

Thursday 9/4/15.
Jayne Agnew

- Okay to dispose of 0.9% NaCl + water for irrigation into sluice.
(Sharps into sharps box.)
- documentation for IVC / bladder installations discussed & minor charges required to cyststat prescription.
- stones or BCG - Janice to be kept informed.
- delivery of mmc / access - cant be improved at present due to staffing limits in pharmacy.

Anaphylaxis kit

- algorithm on back of the pack + on the back of the box
- nurses can administer adrenaline & further drugs following instruction from medical staff.
- Stored on emergency trolley / mailbox unit.
- re: prescribing + administering antibiotics + analgesic for prostate biopsy.
? pgd
? single sheet prescription.
- Jayne will provide further advice on Ciproxin + amend document for TRUS record

Martina Corrigan 3/4/15 Terry/Kate

1/careers liability - Requires this to be recorded on headed notepaper.

Access to A/E. Emergency issues.

forward Martina questions re: NEWS recording & latex

• find out if nursing governance format

• agree SOP's — ? start cuds.

• OP = procedure —

* OK to order 2 x clearscope trolleys

Daycases —

*

• Capture TRUS Bx.

• Next meeting — Crib sheets / Nurse data capture
— uds - start c S.O.P.
— discuss SVC

17.4.15

- * key actions audit CAH 20/4/15 ? What is it
- * uds slot x 1 @ Mon / Wed am + Wed ksuo PM
not Tues + Thurs pm.
- * Cleanascope trolleys ordered x 2 separate requisition

Sharon / L Browne / K Robinson.
G.

- Consultant — NLUR — nurse led urology
- Nurse led Code — NURU — speciality code.
- Telephone / F2F can all be on same code.
- All Consultant → nurse referrals.
- ? eventually added to list by cons. secretary.

URO OUC — CNLUOR

Kate to email
LB — available date

CNL LUTS — F2F

Telephone (date / times)

ad hoc

(Virtual ie. Chart RV — code to be designed)

23/4/15

AgM Urology NOM.

Advanced Communication Skills (Certificate)

Sharon Clarke - Scope availability
of charitable services, what locations

In relation to Radiotherapy RV'S.

- * → Note Ennistown pts going to
Blunagavin
- Cookstown pts to Artrim

Fri 15th May (Mentoring)

Meeting & department 8th June here.

Discussed audit needs.

NA's → OPD at present.

? Band 5 hours.

Codes for clinics

R/V Backlog sits at 1800.

Plan to divide Departmental meetings into

① Performance Dashboard.

② Triage Turnaround

③ Pt's seen New/RV/UDS.

④ Waiting Times

Progress in dealing with New & Cancer
Patient's recognised at Departmental level.

As so many pt's having flexi cln at 1st
visit — demand for flexi lists at PPV
has reduced.

Average length of stay now also ↓.
Next focus — length of stay per
Consultant.

Wed 10th June

Furrier Reddick / Kate O'Neill

Evidence folder

- (1) Advanced Communication Records
 - (2) Regional Guidelines
 - (3) Record of Nican Meetings
 - (4) Pt feedback
 - (5) Local audit report update
(copy to be forwarded to me)
 - (6) Regional audit / survey - full report
not ready yet - P. CLES cancer pt
experience survey)
However take on board
- (i) Compliments
 - (ii) Complaints etc
 - (iii) HNA / Key Workers
 - (iv) Signposting
 - (v) Feedback

* Martin to comment on findings +
action plan proposed.

Lead Operational Policy / Annual Report
Work Programme

Peer Review Measures,
Manual for Cancer Services
National Peer Review Programme

Trust Headquarters
Board Room
11-12.30

Sam Gray / Tina Smith. CWS monitor

Friday 12th June.
Meeting Re Scopes.

Day Surgery 13 Scopes
Main (TH) 13 Scopes

Thornhill Unit can only hold 8
Could we hold another cabinet
1 available in Armagh. ? cardiology want it
? Getting a tracker scope machine
Daily / Weekly checks needed - See sheet
Control tests.

Serial Numbers of all scopes needed.

Could a few scopes from DPU be
transferred into the system. especially
if demand in DPU has reduced.

Pentax - Service scopes twice a year

Will be in CAH next Tuesday.

Contact Number for Cabinet.

Martins Conveyer to put in for 1-2 scopes
on Capital

scope
faults → phone

Sword Medical

Christine can provide contact details

Inform Ann Turkington Estates &
let her know re faults

Steeles DPU Cabinet faults report

1 day training course on decontamination
Storage etc in Dublin

Background knowledge.

Marie Wilson has info.

? e-learning for Decontamination

Hee would have trained the guys
are they still OK with this.

Maybe one of the guys from DHH
could come up or 1 of us could go
to DHH.

Who should be taught how to train
new scopes into the cabinet.

Marie Wilson preparing a SOP for
loading/unloading scopes.

Have we a user Manual - if not
Christine has a spare.

Marie has e-mailed Peacocks for
more detailed cleaning instructions
Christine to show us cleaning wipes

High level disinfection - clinically clean
not sterile.

Christie can provide details of
bags - order code

Marie - Tracker Scope
label printer
Infection control

Friday 19th June

Meeting re Scopes:-

O/w Martina Corrigan re order of
1/2 more cystoscopes from Capital

Weekly check MTO.

Daily Check by our Staff.

Thursday 2nd July
1-2pm.

Thursday 2nd July

Marie Wilson:-

Advice had been from Colin Clarke
re clarification on use of
sterile v's nonsterile gloves. He will
discuss with Microbiology.

Mary Mc Geogh also aware of
current discussions.

Queries re use of Cleanascope Trolley

local arrangement to be agreed
for cleaning of Steelco cabinet.

HR -

Personal Information redacted by the USI

Wed 15th July
Mantua / Jenny / Kate.

Mantua - To order 1-2 more Cystoscopes.
- To order stent graspers.

Discussing re handling of scopes.
Vacuumis liability Issues:

Personal
Information
redacted by the USI

- Flexible clip & Removal of Stent

Personal
Information
redacted by the USI

- Prostate Biopsy

Personal Information redacted by the USI

CAH

Personal Information redacted by the USI

Blw Mantua re: request for release of copy of
loose pages / dictated letter from medico-
legal dept DHM. OK to tick "release
notes".

Thursday 3rd Sept - M.Y. / R.S. / AJG / Mantua

+ QUB course - money for 2 places ☒

- agreed stop time for procedures.
TRUS Bx 4³⁰pm

- advice for registrars regarding new clinics.
- consistency re: USS renal tracts / filling
- 15 min meeting at the beginning of clinics
to discuss clinic requirements.

Martina / Kate / Jenny 8/9/15

- 2 x Stent removers } on to order
- 1 x Scanner trolley } on to order
- QUB course x 2 places funding OK
- BRAUN for specialist nurses x 2 places

RE: STC.

- Nuala permanent - $25\frac{1}{2} + 6\frac{1}{2} = 32$ hrs
0.86 WTE
to be charged on
HRPTS ☒
- Martina temporary - 32.25 hrs (0.86) WTE
until end march Band 3 HRPTS ☒

STC hours needed

$$\text{Band 5 } 8.5 + 8.5 + 6.5 + 6.5 = 30 \text{ hrs} \\ + 24\% \text{ upload} = \underline{37.2 \text{ hrs}}$$

$$\text{Band 2 } 8.5 + 6.5 + 6.5 + 6.5 = 28 \text{ hrs} \\ + 24\% \text{ upload} = 34.72 \text{ hrs}$$

$$\text{Martina} - 34.72 \\ - 32.25$$

2.47 hrs short a Nursing aux

+ 8 1/2 lost in TDU

$$\text{Nuala} - 34.72 \\ - 32.00$$

2.72 hrs short

= 13.7 hrs
Short a
Band 5

8/9/15 cont'd.

Martina will speak c Patrick re: releasing
a Band 5 (Thurs '12 day) x 4 weeks.

Tou staff can do additional day if required
or may need to ask Jayne, Ursula or
Gail for help.

$$\text{Band 5} \quad \left. \begin{array}{l} 8\frac{1}{2} + 8\frac{1}{2} \\ 6\frac{1}{2} + 6\frac{1}{2} \end{array} \right\} 30 \text{ hrs}$$

$$\text{Band 2} \quad \left. \begin{array}{l} 8\frac{1}{2} + 6\frac{1}{2} \\ + 6\frac{1}{2} + 6\frac{1}{2} \end{array} \right\} 28 \text{ hrs}$$

$$30 \text{ Band 5} + 24\% = \frac{30.00}{7.2 \text{ hrs}} = 37.2$$

$$28 \text{ Band 2} + 24\% = \frac{28.00}{6.72 \text{ hrs}} = 41.67$$

$$\text{Martine } 32\frac{1}{2} \times 25 (0.86) = \frac{28.00}{34.72}$$

$$\text{Nuala } 25\frac{1}{2} + 6\frac{1}{2} = 32 (0.86)$$

$$(- 8\frac{1}{2} \text{ Tou})$$

$$\begin{array}{r} \text{Band 2} \\ 34.72 \\ - 32.50 \\ \hline 2.22 \end{array}$$

$$\begin{array}{r} \text{Band 5} \\ 37.2 \\ - 32.0 \\ \hline 5.2 \text{ hrs} \end{array}$$

8/9/15 cont'd.

Martina will speak 2 Patrick re: releasing
a Band 5 (Thurs '1/2 day) x 4 weeks.

Tou staff can do additional day if required
or may need to ask Jayne, Ursula or
Gail to do STC as bank shifts.

$$\text{Band 5} \quad \left. \begin{array}{l} 8\frac{1}{2} + 8\frac{1}{2} \\ 6\frac{1}{2} + 6\frac{1}{2} \end{array} \right\} 30 \text{ hrs}$$

$$\text{Band 2} \quad \left. \begin{array}{l} 8\frac{1}{2} + 6\frac{1}{2} \\ + 6\frac{1}{2} + 6\frac{1}{2} \end{array} \right\} 28 \text{ hrs}$$

$$30 \text{ Band 5} + 24\% = \frac{30.00}{7.2 \text{ hrs}} = \underline{\underline{37.2}}$$

$$28 \text{ Band 2} + 24\% = \frac{28.00}{6.72 \text{ hrs}} = \underline{\underline{34.72}}$$

$$\text{Martine } 32\frac{1}{2} \cdot 25 (0.86) = \underline{\underline{34.72}}$$

$$\text{Nuala } 25\frac{1}{2} + 6\frac{1}{2} = 32 (0.86) \\ (- 8\frac{1}{2} \text{ Tou})$$

<u>Band 2</u>	<u>Band 5</u>
34.72	37.2
- 32.50	- 32.0
	<u>5.2 hrs</u>
2.22 hrs N/A	+ 8.5

1/10/15 - Director Acute Svcs
Director of Nursing
Ward managers -

- Normative staffing
- E-Rostering -
- HRPTS
- Consider additional roles for band 3.
- Recruitment
- Stabilisation of current staffing.

Heather / Martina 6/10/15.

- RQIA - templates available on website

Martina / Kate / Jenny 6/10/15

- TROC pathway forwarded to consultants
- 1-1 = Heather next week. Martina to forward template.
- Service expansion
 - Renal Cell Ca
 - prostate Ca
 - TROC
 - integrate conference team education
- BCG / mmc issues

14.10.15 Meeting - Heather.

- Staffing —
 - Band 5 needed currently.
 - Mauead Leonard absence
 - ? block book bank for STC Thurs.
 - Band 5 (? Jayne ? Ursula).
 - Marie retiring ? Nov 16.
 - Band 6 / Band 7
 - Wendie McQuellan

14/10/15 meeting with Heather

- Governance - potential for complaints mainly around waiting for diagnostics at new clinics
- Compliments daily
- adverse incident mild anaphylaxis training (APR 15) A/E access emergency trolley. Ongoing unit training & BLS (Jan 16)
- pt experience surveys
Cancer
Flexi
- Handling of scopes update.

14/10/15

General Issues — Challenges: Time Management
(New Clinics)

Estates/Equipment — Refurbishment STC
Cystoscopes
Scope Cabinet.
Bump ups equipment.
Mailbox

Training — uds commissioning —
Jenny Dolores
Mauread
Kate McCreesh
?? Wendie McQ.
STC overlap

In addition to mandatory)

Kate O'Neill	BAUN	OAB 1/10/15	
Jenny	BAUN	OAB 1/10/15	
Tanice	agent 23/10/15		IVC Spring '16
Dolores	OAB 1/10/15		Sam Walton 10/10/15
Kate McCreesh	S+T 8/10/15		IVC Spring '16
Mauread			
Quala	agent 23/10/15	S+T 8/10/15	Infection masterclass
Marie			
Martine			

1/12/15

MARTIN Corrigan:-

UDS - Commissioned courses
 Concerns re Blood Room / Pre-op
 lunch breaks etc

Janice - hyacyst
 - IVC therapy
 - obtaining BCG
 - on ward x 1 shift each week from 16/12/15

Xray - requests

17/12/15
 sterile slabs
 throughout.
 handling
 procedures.

Scope meeting - didn't happen

uds - 3/4 requests done
 equipment management PPC team

- STC. Tues + Thurs Off.

MMC - will be done in theatre.
 pathway being devised
 no longer will be done @ ward.

Tues 12th 11-12MD. Martine.

Tuesday 9th Feb

Martina, Kate, Jenny

- STC - Need to keep service at 3 days each week
- Haem Cl / new clinic Tues am - NOT at present.
- Mauead returning to work & will need to cover TDU + TDU as Nuald is keen to commence uds training & Kate McCreech already back up for IVC / UDS / course each Monday. Will be coming back phased return.
- Kathy Travers - TROC proforma to be further developed in SWAM & agreed 2 consultants / A+E
- Sages / Cabinet. Additional sages req'd.
- Travel Expenses for commissioned courses ^{yes} ☒ ₁₄
- ? uds commissioned - ☒ probably _{? June ? Sept.}
- Equipment Management
TDU / STC under 1 management ∴
combine equipment - yes ☒
- Advancing practice. Botox course - OK to go
- letter from Trust confirming OK ☒ yes.
- Staffing - ward clerk ^{for} Flexi / ROS
- band 3 TRUS Bx etc
- additional band 5

Stop uds @ new clinic ☒

TDU Education Meeting 23/2/16 TDU 2pm

Martina C. Kathy Hunter Wendie McQ
Dorothy Sharpe Kate O'Neill Jerry McMahon
Jerome Manley

①

- Urethral catheterisation
- Change of urethral & spc catheter
- 3 hour practical session with Wendie
- Attend CEC / complete on line elearning
- Arrange competencies with Wendie

② Courses available at U.U. — finance from CURE

<ul style="list-style-type: none"> - Urology - Continence - Cancer 	} at undergrad & post grad & above. available from Sept.
---	---

③ ISC - building staff confidence on ward

- check ISC procedure? in mausden if not write up.
- on to c/w speedication as hospital procedure available Royal Maidsden

④ neph tubes - dressing

- advice leaflet to be developed

Revalidation for confirmers.

Jenny / Kate
+ Lovette Jegan.

Tues 15/3/16

- I have discussed all of the reflectors & he/she was able to demonstrate learning & the changes he/she made to their practice & could link these reflectors to the code.
- download reflective discussion form on day of confirming as new versions becoming available.
- When on-line application submitted, print off copy for records.

Mauna, Kate - Jenny (4.5.16)

STC - Keep at 3 days each week.

- Nuala stay @ 3 days + additional half day if required.

- Scopes - need add to risk register re: clearing + loading shelves 7 + 8 ☒

Staffing! - RV situation next Thursday

Protocol to be devised re: admission to ward

Old uds machine can be condemned ☒

Polices - neph tubes ☐
- mmc ☐

Vicarious liability - still awaiting documentation

IVC - arranged adm - notes - nurse led activity

Monitoring of activity generated from new units

(aim for 1-1 weekly

Awaiting lead nurse for TDU + quarterly + Eugene

PP's - only if arranged + nursing paid outside of working hours.

15.7.16

Martina, Kate, Jenny.

- NICE Guidelines for urinary incontinence
Comments to Martina ✓
- Band 6 posts - extend until December
Advent Sept / Oct
- Ward support (6-8 weeks)
— IVC (PAS)
- Lead Nurse to TDM to be confirmed.

Monday 18th July
Maithra, Kate, Jenny

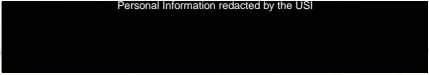
- No lead nurse identified for TDU as yet
clw + HOS meetings & aim to 1 week
each month @ departmental meetings
Commencing Sept
- Ward support Band 3 not yet recruited
Band 6-7 posts will be advertised Sept
Dlw Cathy re shared post
- Re data protection. Notes trolleys pushed
into consult rooms + job switched on
- Consultants to agree what clinical activity
appropriate for TDU (discuss @ dept meeting)
- Intravesical therapy @ dlu (as RB retiring)
? any decision as to whether TDU has to
absorb this service & what impact will
this have.
- Northern Trust - nurses off sick & this is
impacting on MOC service
- Kulkreshi - considering A/C. Advice: corticosteroids
Union just.
- Succession planning (Alexi training etc.) - Awa
until 50 nurse posts filled before committing
to investigated.
- Display Cabinet ✓
£2K Spending money -
Source suitable cabinet
?? day away &
dinner

3/10/16

Martine, Kate, Sunny

- no lead nurse as yet
- awaiting BSD for Band 6's
band 3 admin
band 2
- Stop using Skelt no. 8.
- Excellence Award - develops andrology SVC.

Martinis

- Impact of new clinics & waiting times
Where are we now?
- Pilot dates for Macmillan
- Band 3 - ? AFC how does Julie Ann progress
Heather McKetterick Armagh.
QCF
? 

?? G2 dictation to Gemma Roberson
 ? to type haematocrit / huts
 - ? STC admin Wed PM STC.
 - Scheduling meeting

Band 6 - Both Clinical & managerial
 50% 50%

EROSTERING

- Dates for Janice 18/10/2023

- Adv. Nursing - ? spaces at NM prescribing course
? 2nd place funded by CURE

- Adv Comm Course - Jason Young + 1 further name
? Janice Holloway

- Current funding & posts (medical + nursing)

- PTNS - Funding.

- Proposed model

	Kate O, Leanne Mc Janice	Dolores Kate Mc	Jenny Mawood Nuala
Existing:	Prostate Bx IVC Keyworker (HNA)	New/RV Clinics RAD Bx HAEM Inpatient Flexi/ROS HOT Clinics	LUTS TRUC Flexi
Transition:	PCFU Histo + staging		UDS STC
New SVCS:	Renal FCIP		17 Andro BOTOX PTNS.

? Removal of stents.

Mon 24th April - 2017

Tenny / Kate O'Neill / Leanne / Jason.

Training Needs -

Jason

Leanne

- ① Male catheterization.
- ② IVC update / training.
- ③ Corporate Induction.
- ④ Sickness & Absenteeism.
- ⑤ HRPTS.
- ⑥ E-Rostering.
- ⑦ Equipment Management - Training.
- ⑧ Datix training.

Wednesday 3rd May - Meeting & Dorothy

- 3 South Training - MMC
10/5/17
- CNS - Medicines / Prescribing Course ? places
- New posts ? macmillan funded
- Bard 6 Training - Leanne
Jason
- 2 Clinical Teams
? Andrology Service
- End date for Brolers / Janice ✓
- E-rostering ✓

Tuesday 9th May - Dorothy, Martina K + J

- SEC Register.
- Janice - once enrolled on degree programme could progress to flexi training
 - will contact ULS / QUB to get course
 - will search for interview seminar

Monday 5th June 2017

- Donohy K & J.
- ① Educational study forms for signature
 - ② Bann forms J & K. for Nov.
 - ③ Fund that support can be paid into
 - ④ SEC Register - Add Steelco cabine Tracker Scope Training
 - ⑤ ED clinics - can we start to organise this
 - ⑥ Changes to Coding
 - ⑦ TROC Service.

Thursday 25th July
 Martin Corrigan, Jenny, Kate.

- ① NMP course places - agreed to
 Jenny & heanne for year 17/18.
- ② Issues re future planning
 re training for Flexi/TK services
- ③ TROC services audited - new process
 to be agreed E EA - contact
 Gareth Hampton
- ④ Coding for outpatient activity -
 Martin to Review
- ⑤ 2nd Pilot day to be arranged
 for September Kate/heanne etc.
- ⑥ Revalidation of lists - discuss
 further @ later date.

Clinical Services

TROC - improve referrals to district nurse /
conference team. Inform EO or TROC SW
No direct referral at this stage

ED / Peyronies - meet = Jason to discuss referral
pathways + draw up protocol
(operational)

RCC Follow Up - heanne McCount keen to lead
Audit presented by Laura McAuley
Business meeting end Oct. 4-5pm.

STC - Meeting Thurs 5/10/17 ? consent.
Gemma / admin role - ^{MSchedule} exclusively TOU

LUTS - 2-3 clinics monthly (aim to reduce
consultant WL's). UFS @ STH (AJG) 3.5k
service contract

UDS - Longest waiters AOB / TJA
MDH / AJG - nurse led
my / Jon - shorter lists.

TRUS Bx - Leanne McCount arranging
MW 15 - not possible currently
Derek Hennessy / Consultants ad hoc.

Haem - Flexis (29) Random week July
(26) Random week August
(37) " " Sept

BCG shortage - using Immucyst
IVC - not delivering stat dose mmc in theatre
or recovery. Janice is going to ward
to use uridine
3 Full days - heated system ? total 1/2 day. DHM - no new pt.

Professional

AFC - meeting planned 30/10/17 1-2pm

Sp Nurse - check dates re QUB/lups - 13/11/17 12³⁰/30

Nmp - Travel Expenses sign off
 Modules - Health Assessment QUB 1/2 week
 - Prescribing in Practice QUB 1/2 week
 - Pharmacotherapeutics QUB 1/2 week ^{alternate}

heanne
 1 1/2 days

Jenny
 2 days

Permonth - Every Fri PM (HA)
 Every other Fri AM QUB/online (PT)
 6 hrs weekly online or attend QUB
 Mon PM.

- Places for 2018??

macmillan nurse specialist (CNS)

- Fund 6 Trust 7

mon 24/9/18

Present.

Mr Young

Kate O'Neill

Mr Glackin

Jenny McMahon

Mr O'Donoghue

Leanne McCourt

Mr O'Brien

Jason Young

Caroline Caddell

Gail

Ciara

Sharon Lockhart

Naomi Magee

- 3 South

Outliers / medical patients

ENT patients don't outlie generally

Consultants to agree cohort of beds

used solely for urology pts / repatriate

- medics - any issues - inform AJG

- ward rounds - urology start 9am

consultant present. Mon - Fri

- Discharge planning.

wed 21/11/18.

Linda Hamilton

Kate O'Neill

Leanne McBourt

Jenny McMahon

Issues

- Staffing :- Further Staffing required
manager required Band 7
Potential for further band 5/3
- Specialist nurses cannot be managers
- Funded establishment - Any empty posts - out to
requisition not filled.
Linda to explore if Band 3 can be increased

Risk Assessment - update annually + forward
to Health + Safety

* Linda to merge SEC register
+ departmental register
Leanne to email Linda

1. Specialist Nursing Team

Cancer

Benign

Kate	} prostate	} Testes	Jenny	Botox
Leanne			Jason	uds/LUTS
Patricia	Renal			STC
	Bladder	Penile		TROC

Outstanding Issues

- PSA monitoring service (awaiting diagnostics)
- Actioning results.
- Booking of clinics / new clinic codes.

Meetings with head nurse - communication update

- sickleave
- holiday requests
- roster

Service development.

- Botox - awaiting sign off
- TP Biopsy - await venue
nurse led procedure in time
- Stone Clinics
- TROC Clinics
- IVC Services $\begin{matrix} \text{Cancer} \\ \swarrow \\ \text{Benign} \end{matrix}$
- Cancer Review Clinics

Prostate	}	Protocol driven
Renal		pt Selection
Bladder		Virtual Vs F2F

Specialist Auditing Team

Cancer

HO 2012 2013

Patient Information
 Name: [Name]
 Address: [Address]
 Phone: [Phone]
 Email: [Email]

Outstanding Issues

- PRA monitoring source
- Actioning results
- Booking of cases

Patient Name: [Name]
 Address: [Address]
 Phone: [Phone]
 Email: [Email]

- Meetings with [Name]
- [Topic]
 - [Topic]
 - [Topic]
 - [Topic]

WIT-94841



McMahon, Jenny

From: McMahon, Jenny
Sent: 30 April 2015 11:46
To: Corrigan, Martina
Cc: O'Neill, Kate
Subject: FW: OPD Audit
Attachments: OPD Audit.docx

Hi Martina,

An audit to capture start and stop times would be helpful – We could plan to start from Tuesday 5th May. You may also want to include in the audit tool a record of the number of investigations / procedures required on any given clinic as this will impact upon timeframes and also clarify staffing requirements.

Have you informed the consultants that this audit would be taking place?

As well as above, there are several factors which have a direct impact on the productivity of each clinic and may require discussion rather than audit. Examples of this are listed below..

- **Clinic stamp** to be used at the time of triage which will identify the diagnostics that will be required when the patient attends the clinic and will also direct staff who are booking the appointments to use the earliest possible appointments for patients who will require prostate or haematuria assessment – **has this been ordered?**
- **If a patient requires USS** – can the referring clinician please request this on sectra? Can a consensus be reached that for most cases if patient is also having flexible cystoscopy that only USS kidneys is required and if full bladder is required this can be achieved by doing flexi first as this will all help shorten the visit for patients.
- **The USS machine / room** is used for both USS and prostate biopsy therefore demand for either will have a direct influence on how productive the session will be. For operational reasons, USS staff are available in TDU from 9am -1pm and 2pm -5pm, (USS staff may be travelling from other satellite clinics in the morning and are unable to be here before 2pm and have a prompt finish time of 5pm)
- **If a patient requires TRUS Bx / Flexi** - can the referring clinician please complete the consent form?
- **For safe recovery following prostate biopsy** (and decontamination procedures) could we plan to have the procedure completed by 4pm?

We can discuss further when we meet you at 11.30 tomorrow, hope all goes well this afternoon,

Thanks

jenny

From: Corrigan, Martina
Sent: 28 April 2015 17:29
To: O'Neill, Kate; McMahon, Jenny
Subject: OPD Audit

Hi ladies

Tony came to see me after having a conversation with yourselves regarding start and finish times of clinics.

Please see attached an audit template that I previously had completed in main outpatients.

Can you have a look at this and add in anything else that you would like to capture. I think it should be done for a few weeks so as to capture all consultants new clinics.

Once completed can you send back to me and I will collate and then I plan to use one of the departmental meetings to discuss the new clinics and include the findings of the audit.

Happy to discuss further.

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone:

Personal Information redacted by the
USI

Mobile:

Personal Information redacted by the
USI

Email:

Personal Information redacted by the USI

McMahon, Jenny

From: Holloway, Janice
Sent: 04 August 2015 17:23
To: McMahon, Jenny
Cc: O'Neill, Kate
Subject: RE:Administration of Sodium hyaluronate Solution (HYACYST)

Hi Jenny

I have a growing list of patients attending for Hyacyst instillation for cystitis. Currently I have nine patients who attend Thorndale for administration of this treatment and nine patients whom I have taught how to administer this treatment at home promoting their independence. If this treatment works it would be continued.

I recently contacted the continence advisors in Armagh/Dungannon area to attend a lady who is finding it difficult to travel down from Augher to see if they would administer this treatment. I have offered training and information in relation to the treatment.

Wendie McQuillan informed me that the administration of this medicine in the home setting would require approval from the trust's medicine committee and administration of medicines does not fall within the role of the continence service. She suggested contacting Jilly Redpath(Southern Trust Governance Pharmacy Lead) in the first instance to discuss this.

Jilly advised me as with any medicine administration, staff need to be registered, trained and competent to undertake the task and any monitoring after administration. Staff would also need to be attending regular updates on administration of medicines. I have discussed options with Wendie with perhaps the district nurses attending but this would not be possible as they will only call to home bound patients.

As I mentioned before this service is increasingly being offered to patients, if they have the dexterity to learn how to self catheterise I will teach them how to administer this treatment but on occasions some elderly patients cannot take on learning this procedure and I'm sure you can appreciate if they have a distance to travel it can become very difficult to attend each week.

For this reason I am open to any suggestions on how to improve on this service. I have already liaised with Kathy Travers specialist nurse in SWAH and she attended Thorndale quite recently and following discussion and training felt competent in administering this treatment. This has resulted in a patient having the treatment done close to home and avoided unnecessary appointments here.

Regards,
Janice

McMahon, Jenny

From: McMahon, Jenny
Sent: 25 March 2015 15:34
To: Corrigan, Martina
Cc: O'Neill, Kate
Subject: meeting up

Hi Martina

We really appreciate that you are making time to meet with us on a regular basis to discuss operational issues in Thorndale starting next Friday 3rd and at that time we could set an agenda for subsequent meetings. This will help enormously in the day to day functioning of clinics and services and hopefully will keep us up to date with any changes etc. However we also wanted to check what avenue should we use for nursing governance related issues as there are several issues pertinent at the moment that need resolved. Is this still Gillian or Dorothy?

Thanks,
Jenny and Kate

McMahon, Jenny

To: Young, Michael
Cc: O'Neill, Kate; O'Brien, Aidan; Glackin, Anthony; Suresh, Ram; Corrigan, Martina
Subject: Thursday departmental meetings

Hi Michael

I would appreciate if you could give some consideration to the following topics when arranging the Thursday departmental meetings.

- Haematuria Service – a review of current practice at the clinic : referrals / triage / routine investigations e.g. should coag screen and urine cytology be routinely performed on all patients / the clinic assessment proforma that is currently used and what improvements could be made
- Prostate Biopsy Service – a review of current practice at the clinic : Requesting a biopsy (the 'yellow card' system needs reviewed and a new request process organised) referrals / triage / analgesia / antibiotics / the clinic assessment proforma that is currently used and what improvements could be made
- LUTS Service - a review of current practice at the clinic : referrals / routine investigations e.g. do all new patients need USS Urinary tracts / DRE / Abdomen and genitalia examination / the clinic assessment proforma that is currently used and what improvements could be made.
- General Outpatient / Uro-Oncology Clinics – What improvements could be made to existing practice to enhance both the patient experience and prevent unnecessary re-attendance, i.e. access to Urine flow study / bladder scans / Flexible cystoscopy etc.
- Improving appointments for review patients by reducing unnecessary visits - i.e. post TURP with storage LUTS – how soon should be patients be seen again after their histology appointment to review their symptoms? / if having a general outpatient appointment with the Consultant ? Registrar and flow study / bladderscan available – do these patients also need reviewed at the LUTS clinic?
- Uro-Oncology review strategy – i.e. For stable prostate cancer patients: Is there a plan to move the patients who are currently sitting on this waiting list to be returned to their original consultant for ongoing management?

A consensus opinion on the above would be really useful for both registrars and ourselves,

(I have no email address as yet for Mr Haynes or he would have been included).

Thanks

Jenny & Kate

T.R.O.C.
Info leaflets - ? adopt BAUS

McMahon, Jenny

From: O'Neill, Kate
Sent: 02 September 2015 11:21
To: Corrigan, Martina; Young, Michael; O'Brien, Aidan; Glackin, Anthony; O'Donoghue, JohnP; Suresh, Ram; Haynes, Mark
Cc: McMahon, Jenny
Subject: RE: Department Meeting Thursday 3rd September

Dear colleagues,

Some thoughts in advance of tomorrow's meeting in relation to the new diagnostic clinics.

Operational:

- Triage / Advanced triage
- Ownership of patients care and at what stage (there appears to be confusion at present)
- Numbers attending clinic
- Clinic template – morning vs afternoon – efficiency and time
- Start / Finish times
- USS /Blood room /Scope availability for clinics-reduced in afternoon clinics

Clarification of clinical issues

- Suitability for flexible cystoscopy (Urgent Vs routine) what can realistically be achieved on the first appointment/ USS renal tracts & need to fill bladders as this extends apt.
- USS room used for both scanning and for prostate biopsy which can limit access etc

Comments:

- Morning clinics tend to run more efficiently for a number of reasons therefore it may be worthwhile considering moving the PM clinics to a morning session.

Current timetable: – Tuesday am – Prostate biopsy with radiology maximum twice monthly 9-11am

- Thursday AM – Haematuria clinic can move to Wed PM / Thurs PM – (the only two consultants affected are on/off call)
- Friday AM – Uro-oncology / UDS clinics can move to e.g. Tues PM

Regards,
Kate & Jenny

On Call - Thurs - Wed

Triage

Adv Triage

Ownership

Meeting

McMahon, Jenny

From: McMahon, Jenny
Sent: 13 October 2015 15:38
To: Corrigan, Martina
Cc: McQuillan, Wendy
Subject: TROC service

Hi Martina,

Can you clarify / chase up the following?

- Do I need to complete any documentation for coding – probably not as an OP with procedure but can you check?
- A&E to speed up their urology referrals to enable consultants to see patients in a timely fashion – can you chase this?
- Northern Trust will not provide catheter removal or catheter insertion for urology patients as per Debbie Wylie (Continence Advisor), they do not have the resource to do this. As an interim measure until this is clarified I will arrange the Cookstown patients to have their TROC in TDU as they will fall outside community boundaries
- We need a PAS code to create a TROC waiting list and then a TROC clinic code. The clinic in TDU will operate the first and 3rd week in the month (probably a wed or thurs) but it might be better if this is left open that is can be provided on any day. The community team will provide a TROC service on the 2nd and 4th week of the month. At present we have not specified a fifth week in the month to any particular service but this could be provided either by Wendie or myself if at all possible. The community team use a paperless system (PARIS) to record all their clinics and attendances. We will therefore need to have two separate lists to capture patients having their catheter removed in the SHSCT but I don't see any way around this. What do you think?

To start with, the community staff are going to call with me on a weekly basis and we will divide up the referrals to hospital and community services. If the referrals are left in Thorndale I will keep a list of those being managed in the community but perhaps you could advise if there is a better way to do this.

Thanks
Jenny

OP reform
project

Meeting with Kate and Jenny
Wednesday 30th December 2015

1. Clinical Nurse Specialist posts

Action:

Martina to contact Maryjo regarding the paper that she was to present to HSCB SMT. The outcome from this will depend on whether a business plan is needed for the Trust to make these posts permanent.

3 year plan 16-17 skin
17-18 head
we are 3rd year.
18-19 uro.

2. Mitomycin

Action:

Martina to follow-up on the training for the Theatre/Recovery Staff and to advise Janice when this is happening.

3. Training (Team)

→ (Tues 23rd Feb @ 2pm 10u)
Meet J, K, Cathy, Ciara, Patricia, Wendy
Dorothy or Gillian

Action:

Martina to discuss with SEC Team on best way to take this forward.

4. Consent of Stone Treatment Patients

Action:

Martina to source information on what needs to be done for consenting patients

? at risk 6-7 2x6 Perm
training time. } To SMT.
Business Plan organised

Public Health response

- No smoking advice (haematuria /
TCC Bladder)

NICE guidelines - AOB/TOD to attend

ups list

Revalidation

TROC's - General ~~is~~ surgery.

Admin for IVC \leftarrow ^{coding} pre admission sheet
diary entry

ward clerks 3 South

\hookrightarrow emails secretaries who
pre admit.

BAND 2 / 3 DUTIES THORNDALE

These duties are a guide only and may change according to clinical priority on the day. The duties outlined below should be viewed in addition to the job description supplied on appointment to the Trust.

DAILY TASKS

- Open mailbox units in each room and ensure fully stocked.
- Check glove/apron dispenser is full
- Check soap/towel dispensers are fully stocked and if appropriate liaise with domestic service staff to replenish if required
- Ensure adequate baskets available for flexible cystoscopy / prostate biopsy / urodynamics studies
- Ensure appropriate sharps containers / burn bins available in treatment areas
- Provide chaperone duties if required
- Accompany patient to pre-assessment / other department if required
- Assist with decontamination procedures
- Care for patients undergoing invasive procedures
- Provide tea/biscuits for patients undergoing invasive procedures
- Perform clinical observations (Band 3)
- Ensure mailbox unit is locked and any equipment/trolleys/scanners etc. returned to proper place
- Check audit folder and ensure all cleaning up to date
- Inform staff nurse if any stock/pharmacy items required if noticed when filling mailbox units/baskets
- Manage the linen and laundry supplies and disposal
- Keep the sluice well maintained
- Inform staff nurse/nurse in charge if any piece of equipment faulty and assist with equipment management as directed

BAND 5 DUTIES THORNDALE

These duties are a guide only and may change according to clinical priority on the day. The duties outlined below should be viewed in addition to the job description supplied on appointment to the Trust.

- Staff are responsible for their professional registration being up to date and for revalidation requirements – please provide NMC evidence to ward manager when required
- Staff are responsible for ensuring their mandatory training is up to date

DAILY TASKS

- Admit, undertake and discharge patients requiring any invasive procedure such as prostate biopsy or ESWL
- Provide emotional support to patients undergoing invasive procedures
- Perform competency based procedures such as urodynamics and administration of intravesical chemotherapy
- Assist with other procedures such as flexible cystoscopy
- Provide nursing support to outpatient services such as flow studies / bladder scans / stone clinics
- Ensure correct collection and labelling of samples
- Work with HCA to ensure decontamination processes are adhered to
- Assist with pre-assessment of patients
- Ensure correct documentation complete prior to end of session
- Participate in education sessions for the unit
- Ensure patients/carers fully understand the assessment and diagnostic processes involved in their care journey.
- Provide appropriate written information
- Deal with any patient enquiries via telephone or walk in to the unit
- Check audit folder and ensure all cleaning up to date
- Order pharmacy / stock & non stock items as required
- Assist with equipment management processes
- Perform link nurse duties: Infection control / COSHH etc. and ensure department is compliant with Trust policies and procedures

BAND 6 DUTIES THORNDALE

These duties are a guide only and may change according to clinical priority on the day. The duties outlined below should be viewed in addition to the job description supplied on appointment to the Trust.

- Staff are responsible for their professional registration being up to date and for revalidation requirements – please provide NMC evidence to manager when required
- Staff are responsible for ensuring their mandatory training is up to date

UNIT MANAGEMENT :

- HRPTS
- Sickness and absenteeism
- Annual leave and off duty / rostering
- Mandatory training & education sessions for staff
- Equipment management
- KSF and clinical supervision *Revalidation*
- RQIA / Governance, Complaints & Datix / Ward Audits
- Scheduling: Liaise with secretaries and referral and booking centre to ensure all clinics are fully utilised
- Attend surgical sisters meeting and update staff
- Ensure department is compliant with Trust policies and procedures
- Assist with clinical procedures when required
- Ensure patients/carers fully understand the assessment and diagnostic processes involved in their care journey. Clarify the plan of care for patients prior to leaving the unit and provide appropriate contact numbers where appropriate.
- Minimise any risk associated with infection control by adhering to hospital policies eg. Decontamination processes.
- Work in collaboration with urology nurse specialists to enhance current service provision and take in a pro-active role in the development of new services

DAILY TASKS:

- Organisation of planned clinics and services
- Deal with any patient enquiries via telephone or walk in to the unit
- Work in collaboration with consultant colleagues in relation to hot clinics and urgent inpatient diagnostics
- Manage day to day issues that arise within unit during the shift
- Delegate the following tasks as appropriate:
 - E-procurement
 - Stores/Pharmacy
 - Clinic Organisation
 - Goods/services

Link Nurse For:	Name of Link Nurse/s
Infection control	Kate McCreesh
COSHH	Mairead Leonard
Analphylaxis	Nuala Mulholland
Medicines / Fluid balance / NEWS / Kardex	Dolores Campbell & Janice Holloway
Equipment controllers & Point of care Testing	Jenny McMahon & Mairead Leonard
Learning disability / HIV awareness / Diabetes	Dolores Campbell
Safeguarding	Kate O'Neill & Dolores Campbell
Diabetes / Pain End of Life / Palliative care	N/A

NAME	NUMBER OF HOURS	OFF DUTY
Dolores Campbell	34.0	4 x 8.5
Janice Holloway	37.5	3 x 8.5 + 2 x 6.0
Kate McCreesh	34.0	4 x 8.5
Mairead Leonard	34.0	4 x 8.5
Nuala Mulholland	25.5	3 x 8.5
Martina O'Neill	32.15	3 x 8.5 and 1 x 6.65
Julie Ann Lavery	30	4 x 7.5

Full time 37.5hrs = 3 x 8.5 + 2 x 6.0

Part Time 34.0hrs = 4 x 8.5

Part Time 32.15hrs = 3 x 8.5 and 1 x 6.65

Part Time 30.0hrs = 4 x 7.5

8.5 hours = 8am - 5.30pm 2x 15 min and 1 x 30 min breaks

7.5 hours = 8.30am – 4.30pm (or 9-5pm) 1 x 30 min break

6.65 hours = 8am – 2.15pm 2x 15 min breaks

1. Risk register .. following on from an email om 17th June 2017 ,
re a Steelco cabinet , bottom shelf unusable and cleaning of
same .. does it need to go on SEC RR – *D can you ask Wendy
to add this on please*
2. Study leave forms .. left on Martina's desk *approved*
3. BAUN - November , fully funded for 2 days (Mon and Tues)
and ? 2 from 3 sth . Need name of fund that company puts
money into *Etc sent to Jenny on Friday*
4. Cystoscope/ Trackerscope .. software 80% ready to go just
need final piece to get up and running .. have contacted M
Wilson , M Harbinson (CSSD) and IT .. to date , no one has
come back .. also biopsy valves are not as robust as they
should *do you need me to do anything further on this?*
5. E.D . can Kate and Jenny get a clinic code sorted .. and a
special contract for a Dr Stephen Duffy re vacuum pumps –
*sorted, voluntary contract sorted and Stephen is coming to the
Unit next week.*
6. Pilot clinics .. all ready to go , just need a clinic code for Tues
27th June in Armagh .. Jacinta can facilitate a room . *sorted*
7. Coding .. Have codes changed for some procedures .. more
issues re different codes for pts from other areas such as ED
*need more information on this please as not sure what this is
about?*
8. TROC . needs audited .. should only be doing urology TROC
but seem to be doing all . General should go to community ..
Jenny to draw up some guidelines . *is this something that
Jason can help with?*
9. Nurse prescribing ... any update from Sharon Burnside – *no I
have had nothing back on any training.....*

10.Videoscope .. Botox needed to proceed *on capital equipment list but not approved for either of these quarters.*

E Roster .. Leanne and Jason working through .. should be going live in next couple of wks – *great..... thanks*

	STC	NEW CLINICS	IVC	GENERAL R/V	U/O or HOT Clinic	UDS	Biopsy List	Haematuria	TROC CNLUG ICSNULUT
Sessions per week	3x treatment 1:2 review 1x admin	4	5	4:5	4:5	3	1-3	1	1
Band 7		2 x 16 (Flexi/Biopsy)			1x 16hrs	1x 12hrs	1x Radiologist or 1x CNS 12hrs		1 X 4hrs
Band 6			1x 20hrs					1 x 4hrs	
Band 5	28hrs	3x 16hrs		1x 16hrs	1x 16hrs	1x 12hrs	2x 12hrs	1 x 4hrs	1 x 4hrs
Band 3	24hrs						1x 12hrs decontamination		
Band 2		1 x 16hrs		1x 16hrs	1x 16hrs			1 x 4hrs	1 x 4hrs

Staffing above is based on a four hour session 8.30am – 12.30pm or 1pm – 5pm

Backfill required in particular for STC and IVC to maintain service provision and succession planning

Clerical/Admin support required for all of the above services (Management of all Medical Records/recording of activity/management of HOT clinics)

Consideration of Band 3 for e-procurement/stock/stores/audits/cleaning rotas

Consideration for Key Worker and Holistic Needs Assessment, inclusive of inpatients

Consideration of Management Role

Fri.

Mon	Tues	Wed	Thur	Fri.
NC	Bx LIST	NC	LUTS / TROC	
	UDS / Flexi			
	NC		NC MDM	

K 3x NC MDM x 1 TRUS x 2 TRUS / key worker x 1
 J 3x NC LUTS RV x 1 UDS ~~MM~~ / Flexi x 1 + 2 < Botox
 PTNS

Thorndale Ward meeting 23.12.10**Clinical Issues**

- **Prostate Svc**
- **LUTS svc** – no changes planned
- **Haematuria svc** – aim to provide as a one stop service
- **Urodynamics svc**
- **Dr Roger's clinics**
- **Clinitek – POCT** broken equipment will not be replaced. Please see memo re this.
- **Glucometer** – plans to remove from Thorndale. Caitriona McGoldrick to confirm alternative measures to be taken in Thorndale if Blood sugar required urgently.

Policies & procedures

Please familiarise with Intranet & where to find update policies on a regular basis

Sickness / Absenteeism

Please be familiar with policy

Professional Registration

Responsibilities

Annual Leave

- Book Spring week
- Ensure holiday sheets up to date for 2010

Memos

- Ensure Staff memo file is read regularly – and dispose of any out of date material

Clinical Supervision

Next due February / March 2001 – Please prepare appropriately

KSF

Next due February / March 2011 (6 monthly update) Please prepare appropriately

AGENDA
Thorndale Ward meeting
13.09.11

1. Present

2. Apologies

3. Training

- COSHH – complete on-line training
- KSF – annual due sept'11
- Clinical supervision – next due Feb/Mar 2012 - ? group
- Study leave & feedback
- Mandatory training

4. Infection Control

- Link Nurse: Kate McCreesh
- Use of sluice whilst decontamination in progress
- Terminal cleaning
- Actichlor training
- C-Diff – information to patients/relatives

5. Human Resources

- Sickness & Absenteeism
- Internal trawl
- Regional review & recruitment

6. Audits

- Environmental
- Hand Hygiene

7. Governance

- Registration – bring in updated card
- Policies & procedures – intranet
- IR1 forms / medicines learning incidents
- Equipment Management – plans to formalise equipment management process & organise SOP's
- Delegation of duties
- Management of stress in the workplace

8. Updates & any other business

- New time table to be developed
 - One stop prostate & haematuria
 - Urodynamics – extra lists
- Glucometer – plans to remove from Thorndale. Caitriona McGoldrick to confirm alternative measures to be taken in Thorndale if Blood sugar required urgently
- Annual Leave - Book Autumn week & ensure holiday sheets up to date for 2011
- Lab requests
- Staff Nurse Forum next due 27th sept
- Pre-assessment flow chart – Cathy Rocks / deputy to attend meeting
- Fire Officer duties – new folder being compiled across SEC to include layout & evacuation plan
- Lab reports – paper-free system
- Uniforms – awaiting info re: scrubs / laundry / disposal of old uniforms
- Link Nurses –

Kate McCreesh:	Infection Control
Dolores Campbell:	Diabetes
Mairead Leonard:	Equipment
All:	Resuscitation trolley

9. Date & Time of next meeting

Thorndale Ward meeting 19.03.13
AGENDA

Present: Jenny McMahon Kate McCreesh
 Dolores Campbell Mairead Leonard

Apologies: Kate O'Neill Marie Biggs

Training / professional development

- Mandatory – 2 yearly manual handling
- ICT – **no date yet available**
- BSTP - Update
- MAPA / Vulnerable adults **planned for April** / Safeguarding children – **no dates available**
- Study leave & feedback – Study leave certificates / evidence of study
- CEC website – staff book on study leave individually

KSF – please prepare appropriately – overdue Oct / Nov 2012 – dates: **Mairead and Kate – to be completed March**

Supervision

- Please prepare appropriately for
- Group session now being held weekly for SEC (Tuesday pm) and staff from Thorndale are expected to attend these sessions – **commencing June as group supervision session held within Thorndale already**

Infection Control

- Flu advice / management
- Cleaning records – equipment
- Link Nurse Update **Kate McCreesh will keep us updated with any changes to practice**

Human Resources

- Sickness & Absenteeism – all staff given a copy of responsibilities previously
- Internal trawl – jobs available on intranet – under Human Resources
- Regional review & recruitment – information to follow in relation to nursing staffing for new southern trust service. Cancer / Oncology Nursing workload – minimum of 50% workload should be cancer related. **No further information available on this at present**

Audits

- Environmental – all issues have been addressed bar the following:
Limited storage available – follow best practice where possible

- Hand Hygiene – audit should be rotated between staff on a weekly basis & recorded on off-duty page in diary **usually done once or twice monthly and record available on intranet / monitor glove / apron use as may be audited in future**
- RQIA – **audit information tool changing**

Governance

- Registration – bring in updated card when registration renewed. Checked at KSF meeting - All staff encouraged to use direct debit
- Policies & procedures – intranet
- DATIX - IR1 forms / medicines learning incidents
- Equipment Management – plans to formalise equipment management process & organise SOP's **all staff to be aware of cleaning and maintenance guidance on all pieces of equipment**
- **Deputy nominated fire officer** - all trained staff & New folder being compiled across SEC to include layout & evacuation plan **All staff made aware of recent fire drill outcomes. Housekeeping schedule to be amended specific to Thorndale – Mairead Leonard to keep with daily checks document and revise**
- Information governance: Fax machine only to be used for pre-programmed numbers
- Complaints : General theme recurring re: staff attitudes **All staff to be aware and vigilant of this**

Updates / Correspondence

- Proposed move to main OP - Layout / Progress to date / Time schedule **deferred until June as per Martina Corrigan/** Cleaning schedule to be compiled for new unit – **Mairead to devise a daily checks form for new unit**
- Communication within unit : Sisters meeting weekly – one member of staff from the unit to attend each meeting in the absence of Kate / Jenny & any other essential information will be forwarded via email. **Please read minutes on a weekly basis not possible to ensure all staff made aware of any changes**
- Staff Nurse/ Nurse Auxiliary Forum
- Ward support/Housekeeper roles **2 people in post currently within SEC - hopefully a few hours per month will be set aside for Thorndale to help with non-stock requisitions/equipment management/ but roles yet to be clarified**

Annual Leave

- Book Spring /Summer week
- Ensure holiday sheets up to date for 2012 / 2013
- TDU closing mon – wed Easter week

Link Nurses –

- Kate McCreesh: Infection Control
- Dolores Campbell: Medicines & Policy folder
Diabetes **no longer required as no glucometer**
- Mairead Leonard: Equipment & COSHH
- All: Resuscitation trolley & Medicines fridge

Clinical Issues

- New letters
- Time management / numbers per session **may change with move to main OP**
- Digital dictation for all clinics
- **Prostate Svc** – review documentation **changes made**
- **LUTS svc** – continue with medic to have DRE & examination on day
- **Haematuria svc** – red flag clinic & booking to be done by red flag team commencing April 2013 **changes made**
- **Urodynamics svc** – increase to 6 per day - review **Dolores to review documentation and indications in which urodynamics should be deferred i.e. infection**

Any other business

- space/time to be agreed within work schedule to complete admin / link nurse duties
- **haematuria documentation to include post op checks**
- **prostate documentation to include sedation / methotrexate/epilepsy advice**
- **jenny to provide list of clinics / codes and who books**

Date & Time of next meeting:

- Aim to have ward meeting every 4 months

Thorndale Ward meeting 23.10.13
AGENDA

Present: Jenny McMahon Kate O'Neill Kate McCreesh
Dolores Campbell Mairead Leonard Marie Biggs

Apologies:

Human Resources

- Sickness & Absenteeism – all staff given a copy of responsibilities previously, new policy on intranet – please ensure all familiar with this
- Internal trawl – jobs available on intranet – under Human Resources
- Regional review & recruitment:

Training / professional development

- Mandatory training with main focus on Vulnerable adults (most trained) / Safeguarding children
- BSTP – all trained – please ensure all familiar with process / ordering / passwords functioning etc.
- Study leave & feedback – Study leave certificates / evidence of study

KSF – please prepare appropriately – Due Oct 2013

Supervision

- Please prepare appropriately for
- Group session now being held monthly for SEC (Tuesday pm) and staff from Thorndale are expected to attend these sessions –

Infection Control

- Flu advice / management / reinforce hand washing over winter
- Cleaning records – equipment
- Link Nurse Update

Governance

- Registration – bring in updated card when registration renewed. Checked at KSF meeting - All staff encouraged to use direct debit.
- Policies & procedures – intranet
- DATIX - IR1 forms / medicines learning incidents
- Equipment Management – please follow user manuals / cleaning instructions. All bladder scanners now functioning and in use – please be familiar with operating all types to avoid moving equipment unnecessarily
- Deputy nominated fire officer - all trained staff & new folder being compiled across SEC to include layout & evacuation plan and being adapted for TDU –

Kate O'Neill to complete. Please ensure housekeeping audit completed weekly – Jenny will adapt for new location

- Information governance: Fax machine only to be used for pre-programmed numbers. Audits continue in relation to monitoring use of labs / x-ray results etc
- Complaints: General theme recurring re: staff attitudes All staff to be aware and vigilant of this. Heather Troughton leading on this for SEC

Audits

- Environmental – all issues have been addressed bar the following:
Limited storage available – follow best practice where possible
- Hand Hygiene – audit should be rotated between staff on a weekly basis & recorded in audit folder
- Prostate service- audit tool being developed

Updates / Correspondence

- Move to main OP: Schedule to be determined and processes will improve with time
- Communication within unit: Sisters meeting weekly – one member of staff from the unit to attend each meeting in the absence of Kate / Jenny & any other essential information will be forwarded via email. **Please read minutes** on a weekly basis

Annual Leave

- Book Winter week
- Ensure holiday sheets up to date for 2013 / 2014

Link Nurses –

- Kate McCreesh: Infection Control
- Dolores Campbell: Medicines & Policy folder
- Mairead Leonard: Equipment & COSHH
- All: Resuscitation trolley

Clinical Issues

- New letters – directions to Thorndale
- Digital dictation for all clinics
- **Prostate Service** – new developments: Day 3 histology Clinic
- **LUTS Service** – continue with medic to have DRE & examination on day
- **Haematuria Service** – red flag clinic. Scopes / Time management
- **Urodynamics Service** – aim to provide an assessment clinic
- **New services** – Surveillance flexible cystoscopy

Any other business

- The isolation ward will be transformed to accommodate winter pressures and availability of inpatient beds. There will be a responsibility on all wards to accommodate patients with infections in side rooms within their own wards
- RQIA continue to audit – focus on communication / care of the older person – Policy file to be updated for SEC

Transforming your care

- Ongoing projects – works on-going within the Trust

Date & Time of next meeting:

- Aim to have ward meeting every 6 months

Thorndale Ward meeting 16.12.14
AGENDA

Present: Jenny McMahon Kate O'Neill
 Kate McCreesh Dolores Campbell
 Mairead Leonard Marie Biggs
 Janice Holloway

Apologies:

Training / professional development

- Mandatory – 2 yearly manual handling, All staff have personal responsibility for ensuring training requirements up to date – please discuss with Kate/Jenny if any update training needed
- IPC – awaiting dates
- Safeguarding children
- Administration of medicines
- Study leave & feedback – Study leave certificates / evidence of study

KSF – please prepare appropriately – due Dec 14

Supervision

- Please prepare appropriately for supervision sessions
- Group session now being held weekly for SEC (Tuesday pm) and staff from Thorndale are expected to attend these sessions

Infection Control

- Flu advice / management
- Cleaning records – equipment
- Link Nurse Update : CJD training / Ebola

Human Resources

- Sickness & Absenteeism – all staff given a copy of responsibilities previously
- Internal trawl – jobs available on intranet – under Human Resources
- Regional review & recruitment – information to follow in relation to nursing staffing for new southern trust service. Cancer / Oncology Nursing workload – minimum of 50% workload should be cancer related.
- Congratulations to 2 x new Band 6 clinical sisters Dolores and Janice (Jan-Mar 15)

Dolores: Prostate Biopsy service / Support for patients with prostate cancer / Assist with managing the Urodynamic Service

Janice: Intravesical therapy service / Support for patients with bladder and/or renal cancer

- 2 x band 2 staff starting week beginning 5th January

Audits

- Environmental – all issues have been addressed bar the following:
Limited storage available – follow best practice where possible
- Hand Hygiene – audit should be rotated between staff on a weekly basis & recorded on off-duty page in diary
- RQIA

Governance

- Registration – bring in updated card when registration renewed. Checked at KSF meeting and recorded at back of diary - All staff encouraged to use direct debit
- Policies & procedures – intranet
- DATIX - IR1 forms / medicines learning incidents
- Equipment Management – plans to formalise equipment management process & organise SOP's - all staff to be aware of cleaning and maintenance guidance on all pieces of equipment
- Deputy nominated fire officer - all trained staff & New folder being compiled across SEC to include layout & evacuation plan
- Information governance: Fax machine only to be used for pre-programmed numbers
- Complaints : General theme recurring re: staff attitudes All staff to be aware and vigilant of this

Updates / Correspondence

- Communication within unit :
Sisters meeting weekly: Representation weekly from Thorndale and information from meeting should be shared with staff at first available opportunity however **please read minutes** on a weekly basis as not possible to ensure all staff made aware of any changes
- New initiatives within the Trust – Organ donation / NAAS / Hello my name is...

Annual Leave

- Book Spring week

Link Nurses –

- Kate McCreesh: Infection Control
- Dolores Campbell: Medicines / Learning Disability / HIV awareness
- Mairead Leonard: Equipment & COSHH
- Janice Holloway:
- All: Medicines fridge

Clinical Issues

- New clinics – all **new** patients will be seen at one of the TDU clinics and each clinic will have protected slots for haematuria and prostate biopsy if required.
- Haematuria clinic – will be continuing on a Thursday morning for foreseeable future with registrar until demand eases. However any urgent patients may be offered an appointment at this clinic depending on weekly demand
- Hot Clinics – still being discussed as remains variable
- Review clinics – Each consultant will devise their own schedule for review patients inclusive of all histology reviews
- Prostate Biopsy – radiology lists will continue on a Tuesday morning
- Urodynamic service – Commissioned course (4 places) planned for 2016
- TCC surveillance cystoscopy lists commencing in new year
- Transforming cancer follow up – prostate / renal initially
- Thorndale staff will cover all TDU clinics i.e. no staff coming from OPD
- Draft document to be circulated amongst all staff clarification of roles within the unit

Any other business

- space/time to be agreed within work schedule to complete admin / link nurse duties
- E-procurement / Pharmacy – all staff responsible for ordering supplies / having up to date passwords

Date & Time of next meeting:

- Discuss frequency of ward meetings

**Thorndale Ward meeting 22.04.15
MINUTES**

Attended: J McMahon, K O'Neill, D Campbell, M Leonard, N Mulholland, J Holloway K McCreesh, R Elliott, M Biggs, C Watson

Training / professional development:

Mandatory training – as managers we will facilitate where possible your attendance at training however it remains your responsibility to be vigilant as to when any training expires. All staff attendance to be added to the Training Matrix. Please bring copies of all completed training to Jenny

Revalidation – In consultation at present within the SH&SCT, you can attend information sessions in May (Tues 5th May at CAH) also some sessions available in STH, go-live date December 2015. If you wish to attend session you need to book in advance.

Update provided from NMC website including the 3 steps of revalidation / also view NIPEC website

1. Set of Requirements
2. Demonstrate to a third party
3. When re-register every 3rd year verification will take place

Following attendance at any study event, please record a brief reflection and keep as evidence of learning.

Study leave & Feedback –

Study leave opportunities – discuss requests with Jenny/Kate must be relevant to work environment

Difficult Conversations – Sage & Thyme sessions – try to get spaces for Mairead/Kate McCreesh/Nuala

E-learning – staff will each add external training onto Intranet and then give a copy to Jenny/Kate

Human Resources

Band 6 x 2 Temporary and Band 2 x 2 block bookings will continue on a monthly basis
Sickness & Absenteeism – responsibilities text messages not appropriate unless followed up with phone call

Audits

Patient questionnaires by Karen Randhawa is for new clinics only
Uro-oncology patient experience questionnaire planned for the coming weeks
Keep Audit folder up to date daily
Fridge to be checked twice daily (8am & at end of shift)

Governance

Keep managers up to date with evidence of your registration – checked at KSF meeting and recorded in diary
Policies & procedures – please be familiar with intranet access to these
Datix – sharing of learning from sisters meetings
Equipment Management – **keep record of any services** and give to Jenny / Mairead
DNO present on each shift - Fire folder in the office
Complaints/Compliments- Hello my name is/ courtesy/ continue to be careful with non-verbal communication. The team were congratulated on the overwhelming amount of positive feedback from patients/family
Glucometer – we would not be using this often enough to allow us to have a glucometer, we would not be meeting the desired competencies. Inform management in Outpatients of this decision and ask them to ensure that they have a Glucometer available in the Blood Room next door to Thorndale **AND** someone there who can use it.

Updates / Correspondence

- Weekly attendance at sisters meeting and main points emailed/read book
- New initiatives within the Trust – Smoke free policy by March 2016/ E-cig not acceptable on hospital grounds
- Donaldson Reports-forward comments
- Cystoscope service / cabinet, we want to move to a situation where we are independent with scopes using the facilities with the wash room and no longer involving theatre staff. New transport trollies have been ordered
- Complimentary therapies for cancer patients – Charis Integrated Cancer Care, Men's Sheds, Macmillan Hub – please remember to highlight these services to patients/family/carers
- Sectra changes – upgrade in system this week, some teething problems but feedback any issues to Denise Newell
- Nursing Strategy – read through this draft document which is out for consultation

Annual Leave

- Clarification of annual leave requests
- Book spring/summer weeks
- Long Service Leave

Link Nurses –

- | | |
|---------------------|---|
| • Kate McCreesh: | Infection Control |
| • Dolores Campbell: | Medicines / Learning Disability / HIV awareness |
| • Mairead Leonard: | Equipment & COSHH |
| • Janice Holloway: | New Kardex |
| • Nuala Mulholland: | Anaphylaxis |

KSF – please prepare appropriately

Clinical Supervision

- Anaphylaxis – (group session)
- All trained staff have completed e-learning course
- Nuala updated group with contents of anaphylaxis kit
- Role play episode undertaken with emphasis on recognising onset, IV access, 1st dose of Adrenaline, Dr involvement, Arrest Team
- Discussed rapid access to ED department

Clinical Issues

- CCHAEM – 4x active surveillance 2x haematuria
- Peer Review – update given by Kate O'Neill
- New Clinics – some issues remain an issue, space, toilet facilities, access to sufficient USS and Flexi Scopes, access to the room for prostate biopsy, value of advanced triage.
- Jenny will feedback to Urology Governance Meeting in relation to issues from new clinics – what we could do to make them run better

Any other business

Janice – Desire to have some more staff trained in IVC

Mairead – Clarification for antibiotics cover for different procedures. Jane Agnew working with Jenny/Kate in relation to improving processes.

Date & Time of next meeting: September 2015

Thorndale Ward meeting 20.04.16**In attendance:**

J McMahon, K O'Neill, D Campbell, J Holloway K McCreesh M Leonard, N Mulholland, M Biggs, M O'Neill

Training / professional development: Safeguarding – children and vulnerable adults is combined training

As part of their Queen's University Course Kate McCreesh & Janice had each prepared a presentation on Bladder Cancer and its Management and delivered this to the team. Both presentations were excellent and generated significant discussion around the management of this service within Thorndale Unit.

Kate's focus was on Superficial Bladder Cancer and Treatment and Treatment with Mitomycin

Janice presented on Invasive Bladder Cancer and Treatment with BCG

Mandatory training – as managers we will facilitate where possible your attendance at training however it remains your responsibility to be vigilant as to when any mandatory training expires and to book appropriate sessions. All staff training needs added to the Training Matrix. Staff reminded of responsibility to keep up to date.

NMC Revalidation:

Following attendance at any study event, please record a brief reflection and keep as evidence of learning. Also keep thank you cards etc. as feedback from patients

Study leave & Feedback:

Study leave opportunities – discuss requests with Jenny/Kate must be relevant to work environment

E-learning – staff will each add external training onto Intranet and then give a copy to Jenny/Kate

Human Resources:

- All aspects of Management within Thorndale Unit under review at present to determine if there are any aspects of the role which can be provided by someone/anyone else to allow Kate & Jenny commit to more clinical sessions

Audits:

- Keep Audit folder up to date daily
- Fridge to be checked twice daily
- Housekeeping/Fire audit to be completed weekly

Equipment:

- Steelco cabinet – difficulties with cleaning. **Jenny / Kate to add to risk register for SEC re: difficulties with cleaning and accessing bottom shelves to load/unload scopes**
- Disposal of perasafe down drains
- Trackerscope

Governance:

- Keep managers up to date with evidence of your registration – checked at KSF meeting and recorded in diary
- Policies & procedures – please be familiar with intranet access to these
- Datix – sharing of learning from sisters meetings
- Equipment Management – **keep record of any servicing of equipment** and give to Jenny / Mairead **Service record is kept in audit folder**
- DNO present on each shift - Fire folder in the office
- Complaints/Compliments-

Updates / Correspondence:

- Sisters meeting is **alternate weeks** and main points emailed/ written in red book
- New initiatives within the Trust – Smoke free policy by March 2016/ E-cig not acceptable on hospital grounds
- Complimentary therapies for cancer patients – Charis Integrated Cancer Care, Men's Sheds, Macmillan Hub – please remember to highlight these services to patients/family/carers

Annual Leave:

- Clarification of annual leave requests
- Book spring/summer weeks
- Long Service Leave

Link Nurses:

Kate O'Neill	Safeguarding / HRPTS
Jenny McMahon	Equipment control
Kate McCreesh:	Infection Control
Dolores Campbell:	Learning Disability / HIV awareness / Diabetes
Mairead Leonard:	Equipment & COSHH
Janice Holloway:	Medicines / Documentation (Fluid balance / medicine kardex)
Nuala Mulholland:	Anaphylaxis / Dementia / Infection Control

- **Kate McCreesh / Nuala – Update Infection control folder**
- **Dolores – Update Thorndale Policy Folder**

Clinical Supervision:

- Utilise all episodes of learning within the department as opportunities for supervision and keep your own record, useful for Revalidation.

Clinical Issues:

- Reminder that all nursing procedures in the Trust are based on the Royal Marsden Manual of clinical procedures 9th online edition.
- Currently in production within urology – Flushing of a nephrostomy tube. Please forward any comments to Jenny

Any other business:

- July: - Bladder cancer awareness month
- Thorndale Team nominated for SHSCT Excellence awards
- New information booklet under development in relation to prostate health for men with learning disability. All comments welcome so if you could have a read through and forward any comments to Kate

Date & Time of next meeting:

To be arranged

Thorndale Ward meeting 16th June 2017**In attendance:**

J McMahon, K O'Neill, L McCourt, J Young, D Campbell, J Holloway K McCreesh M Leonard, N Mulholland, M O'Neill JA Lavery

Unit Management

The functional management of the unit will be provided by Leanne & Jason however they will also develop their clinical skills to support clinical services.

Management duties in addition to daily unit management will include KSF / Sickness / Off duty & e-rostering etc.

Human Resources: New team structure below.

All staff expected to cross cover the needs of all services.

Cancer Services Lead: Kate O'Neill

The future planning for each specific cancer site will include assessment and diagnostics, keyworker involvement and health needs assessment.

Prostate: Kate O'Neill, Leanne McCourt, Dolores Campbell

Bladder: Janice Holloway, Kate McCreesh, Jason Young

Renal: Leanne McCourt, Janice Holloway

Testicular / Penile - All staff

Benign Services Lead: Jenny McMahon

Stone Services: Jason Young, Nuala Mulholland, Mairead Leonard,

LUTS / TROC Jenny McMahon All

Urodynamics Studies Jenny McMahon, Dolores Campbell, Mairead Leonard,
Kate McCreesh, Nuala Mulholland

Future service development includes Botox / PTNS services / Andrology

Training / professional development:

Each member of staff is responsible for their continued professional and educational development. This has particular relevance to the following

- Mandatory / E-learning training
- Any study pertinent to your role within the unit

Following study, staff should be prepared to feedback to the unit and inform managers to ensure all is captured on the training matrix

NMC Revalidation

- Keep managers up to date with evidence of registration / expiry dates

Audits:

- Keep Audit folder up to date daily

Equipment:

- Trackerscope

Governance:

- Notice Boards
- Policies & procedures – please be familiar with intranet access to these
- Datix – sharing of learning from sisters meetings
- DNO present on each shift – Fire folder in the office
- Complaints/Compliments-

Updates / Correspondence:

- Sisters meeting : formal minutes will be circulated when available, staff responsibility to read through and adhere accordingly

Link Nurses:

Kate O'Neill	HRPTS
Jenny McMahon	
Leanne McCourt	Safeguarding
Jason Young	Equipment control
Kate McCreesh:	Infection Control
Dolores Campbell:	Learning Disability / HIV awareness / Diabetes
Mairead Leonard:	Equipment & COSHH
Janice Holloway:	Medicines / Documentation (Fluid balance / medicine kardex)
Nuala Mulholland:	Anaphylaxis / Dementia

Clinical Supervision:

- Utilise all episodes of learning within the department as opportunities for supervision and keep your own record, useful for Revalidation.

Clinical Issues:

- Prostate pilot clinic
- Vacuum Clinic

Any other business:

- E Rostering: Annual leave / requests
- Daily allocation
- Student placement & learning objectives
- Files / Folders e.g. RQIA, Ward policies
- Sickness & Absenteeism
- Staff contact numbers

Date & Time of next meeting:

Ward Meeting 13/11/2018

Attendance:

J. McMahon
K. O'Neill
L. McCourt
J. Young
J. Holloway
M. Leonard
K. McCreesh
N. Mulholland
J. Lavery
M. O'Neill
G. Robinson

The following points were discussed:

- Policies and procedures – **a selection can be found in files in office, staff also aware how to access on intranet.**
- Datix- **staff aware of rationale for use and how to access on intranet.**
- Sickness policy- **refresher on correct reporting system.**
- Safety and security- **staff aware of emergency number (6000), recent security incident discussed. All staff aware that access doors are to be locked at the end of the day.**
- Safeguarding APP1 form- **staff aware how to access this.**
- Supervision / appraisal- **up to date.**
- Patient feedback- **discussed new leaflet rack with “We value your views” and “Have your say” leaflets. Still waiting for rack to be installed. Selection of patient thank you cards and comments now on notice board.**
- Clean and clutter free- **installation of new shelving in store has improved storage and space. Unit in general office – contents to be sorted and relocated as unit is to be disposed of. New cupboards ordered for rear of unit also.**
- Private conversations - **everyone to be mindful of privacy.**
- **Use of clinic delayed signs and announcements to be made by nurse in charge.**

- New allocation sheet, nurse in charge /DNFO and safety brief- **to be completed each morning.**
- Housekeeping audit and hand hygiene audit- **results of each to be displayed on noticeboard in waiting area.**
- Daily checks- **form has been revised to include checking of call bells. Fridge audit no longer needs to be emailed to lead nurse.**
- WHO cystoscopy check list- **to be completed in the presence of flexi room team by member of staff assisting with cystoscopy. There is a laminated checklist in file showing how to complete.**
- Equipment folder & staff training records. **Location and content discussed-all staff to sign individual equipment training records.**
- Crash trolley – **all staff aware of the location.**
- Notice boards- **content and location of new notice boards discussed.**
- Infection control – **refresher on 5 moments of hand hygiene/ 7 step handwashing technique nursing staff responsibility to check and refill hand gel dispensers. ANTT training- all staff aware this needs to be completed and recorded on e-roster (Gemma can do this).**
- Cleaning regime- **located on clinic room doors. Equipment that is not in daily use needs to have an “I am clean label” attached. Actichlor plus to be reconstituted fresh each morning and used as required. Cleaning is everyone’s responsibility!**
- Care of the person who becomes critically ill- **escalation to Reg discussed, observations to be recorded on NEWS chart, ensure to get O2 prescribed when Reg attends .**
- Medicines storage – **all to be stored in original boxes, all cupboards containing medications to be locked.**
- Medicines administration – **use of armbands for biopsy patients. Importance of positive identification of the patient. All staff to familiarise themselves with NMC document on administration of medicines .**
- Record keeping- **all staff to familiarise themselves with Trust policy and NMC standards.**
- Quiet room- **staff aware of location.**
- Chaplaincy input- **details of service on notice board in waiting area. Staff aware how to contact if required.**

- Use of “Big Word”- **booking process explained, access code available on notice board in general office.**
- Local Risk Register- **need to agree on issues to be placed on this. Kate, Jenny, Leanne and Jason to populate a register and circulate to staff.**

Ward Meeting 29/01/19

Attendees:

Kate O'Neill

Jennifer McMahon

Leanne McCourt

Dolores Campbell

Janice Holloway

Mairead Leonard

Kate McCreesh

Nuala Mulholland

Julie Ann Lavery

Martina O'Neill

Points Discussed:

Staffing

- Regionally Trusts are being asked to justify band 5 clinical activities in an outpatient setting due to both the increasing skill set of band 3 staff and also due to shortage of Band 5 staff. This work has commenced within the SHSCT and no doubt our turn will come where we will have to justify our skill mix at present. We have indicated that TDU does not reflect a typical OPD setting and without doubt it will be understood that UDS/STC/IVC/Prostate Biopsy etc. is seen as necessary Band 5 work. Our off duty needs to reflect the clinical activity on any given day and we will all be asked to justify all our clinical activities to ensure we are making the best use of resources.
- We need to have a plan for who should cover days / times when Gemma is on leave (Martina or Julie Anne where possible). Also Gemma will be working 8.30am – 4.30pm from now on
- We also need to ensure that Band 5 staff visible on the floor are performing duties classified as band 5 and so on.
- As you know Mr Jacob is away and Mr Tyson will commence on 25th February. Further discussions are taking place as to how Mr Jacob's caseload will be managed.

Service development

- STC – additional workload (7.5 hours) – an expression of interest will be advertised shortly for one session per week

- IVC – Martina has agreed an increase of one additional day per week (we need to think how this can best be accommodated within our current workload / to accommodate annual leave etc). Friday may be the most suitable day due to clinical activity on Thursdays- has not been scheduled into roster for next roster period due to staffing and using annual leave. Discussed sharing service activity with more than one staff member to ensure sustainability.
- Jason's post will be advertised with BSO very shortly
- Macmillan specialist nurse post will be interviewed as soon as a panel can agree a suitable date
- TROC service, SPC catheter changes, difficult catheter changes – From 01.03.19, The TROC service will operate every Wednesday (2 patients) CNLTROC and catheter change clinic will operate every Monday afternoon CNLUG. All Band 5 staff need to be competent to catheterise and change a urethral / SPC so if any experience is required, please let Jenny / Leanne know to arrange supervised practice.
- A new email has created for **Thorndale Unit** to help manage the referrals into TROC service etc. (This will be primarily an admin function)
- Significant Band 5 vacancies 3 South and Theatres
- All Staff keen to undertake keyworker role- this will be facilitated via shadowing experienced member of staff

Ward: Thorndale Ward Meeting

10.07.19

Present:

Kate O'Neill, Jennifer McMahon, Leanne McCourt, Kate McCreesh, Dolores Campbell
Mairead Leonard, Nuala Mulholland, Janice Holloway, Julie Ann Lavery, Gemma Robinson

Apologies: Martina O'Neill

Ref	Topic	Discussion
1.	RQIA	As prepared as can be. Be mindful that a visit could occur at any time so please be familiar with sharepoint / policy files etc.
2.	Clinical	IVC – Meeting to be arranged with the lead nurse and staff from Thorndale / consultants /Martina Corrigan to discuss how best IVC provided over both CAH & DHH sites
3	<u>Governance</u>	Plans to review the antibiotic proforma for TRUS Bx. We will await confirmation on this but there have been discussions with microbiology and consultants. Potential to move to TP biopsy and this will have service implications for Thorndale
	New Policies/ Documents	
	Datix	Bedpan washer detergent – all measures now in place – please be vigilant
	Audits	All up to date.
	Complaints	No active complaints outstanding.
	Equipment	<p>New bladder scanner has arrived –awaiting acceptance checks. 2 x verathon scanners ordered out of E&G funds and this will facilitate band 3 training</p> <p>Trophon training refresher – curved probe attachment to be fitted (3 members of the team attended today and will cascade information to remainder of the team)</p> <p>Trackerscope – cleanascope trolley will hopefully be returned from theatres in due course and Jenny/Leanne will follow up.“Record to patient” function can be used for 3 hour rule scopes and should not need a paper record – any issues with this let Jenny / Leanne know and we can</p>

Ref	Topic	Discussion
	IPC	raise it with Marti McKenna & Fingerprint medical Kate McCreesh to update <ul style="list-style-type: none"> • Sabre clean system now in use
4	Staffing (Levels)	<ul style="list-style-type: none"> • Matthew Tyson replacement • Funding approved for 2 further Band 7 CNS's – 1 x cancer 1 x benign • Awaiting x2 band 6 posts for outpatients • Band 7 CNS's- will have own case load and nurse led clinics
5	<u>Staff Development</u> Training KSF/ Supervision Revalidation Sickness	<p>Leanne will be attending BAUN and we have funding for 1 additional place 10-12th November in Liverpool.</p> <p>Jenny / Kate BAUN 2017 Mairead / Kate Mc UDS 2017 Nuala UDS /Stones 2018 Dolores UDS 2018 / Sheffield 2019</p> <p>Mandatory training is individual responsibility</p> <p>All up to date/ Booked.</p> <p>Staff responsible for their own revalidation prep / sign off</p> <p>Policy</p>
6	New Initiatives	Botox training has commenced and further clinics will follow over the next few months
7	Environmental	Quarterly audit completed
8	Estates	nil
9	AOB	<p>Treating everyone with respect, communicating clearly and being mindful of how we speak to others. We are all here for the same reason- to help and care for patients, and should work together as a team to achieve this. Be kind!</p> <p>Interruptions at clinic – few suggestions to minimise this</p> <p>Transfers into ED – Kate O'Neill (ongoing plans)</p>

Revised structure for Main OPD including Thorndale

Director of Acute Services

Esther Giskori



AD Acute Services

Ronan Carroll



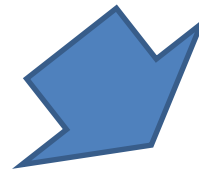
Head of Service

Martina Corrigan (HOS)



Lead Nurse

Josie Matthews



Clinical Nurse Specialist Team

Kate, Jenny & Leanne + 2 x CNS

OPD Management

Joe Percival (Manager OPD)



Band 6 X 2 (Shared OPD /TDU /STC)



Band 5

Band 3 + 1 new Band 3

- The revised management structure for Main OPD was shared & discussed with the staff.
- It will take some time to allow new appointments and outstanding vacancies to be filled
- The organization of the Band 6 roles will then be further clarified.
- The staff will have an opportunity to meet / be introduced to Jo Percival
- There are some outstanding questions re staff rota / cross cover throughout OPD setting that we are unable to answer at present.
- Janice will take up opportunity to attend BAUN this year with Leanne McCourt

Ward: Thorndale Ward Meeting

03/03/2020 Present:

Kate O'Neill, Jennifer McMahon, Leanne McCourt, Kate McCreesh, Dolores Campbell
Mairead Leonard, Janice Holloway, Martina O'Neill, Julie Ann Lavery, Graham Woolsey,
Gemma Robinson

Apologies:

Ref	Topic	Discussion
1.	RQIA	Ongoing preparation.
2.	Clinical Governance	<p>Coronavirus ID pathway- pinned to NoticeBoard. TVN information and link nurse- Dolores Campbell.</p> <p>Penile erosion- any incidents need reported to TDU managers for escalation to Wendy McQuillan and Martina Thompson.</p>
3	New Policies/ Documents Datix Audits Complaints / compliments	<p>NICAN working on regional policies for intraoperative MMC instillation , red flag haematuria referrals.</p> <p>Fall when voiding following cystoscopy and urethral dilatation . Appropriate disposal of confidential information.</p> <p>Recent quarterly audit- satisfactory. Flexible cystoscopy- Wesam looking at use of normal saline and non-return valve.</p> <p>Recent donation to Acute Fund.</p> <p>Continue to record thank you cards on intranet.</p>

Ref	Topic	Discussion
	Equipment	New equipment for TP biopsy arrived, training to follow.
	IPC	Ongoing issues with hand hygiene audit in relation to compliance. Offenders to be challenged and issue escalated if non-compliance continues.
4	Staffing (Levels)	Staff thoughts on covering days when activity reduced AM or PM – need for “on at shift”. New HCA assistant. Expression of interest Band 5..
5	Staff Development	Band 7 interviews imminent. Band 6 OPD – start of April ? when starting in TDU. TP training to commence for Consultants and CNS's.
	Training	Keep e-learning up to date.
	KSF/ Supervision	Ongoing.
	Revalidation	Individual responsibility to ensure process is up to date
	Sickness	Refer to policy
6	New Initiatives	Botox training has commenced and further clinics will follow over the next few months. Adjustment to New Patient Appointment letters re addition of “attending with a full bladder and length of appointment. Patient feedback questionnaire in conjunction with Mary Haughey- due to be posted to patients next week.
7	Environmental	
8	Estates	Call bell system now fully operational.

Ref	Topic	Discussion
9	AOB	<p>MMC- new delivery system and delivery of IVC in DHH – Janice.</p> <p>STC-KON has requested noise impact assessment.</p> <p>Maintenance requests- whoever reports issue need to follow-up with maintenance to ensure it has been resolved.</p> <p>Reminder for everyone to be mindful and respect others at all times (colleagues and patients).</p>

From: Corrigan, Martina <[REDACTED]>
Sent: 05 December 2015 10:06
To: Trouton, Heather <[REDACTED]>; McMahon, Jenny <[REDACTED]>
Cc: Holloway, Janice <[REDACTED]>; O'Neill, Kate <[REDACTED]>; Connolly, Connie <[REDACTED]>
Subject: Re: Datix Incident Report Number [REDACTED]

Dear all

Also to update I have spoken with Mr Young regarding this and I know the plan for some of these patients is to do a GA cystoscopy which is what causes the delay, Mr Young has agreed that these patients should be added to the planned flexi lists so at least they can be monitored more timely and then seen urgently on a GA list if required. I will take this forward with the secretary.

Connie, for your information and advice do I need to do anything further?

Regards

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [REDACTED]

----- Original Message -----

From: Trouton, Heather
Sent: Friday, December 04, 2015 09:46 AM
To: McMahon, Jenny; Corrigan, Martina
Cc: Holloway, Janice; O'Neill, Kate
Subject: RE: Datix Incident Report Number [REDACTED]

Jenny

Thank you for this feedback

Heather

-----Original Message-----

From: McMahon, Jenny
Sent: 03 December 2015 08:40
To: Trouton, Heather; Corrigan, Martina
Cc: Holloway, Janice; O'Neill, Kate
Subject: RE: Datix Incident Report Number [REDACTED]

Hi Heather,

Mark Haynes had offered to bring this gentleman in for his procedure however we noted on ECR that he had a recent admission to hospital in AF with syncope and therefore would be unsuitable for admission at present. Janice will relay this information to the family and we will reschedule the procedure as soon as clinically safe to do so. In relation to the other patients waiting, Mark has offered the two most urgent patients dates for their procedures in the coming weeks and Janice will be arranging pre-op assessment dates. Mr O'Brien has been informed by Mark of these plans Jenny

-----Original Message-----

From: Trouton, Heather

Sent: 01 December 2015 16:51

To: McMahon, Jenny; Corrigan, Martina

Subject: FW: Datix Incident Report Number [REDACTED]

Dear Jenny and Martina

Re the IR 1 , can you please review and advise me of the way forward now it has been escalated.

Jenny , thank you for raising

Heather

-----Original Message-----

From: [datix](#) [REDACTED] [mailto:[\[REDACTED\]](#)]

Sent: 01 December 2015 15:30

To: Trouton, Heather

Subject: Datix Incident Report Number [REDACTED]

An incident report has been submitted via the DATIX web form.

The details are:

Form number: [REDACTED]

Description:

I PROVIDE INTRAVESICAL TREATMENT TO PATIENTS WITH BLADDER CANCER.I HAVE A NUMBER OF PATIENTS WHOM HAVE NOT HAD FOLLOW UP CYSTOSCOPIES SIX TO EIGHT WEEKS FOLLOWING THEIR TREATMENT.

AFTER A NUMBER OF EMAILS REGARDING THESE PATIENTS SENT TO BOTH THE CONSULTANT IN QUESTION AND HIS SECRETARY, AND VERBAL CONVERSATIONS. THESE PATIENTS HAVE NOT BEEN CALLED FOR GA CYSTOSCOPIES.

ONE PATIENTS DAUGHTER PHONED ON 30/11/12 CONCERNED HER FATHER HAS NOT BEEN SEEN WHEN HIS TREATMENT WAS COMPLETED ON 12/5/15.I ADVISED I HAVE INFORMED THE CONSULTANT ABOUT HER FATHER.

SHE STATED [REDACTED] AND THAT SHE HAD CONCERNS RE HER FATHER AND HIS TREATMENT AND THAT THEY PREVIOUSLY HAD TO SEEK PATIENT SUPPORT.

Please go to [http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid=\[REDACTED\]](http://vsrdatixweb/Datix/Development/index.php?action=incident&recordid=[REDACTED]) to view and approve it.



SHSCT GOVERNANCE TEAM (IR2) Form - NEW June 2018.

Incident Details ID & Status

Incident Reference ID Personal Information redacted by the USI

Submitted time (hh:mm) 15:29

Incident IR1 details

Notification email ID number Personal Information redacted by the USI

Incident date (dd/MM/yyyy) 30/11/2015

Time (hh:mm) 14:00

Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)

Does this incident involve a Staff Member?

Description

Enter facts, not opinions. Do not enter names of people

I PROVIDE INTRAVESICAL TREATMENT TO PATIENTS WITH BLADDER CANCER. I HAVE A NUMBER OF PATIENTS WHOM HAVE NOT HAD FOLLOW UP CYSTOSCOPES SIX TO EIGHT WEEKS FOLLOWING THEIR TREATMENT. AFTER A NUMBER OF EMAILS REGARDING THESE PATIENTS SENT TO BOTH THE CONSULTANT IN QUESTION AND HIS SECRETARY, AND VERBAL CONVERSATIONS. THESE PATIENTS HAVE NOT BEEN CALLED FOR GA CYSTOSCOPES. ONE PATIENTS DAUGHTER PHONED ON 30/11/12 CONCERNED HER FATHER HAS NOT BEEN SEEN WHEN HIS TREATMENT WAS COMPLETED ON 12/5/15. I ADVISED I HAVE INFORMED THE CONSULTANT ABOUT HER FATHER. SHE STATED Personal information redacted by USI AWAY AND THAT SHE HAD CONCERNS RE HER FATHER AND HIS TREATMENT AND THAT THEY PREVIOUSLY HAD TO SEEK PATIENT SUPPORT.

Action taken

Enter action taken at the time of the incident

I HAVE SENT REPEATED EMAILS TO THIS CONSULTANT AND DISCUSSED THESE PATIENTS WITH HIM WITH NO SUCCESS. LAST EMAIL SENT 25/11/15. DISCUSSED WITH LINE MANAGER FOR FURTHER ACTION.

Learning Initial

Reported (dd/MM/yyyy) 01/12/2015

Reporter's full name JANICE HOLLOWAY

Reporter's SHSCT Email Address

Opened date (dd/MM/yyyy) 05/05/2016

Were restrictive practices used?

Does this incident involve a safeguarding concern which is alleged/confirmed?

Has safeguarding been considered?

Has an APP1 been completed?

Last updated Kate O'Neill 05/05/2016 11:26:15

Name

This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.

Personal Information redacted by the USI

Location of Incident

Site	Craigavon Area Hospital
Loc (Type)	Outpatient Clinic
Loc (Exact)	Thorndale Unit
Directorate	Acute Services
Division	Surgery and Elective Care
Service Area	Outpatients
Speciality / Team	Outpatients

Staff initially notified upon submission

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title	Originated from
No details found for the contact with ID Personal Information redacted by the USI	Eamon.Mackle Personal Information redacted by the USI	01/12/2015 15:30:22	Personal Information redacted by the USI			Level 1 Form
Mackin, Dawn	Personal Information redacted by the USI	01/12/2015 15:30:21	Personal Information redacted by the USI		Nursing Governance CoOrdinator	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	sharon.kennedy Personal Information redacted by the USI	01/12/2015 15:30:21	Personal Information redacted by the USI			Level 1 Form
Trouton, Heather	Personal Information redacted by the USI	01/12/2015 15:30:20	Personal Information redacted by the USI		Executive Director of N&M and AHP's	Level 1 Form
Connolly, Connie	Personal Information redacted by the USI	01/12/2015 15:30:20	Personal Information redacted by the USI		Acting Acute Governance Co-Ordinator	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	caroline.moorcroft Personal Information redacted by the USI	01/12/2015 15:30:19	Personal Information redacted by the USI			Level 1 Form
Smyth, Paul	Personal Information redacted by the USI	01/12/2015 15:30:19	Personal Information redacted by the USI		Head of Unscheduled Care	Level 1 Form
Glenny, Sharon	Personal Information redacted by the USI	01/12/2015 15:30:18	Personal Information redacted by the USI		Operational Support Lead	Level 1 Form
No details found for the contact with ID Personal Information redacted by the USI	cathy.rock Personal Information redacted by the USI	01/12/2015 15:30:18	Personal Information redacted by the USI			Level 1 Form
Corrigan, Martina	Personal Information redacted by the USI	01/12/2015 15:30:11	Personal Information redacted by the USI		Head of ENT and Urology	Level 1 Form

ONEILL, Kate	Personal Information redacted by the USI	01/12/2015 15:30:06	Personal Information	Ward Sister, Thorndale	Level 1 Form
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Management of Incident

Handler Kate O'Neill
Enter the manager who is handling the review of the incident

Additional/dual handler
If it is practice within your team for two managers to review incidents together use this field to record the second handler

Escalate
You can use this field to note the incident has been escalated to a more senior manager within your Service/Division- select the manager from this list and send an email via the Communication section to notify the manager the incident has been escalated to them.

Date of final approval (closed date) (dd/MM/yyyy)

Incident Grade

Date Notification Sent to External Agency

Date Terms of Reference Due

Date SAI Report Due

SAI Level (1,2 or 3)

External Agency SAI Ref No.

Date SAI Report Sent to External Agency

Date SAI Report Shared with Family/NOK

Date HSCB/RQIA/Coroner Queries Received

Reasons for Rejection - History

No records to display.

Linked records

No Linked Records.

Coding**Datix Common Classification System (CCS)**

Category	Access, Appointment, Admission, Transfer, Discharge
Sub Category	Admission
Detail	Admission could not be arranged / failure to admit

Datix CCS2

Type

Category

Sub-Category

Detail

Is this a Haemovigilance /Blood Transfusion or Labs-related Incident? No

Is this an incident relating to confidentiality? No
This may include inappropriate access / disclosure, loss or theft of records etc

SAI / RIDDOR / NIAIC?

Click [here](#) To Help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.

SAI? No
Click [To help you determine whether or not an incident constitutes an SAI please refer to the Regional SAI reporting criteria by clicking here.](#)

Is this incident RIDDOR reportable? No
Below are the 5 categories which qualify a RIDDOR Reportable incident (click on blue links for further definition):

1. Employee or self-employed person working on Trust premises is killed or suffers a [major injury](#)

2. A member of the public on Trust premises is killed or taken to hospital

3. An incident connected with the Trust where an employee, or self-employed person working on Trust premises, suffers an "over 3 day injury (being incapacitated to do their normal duties for more than three consecutive days (not counting the day of the accident but including weekends and rest days). Incapacitation means that the member of staff is absent or unable to do their normal work e.g. placed on lighter duties which are not part of their normal work)

4. [Dangerous Occurrence](#) attributable to the work of the Trust

5. A doctor has notified you in writing that a Trust employee suffers from a [reportable work-related disease](#)

Is this a NIAIC Incident? No
NIAIC (Northern Ireland Adverse Incident Centre) incidents relate to medical devices. If a medical device is involved in an incident consider the list below to identify if the incident is NIAIC reportable;

- design or manufacturing problems
- inadequate servicing and maintenance
- inappropriate local modifications
- unsuitable storage and use conditions
- selection of the incorrect device for the purpose
- inappropriate management procedures
- poor user instructions or training (which may result in incorrect user practice)

Investigation

Investigator Kate O'Neill

Date started (dd/MM/yyyy) 05/05/2016

Actual Impact/Harm Moderate

This has been populated by the reporter. To be quality assured by the investigating manager.

Risk grading

Click [here](#)

When the incident has a Severity (actual impact/harm, grading of insignificant to moderate, you need to plot on the matrix opposite the Potential impact/harm. Deciding what are the chances of the incident happening again under similar circumstances. (Likelihood) and multiply that by the potential impact if it were to reoccur (consequence) The overall risk grading for the event will be determined by plotting: consequence multiplied by likelihood = risk grading. Refer to impact table here:

	Consequence				
Likelihood of recurrence	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain (Expected to occur daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely (Expected to occur weekly)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible (Expected to occur monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlikely (Expected to occur annually)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rare (NOT expected to occur for years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Grade: High Risk				

Action taken on review
Enter here any actions you have taken as a result of the incident occurring; e.g. communicating with staff / update care plan / review risk assessment (corrective and preventative action)

This patient's procedure was transferred to another consultant who performed planned procedure on 20th Jan 2016

Action Plan Required?

A formal action plan is required for all Moderate to Catastrophic incidents. If you tick yes an "Action plan" section will appear below. Use this to create your action plan.

No

Action Plan**No actions****Lessons learned**

Lessons learned None

If you think there are any lessons from an incident which could be shared with other teams please record here. If not please type "none".

Date investigation completed (dd/MM/yyyy) 05/05/2016

Was any person involved in the incident? No

Was any equipment involved in the incident? No

Notepad

Notes

Use this section to record any efforts you have made as part of your investigation e.g. phonecalls / requested patient / client's chart / awaiting staff to return from sick leave. This will inform Governance staff who will be monitoring timescales for the completion of investigations etc, and reduce the amount of phone calls/emails to you requesting same information

Communication**Recipients****Message****Message history**

Date/Time	Sender	Recipient	Body of Message	Attachments
No messages				

Medication details

Stage

Prescriber Name

Medication error

Medication involved

If multiple medications involved enter the primary medication affecting the incident, and record the others in the description

Correct medication

Form administered

Correct form

Dose and strength involved

Correct dose

Route involved

Correct route

Falls Information**Please Quality Assure all information as part of your investigation**Did the fall occur in Hospital or
Community Setting?

Specific Location of Fall

Exact location of Fall
Please describe in free-text
exactly where the fall occurred

Injury Suspected?

Harm?

Buzzer / bell available within
reach before fall?

Floor surface

Footwear suitable?

Walking aid in use / reach?

Mental State

First fall this admission or repeat?

Days since admission

Was the patient receiving
medication which may affect the
risk of falling?

Family informed of fall?

Outcome of Bedrails Assessment

Pressure UlcersWas this incident in respect of a
Pressure Ulcer?**Equipment details**

Product type

Brand name

Serial no

Description of device


Current location

CE marking?

Description of defect

Model/size

Documents added**No documents.****People Affected**

	ID	Title	Forenames	Surname	Type	Approval status
	Personal Information redacted by the USI	MR	Personal Information redacted by the USI	Personal Information redacted by the USI	Patient/Client/Service User	Unapproved

Employees

No Employees

Other Contacts

No Other Contacts

Sum of Count HCN	Column Labels									
Row Labels	January	February	March	April	May	June	July	August	September	
Breast Cancer	20	22	25	24	24	24	23	25		27
Urological Cancer	36	36	28	43	44	40	44	25		36
Grand Total	56	58	53	67	68	64	67	50		63

October	November	December	Grand Total
15	27	18	274
29	41	42	444
44	68	60	718

Subject: FW: Help with query - Breast CNS WTE

From: O'Neill, Kate

Sent: 28 December 2022 11:16

To: Rafferty, Ciara <[REDACTED]>; Clayton, Wendy <[REDACTED]>

Subject: RE: Help with query - Breast CNS WTE

Many thanks Ciara,

This is much appreciated.

Regards,
Kate

From: Rafferty, Ciara <[REDACTED]>

Sent: 28 December 2022 11:14

To: Clayton, Wendy <[REDACTED]>; O'Neill, Kate <[REDACTED]>

Subject: RE: Help with query - Breast CNS WTE

Wendy,

As at 31 March 2016, the WTE of Breast Care Specialist Nurses was 2.80 wte (aligned to C0343N C&CS Breast Care).

Please contact me if you have any queries or require further information.

Regards
Ciara
Senior HR Data Analyst
HR Analytics and Governance Team
Workforce Information Department
Hill Building, St Luke's Hospital
Loughgall Road, Armagh
BT61 7NQ
Tel: [REDACTED] or ext [REDACTED]
Mobile: [REDACTED]



From: Clayton, Wendy <[REDACTED]>

Sent: 21 December 2022 14:02

To: O'Neill, Kate <[redacted]>; Rafferty, Ciara
<[redacted]>
Subject: RE: Help with query

Yes possibly HR can help.

Ciara – would you know wte of breast CNS in 2016?

Regards

Wendy Clayton

Interim Head of Service for ENT, Urology, Outpatients & Ophthalmology

Landline: [redacted]

Mob: [redacted]

From: O'Neill, Kate <[redacted]>
Sent: 21 December 2022 11:50
To: Clayton, Wendy <[redacted]>
Subject: RE: Help with query

Hi Wendy

Thanks for this info, very useful.

Could HR provide WTE for Breast CNS team in 2016??

Kate

From: Clayton, Wendy <[redacted]>
Sent: 16 December 2022 09:44
To: O'Neill, Kate <[redacted]>
Subject: Fwd: Help with query

FYI

Get [Outlook for Android](#)

From: Muldrew, Angela <[redacted]>
Sent: Friday, 16 December 2022, 09:09
To: Clayton, Wendy <[redacted]>
Subject: RE: Help with query

Hi Wendy

Find attached number of confirmed cancers for Breast & Urology in 2016. I have included patient level as not sure if you needed it. Regarding WTE Breast CNS I am not sure

Thanks

Angela Muldrew
MDM Administrator & Projects Officer
Office 2
Mandeville Annex
Macmillan Building
Tel. No. Personal Information redacted by the USI

From: Clayton, Wendy <Personal Information redacted by the USI>
Sent: 15 December 2022 12:25
To: Muldrew, Angela <Personal Information redacted by the USI>
Subject: Help with query

Hi Angela

Can you provide the following information re new urological cancers diagnosed in 2016 and compare with breast diagnosis.

Do you know the WTE breast CNS in 2016?

Thanks

Regards

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

From: [ONeill, Kate](#)
Sent: 28 April 2023 09:40
To: [Avril Frizell](#); [Emmet Fox](#)
Subject: RE: New cancer diagnosis figures for 2016

Good Morning,

Please find the new cancer diagnosis figures for 2016, as discussed earlier this week.

I asked for these figures in December 2022 to make a comparison of CNS workload between the two specialties and the WTE in place at that time. (WTE information was forwarded earlier this week).

Sum of Count HCN Row Labels	Column Labels												Grand Total
	January	February	March	April	May	June	July	August	September	October	November	December	
Breast Cancer	20	22	25	24	24	24	23	25	27	15	27	18	274
Urological Cancer	36	36	28	43	44	40	44	25	36	29	41	42	444
Grand Total	56	58	53	67	68	64	67	50	63	44	68	60	718

Kind regards,
Kate

Kate O'Neill
Urology CNS
Thorndale Unit
Craigavon Area Hospital
Tel:

Personal Information redacted by the USI