S	Wed	13:30 - 17:00	wks 1, 3, 5	NIMDTA appointed Educational Supervisor	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	18.62	0.388	1:33
S	Wed	13:30 - 17:30	wks 2, 4	Day surgery	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	15.96	0.380	1:31
U	Wed	17:30 - 19:30		Surgery MDT Comments: MDM preparation when chair. 1:3 with 2 colleagues.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	17	0.219	0:48
H	Thu	09:00 - 11:00	wk 6 7 wk cycle	Surgeon of the week Comments: Handover to new Urologist of week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.088	0:21
S	Thu	09:00 - 12:00	wks 1-5	Clinical Lead for element of servce - please specify Comments: Patient Safety lead	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	27.14	0.485	1:56
H	Thu	09:00 - 17:00	wk 5 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Thu	12:00 - 14:00	wks 1-5	Core SPA	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.412	1:39
S	Thu	14:00 -	wks 1-5	Surgery MDT	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
		16:00								
S	Thu	16:00 - 17:00	wks 1-5	NIMDTA appointed Educational Supervisor	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.206	0:49
S	Fri	09:00 - 11:00	wks 1-5	Private Professional Services	Southern Health and Social Care Tru..	Craigavon Area Hospital	PPS	34.57		1:39
H	Fri	09:00 - 17:00	wk 5 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Fri	11:00 - 16:15	wks 1-5	Core SPA	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	1.080	4:19
S	Fri	16:15 - 17:00	wks 1-5	Patient related admin (reports, results etc) Comments: May be performed at off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.154	0:37

No specified day

"( )" Refers to an activity that replaces or runs concurrently
S Additional Programmed Activities
H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core APA Replaced	0.625 0.000 (0.000)	7:09 0:00 (0:00)
	2:30	0:00	Patient related admin (reports, results etc) Comments: Patient related admin. May be performed off site.	Southern Health and Social Care Trust.	Craigavon Area Hospital	DCC	42	0.625	2:30

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

No comments made

Southern Health and Social Care Trust.

This job plan started 25 October 2021.

Job plan for Mr Tyson, Matthew in Urology

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	5 week cycle with the 5th week occurring every quarter
Start Week	1
Report date	01 May 2022
Expected number of weeks in attendance	42 weeks
Usual place of work	Craigavon Area Hospital
Alternate employer	None Specified
Contract	2008
Private practice	Yes

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		6 Oct 2021	Mr Stephen Morrison
In 'Discussion' stage - awaiting 1st sign-off agreement		17 Nov 2021	Mr Matthew Tyson
In 'Discussion' stage - sign-off not agreed	Hi Matt. Some adjustments required. Mark	18 Nov 2021	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting 1st sign-off agreement		23 Dec 2021	Mr Matthew Tyson
In 'Discussion' stage - sign-off not agreed	minor change (thrusday clinics to weekly scheduled not annualised)	17 Jan 2022	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting doctor agreement		17 Jan 2022	Mr Mark Dean Haynes
In 'Discussion' stage - request cancelled		24 Jan 2022	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting doctor agreement		24 Jan 2022	Mr Mark Dean Haynes
1st sign-off agreed - awaiting 2nd sign-off agreement		25 Jan 2022	Mr Matthew Tyson
2nd sign-off agreed - awaiting 3rd sign-off agreement		25 Jan 2022	Mr Ronan Carroll
Signed off		31 Jan 2022	Mrs Zoe Parks

Hours Breakdown

Trust Approval Required:
You have entered work which falls under the category External Duties or Additional HPSS Responsibilities. This work must have Trust approval before it can be entered onto your job plan. Please ensure you have completed the appropriate approval proforma to obtain Trust authorisation. Please refer to the Policies and Procedures section for more information.

	Main Employer PAs	Core PAs	APA PAs	Total PAs	Core hours	APA hours	Total hours
Direct Clinical Care (DCC)	9.189	9.189	0.000	9.189	36:13	0:00	36:13

Supporting Professional Activities (SPA)	1.500	1.500	0.000	1.500	6:00	0:00	6:00
Additional HPSS Responsibilities (AHR)	1.279	1.279	0.000	1.279	5:07	0:00	5:07
Total	11.968	11.968	0.000	11.968	47:20	0:00	47:20

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286

Type	Normal	Premium	Cat.	PA
			Total:	1.286
Predictable	n/a	n/a	DCC	0.286
Unpredictable	n/a	n/a	DCC	1.000

The total PAs arising from your on-call work is:	1.286
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

On-call Rota (PA entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Craigavon Area Hospital
What is your on-call classification?	A
Weekday work	
What is the frequency of your weekday on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekday on-call work?	**0.286 0.500**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekend on-call work?	**0.000 0.500**
Other information	
Which objective does this on-call work relate to?	
Comments	Predictable on-call = e-triage and paper triage

Sign off

Role: Clinical Director	Role: Board Member	Role: Project Manager
Name: Mr Haynes, Mark Dean (Con)	Name: Mr Carroll, Ronan	Name: Mrs Parks, Zoe (Con)
Signed:	Signed:	Signed:
Date:	Date:	Date:

Timetable

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Surgeon of the week 09:00 - 17:00	Surgeon of the week 09:00 - 17:00	Surgeon of the week 09:00 - 17:00	Surgeon of the week 09:00 - 11:00	Surgeon of the week 09:00 - 17:00		

Week 6 (7 week cycle)	Week 6 (7 week cycle)	Week 6 (7 week cycle)	Week 6 (7 week cycle) Surgeon of the week 09:00 - 17:00 Week 5 (7 week cycle)	Week 5 (7 week cycle)		

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 13:00 Clinical Lead for element of servce - please specify 13:00 - 15:30 Clinical Lead for element of servce - please specify 15:30 - 16:00 Patient related admin (reports, results etc) 16:00 - 17:15	Day surgery 08:30 - 13:00 Virtual Clinic 13:00 - 17:00	Patient related admin (reports, results etc) 08:00 - 09:00 Surgery MDT 09:00 - 11:00 Clinical Lead for element of servce - please specify 11:00 - 13:00 Planned in-patient operating sessions 13:00 - 18:00	New patient Clinic 08:30 - 11:00 New patient Clinic 11:00 - 12:30 Patient related admin (reports, results etc) 12:30 - 13:00 Core SPA 13:00 - 14:00 Surgery MDT 14:00 - 16:00 Patient related admin (reports, results etc) 16:00 - 18:00	Planned in-patient operating sessions 08:30 - 13:30 Non-working time 13:30 - 17:00		

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 13:00 Clinical Lead for element of servce - please specify 13:00 - 15:30 Clinical Lead for element of servce - please specify 15:30 - 16:00 Patient related admin (reports, results etc) 16:00 - 17:15	Core SPA 08:45 - 13:00 Virtual Clinic 13:00 - 17:00	Patient related admin (reports, results etc) 08:00 - 09:00 Surgery MDT 09:00 - 11:00 Clinical Lead for element of servce - please specify 11:00 - 13:00 Planned in-patient operating sessions 13:00 - 18:00	New patient Clinic 08:30 - 11:00 New patient Clinic 11:00 - 12:30 Patient related admin (reports, results etc) 12:30 - 13:00 Core SPA 13:00 - 14:00 Surgery MDT 14:00 - 16:00 Patient related admin (reports, results etc) 16:00 - 18:00	Planned in-patient operating sessions 08:30 - 13:30 Non-working time 13:30 - 17:00		

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 13:00 Clinical Lead for element of servce - please specify 13:00 - 15:30 Clinical Lead for element of servce - please specify 15:30 - 16:00 Patient related admin (reports, results etc) 16:00 - 17:15	Day surgery 08:30 - 13:00 Virtual Clinic 13:00 - 17:00	Patient related admin (reports, results etc) 08:00 - 09:00 Surgery MDT 09:00 - 11:00 Clinical Lead for element of servce - please specify 11:00 - 13:00 Planned in-patient operating sessions 13:00 - 18:00	New patient Clinic 08:30 - 11:00 New patient Clinic 11:00 - 12:30 Patient related admin (reports, results etc) 12:30 - 13:00 Core SPA 13:00 - 14:00 Surgery MDT 14:00 - 16:00 Patient related admin (reports, results etc) 16:00 - 18:00	Planned in-patient operating sessions 08:30 - 13:30 Non-working time 13:30 - 17:00		

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Core SPA 09:00 - 13:00 Clinical Lead for element of servce - please specify 13:00 - 15:30 Clinical Lead for element of servce - please specify 15:30 - 16:00 Patient related admin (reports, results etc) 16:00 - 17:15	Core SPA 08:45 - 13:00 Virtual Clinic 13:00 - 17:00	Patient related admin (reports, results etc) 08:00 - 09:00 Surgery MDT 09:00 - 11:00 Clinical Lead for element of servce - please specify 11:00 - 13:00 Planned in-patient operating sessions 13:00 - 18:00	New patient Clinic 08:30 - 11:00 New patient Clinic 11:00 - 12:30 Patient related admin (reports, results etc) 12:30 - 13:00 Core SPA 13:00 - 14:00 Surgery MDT 14:00 - 16:00 Patient related admin (reports, results etc) 16:00 - 18:00	Planned in-patient operating sessions 08:30 - 13:30 Non-working time 13:30 - 17:00		

Week 5

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 13:00 Clinical Lead for element of servce - please specify 13:00 - 15:30 Clinical Lead for element of servce - please specify 15:30 - 16:00 Patient related admin (reports, results etc) 16:00 - 17:15	Core SPA 08:45 - 13:00 Virtual Clinic 13:00 - 17:00	Patient related admin (reports, results etc) 08:00 - 09:00 Surgery MDT 09:00 - 11:00 Clinical Lead for element of servce - please specify 11:00 - 13:00 Planned in-patient operating sessions 13:00 - 18:00	New patient Clinic 08:30 - 11:00 New patient Clinic 11:00 - 12:30 Patient related admin (reports, results etc) 12:30 - 13:00 Core SPA 13:00 - 14:00 Surgery MDT 14:00 - 16:00 Patient related admin (reports, results etc) 16:00 - 18:00	Planned in-patient operating sessions 08:30 - 13:30 Non-working time 13:30 - 17:00		

Activities

A Additional Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core APA	10.432 0.000	41:41 0:00
S	Mon	09:00 - 13:00	wks 1-5	Core SPA Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.823	3:18
H	Mon	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Mon	13:00 - 15:30	wks 1-5	Clinical Lead for element of servce - please specify Comments: Urology clinical lead Quality improvement	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.514	2:03

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
				. May be performed off site or at alternative time						
S	Mon	15:30 - 16:00	wks 1-5	Clinical Lead for element of servce - please specify Comments: Urology clinical lead Standards and guidelines. May be peformed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.103	0:25
S	Mon	16:00 - 17:15	wks 1-5	Patient related admin (reports, results etc) Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.257	1:02
S	Tue	08:30 - 13:00	wks 1, 3	Day surgery Comments: Includes pre / post op WR	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	15.96	0.427	1:43
S	Tue	08:45 - 13:00	wks 2, 4-5	Core SPA Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	18.62	0.471	1:53
H	Tue	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Tue	13:00 - 17:00	wks 1-5	Virtual Clinic Comments: Telephone clinic - may performed from off site location	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.823	3:18
	Wed	08:00 - 09:00	wks 1-5	Patient related admin (reports, results etc) Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
S	Wed	09:00 - 11:00	wks 1-5	Surgery MDT Comments: Stone meeting	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
H	Wed	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Wed	11:00 - 13:00	wks 1-5	Clinical Lead for element of servce - please specify Comments: lead for standards and guidelines for Urology Service	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.412	1:39
S	Wed	13:00 - 18:00	wks 1-5	Planned in-patient operating sessions Comments: Includes pre and post-op ward rounds	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	1.029	4:07
	Wed	18:00 - 20:00		Surgery MDT Comments: Cancer MDM Chair rotates with colleagues (chair 13 per year). Preparation time to review patient records prior to MDM. May be performed off site or at alternative time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	13	0.181	0:38
S	Thu	08:30 - 11:00	wks 1-5	New patient Clinic Comments: Face 2 face outpatients clinic. Split into two tie periods to allow reduced clinic on thursdays after UoW activity due to handover.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	27.14	0.404	1:37
H	Thu	09:00 - 11:00	wk 6 7 wk cycle	Surgeon of the week Comments: Handover to incoming urologist of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.088	0:21
H	Thu	09:00 - 17:00	wk 5 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Thu	11:00 - 12:30	wks 1-5	New patient Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.309	1:14

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
S	Thu	12:30 - 13:00	wks 1-5	Patient related admin (reports, results etc) Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.103	0:25
S	Thu	13:00 - 14:00	wks 1-5	Core SPA Comments: Core SPA - departmental meeting	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.206	0:49
S	Thu	14:00 - 16:00	wks 1-5	Surgery MDT Comments: May be performed off site via videolink	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
S	Thu	16:00 - 18:00	wks 1-5	Patient related admin (reports, results etc) Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
S	Fri	08:30 - 13:30	wks 1-5	Planned in-patient operating sessions Comments: Includes pre and post op wards rounds. May be worked flexibly at alternative time displacing activity.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	1.029	4:07
H	Fri	09:00 - 17:00	wk 5 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Fri	13:30 - 17:00	wks 1-5	Non-working time	Southern Health and Social Care Tru..	Craigavon Area Hospital	NWT	34.57		

No specified day

"( )" Refers to an activity that replaces or runs concurrently
A Additional Programmed Activities
H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core APA Replaced	0.250 0.000 (0.000)	5:39 0:00 (0:00)
	0:30	0:00	Trust Clinical supervisor Comments: Supervisor for 1 x Physicians Assistant	Southern Health and Social Care Trust.	Craigavon Area Hospital	AHR	42	0.125	0:30

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
	0:30	0:00	Trust Clinical supervisor Comments: Supervisor for Trust Urology Clinical Fellows	Southern Health and Social Care Trust.	Craigavon Area Hospital	AHR	42	0.125	0:30

Personal Objectives

Lap Nephrectomy

If required, will undertake Lap nephrectomy/pyeloplasty, Would require mentor for short period as not undertaken in ~1.5 years. Mr Tony Glackin happy to facilitate if required Many thanks

Learn HOLEP technique for >80-100g prostate for outlet surgery

Training course and outside NI mentor required as currently no one in NI provides this service, which is required as per NICE guidelines

PCNLs (Large renal stones)

Reduce the large PCNL waiting list

Setting up Regional ESWL service

Will undertake as part of quality improvement role. Long wait for stone treatment currently, which can increase the complexity of definitive surgery if not treated in within timely fashion. Could also treat acute stones to save space on the acute operating list
Increasing ESWL throughput could decrease the strain on the operating lists by decreasing the number needing Ureteroscopy
Increasing the number of sessions to meet national guidelines on stone treatments.

Resources

Staff

Re. ESWL Regional Service

We are submitting a proposal for a regional service.
Increasing the number treated per session and number of sessions to meet the demand locally and regionally as it is the only fixed site lithotripter

Staffing would require ideally x2 radiographers dedicated to the service, with feed in from the remaining x4 radiographers who undertake other activity also with the radiology department
Dedicated radiographer will produce 'experts' in treating stones and facilitate future training
Ideally x3 dedicated staff nurses for the unit, so safe and proper throughput of patients is undertaken, with remaining nursing staffing requirements from a trained outpatient pool
For stone prevention the unit should have access to the dietician service

Equipment

re. eswl. The only lithotripter in Northern Ireland, indeed the North of this island, is in CAH. It currently only operates twice a week, so is under utilized equipment and space.

re. HOLEP, A 60W laser is currently in CAH, ideally a 100W could be used, but could get by potentially with the 60W

re. PCNL waiting list. Could do with expanding the range of instruments. Currently the department has been using 24F amplatz sheath with 26F scope (decreasing its size by removing the outer sheath), ideally a nephoscope should be used complete, and so x2 22F nephroscopes would be a good solution. Re. 30F access, a long 26F nephroscope would be good in order to operate on higher BMI patients.

Clinical Space

Already have dedicated stone unit.
Changes could be made to improve throughput of patients

Other

Additional information

Additional comments

I am also a regognised trainee supervisor, this should be updated as my course now up-todate, will need to amend job plan once allocated trainees, although i have x2 as below.

Currenrly supervising a Physician Associate (Lisa Conroy) and Staff Grade Juventine Asingei (who is hoping to apply for Urology training in Northern Ireland but will require sign off for various aspects as trained abroad and assessments), do either of these

need to be refelcted on job plan, given both Trust Employees, and could this be update on job plan.

Southern Health and Social Care Trust.

This job plan started 01 November 2021.

Job plan for Mr Haynes, Mark Dean in Urology

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	5 week cycle with the 5th week occurring every quarter
Start Week	1
Report date	01 May 2022
Expected number of weeks in attendance	42 weeks
Usual place of work	Craigavon Area Hospital
Alternate employer	None Specified
Contract	2008
Private practice	No

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		10 Mar 2021	Mr Stephen Morrison
In 'Discussion' stage - awaiting 1st sign-off agreement		1 May 2021	Mr Mark Dean Haynes
In 'Discussion' stage - request cancelled		2 Jun 2021	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting doctor agreement		18 Oct 2021	Mr Ronan Carroll
In 'Discussion' stage - sign-off not agreed	need to make change to Friday afternoons for DMD meetings	18 Oct 2021	Mr Mark Dean Haynes
In 'Discussion' stage - awaiting 1st sign-off agreement		27 Oct 2021	Mr Mark Dean Haynes
1st sign-off agreed - awaiting 2nd sign-off agreement		27 Oct 2021	Mr Ronan Carroll
2nd sign-off agreed - awaiting 3rd sign-off agreement		9 Nov 2021	Dr Aisling Diamond
Signed off		9 Nov 2021	Mr Stephen Morrison

Hours Breakdown

Trust Approval Required:
You have entered work which falls under the category External Duties or Additional HPSS Responsibilities. This work must have Trust approval before it can be entered onto your job plan. Please ensure you have completed the appropriate approval proforma to obtain Trust authorisation. Please refer to the Policies and Procedures section for more information.

	Main Employer PAs	Core PAs	APA PAs	Total PAs	Core hours	APA hours	Total hours
Direct Clinical Care (DCC)	8.432	8.432	0.000	8.432	33:15	0:00	33:15
Supporting Professional Activities (SPA)	1.497	1.497	0.000	1.497	6:00	0:00	6:00
Additional HPSS Responsibilities (AHR)	3.802	3.802	0.000	3.802	15:11	0:00	15:11

Total	13.731	13.731	0.000	13.731	54:26	0:00	54:26

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286

Type	Normal	Premium	Cat.	PA
			Total:	1.286
Predictable	n/a	n/a	DCC	0.286
Unpredictable	n/a	n/a	DCC	1.000

The total PAs arising from your on-call work is:	1.286
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

On-call Rota (PA entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Craigavon Area Hospital
What is your on-call classification?	A
Weekday work	
What is the frequency of your weekday on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekday on-call work?	**0.286 0.500**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekend on-call work?	**0.000 0.500**
Other information	
Which objective does this on-call work relate to?	
Comments	Predictable on call activity = enhanced triage of new outpatient referrals including pre-attendance investigation, GP advice and direct waiting list additions

Sign off

Role: Board Member	Role: Board Member	Role: Project Manager
Name: Mr Carroll, Ronan	Name: Dr Diamond, Aisling (Con)	Name: Mr Morrison, Stephen
Signed:	Signed:	Signed:
Date:	Date:	Date:

Timetable

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Surgeon of the week 09:00 - 17:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 6 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 5 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 5 (7 week cycle)		

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Planned in-patient operating sessions 07:15 - 13:45		
Associate Medical Director - Please Specify 08:00 - 17:00		Non-working time 08:00 - 13:00	Associate Medical Director - Please Specify 09:00 - 13:00	Associate Medical Director - Please Specify 13:45 - 17:00		
		NIMDTA appointed Educational Supervisor 13:00 - 14:15	Core SPA 13:00 - 14:00			
		Other (please specify) 14:15 - 16:45	Surgery MDT 14:00 - 16:00			
			Core SPA 16:00 - 18:45			

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Planned in-patient operating sessions 08:00 - 18:45		
Associate Medical Director - Please Specify 08:00 - 17:00	Core SPA 08:00 - 12:30	Non-working time 08:00 - 13:00	Review Outpatients clinic 08:15 - 13:00			
	Core SPA 12:30 - 13:30	NIMDTA appointed Educational Supervisor 13:00 - 14:15	Patient related admin (reports, results etc) 13:00 - 13:30			
	Core SPA 13:30 - 18:00	Other (please specify) 14:15 - 16:45	Centre Cancer MDT 13:30 - 16:45			
			Core SPA 16:45 - 19:00			

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Planned in-patient operating sessions 07:15 - 13:45		
Associate Medical Director - Please Specify 08:00 - 17:00		Non-working time 08:00 - 13:00	Associate Medical Director - Please Specify 09:00 - 13:00	Associate Medical Director - Please Specify 13:45 - 17:00		
		NIMDTA appointed Educational Supervisor 13:00 - 14:15	Core SPA 13:00 - 14:00			
		Other (please specify) 14:15 - 16:45	Surgery MDT 14:00 - 16:00			
			Core SPA 16:00 - 18:45			

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Planned in-patient operating sessions 08:00 - 18:45		
Associate Medical Director - Please Specify 08:00 - 17:00	Core SPA 08:00 - 12:30	Non-working time 08:00 - 13:00	Review Outpatients clinic 08:15 - 13:00			
	Core SPA 12:30 - 13:30	NIMDTA appointed Educational Supervisor 13:00 - 14:15	Patient related admin (reports, results etc) 13:00 - 13:30			
	Core SPA 13:30 - 18:00	Other (please specify) 14:15 - 16:45	Centre Cancer MDT 13:30 - 16:45			
			Core SPA 16:45 - 19:00			

Week 5

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Patient related admin (reports, results etc) 07:00 - 08:00	Planned in-patient operating sessions 07:15 - 13:45		
Associate Medical Director - Please Specify 08:00 - 17:00		Non-working time 08:00 - 13:00	Associate Medical Director - Please Specify 09:00 - 13:00	Associate Medical Director - Please Specify 13:45 - 17:00		
		NIMDTA appointed Educational Supervisor 13:00 - 14:15	Core SPA 13:00 - 14:00			
		Other (please specify) 14:15 - 16:45	Surgery MDT 14:00 - 16:00			
			Core SPA 16:00 - 18:45			

Activities

A Additional Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core APA	11.784 0.000	47:08 0:00
	Mon	07:00 - 08:00	wks 1-5	Patient related admin (reports, results etc) Comments: Patient related admin / results e-sign off. Typically performed at home.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
S	Mon	08:00 - 17:00	wks 1-5	Associate Medical Director - Please Specify Comments: Div MD Urology improvement	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	1.852	7:24
H	Mon	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
	Tue	07:00 - 08:00	wks 1-5	Patient related admin (reports, results etc) Comments: Patient related admin / results e-sign off. Typically performed at home. May be performed at different time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
S	Tue	08:00 - 12:30	wks 2, 4	Core SPA Comments: ST core SPA. May be performed at alternative time or off site	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	14.57	0.390	1:34
U	Tue	08:00 - 18:00		Planned in-patient operating sessions Comments: Includes pre-op	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	8	0.476	1:54

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
				ward round / consent / team brief / post op ward round. Annualized to 8 per year and worked flexibly according to theatre availability.						
U	Tue	08:30 - 12:30		Flexible DCC session (OP/SSU/Theatre) Comments: Flexible activity - DSU / OP clinic / TP biopsy prostate. Annualized to 11 per year and worked flexibly.	Southern Health and Social Care Tru..	South Tyrone Hospital	DCC	12	0.286	1:09
H	Tue	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
U	Tue	12:30 - 13:30		Nurse specialist supervision Comments: Carried out on weeks when perform flexible DCC sessions	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	12	0.071	0:17
S	Tue	12:30 - 13:30	wks 2, 4	Core SPA Comments: ST core SPA. May be performed at alternative time or off site	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	14.57	0.087	0:21
U	Tue	13:30 - 17:30		Flexible DCC session (OP/SSU/Theatre) Comments: Flexible activity - DSU / OP clinic / TP biopsy prostate. Annualized to 11 per year and worked flexibly.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	12	0.286	1:09
S	Tue	13:30 - 18:00	wks 2, 4	Core SPA Comments: ST core SPA. May be performed at alternative time or off site	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	14.57	0.390	1:34
	Wed	07:00 - 08:00	wks 1-5	Patient related admin (reports, results etc) Comments: Patient related admin / results e-sign off. Typically performed at home.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
S	Wed	08:00 - 13:00	wks 1-5	Non-working time	Southern Health and Social Care Tru..	Craigavon Area Hospital	NWT	34.57		

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
PA	Wed	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
SPA	Wed	13:00 - 14:15	wks 1-5	NIMDTA appointed Educational Supervisor Comments: NIMDTA trainer. 3xSPRs	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.257	1:02
SPA	Wed	14:15 - 16:45	wks 1-5	Other (please specify) Comments: NICAN urology CRG Chair	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.514	2:03
U	Wed	17:00 - 19:00		Surgery MDT Comments: MDM Chair preperation time. typically performed later than this at home but by choice therefore not premium time. Is prospectively covered between 3 individuals accounting for 17 sessions per year reviewing notes / details / imaging of all patients on MDM for the week.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	17	0.202	0:49
	Thu	07:00 - 08:00	wks 1-5	Patient related admin (reports, results etc) Comments: BT Patient related admin / results e-sign off. Typically performed at home.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
SPA	Thu	08:15 - 13:00	wks 2, 4	Review Outpatients clinic Comments: BT review clinic 45 minutes travel from Craigavon Area Hospital.	Southern Health and Social Care Tru..	Royal Victoria Hospital, Belfast	DCC	15.96	0.451	1:48
SPA	Thu	09:00 - 13:00	wks 1, 3, 5	Associate Medical Director - Please Specify	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	18.62	0.443	1:46
PA	Thu	09:00 - 17:00	wk 5 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
SPA	Thu	13:00 - 13:30	wks 2, 4	Patient related admin (reports, results etc) Comments: BT Patient related admin / meet	Southern Health and Social Care Tru..	Royal Victoria Hospital, Belfast	DCC	15.96	0.047	0:11

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
				with secretary / list planning						
S	Thu	13:00 - 14:00	wks 1, 3, 5	Core SPA Comments: ST Departmental meeting	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	18.62	0.111	0:27
S	Thu	13:30 - 16:45	wks 2, 4	Centre Cancer MDT Comments: SRM MDM followed by specialist MDM attendance (as core member of regional MDM team as well as member of CAH MDM). 45 minutes travel to Craigavon Area Hospital.	Southern Health and Social Care Tru..	Royal Victoria Hospital, Belfast	DCC	15.96	0.309	1:14
S	Thu	14:00 - 16:00	wks 1, 3, 5	Surgery MDT Comments: ST MDM	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	18.62	0.222	0:53
S	Thu	16:00 - 18:45	wks 1, 3, 5	Core SPA Comments: ST core SPA. May be performed at an alternative time and off site.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	18.62	0.305	1:13
S	Thu	16:45 - 19:00	wks 2, 4	Core SPA Comments: ST core SPA. May be performed at an alternative time and off site.	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	15.96	0.214	0:51
S	Fri	07:15 - 13:45	wks 1, 3, 5	Planned in-patient operating sessions Comments: Belfast trust Theatre list, includes pre/post op WR. Travel time from CAH as base hospital. When no theatre availability will be substituted with alternative clinical activity. 45 minutes travel from Craigavon Area Hospital. 45 minutes travel to Craigavon Area Hospital.	Southern Health and Social Care Tru..	Royal Victoria Hospital, Belfast	DCC	18.62	0.720	2:53
S	Fri	08:00 - 18:45	wks 2, 4	Planned in-patient operating sessions Comments: Belfast trust Theatre list,	Southern Health and Social Care Tru..	Royal Victoria Hospital, Belfast	DCC	15.96	1.021	4:05

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
				includes pre/post op WR. Travel time from CAH as base hospital. When no theatre availability will be substituted with alternative clinical activity. 45 minutes travel to Craigavon Area Hospital.						
H	Fri	09:00 - 17:00	wk 5 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Fri	13:45 - 17:00	wks 1, 3, 5	Associate Medical Director - Please Specify	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	18.62	0.360	1:26

No specified day

"( )" Refers to an activity that replaces or runs concurrently
A Additional Programmed Activities
H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
						Total:	Core APA Replaced	0.661 0.000 (0.000)	7:18 0:00 (0:00)
A	0:15	0:00	Responsibility Allowance Paid (please state role, payment amount and review date) Comments: AMD, paid a responsibility allowance additional to contract of £15,200 per year. To be reviewed 1st October 2018	Southern Health and Social Care Trust.	Craigavon Area Hospital	AHR	1		0:00
	4:00	0:00	Virtual Clinic Comments: Virtual prostate follow-up - approximately 100 patients per month. Virtual activity performed outside of normal job planned hours.	Southern Health and Social Care Trust.	Craigavon Area Hospital	DCC	12	0.286	1:09
	1:30	0:00	Associate Medical Director - Please Specify Comments: Div MD SEC email catch up. performed outside of job planned hours and off site	Southern Health and Social Care Trust.	Craigavon Area Hospital	AHR	42	0.375	1:30

Personal Objectives

Reduce job planned hours

This job plan has incorporated the full 3PA of DMD time (previously only had 2), in order to achieve this my clinical activity has been reduced a little. However, I have not been able to reduce this to bring the total PA time down to 12 as this would have a direct patient impact as capacity within urology already outstrips demand and vacancies at consultant level remain within the department. Once new appointments have been made to fill the vacant 2 substantive consultant posts I would look to have a job plan review with a view to reducing my job plan total PA's by further reduction in clinical activity.

Resources

Staff

This job plan has incorporated the full 3PA of DMD time (previously only had 2), in order to achieve this my clinical activity has been reduced a little. However, I have not been able to reduce this to bring the total PA time down to 12 as this would have a direct patient impact as capacity within urology already outstrips demand and vacancies at consultant level remain within the department.
Once new appointments have been made to fill the vacant 2 substantive consultant posts I would look to have a job plan review with a view to reducing my job plan total PA's by further reduction in clinical activity.

Equipment

Clinical Space

Other

Additional information

Additional comments

No comments made

Southern Health and Social Care Trust.

This job plan started 01 November 2021.

Job plan for Mr Young, Michael in Urology

Basic Information

Job plan status	3rd sign-off agreed
Appointment	Full Time
Cycle	5 week cycle with the 5th week occurring every quarter
Start Week	1
Report date	01 May 2022
Expected number of weeks in attendance	42 weeks
Usual place of work	Craigavon Area Hospital
Alternate employer	None Specified
Contract	2008
Private practice	Yes

Job plan stages

Job plan stages	Comment	Date stage achieved	Who by
In 'Discussion' stage		16 Mar 2021	Mr Stephen Morrison
In 'Discussion' stage - awaiting 1st sign-off agreement		1 Nov 2021	Mr Michael Young
1st sign-off agreed - awaiting 2nd sign-off agreement		1 Nov 2021	Mr Mark Dean Haynes
2nd sign-off agreed - awaiting 3rd sign-off agreement		1 Nov 2021	Mr Mark Dean Haynes
Signed off		16 Nov 2021	Mr Ronan Carroll

Hours Breakdown

Trust Approval Required:
You have entered work which falls under the category External Duties or Additional HPSS Responsibilities. This work must have Trust approval before it can be entered onto your job plan. Please ensure you have completed the appropriate approval proforma to obtain Trust authorisation. Please refer to the Policies and Procedures section for more information.

	Main Employer PAs	Core PAs	APA PAs	Total PAs	Core hours	APA hours	Total hours
Direct Clinical Care (DCC)	8.980	8.980	0.000	8.980	35:28	0:00	35:28
Supporting Professional Activities (SPA)	1.508	1.508	0.000	1.508	6:02	0:00	6:02
Additional HPSS Responsibilities (AHR)	0.514	0.514	0.000	0.514	2:03	0:00	2:03
Private Professional Services (PPS)	Does not attract a value				3:14	0:00	3:14
Total	11.003	11.003	0.000	11.003	46:47	0:00	46:47

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286

Type	Normal	Premium	Cat.	PA
			Total:	1.286
Predictable	n/a	n/a	DCC	0.286
Unpredictable	n/a	n/a	DCC	1.000

The total PAs arising from your on-call work is:	1.286
Your availability supplement is:	5% (based on the highest supplement from all your rotas)

On-call rota details

On-call Rota (PA entry)

General information	
What is your on-call activity?	On-call Rota
Where does your on-call rota take place in?	Craigavon Area Hospital
What is your on-call classification?	A
Weekday work	
What is the frequency of your weekday on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekday on-call work?	**0.286 0.500**
Weekend work (A weekend is classed as Saturday to Sunday for this rota)	
What is the frequency of your weekend on-call work?	1 in 7.00
	Predictable Unpredictable
How many PAs arise from your weekend on-call work?	**0.000 0.500**
Other information	
Which objective does this on-call work relate to?	
Comments	Predictable on call activity = enhanced triage of new outpatient referrals including pre-attendance investigation, GP advice and direct waiting list additions

Sign off

Role: Clinical Director	Role: Clinical Director	Role: Board Member
Name: Mr Haynes, Mark Dean (Con)	Name: Mr Haynes, Mark Dean (Con)	Name: Mr Carroll, Ronan
Signed:	Signed:	Signed:
Date:	Date:	Date:

Timetable

Hot Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Surgeon of the week 09:00 - 17:00 Week 4 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 4 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 4 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 3 (7 week cycle) Surgeon of the week 09:00 - 11:00 Week 4 (7 week cycle)	Surgeon of the week 09:00 - 17:00 Week 3 (7 week cycle)		

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day surgery 08:00 - 13:30 Clinical Lead for element of servce - please specify 13:30 - 16:00	Planned in-patient operating sessions 08:00 - 18:00	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 13:00	Review Outpatients clinic 09:00 - 11:00 Review Outpatients clinic 11:00 - 12:30 Core SPA	Core SPA 09:00 - 12:15 Patient related admin (reports, results etc) 12:15 - 13:30 Core SPA		

Patient related admin (reports, results etc) 16:00 - 18:00		Private Professional Services 14:00 - 17:00	12:30 - 13:30 New patient Clinic 13:30 - 17:30	13:30 - 17:30		

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clinical Lead for element of servce - please specify 12:30 - 15:00 Patient related admin (reports, results etc) 15:00 - 17:00	Planned in-patient operating sessions 08:00 - 18:00	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 13:00 Private Professional Services 14:00 - 17:00	Review Outpatients clinic 09:00 - 11:00 Review Outpatients clinic 11:00 - 12:30 Core SPA 12:30 - 13:30 New patient Clinic 13:30 - 17:30	Core SPA 09:00 - 12:15 Patient related admin (reports, results etc) 12:15 - 13:30 Core SPA 13:30 - 17:30		

Week 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clinical Lead for element of servce - please specify 12:30 - 15:00 Patient related admin (reports, results etc) 15:00 - 17:00	Planned in-patient operating sessions 08:00 - 18:00	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 13:00 Private Professional Services 14:00 - 17:00	Review Outpatients clinic 09:00 - 11:00 Review Outpatients clinic 11:00 - 12:30 Core SPA 12:30 - 13:30 New patient Clinic 13:30 - 17:30	Core SPA 09:00 - 12:15 Patient related admin (reports, results etc) 12:15 - 13:30 Core SPA 13:30 - 17:30		

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clinical Lead for element of servce - please specify 12:30 - 15:00 Patient related admin (reports, results etc) 15:00 - 17:00	Planned in-patient operating sessions 08:00 - 18:00	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 13:00 Private Professional Services 14:00 - 17:00	Review Outpatients clinic 09:00 - 11:00 Review Outpatients clinic 11:00 - 12:30 Core SPA 12:30 - 13:30 New patient Clinic 13:30 - 17:30	Core SPA 09:00 - 12:15 Patient related admin (reports, results etc) 12:15 - 13:30 Private Professional Services 14:00 - 18:00		

Week 5

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clinical Lead for element of servce - please specify 12:30 - 15:00 Patient related admin (reports, results etc) 15:00 - 17:00	Planned in-patient operating sessions 08:00 - 18:00	Stone treatment clinic 09:00 - 11:00 Patient related admin (reports, results etc) 11:00 - 13:00 Private Professional Services 14:00 - 17:00	Review Outpatients clinic 09:00 - 11:00 Review Outpatients clinic 11:00 - 12:30 Core SPA 12:30 - 13:30 New patient Clinic 13:30 - 17:30	Core SPA 09:00 - 12:15 Patient related admin (reports, results etc) 12:15 - 13:30 Core SPA 13:30 - 17:30		

Activities

A Additional Programmed Activities
H Hot Activity
U Unaffected by hot activity
S Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total:	Core APA	9.717 0.000	42:08 0:00

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
S	Mon	08:00 - 13:30	wk 1	Day surgery Comments: Includes pre-op ward round / consent 30 minutes travel from Craigavon Area Hospital. 30 minutes travel to Craigavon Area Hospital.	Southern Health and Social Care Tru..	South Tyrone Hospital	DCC	7.98	0.261	1:03
	Mon	08:30 - 12:30		Virtual Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	24	0.571	2:17
H	Mon	09:00 - 17:00	wk 4 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Mon	12:30 - 15:00	wks 2-5	Clinical Lead for element of servce - please specify Comments: Clinical lead for rota's (on-call), includes review of locum CVs as required.	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	26.59	0.396	1:35
S	Mon	13:30 - 16:00	wk 1	Clinical Lead for element of servce - please specify Comments: Clinical lead for rota's (on-call), includes review of locum CVs as required.	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	7.98	0.119	0:28
S	Mon	15:00 - 17:00	wks 2-5	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	26.59	0.317	1:16
S	Mon	16:00 - 18:00	wk 1	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.98	0.095	0:23
S	Tue	08:00 - 18:00	wks 1-5	Planned in-patient operating sessions Comments: Include pre and post operative ward rounds / consent	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	2.058	8:14
H	Tue	09:00 - 17:00	wk 4 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
S	Wed	09:00 - 11:00	wks 1-5	Stone treatment clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
H	Wed	09:00 - 17:00	wk 4 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Wed	11:00 - 13:00	wks 1-5	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.412	1:39
S	Wed	14:00 - 17:00	wks 1-5	Private Professional Services Comments: Private practice will not take place when Mr Young is required to attend audit	Southern Health and Social Care Tru..	Craigavon Area Hospital	PPS	34.57		2:28
S	Thu	09:00 - 11:00	wks 1-5	Review Outpatients clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	27.14	0.323	1:18
H	Thu	09:00 - 11:00	wk 4 7 wk cycle	Surgeon of the week Comments: Urologist of week handover	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.088	0:21
H	Thu	09:00 - 17:00	wk 3 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Thu	11:00 - 12:30	wks 1-5	Review Outpatients clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.309	1:14
S	Thu	12:30 - 13:30	wks 1-5	Core SPA	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.206	0:49
S	Thu	13:30 - 17:30	wks 1-5	New patient Clinic	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.823	3:18
S	Fri	09:00 - 12:15	wks 1-5	Core SPA	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.669	2:41
H	Fri	09:00 - 17:00	wk 3 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
S	Fri	12:15 - 13:30	wks 1-5	Patient related admin (reports, results etc)	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.257	1:02
S	Fri	13:30 - 17:30	wks 1-3, 5	Core SPA	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	26.59	0.633	2:32
S	Fri	14:00 - 18:00	wk 4	Private Professional Services	Southern Health and Social Care Tru..	Craigavon Area Hospital	PPS	7.98		0:46

No specified day

"( )" Refers to an activity that replaces or runs concurrently
S Additional Programmed Activities
H Hot Activity

Type	Normal	Premium	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
You have not added any activities.									

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

No comments made

Health and Social Care Board

Directorate of Performance Management and Service Improvement

HSC Board Headquarters
12-22 Linenhall Street
Belfast
BT2 8BS

Tel : 0300 555 0115
Web Site : www.hscboard.hscni.net

Our Ref: LMcW044

Date: 18 September 2019

Aldrina Magwood
Director of Performance and Reform
Southern HSC Trust
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Dear Aldrina

Urology Expansion

I can confirm that the HSCB will provide £122,382 recurrently from 1 April 2020 and £61,191 CYE to support the expansion of urology capacity in the Southern Trust.

This investment will be used to make the urology service more sustainable by expanding the Urology Clinical Nurse Specialist Workforce.

The IPT will allow the development of 8.5 clinical sessions for urodynamics and LUTS service and a further 8.5 clinical sessions for prostate biopsies and nurse-led PSA follow-up service.

May I take this opportunity to thank Trust colleagues for your cooperation in taking forward this important initiative. Should you require further advice, please contact David McCormick ([redacted]) in the first instance or telephone ([redacted]).

Yours Sincerely

[redacted]

Lisa McWilliams
Acting Director of Performance Management and Service Improvement

SEC BACKLOG REPORT -ALL SPECIALITIES															
Consultant	**Specialty**	**Discharges awaiting Dictation**	**oldest date**	**Discharges to be typed**	**oldest date**	**Clinic letters to be dictated**	**oldest date**	**Clinic letters to be typed**	**oldest date**	**Results to be dictated**	**oldest date**	**Results to be typed**	**oldest date**	**DARO**	**Filing**
Mr Glackin (Liz)	UROLOGY	8	Jan-22	15	06/04/2022	1	25/04/2022	18	05/04/2022	3	25/04/2022	43	13/04/2022	Mar-22	
Mr Haynes (Leanne)	UROLOGY	-		-		-		6	26/04/2022	6	06/05/2022	37	28/04/2022	Mar-22	None
Mr Tyson (Teresa)	UROLOGY	-		-		-		34	01/04/2022	21	22/03/2022	16	28/04/2022	Mar-22	1 lever arch file non-ECR (Teresa urology Mr Tyson/Mr Jacob/Mr Solt)
Mr Khan (Alix)	UROLOGY	-		-		-		46	05/04/2022	100	Oct-21	32	01/04/2022	not returned	2 lever arch files
Mr O'Donoghue (Nicola)	UROLOGY	-		-		-		57	01/04/2022	90	08/03/2022	23	05/04/2022		4 lever arch files
Mr Young (Cathy)	UROLOGY	-		2	20/04/2022	-		14	20/04/2022	8	02/05/2022	14	22/04/2022	Not Returned	On leave so no update

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Urology Team Departmental Meeting
Thursday 14th April 2022 at 12:45

Notes of meeting

Present: Wendy Clayton, Fiona Griffin, Jventine Asingei, Anthony Glackin, Jenny McMahon,
Leanne McCourt, Patricia Thompson, Hafs Elhag, Ronan Carroll, Sabahat Hasnain

Apologises: Laura McAuley

Covid update	• Good position regarding covid • CAH – 26 • 1 – ICU
Public Inquiry update	• Nursing staff and trainees should have received letters
Annual leave Leave form urology V1.pdf	• Annual leave discussed as per attachment, Mark and Wendy have discussed form and it will be beneficial • Mr. Young retiring, Wendy will be completing rota • Staff to request leave 6 weeks before on form attached, any out of ordinary staff requested to ring Wendy. Wendy hopes to have holiday requests completed in a more timely manner
Theatre allocation and management of IPDC and operating (AJG)	• **Bladder outlet surgery**- • Discussed at Patient Safety Meeting – hope to do 500 patients • New procedure – RSUME + URDRIF • Day-case surgery at DHH and LVH • 2 half day lists in DHH – day procedure, capacity for LVH • **Catheter care of patients after procedure:-** • **Planned removal – 5-7 days after or 1 month** • **Greenlight removal – 2-3 days** • **½ day list 2-3 days greenlight** • **All day list – 6 days** • Recommended – patients taught to remove catheter at home • **QI Project team** - Wendy, Leanne, Saba, Jason and Tony • Sell positive provide bespoke bladder service in DHH – set up Quality Improvement Project Continence Nurse • Tony can use Friday in Lagan Valley Hospital – resumes AM – TP biopsy
Planned flexible cystoscopy	• Flex cystoscopy overdue and service specification – IS – secretaries raising patients that are behind, some are more urgent – Wendy will contact Consultants
Vasectomy reversal vasectomy reversal.msg	• Reversal vasectomy reversal – triage • Very few carried out due to waiting list • 352 - ? • Routine with CAH • Age of partner considered at time

Elective/Outpatient activity update a. LVH sessions and update on DECC list b. Theatre sessions c. IS contracts; Hermitage and Kingsbridge	• 352 Contract – Wendy in communication with Raymond McSorley at 352 • Discussed English Consultants having accessed to NIECR – Maria O'Kane & BSO involved • Referrals discussed and options – sent to nurse in Thorndale re. continence service • Fiona – Amie working FY1 • Down from 6 ↓4 • Wednesday 3 South FYI surgery not urology • FY1 now to call 3 South • Contacted Foundation Rep re. issues • Come down to 4 FYI due to LTS – Amie will discuss – know why they have to 3S Amie to do a weekly rate for FY1 • Tony spoke to Debbie Cullen if issue – leave Amie to allocate • Amie to copy WC into weekly **Theatre scheduler** – • The Urology Consultants requested an Urology speciality scheduler to include all elective work; IPDC, flex cysts, TP biopsies - Wendy to work to estimate WTE/Band and forward to Ronan Carroll to seek funding
Referrals	• On call referrals not being processed • RBC off site emailed for printing • After 5 p.m. left for each Consultant for following day (causing issues tray full at end of day) – Wendy will follow up with email • When in MIS – RBC • SOP – show • Referrals need printed on daily basis
Staffing	• Consultant Urology Recruitment – Medical HR – Joanne McMullen • John/Matthew – Clinical Fellow – Ronan to sign off – Fiona – Susie – replacement • Tony happy to be consulted re. interview please give plenty of notice • GMC awaiting (Wendy thought this was happening)
Urology CNS update	• Catherine off next – ward support • Problem with sickness 3 South trying get one in • Not achievable with lack of FY1s • 3 South – one down – cover for surgical (concern) • Amie – FY1s cover for 3 South • Validating 30 patients
AOB	• Saba confirmed Urology well organised • Education – Con, NS, MG friendly team – medical team enjoyed – Doctor – overall very positive

Proposal for Urology Scheduling Team

Urology Elective Work

Table 1 below details the total number of sessions monthly in (May 22) and total patients scheduled .

Table 1

SITE	Lists	No of sessions per month	No of patients Scheduled per month
CAH – Main Theatres	Elective	25	84 pts
DHH – Main Theatres	Elective	5	20 pts
CAH DPU	DPU	13	65 pts
CAH Flexi Sessions potential increase	DPU	4	20 pts
CAH Main Theatre potential increase	Elective	2	10 pts
DHH Main Theatre potential increase	Elective	2	8 pts
STH DPU – TP Biopsies (Glackin 2nd & 4th & Haynes)	DPU	2	12 pts
STH – TP Biopsy lists potential increase	DPU	6	30 pts
STH DPU – Flexi's (Others)	DPU	4	24 pts
STH – DPU potential increase	DPU	2	18 pts
LVH - DPU Sessions (GA/LA)	DPU	4	20 pts
TOTAL			**311 pts**

Challenges to scheduling / swabbing

- **Length of time to schedule Urology Pts** – due to the new covid rules / restrictions it now takes on average 51 mins per patients to schedule (time in motion Appendix 1), previously it was approx 20 mins
  Additional tasks include:
  - Patients need to be contacted on the phone Swabbing to be arranged 72 hours prior to appointment and swabs checked
  - If the swab result is positive or indeterminate the Consultant and Day procedure Units are contacted and patient notified.

WTE required to book Elective Lists

CAH/DHH Main Theatre + LVH DPU + CAH DPU Sessions = All GA Sessions

- There are a total of 227 patients booked monthly to CAH /DHH / CAH CPU GA/LA Lists sessions – approx. total 43 sessions at present with potential increase of 10 sessions .
- 227pts x 51 mins = 11577 mins / 4.5 weeks = 2573 minutes per week = 43 hrs = 1.14 WTE

STH DPU = All Flexi / TP Biopsy Sessions

- There are a total of 84 patients booked monthly to STH DPU sessions – approx. total 6 sessions at present and potential increase of 8 sessions
- 84 pts x 51 mins = 4284 mins / 4.5 weeks = 952 mins per week = 15.8 hrs = 0.42 WTE

Overall WTE currently required for Urology scheduling:

Band	Wte
4	1.14 wte
3	0.42 wte

APPENDIX 1

Time in Motion to book 1 x patient to Urology theatre

Steps taken to book a patient to Urology theatre lists		Number of Minutes
1	Time taken to phone patients until someone agrees to avail of theatre slot	10
2	Time spent on phone with patient explaining - 1. Details of procedure i.e. Location, time to arrive etc 2. Fasting and medication advice 3. Isolation advice 4. Booking and confirming COVID swabbing appointment 5. Addressing any queries the patient may have	15
3	Informing Pre-op of the Medication the patient is currently taking (if applicable)	7.5
4	Updating PAS, Theatre List and combined Schedule	7.5
5	Print and Envelope Letter and all other relevant documentation for procedure, to be sent to patient	5
6	Updating TMS	2
7	Completing COVID swabbing request form and sending to COVID screening team	2
8	Checking Swab Result on NIECR prior to procedure	2
Total number of minutes taken		**51**

SEC BACKLOG REPORT -ALL SPECIALITIES															
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Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Clayton, Wendy

Subject: FW: UROLOGY BACKLOG

From: Clayton, Wendy <Personal Information redacted by the USI>
Sent: 18 May 2022 21:33
To: Poland, Orla <Personal Information redacted by the USI>; Robinson, Katherine <Personal Information redacted by the USI>
Subject: FW: UROLOGY BACKLOG
Importance: High

Orla / Katherine

I know Mr Khan and o'Donoghue were hoping to get caught up on results. Would you be able to advise if any improvement?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: Poland, Orla <Personal Information redacted by the USI>
Sent: 04 May 2022 14:42
To: Carroll, Anita <Personal Information redacted by the USI>; Carroll, Ronan <Personal Information redacted by the USI>; Glackin, Anthony <Personal Information redacted by the USI>; Haynes, Mark <Personal Information redacted by the USI>; McNaboe, Ted <Personal Information redacted by the USI>; ODonoghue, JohnP <Personal Information redacted by the USI>; Robinson, Katherine <Personal Information redacted by the USI>; Tyson, Matthew <Personal Information redacted by the USI>; Young, Michael <Personal Information redacted by the USI>; Clayton, Wendy <Personal Information redacted by the USI>
Subject: UROLOGY BACKLOG

HI All,

Please see attached Urology backlog report for April 2022

Kind Regards

Orla Poland
Service Administrator SEC
Second Floor | Tower Block | Craigavon Area Hospital | 68 Lurgan Road |Craigavon| BT63 5QQ|
T: External Personal Information redacted by the USI Internal Personal Information Mob: Personal Information redacted by the USI | E: Personal Information redacted by the USI

Southern Health and Social Care Trust

Quality Care - for you, with you

DISCIPLINARY

PROCEDURE

This is a regionally agreed Policy. This Policy is currently being reviewed in partnership with regional trade unions. This document is the current applicable policy in place for use by managers, staff and trade unions.

Author	Regional HR Policy Group
Directorate responsible	Human Resources & Organisational Development
Date	1st April 2015
Review date	1st April 2017

Southern Health and Social Care Trust

Quality Care - for you, with you

Policy Checklist

Name of Policy:	Disciplinary Procedure
Purpose of Policy:	This procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. The aim of the procedure is to ensure: • The Trust can operate effectively as an organisation. • Disciplinary action taken is fair, appropriate and consistent and all who are involved in the process are treated with dignity and respect • Managers, employees and their representatives are aware of their rights and obligations in matters relating to disciplinary and appeals procedure. This Procedure applies to all Trust staff. It should be noted that in relation to Medical and Dental staff issues of general/professional misconduct are dealt with under this procedure. Further relevant procedures are contained in circular HSS (TC8) 6/2005 "Maintaining High Professional Standards in the Modern HPSS – a framework for the handling of concerns about doctors and dentists employed in the HPSS".
Directorate responsible for Policy	Human Resources & Organisational Development
Name & Title of Author:	Regional HR Policy Group Vivienne Toal, Head of Employee Engagement & Relations
Does this meet criteria of a Policy?	Yes
Trade Union consultation?	Yes
Equality Screened by:	Vivienne Toal, Head of Employee Engagement & Relations
Date Policy submitted to Policy Scrutiny Committee:	30 March 2015
Members of Policy Scrutiny Committee in Attendance: Vivienne Toal, Head of Employee Engagement & Relations (Chair) Anita Carroll, Assistant Director of Acute Services – Functional Support Services Claire Graham, Head of Corporate Records Fiona Wright, Assistant Director of Nursing Governance Carmel Harney, Assistant Director of Allied Health Professionals, Governance & Workforce Planning Francesca Leyden, Assistant Director of Social Work & Social Care Governance, Workforce Development and Planning	

Policy Approved/Rejected/ Amended	Approved
Policy Implementation Plan included?	Yes
Any other comments:	N/A
Date presented to SMT	N/A
Director Responsible	Kieran Donaghy
SMT Approved/Rejected/Amended	N/A
SMT Comments	N/A
Date received by Employee Engagement & Relations for database/Intranet/Internet	30 March 2015
Date for further review	2 year default

POLICY DOCUMENT – VERSION CONTROL SHEET	
Title	Title: Disciplinary Procedure Reference number/document name: Regional_Disciplinary_Procedure_PLVT
Supersedes	Supersedes: Disciplinary Procedure 2007 The Procedure has been reviewed at the Regional HR Policy Group 2 year default review. The main changes to the policy are contained in Section 6.4 regarding time scales for appeals and the periods whereby pay would be reinstated.
Originator	Name of Author: HR Regional Policy Group / Vivienne Toal Title: Head of Employee Engagement & Relations
Scrutiny Committee & SMT approval	Referred for approval by: Vivienne Toal, Head of Employee Engagement & Relations Date of Referral: 30 March 2015 Scrutiny Policy Committee Approval: 30 March 2015 SMT approval (Date): N/A
Circulation	Issue Date: April 2015 Circulated By: Peter Laverty/Vivienne Toal Issued To: Intranet Policies and procedures and SHSCT Website
Review	Review Date: April 2017 Responsibility of (Name): HR Regional Policy Group

CONTENTS

1. INTRODUCTION

This procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour. The aim of the procedure is to ensure:

- The Trust can operate effectively as an organisation.
- Disciplinary action taken is fair, appropriate and consistent and all who are involved in the process are treated with dignity and respect
- Managers, employees and their representatives are aware of their rights and obligations in matters relating to disciplinary and appeals procedure.

This Procedure applies to all Trust staff. It should be noted that in relation to Medical and Dental staff issues of general/professional misconduct are dealt with under this procedure. Further relevant procedures are contained in circular HSS (TC8) 6/2005 "Maintaining High Professional Standards in the Modern HPSS – a framework for the handling of concerns about doctors and dentists employed in the HPSS".

This disciplinary procedure should be read in conjunction with the Trust's Disciplinary Rules, which are set out in Appendix 1 of this Procedure.

Issues of competence and job performance will be dealt with under the Trust's Capability Procedure.

2. GUIDANCE AND DEFINITIONS

"Trust Employee" is anyone employed by the Trust.

"Investigating Officer" is any person authorised to carry out an investigation into alleged breaches of discipline to establish the facts of the case.

"Presenting Officer" is usually the investigating officer and presents the evidence to the Disciplinary Panel

"Employee Representative" is any employee of the Trust who is an accredited representative of a trade union, professional organisation or staff organisation or a full time official of any of the above organisations or a fellow Trust employee. Legal Representation will not be permitted at any stage of this Disciplinary Procedure.

"Disciplinary Panel" is the person or persons authorised to take disciplinary action.

"Misconduct" is a breach of discipline which is considered potentially serious enough to warrant recourse to formal disciplinary action (please refer to Disciplinary Rules).

"Gross Misconduct" is a serious breach of discipline which effectively destroys the employment relationship, and/or confidence which the Trust must have in an employee or brings the Trust into disrepute (please refer to Disciplinary Rules).

3. PRINCIPLES

The following general principles are applicable to all disciplinary cases:

a. Employees are directed by their contract of employment to ensure they familiarise themselves with these procedures and the consequences of breaching the Trust's Disciplinary Rules

b. In cases where an investigation is necessary, disciplinary action will not be taken against an employee until such an investigation is completed. However, the Trust reserves the right to proceed with disciplinary action where an employee fails to co-operate with an investigation.

c. Where a case is being investigated under this Disciplinary Procedure, the employee will be provided with a copy of this procedure as soon as possible. At every stage in the procedure the employee will be advised of the nature of the complaint, and will be given the opportunity to state their case before any decision is made.

d. At all stages during the disciplinary procedure, the employee will have the right to be accompanied and/or represented by an employee representative.

e. No employee will be dismissed for a first breach of discipline except in the case of gross misconduct where the disciplinary action may be summary dismissal.

f. An employee will have the right to appeal against any disciplinary action imposed.

g. In deciding upon appropriate disciplinary action, consideration will be given to the nature of the offence, any mitigating circumstances and previous good conduct.

h. The Trust will collect information from relevant witnesses. Trust employees who are witnesses to alleged misconduct will be required to give evidence and may be required to attend disciplinary meetings and/or hearings.

i. At all stages disciplinary proceedings will be completed as quickly as practicable.

j. Any disciplinary action will be appropriate to the nature of the proven misconduct.

4. ARRANGEMENTS FOR MEETINGS/HEARINGS

Employees are expected to participate fully with the disciplinary process. If a Trust employee cannot attend a meeting/hearing through circumstances outside her/his control and unforeseeable at the time the meeting/hearing was arranged they must notify the HR Department and provide reasons. The Trust will arrange one further meeting/hearing. Failure to attend this rearranged meeting/hearing may result in the disciplinary process continuing in their absence based on the information available.

5. ACTION IN PARTICULAR CASES

a. Disciplinary action in the case of an employee representative, who is an accredited representative of a Trade Union, Professional Organisation or Staff Organisation,

Although normal disciplinary standards apply to the conduct of an employee representative, no disciplinary action beyond the informal stage should be taken until the matter has been discussed with a full-time official of the employee's trade union, professional organisation or staff association.

b. Police enquiries, legal proceedings, cautions and criminal convictions not related to employment

Police enquiries, legal proceedings, caution or a conviction relating to a criminal charge shall not be regarded as necessarily constituting either a reason for disciplinary action or a reason for not pursuing disciplinary action. Consideration must be given as to the extent to which the offence alleged or committed is connected with or is likely to adversely affect the employee's performance of duties, calls into question the ability or fitness of the employee to perform his or her duties or where it is considered that it could bring the Trust into disrepute. In situations where a criminal case is pending or completed the Trust reserves its right to take internal disciplinary action.

c. Trust's duty to make referrals

The Trust is required, where appropriate under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, to make a referral if a person working with children or vulnerable adults has been dismissed, would have been dismissed, or considered for dismissal had he/she not resigned, or has been suspended, or transferred from a Child Care or vulnerable adults position.

Further, the Trust has a duty to make referrals to relevant professional bodies e.g. NMC, GMC, NI Social Care Council, HPC and also to the Police Service of Northern Ireland (PSNI) in appropriate cases and share relevant information.

In cases of alleged theft, fraud or misappropriation of funds, action should include consultation with the Director of Finance, DHSSPS and the PSNI as appropriate.

d. **Suspension from Work**

Management reserves the right to immediately suspend an employee with pay. Precautionary suspension must be authorised by the appropriate senior manager or suitable deputy.

The reason for suspension should be made clear to the employee and confirmed in writing. When the reason for suspension is being conveyed to the employee, where possible, he or she should be accompanied by an employee/trade union representative. Suspension is not disciplinary action, and as a consequence carries no right of appeal. The appropriate senior manager should consider other alternatives, for example transfer of employee, restricted or alternative duties if considered feasible and appropriate.

Any decision to precautionary suspend from work, restrict practice, or transfer temporarily to other duties must be for the minimum necessary period of time. The decision must be reviewed, by the appropriate senior manager, every 4 weeks.

6. DISCIPLINARY PROCEDURE

This section sets out the steps which may be taken following a breach of the Trust's Disciplinary Rules

6.1 COUNSELLING AND INFORMAL WARNINGS

a. The manager has the discretion to address minor issues through either counselling or the issue of an informal warning. At this informal stage matters are best resolved directly by the employee and line manager concerned.

b. Counselling does not constitute formal disciplinary action. Counselling should be conducted in a fair and reasonable manner and the line manager should ensure that confidentiality is maintained. This should take the form of pointing out any shortcomings of conduct or performance and encouraging improvement and may include an agreed training or development plan. It is the line manager's responsibility to ensure that notes of the counselling meeting are shared with the employee, are stored securely and that the situation is monitored. This counselling does not in any way prevent the line manager from instigating formal disciplinary

action if appropriate. If the faults are repeated, or the conduct does not improve, the formal disciplinary procedure may be instigated

c. The line manager has the discretion to issue an informal warning. If this is applicable, the manager will follow these steps:

- Manager investigates matter
- Manager meets with employee
- Manager issues informal warning
- Informal warning is confirmed to employee in writing and is deleted from their record after 6 months
- Employee has right to appeal to the next line manager
- Appeal request should be submitted within 7 working days

d. The right to be accompanied by an employee representative will apply throughout the informal process.

e. In the event that issues cannot be resolved with counselling or informal warnings the Formal Disciplinary Procedure should be invoked.

FORMAL DISCIPLINARY PROCEDURE

6.2 INVESTIGATION

a. The Investigating Officer is responsible for establishing the facts of the case. The investigation will be conducted as quickly as is reasonable taking account of the extent and seriousness of the allegations. The Investigating Officer should meet with the employee who may be accompanied and/or represented by an employee representative and ensure that they are given a copy of the procedure. The Investigating Officer should explain the alleged misconduct to the employee. The Investigating Officer should ensure that any witnesses are interviewed and that all relevant documentation is examined before a decision is made on the appropriate course of action.

b. It should be noted that, if an issue has already been investigated under another agreed investigatory procedure and disciplinary action has been recommended, then there is no requirement to reinvestigate under this Disciplinary Procedure.

6.3 HEARING

a. If it is considered that there is a case to be answered, the employee should be called to attend a disciplinary hearing before the appropriate Disciplinary Panel. A copy of this Disciplinary Procedure should accompany the letter advising of the hearing. The

employee should be informed in writing of the allegation and the right to be represented. Any documentation intended for use by either party at the Disciplinary Hearing should be exchanged no later than five working days prior to the hearing.

b. The Disciplinary Panel is made up of 2 managers at an appropriate level - Appendix 2 outlines the minimum level.

c. Where an employee's professional competence/conduct is in question the Disciplinary Panel may, if needed, invite a suitably qualified experienced person from the same profession to attend the Hearing as an expert adviser. The adviser does not have a decision-making role.

d. In cases of professional misconduct involving medical or dental staff, the Disciplinary Panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) who is not currently employed by the Trust (see Maintaining High Professional Standards in the Modern HPSS (Nov 2005) Section III Para 1). The advice of the appropriate local representative body should be sought.

e. The employee shall normally be present during the hearing of all the evidence put before the Panel; however the employee may choose not to attend the hearing. It should be made clear that the hearing will proceed in his or her absence. Any submission by the employee in writing or by his or her representative will be considered. The Trust reserves the right to proceed to hear a disciplinary case in the absence of the employee where no adequate explanation is provided for the employee's absence.

f. Any witnesses required to attend the hearing should be granted the appropriate time off from their work. The employee representative cannot be a witness or potential witness to the disciplinary process.

g. At the Hearing, the case against the employee and the evidence should be detailed by the presenting officer and the employee should set out his/her case and answer the allegations.

h. Witnesses may be called by either party and can be questioned by the other party and/or by the Disciplinary Panel. The presenting officer and the employee/representative will have the opportunity to make a final submission to the Disciplinary Panel at the end of the Hearing with the presenting officer going first. The Disciplinary Panel has the right to recall any witnesses but both sides and their representatives have the right to be present.

6.4 DISCIPLINARY DECISION

a. The Disciplinary Panel will review all the evidence presented before taking its decision. The Disciplinary Panel will determine on a balance of probability whether the allegations were or were not proven. Before deciding on the appropriate disciplinary action, the Disciplinary Panel should consider any mitigating circumstances put forward at the hearing and take account of the employee's record.

b. The decision should be communicated in writing to the employee normally within 7 working days of the date of the hearing or as soon as reasonably practicable. In the case of formal or final written warnings, the timescale of any sanction should be specified. The employee should be advised of the consequences of further breaches of discipline and informed of the right and method of appealing the decision.

c. In the case of dismissal, the employee should be advised that the decision of the Disciplinary Panel will be fully implemented pending appeal.

d. The appeal hearing should be organised in a timescale which allows proper representation to occur, consistent with principles of natural justice. In all circumstances an appeal hearing shall be organised within 12 weeks of the original hearing.

e. Pay pending appeal will only be paid in circumstances where management alone have failed to convene an appeal hearing within the aforementioned timescale. In this circumstance payment will be recommenced from the point in time that the notice period ends.

f. Pay pending appeal will not apply in circumstances where the employee was summarily dismissed.

6.5 DISCIPLINARY ACTION

The Disciplinary Panel may impose one or more of the following disciplinary sanctions / actions

a. **Formal Warning** - a formal warning may be given following misconduct or where misconduct is repeated after informal action has been taken. A formal warning will remain on the employee's record for a period of one year. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction / action.

b. **Final Warning** - a final warning may be given when the misconduct is considered more serious or where there is a continuation of misconduct which has lead to previous warnings and/or informal action. A final warning will remain on the

employee's record for a period of 2 years. The warning should be accompanied by advice to the employee on the consequence of any repetition or continuance of the misconduct that has given rise to the disciplinary sanction/action.

c. **Transfer and/or Downgrading** - the Disciplinary Panel may decide that the most appropriate course of action should be either transfer, downgrading or both. These disciplinary actions may be imposed in addition to either a formal warning or a final warning as appropriate.

d. **Dismissal** – Dismissal will apply in situations where previous warnings issued have not produced the required improvement in standards or in some cases of Gross Misconduct.

e. **Summary Dismissal** – in some cases where Gross Misconduct has been established, an employee may be summarily dismissed i.e. without payment of contractual or statutory notice.

NOTE: If the misconduct is proven the Disciplinary Panel may recommend that any associated financial loss should be recouped from the employee. This should be referred to the Director of Finance for further consideration.

7. DISCIPLINARY APPEALS

a. An employee wishing to appeal disciplinary action should write to the Director of Human Resources stating the grounds of their appeal within 7 working days of receipt of the letter containing the disciplinary decision. The appeal hearing will be arranged as early as practicable and the employee will have the right to be represented. The employee will normally receive 7 working days notice of the date of the appeal hearing.

b. The Appeal Panel, will comprise 2 managers from the Trust who have had no previous involvement in the case and who are normally at a more senior level than the Disciplinary Panel. In professional misconduct appeals involving medical staff and/or dentists, the Appeal Panel will comprise one additional medically/dentally qualified panel member who is not employed by the Trust or has not been previously involved in the disciplinary case. Where the employee's professional competence/conduct is in question, the Appeal Panel may invite a suitably qualified and experienced senior officer in the same profession from the trust or outside the Trust to attend the hearing as an assessor. The assessor has no decision making role. The Appeal Panel will permit additional evidence not available or provided at the Disciplinary Hearing to be considered only if it is considered relevant to the original allegation.

c. The Appeal hearing will be a full rehearing of the case.

d. The Appeal Panel will have the authority to confirm, set aside, or reduce the decision of the Disciplinary Panel. It will not have the right to increase the decision of the Disciplinary Panel. Where the decision of the Appeal Panel involves a variation of the original disciplinary decision, it should state the reasons and any operative date. The decision of the Appeal Panel is final and will be conveyed in writing to the appellant within seven working after the hearing. In the event of delay a written explanation will be provided.

e. In the event of reinstatement following an appeal the appropriate back payment will be made.

8. REVIEW OF THE PROCEDURE

This procedure should be reviewed periodically in consultation with recognised staff side representatives via the HSC (NI) Joint Negotiation Forum.

Signed on behalf of Trade Union Side

Personal Information redacted by the USI

Anne Speed
Joint Secretary

Date

Signed on behalf of Management

Personal Information redacted by the USI

Kieran Donaghy
Director of Human Resources

6/5/15

Date

This procedure is effective from 1st April 2015

APPENDIX 1 TRUST DISCIPLINARY RULES

In accordance with paragraph 1 of the Trust's Disciplinary Procedure, Disciplinary Rules are set out below. Conduct is categorised under the headings of **"Misconduct"** and **"Gross Misconduct".** This list should not be regarded as exhaustive or exclusive but used simply as a guide.

In determining the appropriate heading, managers are required to carefully consider the circumstances and seriousness of the case.

MISCONDUCT

Listed below are examples of offences of misconduct, other than gross misconduct, which may result in disciplinary action and/or counselling/informal warning in the light of the circumstances of each case. Where misconduct **is** repeated this may lead to dismissal.

- **Inappropriate or unacceptable conduct or behaviour towards employees, patients, residents, clients, relatives or members of the public.**
- **Abuse of employment position and/or authority.**
- **Absenteeism**
- **Unauthorised Absence**
- **Insubordination.**
- **Poor Time-keeping.**
- **Dishonesty.**
- **Unsatisfactory Performance and Conduct.**
- **Failure to adhere to contract of employment.**
- **Failure to comply with the responsibilities and duties of employment position.**
- **Failure to comply with Trust Rules and Procedures, Policies and Practices.**
- **Failure to declare outside Employment/Activities** – Failure to declare any outside activity which would impact on the full performance of contract of employment.
- **Failure to conform with safety, hygiene, security rules and regulations**
- **Misuse of Trust Resources-** internet, e-mail, telephone etc (see Trust policies)
- **Misuse of Trust Property**-neglect, damage, or loss of property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Use of foul language.**
- **Gambling on Trust Premises**
- **Dangerous horseplay.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Breach of confidentiality.**
- **Alcohol/Drugs misuse.**
- **Being an accessory to a disciplinary offence**

GROSS MISCONDUCT

The following are examples of Gross Misconduct offences which are serious breaches of contractual terms which effectively destroy the employment relationship, and/or the confidence which the Trust must have in an employee. Gross misconduct may warrant summary dismissal without previous warnings.

- **Theft -** Theft from the Trust, its employees, patients, clients, residents or the public including other offences of dishonesty.
- **Fraud -** Falsification of documentation or records pertaining to patients, clients, staff, or other persons. Misrepresentation which results, or could result in financial gain (e.g. applications for posts, pre-employment medical forms, time-sheets, clock-cards, subsistence and expenses claims etc.)
- **Being under the influence or misuse of Alcohol or Drugs –** Being under the influence of alcohol, unauthorised consumption while on duty or during working hours. Reporting for duty smelling of alcohol. Misuse of drugs e.g. through misappropriation or being under the influence of drugs.
- **Breaches of safety, hygiene, security rules and regulations endangering one's own or another's physical well-being or safety.**
- **Issues of probity.**
- **Physical violence / assault or other exceptionally offensive behaviour.**
- **Criminal Conduct-** including failure to notify the Trust of a criminal offence either at work or outside of work. Consideration will be taken of criminal conduct/convictions and relevance to the employee's position.
- **Breaches of Confidentiality.**
- **Discrimination, victimisation, harassment or bullying on any grounds**
- **Serious Breaches of Trust Rules, Policies, Procedures and Practices**
- **Malicious or vexatious allegations or intimidation against another employee.**
- **Serious Insubordination.**
- **Ill-treatment or wilful neglect of patients, clients, residents.**
- **Negligence.**
- **Breaches of contract of employment and/or Professional Codes of Conduct.**
- **Some outside Employment/Activities-**Engaging in outside employment/activities that would prevent the efficient performance of duties, adversely affect health, bring into question loyalty and reliability or in any way weaken confidence in the Trust's business. Engaging in outside employment when contracted to work for the Trust unless otherwise agreed or where outside work is undertaken in competition with the Trust.
- **Abuse of sick pay provisions.**
- **Bringing the Trust into Disrepute.**
- **Misuse or unauthorised use of Property. -** Unauthorised use or removal of Trust property. Damage caused maliciously or recklessly to property, equipment or records belonging to the Trust, clients, patients, residents or employees
- **Misuse of Trust resources, including IT resources (see IT policies), or misuse of Trust name.**
- **Serious professional misconduct or negligence**
- **Unauthorised sleeping on duty**

APPENDIX 2 – PANELS FOR HEARINGS AND APPEALS

Misconduct		
	Hearing	**Appeal**
Staff below 5th level	Level 5	Level 4
Staff at 5th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2
Gross Misconduct		
	Hearing	**Appeal**
Staff below 5th level	Level 5	Level 4
Staff at 5th Level	Level 4	Level 3
Staff at 4th Level	Level 3	Level 2
Staff at 3rd Level	Level 2	Level 2
Staff at 2nd Level	Level 1 / Level 2	Chair / Level 1 / Level 2

Level 1 – Chief Executive
Level 2 – Director
Level 3 – Assistant / Co-Director
Level 4 – Senior Manager
Level 5 – Service Manager

Clayton, Wendy

From: Clayton, Wendy
Sent: 28 March 2022 10:56
To: McCourt, Leanne; Kelly, CatherineF; McAlinden, Matthew
Cc: Thompson, PatriciaA; McMahon, Jenny; Young, Jason
Subject: RE: CNLUPC/CNLUPCV/CNLURR Typing

With sick leave we can offer out overtime to get caught up

Matthew – do we know when [redacted] will be back, if long term we can bring in agency if short term then either overtime or do you have any other admin who can help out or can do the typing on overtime?

Regards

Wendy Clayton
Acting Head of Service for ENT, Urology, Ophthalmology & Outpatients
Ext: [redacted]
Mob: [redacted]

From: McCourt, Leanne <[redacted]>
Sent: 28 March 2022 10:49
To: Kelly, CatherineF <[redacted]>; McAlinden, Matthew <[redacted]>
Cc: Clayton, Wendy <[redacted]>; Thompson, PatriciaA <[redacted]>; McMahon, Jenny <[redacted]>; Young, Jason <[redacted]>
Subject: RE: CNLUPC/CNLUPCV/CNLURR Typing

Hi Matthew and Wendy,

I have concerns that the clinic typing is behind. This is through no fault of Catherine's - with her covering both benign and cancer areas plus answering all the telephone queries, there is simply not enough time for her to action this within her current workload/hours. ([redacted] was off sick last week- I am unsure as to when she is due back)

As this is a new nurse led service I am concerned that we do not get behind before we have even really started. I did raise this as being a potential issue previously at the meetings regarding the nurse led clinics.

Any help/advice as to how we navigate this would be greatly appreciated.

Kind regards,

Leanne

From: Kelly, CatherineF <[redacted]>
Sent: 28 March 2022 09:42
To: McAlinden, Matthew <[redacted]>
Cc: McCourt, Leanne <[redacted]>
Subject: RE: CNLUPC/CNLUPCV/CNLURR Typing

With the volume I have it would take a full day – I will try and get started today when clinic quietens down.

Catherine

From: McAlinden, Matthew <Personal Information redacted by the USI>
Sent: 28 March 2022 09:39
To: Kelly, CatherineF <Personal Information redacted by the USI>
Cc: McCourt, Leanne <Personal Information redacted by the USI>
Subject: RE: CNLUPC/CNLUPCV/CNLURR Typing

Hi Catherine,

I do not have any typists to be able to give these clinics to. I may be able to get someone down to answer phones for an hour or 2 to free you up, but need to check how everyone is fixed.

How long would it take you to get up to date on the typing?

Thanks,

Matthew

From: Kelly, CatherineF <Personal Information redacted by the USI>
Sent: 28 March 2022 09:24
To: McAlinden, Matthew <Personal Information redacted by the USI>
Cc: McCourt, Leanne <Personal Information redacted by the USI>
Subject: CNLUPC/CNLUPCV/CNLURR Typing

Hi Matthew,

Is there any way you could help me with the typing duties for the above clinics – I have not had any chance to type any of these letters and they are now 4 weeks post clinic.

I realise that is not a long time for letters to be typed but I do not see me being able to type here with covering the phones etc.

Catherine

Southern Health and Social Care Trust

Quality Care - for you, with you

Management Referral Form

Occupational Health

Please complete **all** sections to avoid a delay in being offered an appointment with an Occupational Health Professional

1. EMPLOYEE'S PERSONAL DETAILS

Surname:	Personal Information redacted	Maiden Name:	
Forename:	Personal Information redacted by the USI	DOB:	Personal Information redacted by the USI
Job Title:	Personal Information redacted by the USI	Weekly Hours of Work	**37.5**
Department:	Urology	NI Number	Personal Information redacted by the USI
Work Location:	Thorndale Unit, CAH	Superannuable:	**YES ☐ NO☐**
Home address:	Personal Information redacted by the USI		
Tel No:	Personal Information redacted by the USI	Mobile No:	

2. MANAGER'S DETAILS

Manager's Name:	**Matthew McAlinden**		
Manager's work address:	**Admin Floor, Craigavon Area Hospital**		
Job title:	**Service Administrator**	**Directorate:**	**Acute**
Manager's contact Tel. No:	**Landline:** Personal Information redacted by the USI	**Mobile:** Personal Information redacted by the USI	
Manager's email:	Personal Information redacted by the USI		

In the event that the referring manager may not be contactable, please nominate a second manager.

Name:	**Jane Scott**	**Contact Tel. No:**	Personal Information redacted by the USI
Email:	Personal Information redacted by the USI		

3. REASON FOR REFERRAL

Currently Off: **YES ☐ NO ☒**	Date sick leave commenced:		Return date:	
Please give details of nature of illness/absence: Personal Information redacted by the USI				
Does the member of staff attribute the illness/absence to work?				**YES ☒NO☐**
If the absence is stress related, has the Stress Policy Toolkit been completed? (**Please attach a copy to the referral.)** **Please provide details in Section 4**				**YES ☐NO☐**
Has this staff member been referred to Attendance Management Panel? **Please provide details in Section 4**				**YES ☐NO☒**

4. SUPPORTING INFORMATION - this information is VITAL:

Please note **if you do not include background information and questions, the referral will be returned to you for completion.**

(Background, discussions with employee, identified work issues)

PLEASE PROVIDE BACKGROUND INFORMATION

This staff member only commenced employment on Personal Information redacted by the USI. It was at this point I was only made aware of her Personal Information redacted by the USI. I have since been advised that Occupational Health had advise no adjustments in the workplace where required.

Personal Information redacted by the USI has been really struggling from she stared Personal Information redacted by the USI This is affecting her ability to use the required systems for the job and is finding it really difficult to carry out the required duties of the job.

I requested IT to install a Personal Information redacted by the USI and Personal Information redacted by the USI has been using the Personal Information redacted by the USI but this has not made any difference.

Please give details of any adjustments which you as Line Manager have already put in place or that could be accommodated:

I requested IT to install a Personal Information redacted by the USI and Personal Information redacted by the USI has been using the Personal Information redacted by the USI but this has not made any difference.

SPECIFIC QUESTIONS YOU WOULD LIKE ANSWERED:
(suggestions in Appendix 1)

Is any sort of adaptation or change needed in the workplace or working methods?

continue on a separate page if necessary

5. SICKNESS ABSENCE RECORD (essential information)

IF NO PAST ABSENCES PLEASE TICK BOX ☐

The absence record for the past **2 years** is summarised as follows:

From:	To:	Reason for absence

6. CONFIRMATION OF THE EMPLOYER'S AWARENESS OF CONTENT IN THIS REFERRAL TO THE OCCUPATIONAL HEALTH SERVICE

I confirm that the content of this form have been discussed with the employee, including the background information and questions which have been asked.	
Line Manager: Matthew McAlinden	**Date: 29/10/2021**

-

PLEASE SEND COMPLETED FORM TO:

[redacted]
Personal Information redacted by the USI

Southern Health and Social Care Trust

Quality Care - for you, with you

Occupational Health Report
If you have any queries in relation to this report please do not hesitate to contact me

PRIVATE & CONFIDENTIAL

Matthew McAlinden
Service Administrator
Admin Floor
Craigavon Area Hospital

P.A.R.:	No

Date of Clinic:	16.11.21	**Date Typed:**	16.11.2021	**Seen by:**	Dr Jim Hunter

RE: Personal Information redacted by the USI
DOB: Personal Information redacted by the USI
DIRECTORATE: Acute
OCCUPATION: Personal Information redacted by the USI

Due to increased activity levels associated with COVID-19 the Occupational Health Department have had to significantly reduce normal clinic activity. Urgent management referral appointments are being carried out via telephone consultation and thus the report is more concise than normal and focuses on outcome of fitness to work.

Reason for referral/brief background

Thank you for asking me to assess Personal Information redacted by the USI with whom I had a telephone consultation on 16.11.21. As you are aware Personal Information redacted by the USI took up post on Personal Information redacted by the USI but has been struggling due to her pre-existing Personal Information problems. As a result of problems from birth Personal Information redacted by the USI has Personal Information redacted by the USI Despite these adjustments she still has difficulty which I know you have tried to alleviate with a Personal Information redacted by the USI. In addition Personal Information redacted by the USI describes being anxious about dealing with people F2F since she had shielded over a large part of Covid due to asthma. This is well controlled by inhalers and only requires occasional increases of medication to treat infections. Personal Information redacted by the USI was treated for depression last year but her stresses have settled and she is currently well on medication.

Outcome of Assessment

☐ Fit for work and normal duties no intervention required.

☒ Fit for work with adjustments (see below). Personal Information redacted by the USI has a combination of significant Personal Information redacted by the USI and anxiety about her new job that are impairing her ability to carry out her new role. Personal Information redacted by the USI is confident the Personal Information redacted by the USI can be overcome. It may be helpful for Personal Information redacted by the USI to contact her Access to Work Advisor

Contd/

for guidance regarding further adjustments to the workplace. Disability Access can also be a useful resource for advice. Personal Information redacted by the USI acknowledges that her confidence has been affected by moving to a new job, having more contact with people after isolating and having to adjust to wearing a face mask. I would hope with time and facilitating Personal Informat adjustments her issues will improve allowing her to perform her role satisfactorily. If you have concerns in due course I am happy to review the situation.

☐ Unfit for Work. Likely timescale: _____

Disability

I feel there has been a substantial adverse effect on Personal Information redacted by the USI 's activities of daily living which has lasted for longer than a year and as such I feel it is likely she would be viewed as being disabled under current legislation. The final decision in this regard can however only be taken by an employment tribunal.

Dr Jim Hunter MB BCh MRCGP Dip OccH

Occupational Health Physician

CC Jennifer Magennis, HR
Personal Information redacted by the USI

Occupational Health Department, Pinewood Villa, Lower Longstone, Loughgall Road, Armagh, BT61 7PR
Telephone: Personal Information redacted by the USI Email: Personal Information redacted by the USI

Access Centre NI (ac-ni)
Unit 3, North City Business Centre
2 Duncairn Gardens
Belfast
BT15 2GG
Telephone: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

CONFIDENTIAL

TECHNICAL ASSESSMENT REPORT

Client Name:	Personal Information redacted by the USI
Preferred Format for Report:	Font: Arial; Size: 14
Occupation:	Personal Information redacted by the USI
Employer:	Craigavon Area Hospital Lurgan Road Portadown BT63 5QQ
Telephone: Mobile:	Personal Information redacted by the USI

Line Manager/Contact Person:	Matthew McAlinden
Telephone:	Personal Information redacted by the USI

Referred By:	Jim McGinley
Referral Date:	27 January 2022

Technology Assessor Officer:	Orla O'Sullivan

Telephone:	Personal Information redacted by the USI
Email Address:	Personal Information redacted by the USI
Date of Assessment:	4 February 2022

SUMMARY

Personal Information redacted by the USI has worked as an Personal Information redacted by the USI within the Thorndale Unit (Urology OutPatients) since Personal Information redacted by the USI. She came to this position under the 'Workforce Appeal' after having worked in the Personal Information redacted by the USI for over 29 years. The Thorndale Unit is located on the ground floor of Craigavon Area Hospital.

ASSESSMENT PROCESS

Due to Personal Information redacted by the USI's current Personal Information redacted by the USI, she was unable to carry out an assessment via Zoom. The Assessor therefore met Personal Information redacted by the USI in her workplace to view her duties involved with her post. Personal Information redacted by the USI's line manager, Matthew McAlinden was also present throughout the meeting.

Following current government advice regarding coronavirus (COVID-19), the assessor from Access Centre NI Assessment Centre discussed the following guidance and advice that would be carried out and adhered to throughout the assessment process for everyone's safety and protection:

- The assessor and Personal Information redacted by the USI agreed to undertake a Lateral Flow test on the morning of the visit;
- Social distancing was observed at the assessment meeting;
- PPE face-visors and/or masks were worn (Personal Information redacted by the USI, Assessor and Matthew);
- No sharing of pens or resources;

Throughout the meeting, Personal Information redacted by the USI's current situation was discussed, and any current or potential difficulties were assessed.

Personal Information redacted by the USI

For information in relation to the nature of Personal Information redacted by the USI Personal Inform condition, this assessment is based on:

- Self-reporting mechanisms by Personal Information redacted by the USI at assessment

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

DUTIES

Personal Information redacted by the USI **'s day to day duties are listed below, carried out using the bespoke software packages as noted under The Client's Software Systems section:**

- Add patient attendance to clinics
- Check Patient details
- Print clinic lists
- Track charts and patient records
- Check upcoming clinics and patient details
- Admit/discharge patients

Working Environment

Personal Information redacted by the USI is based in the Thorndale Unit, on the ground floor of Craigavon Area Hospital. This is a working ward area, with consultant's offices and clinics always busy. Personal Information redacted by the USI is located in a small office and shares her space with another colleague and the department's photocopier.

Personal Information redacted by the USI 's desk has a 24" monitor, base unit, keyboard and mouse.

COMPANY/ORGANISATION TECHNICAL DEPARTMENT

The Client's Software Systems

- Windows 10
- MS Office 365, Word, Excel and Outlook
- Internal programs – see below

Clarity: A software system to indicate patient attendance at clinics
Patient Centre: Used to print clinic lists
PAS: Track charts back to records/secretaries
Admit/discharge patients from the bladder treatment clinic
NIECR: Check for upcoming clinics and patient details **ISSUES TO BE ADDRESSED**

1) Access and viewing programs on PC

2) Reading Materials

INFORMATION, ACTIONS AND RECOMMENDATIONS

1. Access and viewing programs on PC

To provide a **solution** to the complications [redacted] experiences when accessing and viewing programs, **discussion** took place on the availability and benefits of [redacted] **Software** program tailored for [redacted] users. However, [redacted] explained that she had used similar [redacted] software in her previous position and did not want to avail of it in her current post. She believes it will slow down her productivity rates.

We therefore discussed ease of access and assistive settings available to [redacted] on her desktop computer. She currently uses the Ctrl Key and mouse roller to magnify MS Word documents or emails and is happy to continue to do so. She currently experiences difficulty when locating her mouse pointer on the monitor. Subject to permissions being granted by the IT Help Team within the Trust, [redacted] should be able to alter the appearance of the mouse pointer, the text cursor as well as magnification properties. The assessor enquired from [redacted]'s Line Manager, the IT Help Team contact details, and the Assessor emailed Matthew McAlinden to request access to assistive permissions for [redacted]'s user profile. An email requesting access was sent on 7/2/22.

As [redacted] is a proficient touch typist, she is comfortable using an standard keyboard.

2. Reading Materials

[redacted]'s role involves reading a great deal of handwritten/printed material in the course of her daily duties. Patients' files are often years old and contain a mixture of notes and letters. Often the print size is very small (particularly labels) and [redacted] has to transfer information from these files to the computer.

We discussed the option of an **Enhanced Vision Acrobat HD with XY Table and a 24" Monitor** but [redacted] feels that she would be better served with a handheld product. The assessor demonstrated the [redacted]

Personal Information redacted by the USI which Personal Information redacted by the USI liked. This equipment is very portable and Personal Information redacted by the USI can carry it with her if she needs to access files or their contents in a different location within the hospital. The Personal Information redacted by t

Personal Information redacted by the USI

This product is therefore **recommended** as it will enable and assist Personal Information redacted by the USI to read printed material, both at her desk and in other locations.

Personal Information redacted by the USI will benefit from a **1-Hour Training Session** on the functionality of the Personal Information redacted by the USI **.**

Product(s): Personal Information redacted by the USI **1-Hour Training Session on** Personal Information redacted by the USI

SUMMARY AND RECOMMENDATIONS OF ASSESSMENT

Equipment/Products/Software:

Product(s): Personal Information redacted by the USI **1-Hour Training Session on** Personal Information redacted by the USI

Recommendations:

Actions: A review of Personal Information redacted by the USI **needs should be considered and kept under review if she feels she requires further assistance regarding any issues**

COPIES OF THIS REPORT FOR:

Access to Work Advisor Jim McGinley

Employee: Personal Information redacted by the USI

Line Manager(s): Matthew McAlinden

Report Compiled By: Orla O'Sullivan

Date: 07 February 2022

Signature: Orla O'Sullivan

Report Checked By: Sharon Steele

Date: 07 February 2022

Signature: Sharon Steele

NAME: Personal Information redacted by the USI	POST: Personal Information redacted by the USI
DEPT: Thorndale Unit	STAFF No:

DATE OF APPOINTMENT	PERIOD COVERED BY REVIEW	ABSENCES DURING REVIEW PERIOD AND REASONS
Personal Information redacted by the USI	Personal Information redacted by the USI – Personal Information redacted by th	10/11/2022 – Headache

TRAINING UNDERTAKEN DURING REVIEW PERIOD

PAS Training – One to one training from myself on how to admit and discharge patients. An SOP was also provided

Patient Centre training – Personal Information redacted by the USI received one to one patient centre training with myself to show her how for get the ward list for the Thorndale unit

RESPONSE TO TRAINING

Personal Information redacted by the USI has picked up on her PAS duties well and is capable of carrying out functions on PAS

PERFORMANCE DURING REVIEW PERIOD

MAIN TASKS UNDERTAKEN	ACHIEVEMENTS/COMMENTS RE: PERFORMANCE
- Tracking Notes - Ensuring leaflets are stocked - Telephone queries - Admitting and Discharging on PAS - Meet and Greet of patients	- Ensuring all notes are in trollies prior to clinics – Forward Planning required - Dealing with patient queries. If unsure find out detail and take notes for next time query may arise - Stock orders – ordering stock for unit on e-procurement. Personal Information redacted by the USI is not currently doing this. The correct accesses are to be provided and training to be provided - Printing leaflets and ensuring drawers are stocked. - Booking HOT patients - if requested the booking of HOT patients are required on PAS Training to be provided on this. - Ensuing that all patient notes are available for clinics. If notes are not available at time of clinic then have pages and labels available. - Telephone queries – it was highlighted there are instances where patient details are taken down incorrectly. All the correct and relevant patient detail i.e. Name, DOB, Telephone number, Health and Care number - use PAS to get the correct information if required – issues have been highlighted by the unit that incorrect patient

	information is being provided for patient queries. [redacted] has stated that all telephone quires are emailed to the relevant staff member with the correct information. The email approach to dealing with queries should continue. - When dealing with patient queries [redacted] would be required to extend her ability of conversation with the patients availing of the service. This takes a bit of time to grasp, so when dealing with a query that she is unsure off [redacted] would be required to ask questions and take notes. - Meet and Greet of patients – once a patient rings the unit doorbell, if nobody else is free [redacted] should answer the door to greet the patient and advise them where to wait.

ARE YOU SATISFIED WITH EMPLOYEE'S PROGRESS TO DATE: NO - to be reviewed over the next 3 months

ADDITIONAL COMMENTS/ACTION TO BE TAKEN TO IMPROVE PERFORMANCE (3 MONTHS)

We have agreed to extend the probation until [redacted] with a review each month until then.

It has been agreed to support [redacted] in the following areas:
It has been agreed to provide an action plan, which will be reviewed monthly.
When [redacted] was asked if there was additional training required she advised there was nothing she could think off. Although I believe as we work through the action plan areas of required training will be identified

[redacted] has expressed her difficulties in fitting in as part of the team within the Thorndale unit. She feels genuinely uncomfortable working in the unit and has expressed her general concern over her treatment in the unit.

As [redacted]'s line manager, I have asked [redacted] to advise how she would like me to address these issues. [redacted] has been clear that she feels no positive outcome would come from addressing these issues with particular staff members concerned.

[redacted] has expressed interest in being redeployed. She would be willing to move down to a Band 2 or a Part-time post if required. [redacted] feels that redeployment is her only option now.

In reflection I feel that redeployment is not an option at this time during probationary. I believe first and for most, we should aim to resolve any issues. I will meet with [redacted] again to discuss on [redacted]

Signed: Matthew McAlinden (Manager) Date: [redacted]

Signed: [redacted] (Probationer*) Date: [redacted]

* Signature confirms that the above review has been discussed with you.

E-MAIL TO: [redacted]

Appendix 1

PROBATIONARY REPORT (3 MONTHS)

Action plan

Employee Name: [redacted] **Job Title:** [redacted] **Date of Commencement:** [redacted]

Review date: [redacted] **Final Review date (following 2 month probationary extension):** [redacted]

Issue of Concern	Standard Required	Support Mechanisms Implemented	Learning/Development Provided	Review date	Timescale For Improvements	Contact Mentor / Manager
Trollies prepared for clinics	Ensuring that all trollies are prepped for clinic with charts available. If charts not available then have pages and labels.	[redacted] will be shadowed while this duty is being carried out and advised of correct process on ensuring everything is there if required		[redacted]	1 Month	Matthew McAlinden
Dealing with patient queries on Telephone	[redacted] would be required to extend her ability of conversation with the patients availing of the service. It would be expected that a certain degree knowledge of the service should be gained to deal with basic queries	If [redacted] is unsure how to deal with a particular patient query she should put the patient on hold and ask someone in the unit. If nobody is available then advise the patient that she needs to find out the information and will call them back later. She should then take notes for when this query should arise again			1 Month	Matthew McAlinden
Noting of telephone messages - attention to detail	When taking Telephone messages for the nursing staff the following information should be taken down clearly and correctly; Name, DOB, Telephone number, HCN or Hosp No and the detail of the message	The use of PAS/ NIECR/ Patient centre to validate that information is correct.	Additional training on PAS, NIECR and Patient Centre to check Patient information.		1 Month	Matthew McAlinden
Unacceptable Telephone Manner	Professional and courteous manner displayed to all service users	Discussion with [redacted] on how to deal with patient – listen to query, deal with query (if not known then advise patient of a call back) – remain professional			1 Month	Matthew McAlinden

Printing leaflets and ensuring drawers are stocked	Ensuring drawers are stocked at all times without being prompted	[redacted] is to implement a daily checklist		[redacted]	1 Month	Matthew McAlinden
Meet and Greet Patients	If a patient is ringing the doorbell to enter the Unit [redacted] should let the patient in, greet them and advise them where to wait.				1 Month	Matthew McAlinden
Book Ad-Hoc patients to clinics on PAS	When an ad-hoc patient requires to be booked to a clinics, this should be booked on PAS and chart ordered	Provide [redacted] with the PAS instruction videos for her use	Arrange training with one of the system trainers		1 Month	Matthew McAlinden

Print Name (Manager): Matthew McAlinden **Signature:** [redacted] **Date:** [redacted]

Print Name (Employee): [redacted] **Signature:** [redacted] **Date:** [redacted]

Staff Meeting with Personal Information redacted by the USI (Personal Information redacted by the USI) and Matthew McAlinden (Service Administrator) – [redacted] Personal Information redacted by the USI @ 4pm

I met with Personal Information redacted by the USI to discuss the Action plan and how this will be achieved.

We went through area of concern on the action plan and I explained the standard required and the support mechanisms that will be implemented.

Personal Information redacted by the USI is disputing that there is an issue with 'Noting of telephone messages'. I explained this is an issue that was reported to me but will note for the record that Personal Information redacted by the USI has advised there is no issue of concern here.

I advised Personal Information redacted by the USI that this action plan will be reviewed each month, the next review date being Personal Information redac

It was discussed that the below training has been arranged for Personal Information redacted by the USI with the system trainers next week:

- NIECR Training – Personal Information redacted by the USI @ 9.30am
- Patient Centre Enquires & Letters – Personal Information redacted by the USI @ 2pm
- Patient Centre Ward Clerk – Personal Information redacted by the USI @ 10am

I also advised Personal Information redacted by the USI that I would meet with her weekly to go through any queries she may have and do some work shadowing.

I advised if she is asked to do a task, saying 'No, I'm not trained' is not an option. Personal Information redacted by the USI must find out how to complete the task or wait for her weekly meeting with myself to walk through the task.

I advised Personal Information redacted by the USI to keep a notebook and start taking notes for reference for the next time she is dealing with a query or carrying out a certain task

I then referred to our Performance review meeting the previous week and advised Personal Information redacted by the USI it was brought to my attention that some of what we had discussed had been discussed with other staff members. I advised that the staff member Personal Information had been in contact with me very anxious and distressed that the accusation of bulling and discrimination had been made against her.

I advised as per our probationary review that I was not going to take the discussion against Personal Information any further as Personal Information redacted by the USI had requested this.

Personal Information redacted by the USI advised she never used the terms bullying or discrimination and that she was just venting frustrations and it has been taken out of context. I responded she should have left the venting of her frustrations with me at our meeting as this was confidential and that it was wrong to bring them to a an office area with other staff members.

I advised Personal Information redacted by the USI she had 2 options. The first option is if she wants to take if further she needs to explain all the issues to me which I need to document then escalate. The second option is if she does not want to take it any further she needs to have a discussion with Personal Information to clear the air for their working relationship.

Personal Information redacted by the USI advised she did not want to take it any further action. I advised that she must have a discussion with Personal Information to clear the air.

Personal Information redacted by the USI expressed concern on how does she approach the situation with Personal. I advised just explain things the way you have explained to me 'venting frustrations' and 'taken out of context'. I told her to go and have think it through and if she has any queries to contact me.

Matthew McAlinden Personal Information redacted by the U

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Part A

KSF PERSONAL DEVELOPMENT REVIEW FORM

Post Title, Pay Band: Operational Support Lead Band 7 **Staff Number:** Personal Information redacted by the USI

Is Professional Registration up to date? ___N/A___

KEY ISSUES & OUTCOMES	COMMENTS
Have you read and understood your Post Outline? **Post Outlines can be accessed via Trust Intranet (KSF link)** **YES** [X] **NO** [ ] **Have Post Outline levels been achieved:** **YES** [ ] **NO** [ ] **If no, record below what action to be taken:**	**Staff members comments on his/her performance over past year:** • Commenced new interim role from Nov 2018 – Acting HOS for General Surgery • Challenging in relation to learning new processes and background knowledge, however continued to learn and progress within the role without the year • Progressing service changes in Breast symptomatic, screening and family history. Meeting with the speciality teams on a regular basis • Progress services changes in general surgery, vascular, UGI • Building relationships with all general and breast surgeons • Develop knowledge within governance e.g attended risk assessment workshop, monitoring DATIX • Meeting lead nurses on a weekly basis to support them on any ward and staffing issues, keeping staff in post up-to-date • Back to OSL role in Jan 19 **Line Manager's Feedback on staff members performance over past year:** Wendy has a successful secondment to HoS x 12mths. Returning to her OSL position, she will re-provide those services/functions she is comfortable with

Objectives for Next Year:

- Delivery of elective access targets – IPDC and outpatients for SEC and ATICs for end of 19/20; monitoring against trajectories
- Monitor performance KPIs raising risks to AD/HOS – Backlogs, referral trends
- IHA/IS Additionality – ensure additionality funding is utilised and monitor
- Stabilise the IS Admin team with permanent staff (if funding secured)
- Support the Theatre utilisation audit task/finish groups
- Monitor theatre utilisation reports
- Work collaboratively with Information/PAS team to standardise Trust Virtual e-triage and validation guidance
- Maintain and boost admin staff morale
- Support the development and implementation of Pre-op and chronic pain paper
- Supporting AD and HOS in delivery of action plans, projects and targets

Reviewee Staff Name (Print) _Wendy Clayton_____ Signature _____ Date __29/5/19_____

Reviewer Manager/Supervisor (Print) **Ronan Carroll**____ Signature _____ Personal Information redacted by the USI _____ Date _29.5.19_____

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Part B **ANNUAL PERSONAL DEVELOPMENT PLAN** **For training requirements specific to your staff group refer to Trust Intranet Training Link**

Staff Number: [redacted]

Training Type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction	Complete	
	Departmental Induction/Orientation	Complete	
	Fire Safety	22/3/17	
	Record Keeping/Data Protection	13/7/17	Part of IG
	Moving and Handling	13/7/17	
Corporate Mandatory Training ROLE SPECIFIC	Infection Prevention Control	13/7/17	
	Safeguarding People, Children & Vulnerable Adults	22/3/17	
	Waste Management	N/A	
	Right Patient, Right Blood (Theory/Competency)	N/A	
	Control of Substances Hazardous to Health (COSHH)	N/A	
	Food Safety	N/A	
	Basic ICT	N/A	
	MAPA (level 3 or 4)	N/A	
Essential for Post	Recruitment & Selection Refresher	17/6/19	
	Information Governance	17/9/19	
Best practice/ Development (Coaching/Mentoring) (Relevant to current job role)			

Reviewee Staff Name (Print) _Wendy Clayton_____ Signature _____ Date _29/5/19_____

Reviewer Manager/Supervisor (Print) ___Ronan Carroll___ Signature ___[redacted]_____
Date _____

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

OR EMAIL TO: - [redacted]

Flowchart for completing KSF Personal Development Review and Plan

	Line Manager	Staff Member
BEFORE MEETING	Read post outline and job description for staff member Reflect on achievement of levels Refer to previous years KSF form	Read post outline and job description Reflect on how you have achieved the levels Complete Part B of the KSF form for mandatory training only Refer to previous years KSF form
DURING MEETING	Discuss general performance and progress Evaluate skills against post-outline and job description Agree areas for further development where necessary Discuss career development Complete PART A of form including staff member's comments and line manager's feedback from discussion Complete PART B sections on essential for post and best practice training Manager and staff member to sign and date PARTS A and B	
AFTER MEETING	Keep a copy of completed form Set an annual review date (or sooner if actions identified in Part A require on-going meetings) Forward a copy of PART B to the KSF department to ensure staff members Personal Development Plan is recorded annually on HRPTS	Keep a copy of completed form Undertake any actions identified in Part A Undertake agreed learning and development activities Refer to KSF form (parts A & B) during supervision throughout the year

FORWARD PART B TO KSF DEPARTMENT

Clayton, Wendy

From: Haughey, Mary
Sent: 04 May 2022 08:55
To: Clayton, Wendy
Subject: FW: Notes from Nurse-led review meeting on 23/09

Follow Up Flag: Follow up
Flag Status: Completed

Morning Wendy
I'll just forward these to you in separate emails if that's alright?

Best regards
Mary

From: Haughey, Mary
Sent: 23 September 2021 15:35
To: Quin, Clair <[redacted]>; Muldrew, Angela <[redacted]>; McAlinden, Matthew <[redacted]>; Clayton, Wendy <[redacted]>; Scott, Jane M <[redacted]>; Ward, Sarah <[redacted]>; Thompson, PatriciaA <[redacted]>; McCourt, Leanne <[redacted]>; ONeill, Kate <[redacted]>
Subject: Notes from Nurse-led review meeting on 23/09

Dear all

Please see summary notes below from our meeting today. The next meeting is scheduled for **28th October 2021 at 9.15am.**

Area	Update 13/08	Update 23/09
1. Staffing update	Both the admin worker and support workers are in post. The support worker will be based half time with Stacy / Niamh. There is discussion ongoing between Angela and Jane regard future line- management of the support worker – it is felt that this is best placed under Angela as there may be times that cross-cover is required across the support workers.	It has been agreed that Becky will be line- managed by Angela. The administrator, Catherine Kelly, is not in the CNS admin support role as she is helping out in Thorndale reception due to staff shortages.
2. Policies / Protocols	The policies and protocols for the nurse-led review clinics are with Ronan Carroll for approval and sign off. Leanne & Mark have updated the regional pathways in line with current NICE guidance – these will be reviewed at the next Urology CRG meeting for approval / sign off. Patient information leaflets about the clinics have been developed and shared with the Trust cancer service user group for review/comment.	Ronan has signed off the Screening policy. He is linking with Melanie and Heather Trouton in relation to who signs off the nurse-led clinic policies / protocols. It was noted that for other tumour sites, the local policies were not signed off once they were adopting / adhering to regionally agreed guidance and the consultants were in agreement. **Action**: *Clair Q / Mary will check with Louise Gribben in relation to the process used to set up her nurse-led clinics and will also contact Lisa Ranaghan to seek clarity in relation to sign off.* Revised guidance was presented at the last NICAN Urology CRG meeting – there were a few small tweaks. It will also be reviewed at the regional Urology CNS Forum meeting next week.
3. Recording / coding for clinics	It was agreed that the HNA would be completed at the first review appointment with the patient – this would be recorded as an HNA. Following this appointment, future	Angela advised that the coding has been set-up for the HNA / Review clinics. She has put in requests for the CNS's to access the shared drive for the CNS database, and contacted Edith Doyle in relation to having a drop down for the CNS proforma in a PDF format.

	review appointments will be coded under nurse-led review. CNS's to agree start dates for their clinics.	Clinics cannot start until the policies/protocols are signed off. There was also discussion on clarifying the role of the admin worker to support the review clinics following the first appointment. **Action**: *Angela to link with Jane Scott to clarify role/duties of the administrator* Leanne / Kate advised that Mr Glackin and Mr Haynes are happy to proceed with nurse-led clinics once the process for follow-up of results has been agreed. There was discussion on the CNS's utilising the DARO code on PAS for patients discharged awaiting result outcomes. Angela advised that once she had spoken with Jane to clarify admin role, an SOP would be developed to indicate all steps involved and by whom. This could be shared with the consultants to provide reassurance.
4. eHNA	The CNS's and support worker have attended the eHNA training and accounts have been set-up. It is hoped to get these set up shortly.	Becky, in her role as Support Worker, will be able to support the CNS's with setting up the eHNA assessments and completing referrals to voluntary / community support services. The Head & Neck team have started their eHNAs and Becky advised the system is straight forward to use. There was some discussion on the importance of offering a HNA to all newly diagnosed patients. This is part of the CNS KPIs and will be captured in the CNS proforma / database as this information will be required in the future by the HSCB/PHA.
5. Virtual health &wellbeing events	Mary advised that many of the tumour sites are moving to virtual health & wellbeing events and Sharon Clarke is helping to facilitate / co-ordinate these. It was agreed to set up a meeting with Sharon to discuss further.	The CNS's met with Sharon Clarke to plan a virtual health & wellbeing event for next month.
6. Future meetings	It was agreed to meet initially on a monthly basis – the last Thursday of each month at 9.15am. Wendy / Mary will co-ordinate the meetings.	Date of next meeting: **Thursday 28TH October @ 9.15am**

Kind regards
Mary

Mary Haughey
Macmillan Cancer Service Improvement Lead
Craigavon Area Hospital
Mobile: Personal Information redacted by the USI

Clayton, Wendy

From: Haughey, Mary
Sent: 04 May 2022 08:57
To: Clayton, Wendy
Subject: FW: Notes from Nurse-led review meeting on 23/09

Follow Up Flag: Follow up
Flag Status: Completed

Thanks
mary

From: Haughey, Mary
Sent: 28 October 2021 12:13
To: Quin, Clair <[redacted]>; Muldrew, Angela <[redacted]>; McAlinden, Matthew <[redacted]>; Clayton, Wendy <[redacted]>; Scott, Jane M <[redacted]>; Ward, Sarah <[redacted]>; Thompson, PatriciaA <[redacted]>; McCourt, Leanne <[redacted]>; ONeill, Kate <[redacted]>; Murray, Rebecca M <[redacted]>
Subject: RE: Notes from Nurse-led review meeting on 23/09

Dear all

Please see summary notes below from the last Nurse-led review meeting held this morning. The next meeting is scheduled for **Thursday 25th November 2021 at 9.15am.**

Area	Update 23/09	Update 28/10
1. Staffing update	The administrator, Catherine Kelly, is not in the CNS admin support role as she is helping out in Thorndale reception due to staff shortages. It has been agreed that Becky will be line- managed by Angela.	**Action:** *Matthew is meeting with Catherine & Amanda on 28/10 to review roles and to arrange typing training for Catherine.* Angela advised that she is moving to a new role: MDT Administrator & Project officer. Vicky's post is to be replaced and the new postholder will manage Becky and the other support workers going forward. In the interim, Sinead Lee will provide line management support.
2. Policies / Protocols	Ronan has signed off the Screening policy. He is linking with Melanie and Heather Trouton in relation to who signs off the nurse-led clinic policies / protocols. It was noted that for other tumour sites, the local policies were not signed off once they were adopting / adhering to regionally agreed guidance and the consultants were in agreement. **Action**: *Clair Q / Mary will check with Louise Gribben in relation to the process used to set up her nurse-led clinics and will also contact Lisa Ranaghan to seek clarity in relation to sign off.* Revised guidance was presented at the last NICAN Urology CRG meeting – there were a few small tweaks. It will also be reviewed at the regional Urology CNS Forum meeting next week.	The clinic policies and protocols will need to be presented at the Acute Senior Nurse meeting for sign off. This is chaired by Chris Wamsley who is on A/L this week but Sarah will follow up with him next week. In the meantime, as the clinicians have signed off, it was agreed to go ahead and plan the nurse-led clinics. The revised guidance was presented at the last CNS Forum meeting and all agreed with the proposed changes. Leanne has forwarded notes of the meeting to NICAN. It will be put on the agenda for final sign off at the next Urology CRG meeting.
3. Recording / coding for clinics	Angela advised that the coding has been set-up for the HNA / Review clinics. She has put in requests for the CNS's to access the shared drive for the CNS database, and contacted Edith Doyle in relation to having a drop down for the CNS proforma in a PDF format. Clinics cannot start until the policies/protocols are signed off. There was also discussion on clarifying the role of the admin worker to support the review clinics following the first appointment. **Action**: *Angela to link with Jane Scott to clarify role/duties of the administrator*	Coding has been set up for the eHNA and nurse-led clinics. **Action:** *Mathew to forward codes to CNS's.* Becky has started to input data into the CNS database. It was agreed that Becky would do the admin support for the first Nurse-led clinic as it will also incorporate the eHNA. Following this, Catherine will provide the CNS admin support. It was agreed that Catherine's role will be monitored as the clinics develop as it was highlighted that she is also providing admin support to the other Urology nurses.

	Leanne / Kate advised that Mr Glackin and Mr Haynes are happy to proceed with nurse-led clinics once the process for follow-up of results has been agreed. There was discussion on the CNS's utilising the DARO code on PAS for patients discharged awaiting result outcomes. Angela advised that once she had spoken with Jane to clarify admin role, an SOP would be developed to indicate all steps involved and by whom. This could be shared with the consultants to provide reassurance.	**Action**: *Angela will link with Jane Scott next week to develop the SOP for the admin process which will be shared with the group and the clinicians.*
4. eHNA	Becky, in her role as Support Worker, will be able to support the CNS's with setting up the eHNA assessments and completing referrals to voluntary / community support services. The Head & Neck team have started their eHNAs and Becky advised the system is straight forward to use. There was some discussion on the importance of offering a HNA to all newly diagnosed patients. This is part of the CNS KPIs and will be captured in the CNS proforma / database as this information will be required in the future by the HSCB/PHA.	It was agreed to go ahead and to start planning the eHNA clinics as it will take 2-3 weeks to get bloods arranged. Leanne will contact Tony and Mark to advise. There will be 3 clinics per week, with approximately 7 patients per clinic. **Action:** *Leanne / Kate & Patricia to send Angela the clinic templates for their clinics and the days / times so that the patients can be added to the waiting lists.*
5. Virtual health &wellbeing events	The CNS's met with Sharon Clarke to plan a virtual health & wellbeing event for next month.	An initial meeting with Sharon Clarke took place and speakers / topics identified. 120 patients have been identified to invite to the virtual event. **Action:** *Mary will ask Sharon to contact the nurses in relation to technical support to record the video presentations and to agree a date for the event.*
6. Future meetings	Date of next meeting: **Thursday 28TH October @ 9.15am**	Date of next meeting: **Thursday 25th November at 9.15am**

Kind regards
Mary

Mary Haughey
Macmillan Cancer Service Improvement Lead
Craigavon Area Hospital
Mobile: Personal Information redacted by the USI

Clayton, Wendy

From: Haughey, Mary
Sent: 04 May 2022 08:57
To: Clayton, Wendy
Subject: FW: Notes from Nurse-led review meeting on 02/12/21

Follow Up Flag: Follow up
Flag Status: Completed

From: Haughey, Mary
Sent: 06 December 2021 09:04
To: Quin, Clair <Personal Information redacted by the USI>; Muldrew, Angela <Personal Information redacted by the USI>; McAlinden, Matthew <Personal Information redacted by the USI>; Clayton, Wendy <Personal Information redacted by the USI>; Scott, Jane M <Personal Information redacted by the USI>; Ward, Sarah <Personal Information redacted by the USI>; Thompson, PatriciaA <Personal Information redacted by the USI>; McCourt, Leanne <Personal Information redacted by the USI>; ONeill, Kate <Personal Information redacted by the USI>; Murray, Rebecca M <Personal Information redacted by the USI>; McKay, Paula <Personal Information redacted by the USI>
Subject: Notes from Nurse-led review meeting on 02/12/21

Dear all

Please see summary notes below from the last Nurse-led review meeting held on 2nd December 2021. The next meeting is scheduled for **Thursday 27th January 2022 at 9.00am.**

Area	Update 28/10	Update 02/12
1. Staffing update	**Action:** *Matthew is meeting with Catherine & Amanda on 28/10 to review roles and to arrange typing training for Catherine.* Angela advised that she is moving to a new role: MDT Administrator & Project officer. Vicky's post is to be replaced and the new postholder will manage Becky and the other support workers going forward. In the interim, Sinead Lee will provide line management support.	Catherine has completed training and waiting on audio equipment to arrive.
2. Policies / Protocols	The clinic policies and protocols will need to be presented at the Acute Senior Nurse meeting for sign off. This is chaired by Chris Wamsley who is on A/L this week but Sarah will follow up with him next week. In the meantime, as the clinicians have signed off, it was agreed to go ahead and plan the nurse-led clinics. The revised guidance was presented at the last CNS Forum meeting and all agreed with the proposed changes. Leanne has forwarded notes of the meeting to NICAN. It will be put on the agenda for final sign off at the next Urology CRG meeting.	No further update in relation to this. **Action**: *Mary to follow-up with Sarah / Chris* Guidance to be signed off at the next Urology CRG meeting.
3. Recording / coding for clinics	Coding has been set up for the eHNA and nurse-led clinics. **Action:** *Mathew to forward codes to CNS's.* Becky has started to input data into the CNS database. It was agreed that Becky would do the admin support for the first Nurse-led clinic as it will also incorporate the eHNA. Following this, Catherine will provide the CNS admin support. It was agreed that Catherine's role will be monitored as the clinics develop as it was highlighted that she is also providing admin support to the other Urology nurses. **Action**: *Angela will link with Jane Scott next week to develop the SOP for the admin process which will be shared with the group and the clinicians.*	Completed. Becky is developing an electronic proforma for the CNS's which will have drop-down boxes, this should help to standardise the process for all sites. **Action**: *Angela / Becky to explore how to submit the proforma using Java script* Leanne drafted an SOP and sent to all for review. It was noted that all patients come to the clinic with their PSA result, Catherine will check that this is done and it will be built into the pathway. DARO is not required as patients are put on a review waiting list. Urgent codes are not required.

		Patient's letter advises that they can book bloods through the phlebotomy drive through in Armagh if they are not able to access through GP practice. It was noted that another drive-through is planned for Lurgan. **Action:** *Angela / Matthew to tweak the SOP and re-circulate to all.*
4. eHNA	It was agreed to go ahead and to start planning the eHNA clinics as it will take 2-3 weeks to get bloods arranged. Leanne will contact Tony and Mark to advise. There will be 3 clinics per week, with approximately 7 patients per clinic. **Action:** *Leanne / Kate & Patricia to send Angela the clinic templates for their clinics and the days / times so that the patients can be added to the waiting lists.*	Leanne has held x2 clinics to date and both have gone well. Kate is starting a clinic next week. Becky has supported with the set-up of the electronic assessments. Going forward it was noted that as numbers increase, patients will be offered 3 follow-up options: face-to-face, telephone or letter. The last 2 options will be recorded as virtual activity on PAS. A text reminder is not required.
5. Virtual health &wellbeing events	An initial meeting with Sharon Clarke took place and speakers / topics identified. 120 patients have been identified to invite to the virtual event. **Action:** *Mary will ask Sharon to contact the nurses in relation to technical support to record the video presentations and to agree a date for the event.*	A virtual HWB event is planned for 19/01/22. Patients have been identified to invite. Staff are working on content for their presentations. Sharon / Caroline are supporting the team with this.
6. Patient Experience		**Action:** *Mary to meet with team to review last patient experience survey & action plan, and to develop a new patient experience survey.* Leanne is exploring Care Opinion as an option.
7. Future meetings	Date of next meeting: **Thursday 25th November at 9.15am**	Date of next meeting: **Thursday 27th January 2022 at 9am**

Kind regards
Mary

Mary Haughey
Macmillan Cancer Service Improvement Lead
Craigavon Area Hospital
Mobile: Personal Information redacted by the USI

Clayton, Wendy

From: Haughey, Mary
Sent: 04 May 2022 08:57
To: Clayton, Wendy
Subject: FW: Notes from Nurse-led review meeting on 27/01/22

Follow Up Flag: Follow up
Flag Status: Flagged

From: Haughey, Mary
Sent: 23 February 2022 16:06
To: Quin, Clair <Personal Information redacted by the USI>; Muldrew, Angela <Personal Information redacted by the USI>; McAlinden, Matthew <Personal Information redacted by the USI>; Clayton, Wendy <Personal Information redacted by the USI>; Scott, Jane M <Personal Information redacted by the USI>; Ward, Sarah <Personal Information redacted by the USI>; Thompson, PatriciaA <Personal Information redacted by the USI>; McCourt, Leanne <Personal Information redacted by the USI>; ONeill, Kate <Personal Information redacted by the USI>; Murray, Rebecca M <Personal Information redacted by the USI>; McKay, Paula <Personal Information redacted by the USI>; Lee, Sinead <Personal Information redacted by the USI>; Shannon, Nicola <Personal Information redacted by the USI>
Subject: RE: Notes from Nurse-led review meeting on 27/01/22

Dear all

Please see summary notes below from the last Urology Nurse-led review meeting on Thursday 27th January 2022 at 9.00am. The next meeting is scheduled for **Thursday 24th February at 9.30am –** a zoom link has been issued for tomorrow morning.

Area	Update 02/12	Update 27/01/2022
Attendees		Mary Haughey; Angela Muldrew; Clair Quin; Sarah Ward; Paula McKay; Jane Scott; Emma Mullen; Leanne McCourt; Patricia Thompson
Apologies		Wendy Clayton; Matthew McAlinden; Kate O'Neill; Catherine Kelly; Becky Murray
1. Staffing update	Catherine has completed training and waiting on audio equipment to arrive.	Not sure if equipment has arrived – Jane / Matthew can you advise please? **Action:** Mary to include Sinead Lee in future meetings as she currently line manages the support workers.
2. Policies / Protocols	No further update in relation to this. **Action**: *Mary to follow-up with Sarah / Chris* Guidance to be signed off at the next Urology CRG meeting.	Mary had been advised that the nurse-led policies were on the agenda for sign off at the Acute Senior Nurse meeting in December but has been unable to get confirmation. **Action:** *Sarah will contact Ronan Carroll to seek confirmation and a copy of the minutes. Also to clarify what the next steps are re. uploading docs to share-point.* Leanne advised that she is starting to work next on the policy for TP biopsies.
3. Recording / coding for clinics	Becky is developing an electronic proforma for the CNS's which will have drop-down boxes, this should help to standardise the process for all sites. **Action**: *Angela / Becky to explore how to submit the proforma using Java script* Leanne drafted an SOP and sent to all for review. It was noted that all patients come to the clinic with their PSA result, Catherine will check that this is done and it will be built into the pathway. DARO is not required as patients are put on a review waiting list. Urgent codes are not required. Patient's letter advises that they can book bloods through the phlebotomy drive-through in Armagh if they are not able to access through GP practice. It was noted that another drive-through is planned for Lurgan. **Action:** *Angela / Matthew to tweak the SOP and re-circulate to all.*	Angela advised that the electronic CNS proforma is developed. There is a new IT person in post with responsibility for share-point so they will link with him in relation to the function required to submit the form directly to the support workers once it is completed. The form will be available on the cancer services share-point tile. **Action**: *Angela will advise all when the form is available for use.* **Action:** *Angela & Matthew to finalise the Admin SOP.*

4. eHNA	Leanne has held x2 clinics to date and both have gone well. Kate is starting a clinic next week. Becky has supported with the set-up of the electronic assessments. Going forward it was noted that as numbers increase, patients will be offered 3 follow-up options: face-to-face, telephone or letter. The last 2 options will be recorded as virtual activity on PAS. A text reminder is not required.	Leanne advised that eHNA clinics are ongoing and they work better when the patient has completed the concerns checklist before the consultation. Becky has been able to support with this though she is currently off sick. There has been a mix of telephone and face-to-face appointments and both seem to work well. The care plans are scanned and uploaded to NIECR. Angela advised that Leanne can send the patient list for the next clinics to the generic support worker email address and these will be picked up by either Stacy or Emma in Becky's absence. The Nurse-led review clinics are going well though are still ad-hoc. Leanne has been liaising with the consultants to encourage them to refer patients on active surveillance and watch & wait pathways to nurse-led review. Outcomes are dictated and recorded in the progress notes section on NIECR.
5. Virtual health &wellbeing events	A virtual HWB event is planned for 19/01/22. Patients have been identified to invite. Staff are working on content for their presentations. Sharon / Caroline are supporting the team with this.	Due to service & staffing pressures, the virtual HWB event planned for 19th January was cancelled. It is proposed to put this back to March. Mary suggested that some work could still be done in preparation for the event in relation to some of the presentations and will ask Sharon to contact the team to progress.
6. Patient Experience	**Action:** *Mary to meet with team to review last patient experience survey & action plan, and to develop a new patient experience survey.* Leanne is exploring Care Opinion as an option.	Meeting was held recently with Care Opinion and a plan to utilise this as a mechanism for patient feedback was agreed. Mairead and Christine will attend the Urology departmental meeting on 3 Feb at 1.15pm. Following this, general awareness and responder training will be arranged for the team. Also exploring digital storytelling and peer review volunteers as options to get patient feedback. Leanne advised that she has a patient who is interested in joining the Cancer Service user Group after he completes his treatment and will keep Mary updated. Sarah advised that the previous patient experience surveys were shared with the Urology service user group for review and comment. This will be fed back to the team for future consideration. **Action:** *Mary to meet with the team to review the last CPES results and action plan and plan for next patient experience survey*.
7. Future meetings	Date of next meeting: **Thursday 27th January 2022 at 9am**	**Date of next meeting: Thursday 24th Feb at 9.30am via zoom**

Kind regards
Mary

Mary Haughey
Macmillan Cancer Service Improvement Lead
Craigavon Area Hospital
Mobile: Personal Information redacted by the USI

Clayton, Wendy

From: Haughey, Mary
Sent: 04 May 2022 08:58
To: Clayton, Wendy
Subject: FW: Notes from Nurse-led review meeting on 24/02/22

Follow Up Flag: Follow up
Flag Status: Flagged

From: Haughey, Mary
Sent: 24 February 2022 15:09
To: Quin, Clair <Personal Information redacted by the USI>; Muldrew, Angela <Personal Information redacted by the USI>; McAlinden, Matthew <Personal Information redacted by the USI>; Clayton, Wendy <Personal Information redacted by the USI>; Scott, Jane M <Personal Information redacted by the USI>; Ward, Sarah <Personal Information redacted by the USI>; Thompson, PatriciaA <Personal Information redacted by the USI>; McCourt, Leanne <Personal Information redacted by the USI>; ONeill, Kate <Personal Information redacted by the USI>; Murray, Rebecca M <Personal Information redacted by the USI>; McKay, Paula <Personal Information redacted by the USI>; Lee, Sinead <Personal Information redacted by the USI>
Subject: Notes from Nurse-led review meeting on 24/02/22

Dear all

Please see summary notes below from the Urology Nurse-led review meeting on Thursday 24th February 2022 at 9.30am. The next meeting is scheduled for **Thursday 31st March at 9.30am –** a zoom link will be sent closer to the time.

Area	**27/01/2022**	**Update 24/02/2022**
Attendees	Mary Haughey; Angela Muldrew; Clair Quin; Sarah Ward; Paula McKay; Jane Scott; Emma Mullen; Leanne McCourt; Patricia Thompson	Mary Haughey; Leanne McCourt; Catherine Kelly; Angela Muldrew; Paula McKay; Becky Murray; Sinead Lee
Apologies	Wendy Clayton; Matthew McAlinden; Kate O'Neill; Catherine Kelly; Becky Murray	Wendy Clayton; Matthew McAlinden; Kate O'Neill; Jane Scott; Patricia Thompson; Clair Quin; Sarah Ward
1. Staffing update	Not sure if equipment has arrived – Jane / Matthew can you advise please? **Action:** Mary to include Sinead Lee in future meetings as she currently line manages the support workers.	Catherine is still waiting on the audio equipment. The nurse-led review clinics are starting on 28/02. **Action:** Mary to email Matthew for an update.
2. Policies / Protocols	Mary had been advised that the nurse-led policies were on the agenda for sign off at the Acute Senior Nurse meeting in December but has been unable to get confirmation. **Action:** *Sarah will contact Ronan Carroll to seek confirmation and a copy of the minutes. Also to clarify what the next steps are re. uploading docs to share-point.* Leanne advised that she is starting to work next on the policy for TP biopsies.	Still unclear if the nurse-led policies have been signed off. **Action**: Paula advised that she will follow up with Ronan next week.
3. Recording / coding for clinics	Angela advised that the electronic CNS proforma is developed. There is a new IT person in post with responsibility for share-point so they will link with him in relation to the function required to submit the form directly to the support workers once it is completed. The form will be available on the cancer services share-point tile. **Action**: *Angela will advise all when the form is available for use.* **Action:** *Angela & Matthew to finalise the Admin SOP.*	The CNS proforma is now available electronically on the cancer services sharepoint tile from this week. Once it is completed it will automatically be sent to the generic support worker email address. There is now no need to send daily sheets / additional proformas to the Support workers.
4. eHNA	Leanne advised that eHNA clinics are ongoing and they work better when the patient has completed the concerns checklist before the consultation. Becky has been able to support with this though she is Personal Information redacted by the USI. There has been a mix	Angela circulated an updated Admin SOP for review. Leanne advised that the combined HNA/review clinic is not working. A lot of the patients do not want an eHNA so it's not making best use of the time allocated.

	of telephone and face-to-face appointments and both seem to work well. The care plans are scanned and uploaded to NIECR. Angela advised that Leanne can send the patient list for the next clinics to the generic support worker email address and these will be picked up by either Stacy or Emma in Becky's absence. The Nurse-led review clinics are going well though are still ad-hoc. Leanne has been liaising with the consultants to encourage them to refer patients on active surveillance and watch & wait pathways to nurse-led review. Outcomes are dictated and recorded in the progress notes section on NIECR.	It was agreed that going forward there would be a separate eHNA clinic on a Wed morning. Becky will manage this admin process and Catherine will manage the admin process for all of the review clinics. The SOP will be amended to reflect this new development. There are approximately 12 patients left who will attend the combined clinic and following this, Leanne will advise Becky of the patients who require an eHNA appointment. This process will also enable high risk patients to avail of an eHNA. Patricia has started her eHNA clinics and a short meeting was held to confirm the cohort of patients suitable for the eHNA clinic. **Action:** Mary to liaise with colleagues in BT to find out if patients who attend Belfast for treatment (radiotherapy / surgery) are offered an HNA.
5. Virtual health &wellbeing events	Due to service & staffing pressures, the virtual HWB event planned for 19th January was cancelled. It is proposed to put this back to March. Mary suggested that some work could still be done in preparation for the event in relation to some of the presentations and will ask Sharon to contact the team to progress.	Date for the next virtual HWB event to be agreed. In the meantime, Mary will ask Sharon & Caroline to link with team to support with pre-recording the presentations. **Action:** Mary to link with Sharon & Caroline to arrange a meeting with the Urology nurses.
6. Patient Experience	Meeting was held recently with Care Opinion and a plan to utilise this as a mechanism for patient feedback was agreed. Mairead and Christine will attend the Urology departmental meeting on 3 Feb at 1.15pm. Following this, general awareness and responder training will be arranged for the team. Also exploring digital storytelling and peer review volunteers as options to get patient feedback. Leanne advised that she has a patient who is interested in joining the Cancer Service user Group after he completes his treatment and will keep Mary updated. Sarah advised that the previous patient experience surveys were shared with the Urology service user group for review and comment. This will be fed back to the team for future consideration. **Action:** *Mary to meet with the team to review the last CPES results and action plan and plan for next patient experience survey*.	Care opinion team attended the departmental meeting. Posters have been circulated following the meeting along with dates for the responder training. Leanne and Mary met with Maura McClean from Macmillan in relation to the peer facilitator project. A further meeting to take this forward has been arranged for 03/03.
7. Future meetings	**Date of next meeting: Thursday 24th Feb at 9am via zoom**	**Date of next meeting: Thursday 31st March at 9.30am via zoom**

Kind regards
Mary

Mary Haughey
Macmillan Cancer Service Improvement Lead
Craigavon Area Hospital
Mobile: Personal Information redacted by the USI

Clayton, Wendy

From: Haughey, Mary
Sent: 04 May 2022 08:58
To: Clayton, Wendy
Subject: FW: Notes from Nurse-led review meeting on 21/04/22

Follow Up Flag: Follow up
Flag Status: Flagged

From: Haughey, Mary
Sent: 25 April 2022 07:56
To: McAlinden, Matthew <[redacted]>; Clayton, Wendy <[redacted]>; Scott, Jane M <[redacted]>; Ward, Sarah <S[redacted]>; Thompson, PatriciaA <[redacted]>; McCourt, Leanne <[redacted]>; ONeill, Kate <[redacted]>; Murray, Rebecca M <[redacted]>; Lee, Sinead <[redacted]>; Kelly, Catherine F <[redacted]>
Cc: Quin, Clair <[redacted]>
Subject: Notes from Nurse-led review meeting on 21/04/22

Dear all

Please see summary notes below from the Urology Nurse-led review meeting on Thursday 21st April 2022 at 9.15am. The next meeting is scheduled for **Thursday 26st May at 9.15am and** a zoom link has been sent.

Area	**24/02/2022**	**Update 21/04/2022**
Attendees	Mary Haughey; Leanne McCourt; Catherine Kelly; Angela Muldrew; Paula McKay; Becky Murray; Sinead Lee	Mary Haughey; Leanne McCourt; Patricia Thompson; Angela Muldrew; Becky Murray; Sinead Lee
Apologies	Wendy Clayton; Matthew McAlinden; Kate O'Neill; Jane Scott; Patricia Thompson; Clair Quin; Sarah Ward	Wendy Clayton; Matthew McAlinden; Kate O'Neill; Jane Scott; Clair Quin; Sarah Ward; Paula McKay
1. Staffing update	Catherine is still waiting on the audio equipment. The nurse-led review clinics are starting on 28/02. **Action:** Mary to email Matthew for an update.	There is a back log of typing as Catherine has been covering the Thorndale Unit due to a vacant post. Wendy Clayton is aware and has arranged additional admin support to address the typing backlog. Matthew is working to fill the vacant post.
2. Policies / Protocols	Still unclear if the nurse-led policies have been signed off. **Action**: Paula advised that she will follow up with Ronan next week.	**Action:** Mary to follow-up with Paula
3. Recording / coding for clinics	The CNS proforma is now available electronically on the cancer services sharepoint tile from this week. Once it is completed it will automatically be sent to the generic support worker email address. There is now no need to send daily sheets / additional proformas to the Support workers.	The nurses are using the CNS proforma. Small issue raised in relation to the mandatory box required for the date of the HNA appointment, as this is not always known. The Support Worker uses the month as a guide for the appointment. After some discussion it was agreed that in the HNA part of the CNS proforma, there will be an option to either add in the date of the HNA (if done retrospectively or if appt is already planned) **OR** to use the free text box named '*Additional info'* to add in a comment for example "Review in 8 weeks". **Action:** Sinead will take forward and advise all when the change has been made
4. eHNA	Angela circulated an updated Admin SOP for review. Leanne advised that the combined HNA/review clinic is not working. A lot of the patients do not want an eHNA so it's not making best use of the time allocated. It was agreed that going forward there would be a separate eHNA clinic on a Wed morning. Becky will manage this admin process and Catherine will manage the admin process for all of the review clinics. The SOP will be amended to reflect this new development. There are approximately 12 patients left who will attend the	Leanne advised that the separate eHNA clinics are working better. There are only 3 patients left from the combined clinic. There can be up to 4 patients per clinic and this can be very intensive depending on the complexity and number of issues raised. Leanne and Patricia both advised that the majority of the patients do not complete the concerns checklist beforehand so they complete this as part of the assessment appointment.

	combined clinic and following this, Leanne will advise Becky of the patients who require an eHNA appointment. This process will also enable high risk patients to avail of an eHNA. Patricia has started her eHNA clinics and a short meeting was held to confirm the cohort of patients suitable for the eHNA clinic. **Action:** Mary to liaise with colleagues in BT to find out if patients who attend Belfast for treatment (radiotherapy / surgery) are offered an HNA.	It was agreed that Becky would contact all the patients by telephone one week after the appointment letter is sent out to check if they have received it and are able to complete. If not, Becky will complete this with the patient over the telephone. Mary also advised that Becky is able to do some of the non-clinical referrals for patients. A session is being arranged for the Support Workers next week with Sharon and Caroline from the MISS to get an update on all of the services / support available.
5. Virtual health &wellbeing events	Date for the next virtual HWB event to be agreed. In the meantime, Mary will ask Sharon & Caroline to link with team to support with pre-recording the presentations. **Action:** Mary to link with Sharon & Caroline to arrange a meeting with the Urology nurses.	Sharon & Caroline have made contact with Mr O'Donoghue in relation to his presentation recording. The nurses have not been able to meet as yet due to service pressures.
6. Patient Experience	Care opinion team attended the departmental meeting. Posters have been circulated following the meeting along with dates for the responder training. Leanne and Mary met with Maura McClean from Macmillan in relation to the peer facilitator project. A further meeting to take this forward has been arranged for 03/03.	Work is ongoing with Macmillan peer facilitator programme to enable facilitated conversations with a range of patients to get a better understanding of their experience at different stages of the pathway. A patient flyer has been developed and questions are being agreed.
7. Future meetings	**Date of next meeting: Thursday 31st March at 9.30am via zoom**	**Date of next meeting: Thursday 26th May at 9.15am.**

Kind regards

Mary

Mary Haughey
Macmillan Cancer Service Improvement Lead
Craigavon Area Hospital
Mobile: Personal Information redacted by the USI

Paula / Wendy 1:1 28 March 2022

WARD	3S	
DATIX Number risk status	39 for the ward. 1 belongs to M.C 8 datix belongs to medics. Continue working through the rest	
COMPLAINTS number position	• Personal Information redacted by the USI Paula has ordered notes to complete. • Personal Information redacted by the USI Paula has completed what she can however some of the notes are lost and can't be fully completed • Personal Information redacted by the USI wedding ring lost cant be found however can we pull notes to see if patient or family asked ward to keep the ring. Follow up on 28.03.22 patient had not requested for property to be kept in the safe	
STAFFING Sip sick leave maternity leave other issues	Copy of 3S Staffing January 2022.xlsx staffing has improved however I will check but I think that your WTE has increased to 31.0 band 5 Increase to 58% Band 5 Sick leave – Personal Information redacted by the USI B6 both numerous sick leave absences in past year. Both being referral to panel. To make contact with HR Emma Burns for advice	
ACTION PLANS	Personal Information redacted by the USI on a return to work action plan progressing well at present	
AUDITS SAFE CARE	Audit results very good at the minute and feb nqi results very good well done. Safe care done well with Personal Information redacted by and some band 6 however some band 6 needs to be more proactive i.e Personal Information redacted by (will complete however not keen)	
TRAINING	Educator Anne Mcsherry to attend all wards for half a day a week to help with education and training. New training issues identified with the reintroduction of surgical patients clinical sisters Anne and urology doctors – led by Laura McAuley, Spec Doctor in Urology	
REVALIDATION	Monika revalidation due June 2022	
BAND 6 SISTERS	Personal Information redacted by the USI spoken to by Laura about her attitude at times she is now the new link on the ward for staff health and well	
BAND 5	Incease in Band 5 going recruitment	
BAND 2/3		
AOB		

Wendy and Paula 1:1 meeting

Friday 18th may

DATIX : Number risk status

57 datix to be completed. Martina Corrigan x1 Dr Murphy X4
Laura to continue to work your way through same

COMPLIANTS Number position

Personal Information redacted by the USI – Paula has notes in office but they aren't complete notes
Personal Information redacted by the USI - remains in STH
Personal Information redacted by the USI – Paula again has half the notes in office
Personal Information redacted by the USI - Paula to complete received notes today
Personal Information redacted by the USI – response sent by Finn

Personal Information redacted by the USI Laura notified that response has been sent to family
Personal Information redacted by the USI letter of completion sent out following meeting face to face that he had with Paula and Laura.

STAFFING SIP SICK LEAVE MATERNITY LEAVE OTHER ISSUES

	FSL	ACTUAL	DEFICIT	AVAILABLE	LTS	MAT	SEC / CB	Other	BANK	LEAVES	Available + Backfill	% staffing
Band 7	1.00	1.00	0.00	1.00							**1.00**	100%
Band 6	4.00	5.07	1.18	4.07		1.00					**4.07**	101.75%
Band 5	31..03	19.89	-9.14	10.29					7.74		**18.03**	62.11%
Band 3	12.98	12.62	-0.36	8.01					1.05		**9.06**	69.80%
Band 2	0.00	0.61	0.00	0.00		0.61					**0.00**	
TOTALS	***47.01***	***39.19***	***-8.32***	**23.37**	***0.00***	***1.61***	***0.00***	***0.00***	***8.79***	***0.00***	**32.16**	68.41%

Maternity leave x2 from mid june
1 block booking leaving from end of may 5 nights
Personal Information redacted by the USI block booking starting 16th may
Personal Information redacted by the USI BB agency 21 hrs leaving maternity next week

Last month HR was contacted about staff with five episodes or more of sick leave excluding COVID and pregnancy. week beginning 16th may there is 5 zoom meetings via zoom with HR and Laura and individual staff members to give informal warnings re their sick leave over the past 12 months.

ACTION PLANS	No action plans at present, Personal Information redacted by the USI has made great progress on returning to work and action plan removed
AUDITS SAFECARE	Nqi some of the nqi had dropped last month , to continue with regular audits Ensure updated 3 times a day
TRAINING	Please focus on diabetes, pressure ulcer and infection control training. Anne carrying out group supervision over coming months please book in.
REVALIDATION	Personal Information redacted by the USI is in India as her dad is very unwell so she has an extension to July
BAND 6 SISTERS	All band 6 sisters are having a 1:1 with Paula after these Paula and Laura will meet and go through all the issues the band 6 have and then have a sisters meeting with them all re band 6 moral.
BAND 5	Laura feels that the band 5 on the wards are improving, staffing levels are improving and she has more returning ad hoc staff which is helping to stabilising the ward. There is more surgical patients on the ward, which is encouraging, and there is ongoing training for the band 5 on the surgical conditions.
BAND 3/2	Sop being completed at present to help improving band 2/3 cover at night
AOB	

Wendy and Paula 1:1 meeting

Friday 18th may

DATIX : Number risk status

57 datix to be completed. Martina Corrigan x1 Dr Murphy X4
Laura to continue to work your way through same

COMPLIANTS Number position

[redacted] – Paula has notes in office but they aren't complete notes
[redacted] - remains in STH
[redacted] – Paula again has half the notes in office
[redacted] - Paula to complete received notes today
[redacted] – response sent by Finn

[redacted] Laura notified that response has been sent to family
[redacted] letter of completion sent out following meeting face to face that he had with Paula and Laura.

STAFFING SIP SICK LEAVE MATERNITY LEAVE OTHER ISSUES

	FSL	*ACTUAL*	*DEFICIT*	*AVAILABLE*	*LTS*	*MAT*	*SEC / CB*	*Other*	*BANK*	*LEAVES*	Available + Backfill	*% staffing*
Band 7	1.00	1.00	0.00	1.00							**1.00**	100%
Band 6	4.00	5.07	1.18	4.07		1.00					**4.07**	101.75%
Band 5	31..03	19.89	-9.14	10.29					7.74		**18.03**	62.11%
Band 3	12.98	12.62	-0.36	8.01					1.05		**9.06**	69.80%
Band 2	0.00	0.61	0.00	0.00		0.61					**0.00**	
TOTALS	***47.01***	***39.19***	***-8.32***	**23.37**	***0.00***	***1.61***	***0.00***	***0.00***	***8.79***	***0.00***	**32.16**	68.41%

Maternity leave x2 from mid june
1 block booking leaving from end of may 5 nights
[redacted] block booking starting 16th may
[redacted] BB agency 21 hrs leaving maternity next week

Last month HR was contacted about staff with five episodes or more of sick leave excluding COVID and pregnancy. week beginning 16th may there is 5 zoom meetings via zoom with HR and Laura and individual staff members to give informal warnings re their sick leave over the past 12 months.

ACTION PLANS	No action plans at present, Personal Information redacted by the USI has made great progress on returning to work and action plan removed
AUDITS SAFECARE	Nqi some of the nqi had dropped last month , to continue with regular audits Ensure updated 3 times a day
TRAINING	Please focus on diabetes, pressure ulcer and infection control training. Anne carrying out group supervision over coming months please book in.
REVALIDATION	Personal Information redacted by the USI is in India as her dad is very unwell so she has an extension to July
BAND 6 SISTERS	All band 6 sisters are having a 1:1 with Paula after these Paula and Laura will meet and go through all the issues the band 6 have and then have a sisters meeting with them all re band 6 moral.
BAND 5	Laura feels that the band 5 on the wards are improving, staffing levels are improving and she has more returning ad hoc staff which is helping to stabilising the ward. There is more surgical patients on the ward, which is encouraging, and there is ongoing training for the band 5 on the surgical conditions.
BAND 3/2	Sop being completed at present to help improving band 2/3 cover at night
AOB	

Southern Health and Social Care Trust

Quality Care - for you, with you

PROPOSED NEW FINANCIAL MANAGEMENT HOS REPORT

Month: OCTOBER 2021

HOS: ENT, Urology, Ophthalmology & Outpatients

Executive Summary

Trustwide Position	As at 31 October 2021, the Trust is in a Deficit position of £8,649k	
Directorate Position	As at 31 October 2021, the Acute Services Directorate is in Deficit of £13,166k	
HOS Position	As at 31 October 2021, the Head of ENT, Urology, Ophthalmology & Outpatients is in Deficit of £890k	
Capital Position:	As at 31 October 2021, the Trustwide General Capital Spend is £1,179k	Click Here for General Capital
	As at 31 October 2021, the Trustwide Specific Schemes Spend is £6,463k	Click Here for Specific Schemes

Spend Data

	In-Month Variance £	Cumulative variance £	Cumulative Spend Current Year £	Cumulative Spend Prior Year £	Commentary	CLICK ON LINKS BELOW FOR SUPPLIMENTARY INFORMATION
Payroll						
Medical	17,978	(220,972)	2,254,989	2,136,848	Medical is reporting overspend of £221k over budgeted £2.034m and in month underspend of £18k against budget of £291k. Compared to the same period last year expenditure has increased by £118k. Consultant is overspent as a whole by £101k. Within medical payroll spend, Visiting Consultant spend has increased by £59k all within ophthalmology despite DECC work being stood down from early August, basic spend has increased by £49k, agency has decreased by £12k and Locum increased by £23k.	Click here for Flexible Spend
Nursing & Midwifery	51,105	(672,638)	3,750,058	3,549,158	Nursing & Midwifery is reporting an overspend of £673k against a budget of £3.077m and an in-month underspend of £51k against a budget of £439k. When compared to the same period last year expenditure has increased by £201k. Agency spend has increased £92k of which £88k B2 Nurse Support. B5 Nurse agency costs £147k increase in CAH Elective Admissions Ward which is due to the ward becoming 24/7 but is offset by £127k Band 5 Nurse decrease in CAH 3 South. B2 Nursing Support agency increased in CAH 3 South Short Stay by £90k due to the ward becoming a medical ward and patients requiring 1-to-1 support. Core staff costs have increased by £65k on the same period last year.	
Non-Pay						
General Services	(1,997)	(40,481)	43,098	14,807	General Services is reporting an overspend of £40k against budget of £2.7k year to date and an in-month overspend of £2k against budget <£1k. Cumulative spend compared to prior year has increased by £28k. This increase in spend is all within Furniture and Fittings mainly across DHH Outpatients £12k and CAH Outpatients £8k.	
Income						
Private Patients	1,451	34,638	(83,530)	(17,100)	Private patients is reporting a surplus of £35K against a budget of £49K, and an in-month surplus of £1K against a budget of £7K. Cumulative income has increased by £66K due to consultant Personal Information actual costs being charged to Personal Info in 21/22.	

Allocations Data

Allocation Applied to Budget Current Month	RRL Ref:	Recurrent / Non Recurrent	In-Month Effect £	Cumulative Effect £	Commentary	CLICK ON LINKS BELOW FOR IPT/BUSINESS CASE INFORMATION
TRF036 Neurology Non-Contact Assessment Service £14,517 0.48WTE B3 Nurse		Non Recurrent	1,210	8,469	0.48 WTE Band 3 Nurse	
TRF036 Neurology Non-Contact Assessment Service £2,722 0.09WTE B3 HCA		Non Recurrent	227	1,588	0.09 WTE Band 3 HCA	
YTD ECR WLI MEDICAL BUD SEC UROLOGY		Non Recurrent	4,910	39,515	Consultant	
YTD ECR WLI MEDICAL BUD SEC ENT		Non Recurrent	1,195	3,434	Consultant	
TF136, TRF 138 DECC RASC Cataracts £658k, G&S		Non Recurrent	244	1,708	M&S Supplies	

	RRL Ref:	Recurrent / Non Recurrent	Commentary

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

Southern Health and Social Care Trust

Quality Care - for you, with you

PROPOSED NEW FINANCIAL MANAGEMENT HOS REPORT

Month: JANUARY 2022

HOS: ENT, Urology, Ophthalmology & Outpatients

Executive Summary

Trustwide Position	As at 31 January 2022, the Trust is in a Deficit position of £3,433k	
Directorate Position	As at 31 January 2022, the Acute Services Directorate is in Deficit of £14,856k	
HOS Position	As at 31 January 2022, the Head of ENT, Urology, Ophthalmology & Outpatients is in Deficit of £1,271k	
Capital Position:	As at 31 January 2022, the Trustwide General Capital Spend is £2,127k	Click Here for General Capital
	As at 31 January 2022, the Trustwide Specific Schemes Spend is £13,303k	Click Here for Specific Schemes

Spend Data

	In-Month Variance £	Cumulative variance £	Cumulative Spend Current Year £	Cumulative Spend Prior Year £	Commentary	CLICK ON LINKS BELOW FOR SUPPLIMENTARY INFORMATION
Payroll						
Medical	(7,844)	(379,074)	3,279,415	3,200,126	Medical is reporting overspend of £379k over budgeted £2.9m and in month overspend of £8k against budget of £290k. Compared to the same period last year expenditure has increased by £79k. Consultant is overspent as a whole by £175k. Within medical payroll spend, basic spend has increased by £116k, agency has decreased by £27k, Locum increased by £13k and Visiting Consultant spend has decreased by £23k all within ophthalmology. At Month 10 there has been £49k WLI spend in Urology and £7k WLI spend in ENT, this has been fully matched with budget cover.	Click here for Flexible Spend
Nursing & Midwifery	(39,049)	(864,650)	5,368,307	4,788,667	Nursing & Midwifery is reporting an overspend of £865k against a budget of £4.5m and an in-month overspend of £39k against a budget of £552k. When compared to the same period last year expenditure has increased by £580k. Agency spend has increased £280k of which £128k B2 Nurse Support. B5 Nurse agency costs £216k increase in CAH Elective Admissions Ward which is due to the ward becoming 24/7 but is offset by £90k Band 5 Nurse decrease in CAH 3 South. B2 Nursing Support agency increased in CAH 3 South Short Stay by £123k due to the ward becoming a medical ward and patients requiring 1-to-1 support. Core staff costs have increased by £245k on the same period last year.	
Non-Pay						
General Services	(4,461)	(57,039)	60,774	29,931	General Services is reporting an overspend of £57k against budget of £4k year to date and an in-month overspend of £4k against budget <£1k. Cumulative spend compared to prior year has increased by £31k. This increase in spend is all within Furniture and Fittings mainly across DHH Outpatients £16k and CAH Outpatients £12k.	
Income						
Private Patients	10,035	56,159	(126,004)	(29,175)	Private patients is reporting a surplus of £56K against a budget of £70K, and an in-month surplus of £10K against a budget of £6K. Cumulative income has increased by £97K due to 1 WTE consultant actual costs being charged to Dublin NE in 21/22.	

Allocations Data

Allocation Applied to Budget Current Month	RRL Ref:	Recurrent / Non Recurrent	In-Month Effect £	Cumulative Effect £	Commentary	CLICK ON LINKS BELOW FOR IPT/BUSINESS CASE INFORMATION
TRF036 Neurology Non-Contact Assessment Service £14,517 0.48WTE B3 Nurse		Non Recurrent	1,210	12,098	0.48 WTE Band 3 Nurse	
TRF036 Neurology Non-Contact Assessment Service £2,722 0.09WTE B3 HCA		Non Recurrent	227	2,268	0.09 WTE Band 3 HCA	
YTD ECR WLI MEDICAL BUD SEC UROLOGY		Non Recurrent	3,332	49,443	Consultant	
YTD ECR WLI MEDICAL BUD SEC ENT		Non Recurrent	1,831	6,515	Consultant	
TF136, TRF 138 DECC RASC Cataracts £658k, G&S		Non Recurrent	244	2,440	M&S Supplies	
	RRL Ref:	**Recurrent / Non Recurrent**			**Commentary**	

Received from Wendy Clayton on 08/07/2022. Annotated by the Urology Services Inquiry.

S TONE MEETING
T IMELY COMMUNICATION
O UTCOMES
N EW STONE REFERRALS
E VIDENCED BASED CARE
S AVINGS

MISS LAURA MCAULEY

ON BEHALF OF THE STONE TREATMENT CENTRE, CAH, SHSCT NI

WHY SHOULD WE WIN?

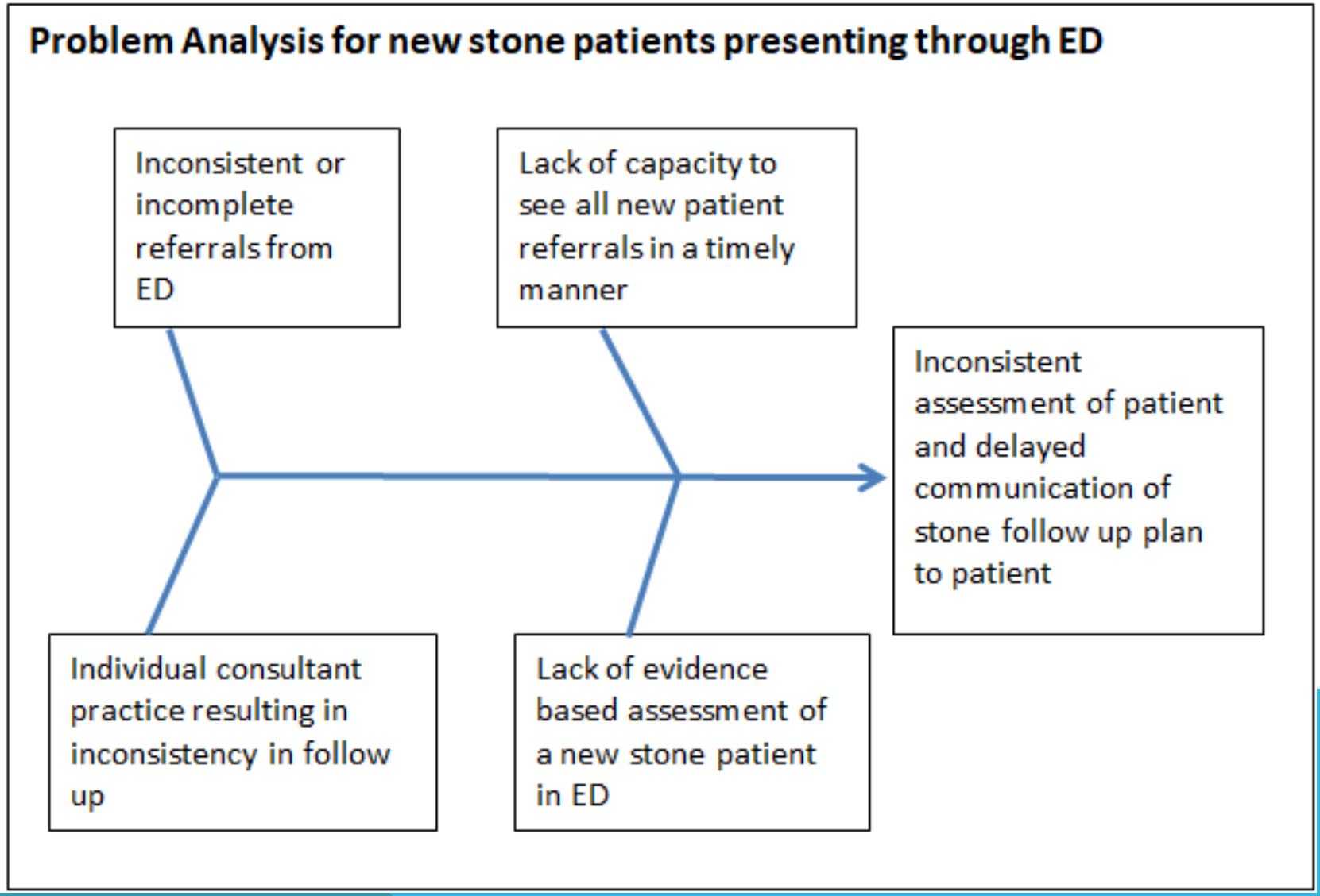
1. Operational improvement

2. Financial improvement – saving £339.80pp

3. Clinical improvements

…maintaining a service in the covid era as adaptable to virtual delivery

AMBITION



TARGETS

Increase capacity to discuss new and review stone patients

Improve communication with patients and the wider healthcare circle

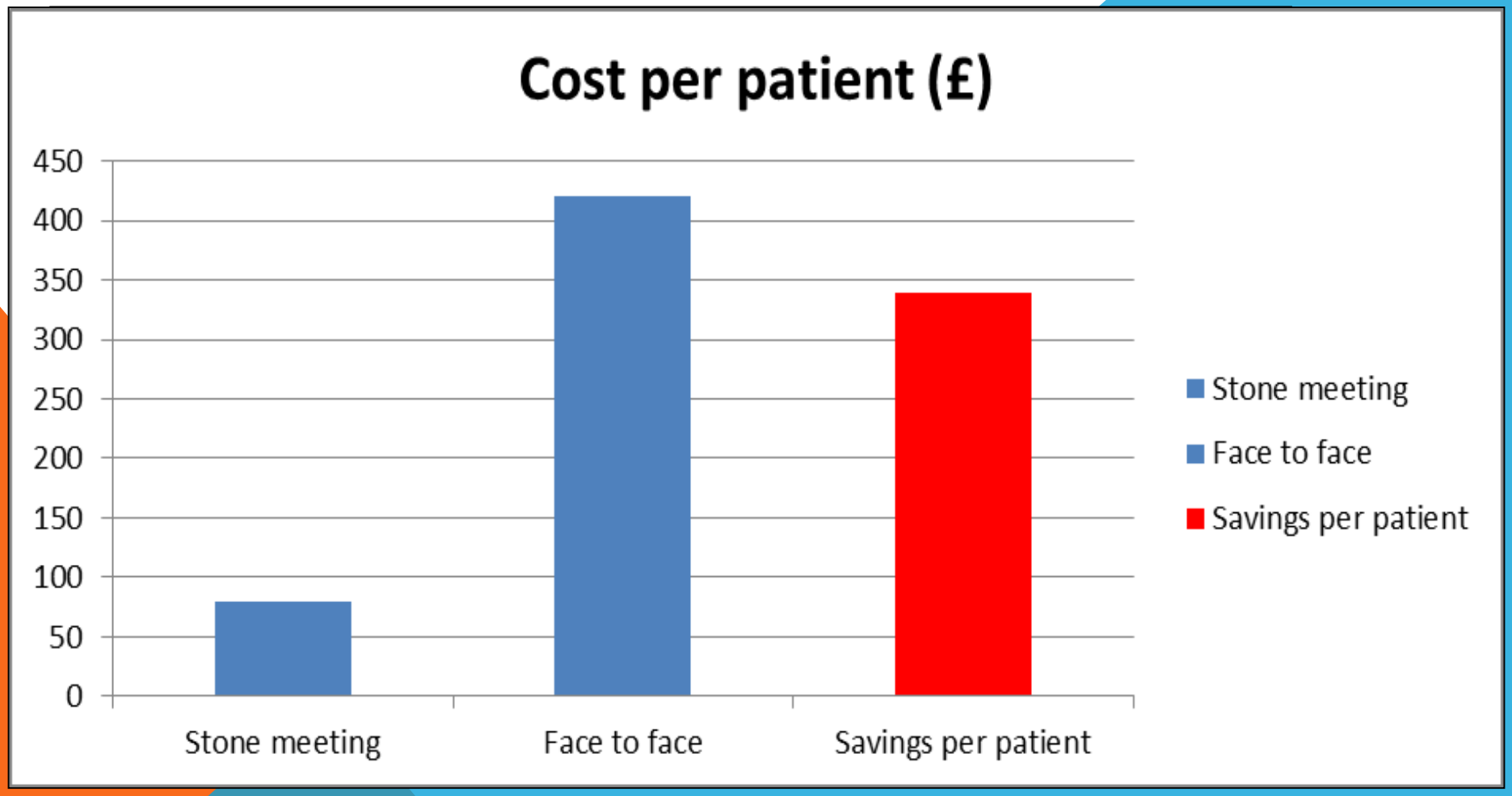
Patients referred from ED to the stone meeting are contacted by the urology team within 14days of their presentation (reducing waiting times by 75%) and within 8weeks regarding definitive management of their ureteric stone

Facilitate a good patient experience by ensuring timely communication regarding their ongoing care in a way that is clear, comprehensive and accessible

Ensure evidenced based care for stone patients

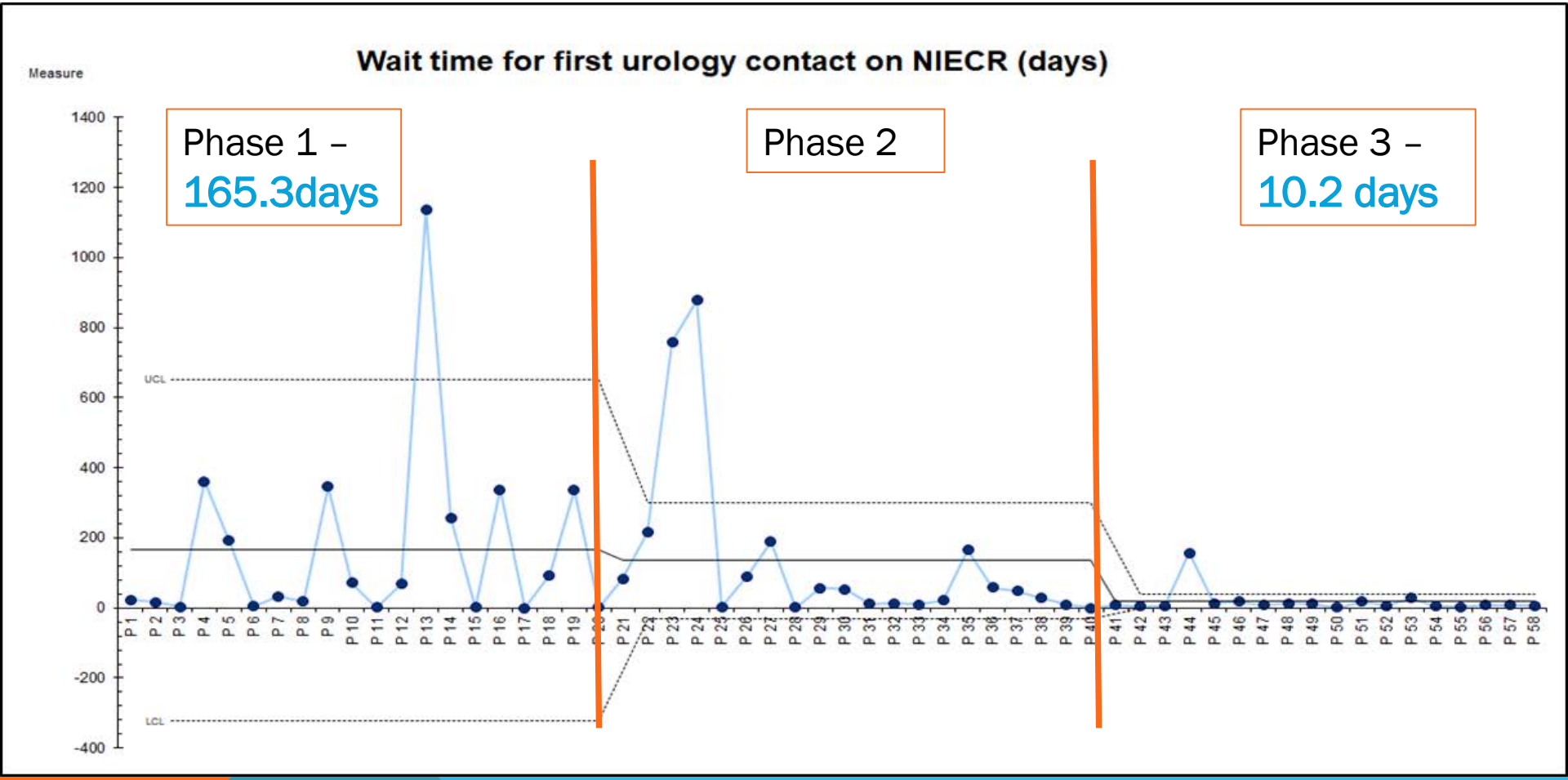
80% of referrals have serum calcium levels checked within 6months and all patients signposted to advice for future stone prevention

OUTCOMES



Savings: £339.80 per patient

OUTCOMES



Aim of contact within 14days and a reduction in waiting times of 75% achieved with a mean reduction in waiting times from ED stone presentation to first documented contact on NIECR of 91% to average of 10.2days.

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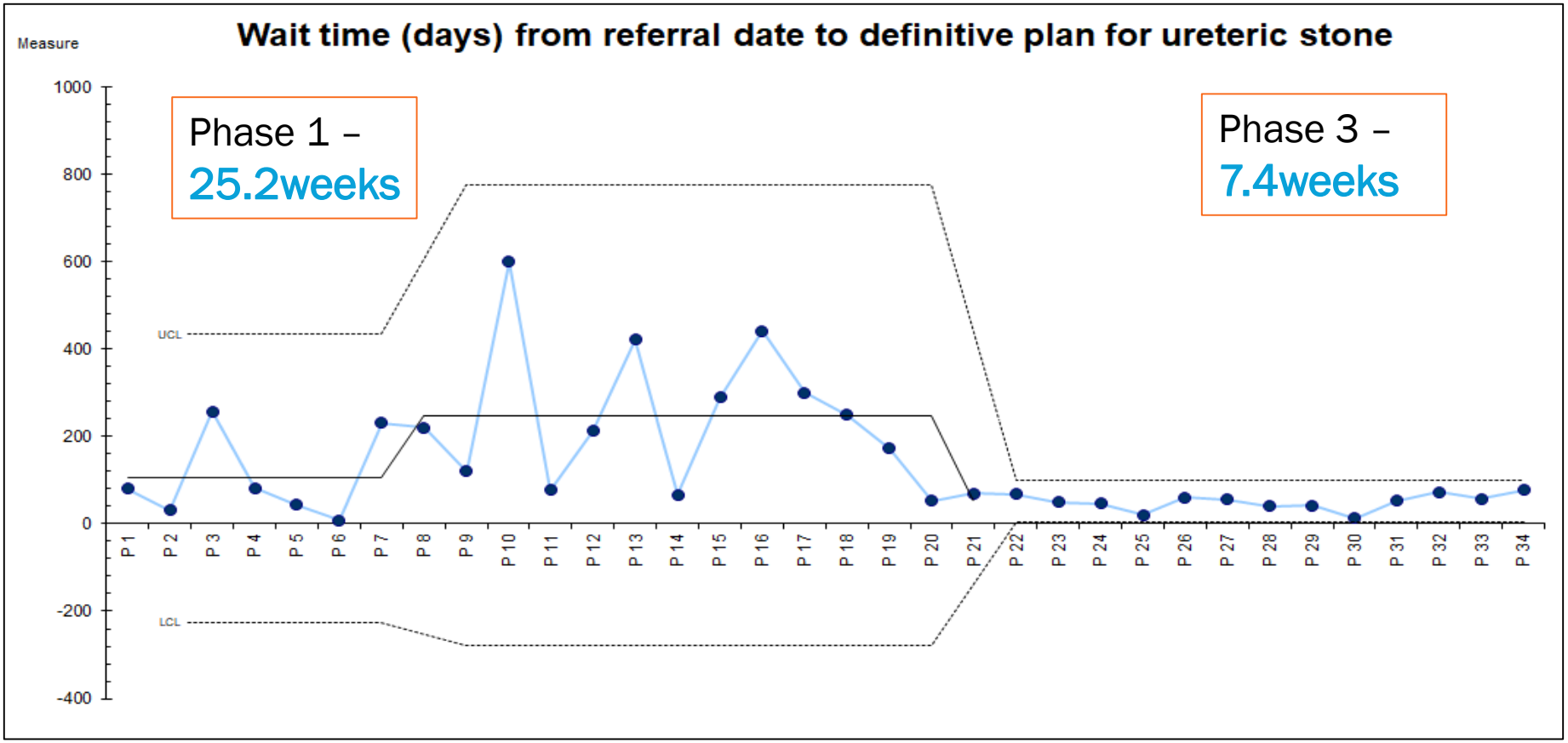
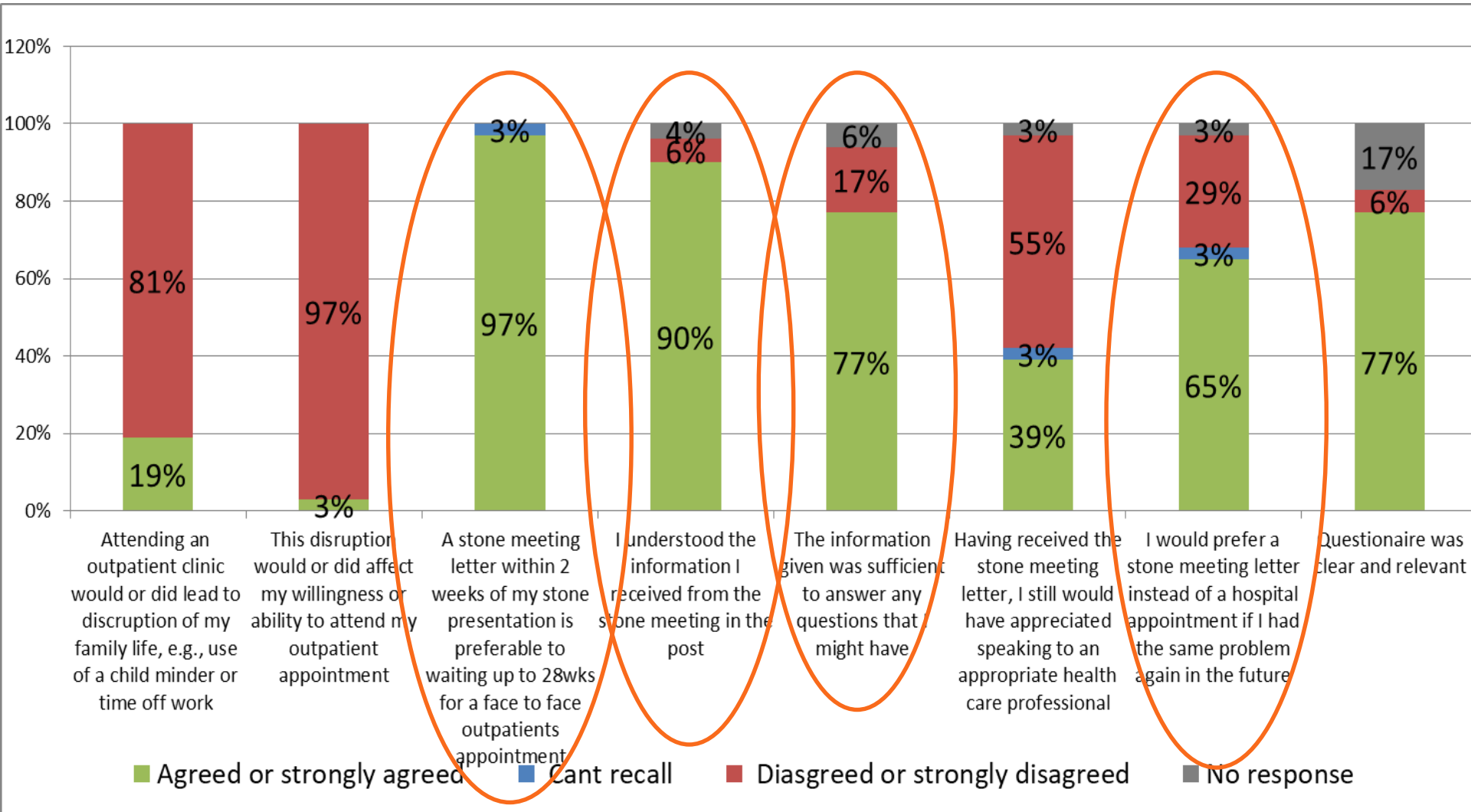
OUTCOMES

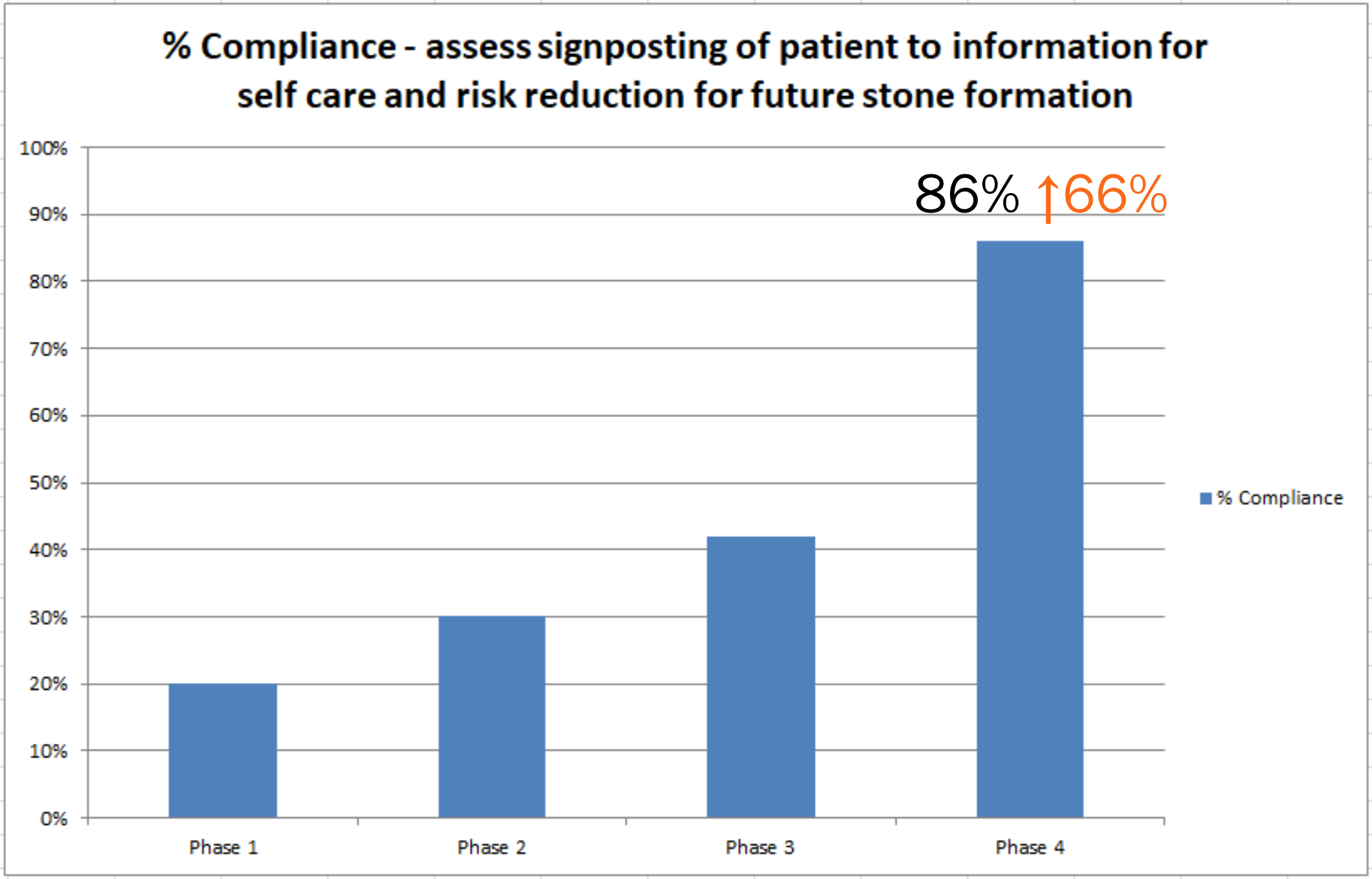


Aim that patients will have a plan for managing their ureteric stone within 8weeks of presentation not achieved however there is a 79% reduction in waiting time in 2019 when compared to 2017 with an average length of time being within 7.4weeks.

OUTCOMES



OUTCOMES



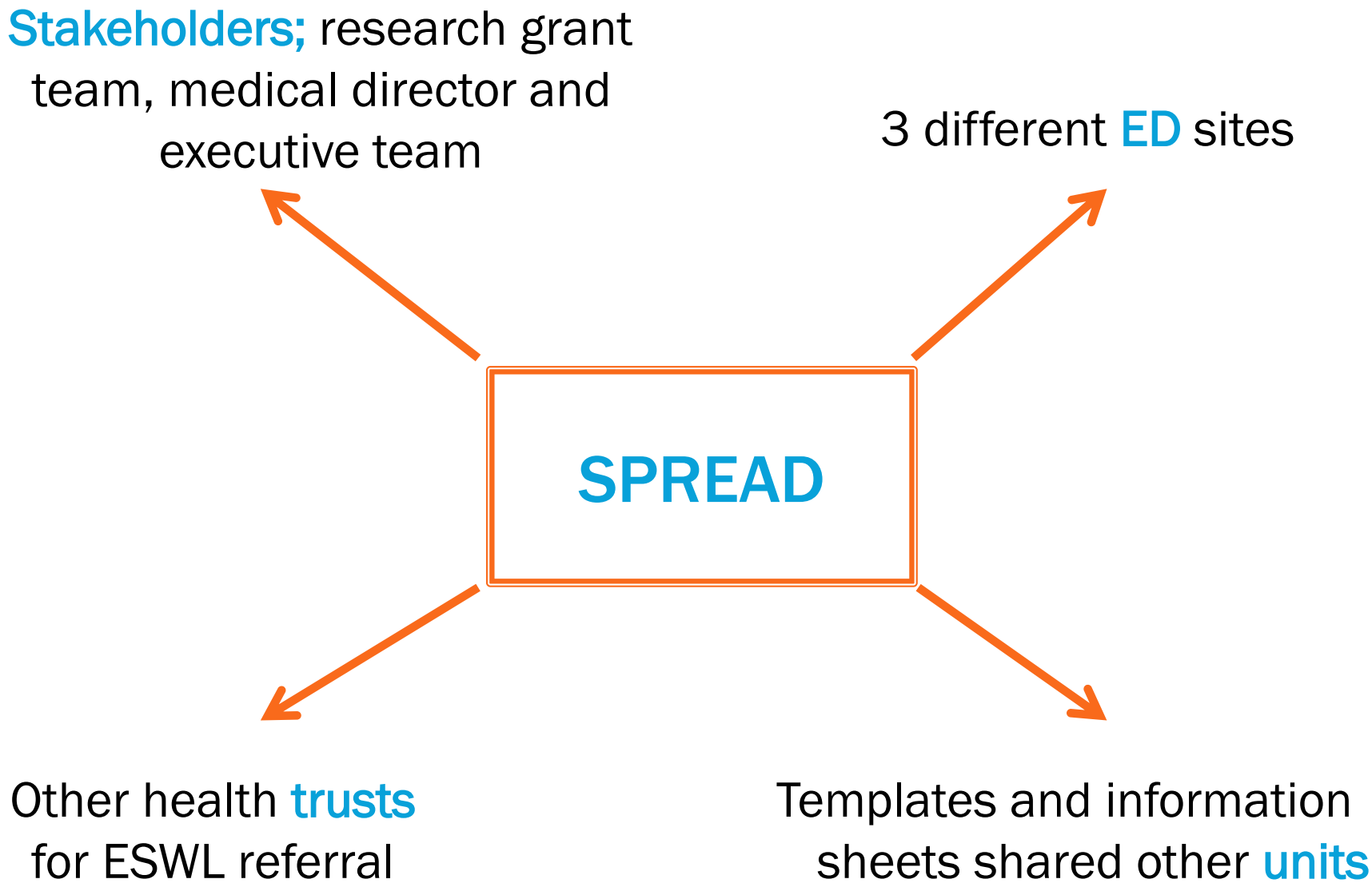
FURTHER OUTCOMES INCLUDE:

ED staff feedback confirmed:

- increased confidence
- none dissatisfied with the referral process

Collaboration has been successful with radiology engagement with pathway

Core staff have responded well to the stone meeting



Lean service delivery

Improved information sharing

VALUE

Straight forward pathway from ED

Demonstrated patient satisfaction

‘excellent service’

‘happy with letter …prefer not to attend’

INVOLVEMENT