

** Would require an additional 2846 scopes along with 100% SBA and IHA/IS allocation to achieve 9-weeks routine; 6-weeks urgent; red flag 14-days; urgent planned repeat on time; routine planned repeat 6-months beyond*

** IS tested for capacity – contract awarded to one provider and available additional capacity from this provider and a second provider – could utilise subject to funding*

AHP

** Formal response letter submitted*

** Demography committed to gaps*

** Recruitment proceeding – anticipate posts in place February or earlier if Regional waiting lists still in place*

** Inability to clear backlog*

** SBA collectively on-track, however, Physiotherapy only profession underperforming – issues around vacancies*

– Unscheduled care

- Resilience plan update from Trust

(slides attached from B Conway presentation to S McGirr)

Risks /Points to highlight:

** Demand management / SLCG review and ongoing need to develop alternative pathways*

** Focus on ED paed and older people*

** Focus on creating assessment capacity in short medium and longer term; however interim need for additional bed capacity*

** Workforce/ability to create surge capacity (medical staffing additionality essential)*

** Reduced flexible bed capacity with decant works in DHH/DHH issues*

** Ongoing community issues (stability of social care sector)*

– Cancer services

Breast

Heather to provide brief update on

• support from other Trusts/number of patients transferred

• Update on plan for non-urgent patients

• Number of routines and max wait time

** Routines anticipated to be waiting 37-weeks at the end of September*

** 774 over 9-weeks at the end of August with longest wait 35-weeks*

Red flags & urgents back to 14 – 16 days currently; back to 100% October

** Trust has secured a level of additional capacity from other Trusts to provide support to this service area during the Summer period.*

** More formal networking arrangements are required to manage this service in the medium term.*

** A scoping exercise is being undertaken with GP colleagues establish if they can provide additional capacity from GPs with Specialist Interest in the management of routine patients. Results from this exercise are awaited.*

** An Expression of Interest is being drafted to test the Independent Sector market for availability of breast assessment capacity.*

– Mental health and learning disability services

9 weeks to access Adult Mental Health Services

** The number of patients waiting in excess of 9-weeks continues to demonstrate an increase. Volumes in excess of 9-weeks has increased by 241% from end of March to end of August 2016.*

** The service have evidenced an increase in demand, 10% cumulatively, over the last 3-years. This increased demand, compounded by vacancies, is demonstrated in the growing volume of patients waiting in excess of 9-weeks.*

** Realignment of Consultant Psychiatrists and Psychology has the potential to increase practitioner workload and reduce time available to triage*

Actions -

• IS provider capacity has been increased from 60 to 100 per month for Step 2 referrals.

• On-going recruitment to permanent/temporary and bank for PMHC along with internal expressions of interest for additional hours.

• Analysis of referrals accepted to PMHC and finalisation of Urgent criteria.

• Development of triage and assessment centre model on-going (anticipated late 2016).

• Roll-out of 'Talking Therapies Hubs' to all localities, subject to receipt of additional funding (anticipated in 2017).

** 81 patients >9-weeks @ March – 276 >9-weeks @ August*

** longest wait 32-weeks @ March (IS) – 20-weeks @ August*

Update provided by Bryce for previous meeting.

For the past 3 years the Directorate has repeatedly referenced in the Trust TDP that achieving this target would only be possible if there was no surge in demand and/or a loss of capacity to meet demand.

During the 3rd quarter of 15/16 the service experienced a surge in demand by 20% compared to the same period in the previous year, combined with a loss of capacity through an increased number of practitioners on long-term sick leave.

The division focused on meeting all urgent referrals and in doing so this extended the waiting times for routine referrals beyond the 9 week target. There is also a direct correlation between extended waiting times and a subsequent increase in urgent referrals, as some GP's attempt to circumvent waiting times greater than 9 weeks.

The division has worked hard to address the waiting time issue by:

- Diverting agreed referrals to an independent sector provider (note contract procured and awarded to Praxis – although currently in formal performance management procedures to address underperformance)*

- Additional clinics – small in number and having only a minimal impact
- Ongoing audit of DNA rates with systemic and practitioner level initiatives to reduce DNA rates and increase capacity lost.

The situation is improving although the Division recognises that the volatile relationship between demand and capacity can combine to extend the waiting times at any point during the year.

Psychological Therapies – 13 week Target

Has improved but waiting times are likely to increase again given the number of vacant psychology posts and the difficulties associated with recruiting and retaining staff. The division will take forward plans to realign the remaining psychology staff and focus this measure on those most in need.

- * 10 patients >9-weeks @ March – 83 >9-weeks @ August
- * Longest wait 21-weeks @ March – 34-weeks @ August

4. Serious Adverse Incidents – Outstanding Review Reports Update for HSCB Board Directors Meeting (Margaret Marsall)

Outstanding SAI Reports (Slide 21 of HSCB presentation)

Updated position for outstanding SAI Reports shows an improvement from 44 (reported in information received from HSCB) reviews to 28 outstanding as of 20th September 2016.

Present Position

	HSCB Report	New Position 21/09/16	Acute Outstanding	CYP Outstanding	MHLD Outstanding
Level 1	24	16	12	3	1
Level 2	20	12	7	2	3
TOTAL	44	28	19	5	4

Please see attached updated position for SAI Reports which shows a decrease from 44 as per HSCB position at 31/7/16 to 28 as of today 20/9/16

Improvement Plan

Increased focus on strengthening our response to Adverse Incidents

A key element of the Trust's clinical and social care governance work programme for 2016/17 is to review how adverse incidents are managed to identify how we can further develop and strengthen a culture of safety within the Trust

In order to do this we need to promote and build on the fundamental purpose of patient safety investigation, which is to learn and improve. This work will provide a foundation for continuous improvement in the way we identify, investigate and learn from adverse incidents in order to minimise avoidable harm in the future.

Key areas of work

- Incident screening and apportioning of investigation resources

- Recommendations and Action Planning following Adverse Incident investigations
- Communicating Learning from Adverse Incidents
- Challenge and scrutiny of the Adverse Incident Process

The Trust are also sharing this work regionally through the Quality 2020 work streams

Regional Work streams

The Trust are also contributing to a range of regional projects to improve on our management and response to SAI's.

- RQIA/GAIN learning from SAI's
- Quality 2020 work streams – BHSCT work
- Regional Governance Leads Forum

Successful changes in approaches which will positively impact on our responsiveness and timescales for completion of reports

- Introduction of Child Death process
- Introduction of Regional MM process
- Falls review process
- Trust Training programme in place for staff – SAI investigations/incident investigations

5. Update on TDP

(Aldrina as per letter to DS attached)

6. Service delivery risks (if not picked up on agenda)

- Corporate/Cross Directorate
 - o On-going workforce issues affecting range of services – specific any individual issues to be raised
 - o IS regulated social care services
 - On-going challenges/performance management issue with IS regulated social care capacity.
 - Stability of sector/ability to meet unscheduled care demands
 - o Capital Planning; thresholds /timing and impact on PALS performance
- Directorate specific challenges
 - o Acute Services
 - Endoscopy demand; inability to reduce access times
 - Radiology workforce/reporting capacity; impact on reporting/scanning and impact in period of unscheduled care
 - Breast services; access times and current arrangements/management of risk
 - o Older people and primary care
 - GP Out of Hours

7. Reform and modernisation

(Aldrina – update on pathway reform)

8. AOB

**SOUTHERN TRUST
ELECTIVE CARE DIRECTORS' MEETING**

**FRIDAY 26 FEBRUARY 2016
11.00am – 1.00pm
Conference Room 3, Linenhall Street**

AGENDA

1. Welcome and introductions
2. Delivery of Core and Waiting Times – OP and IPDC

Summary of core attached with SHSCT internal comments (yellow boxes)

Key SBA issues related to

- G surgery – middle grade issue affecting capacity
- Urology – change in model to blue sky as per HSCB endorsed approach
- T&O – 10th consultant currently locum and working on trauma facing job place
- In-house activity undertaken at risk will inflate overperformance of SBA in some areas

3. In-house Additionality

HSCB refused Trust bid for additional but sought delivery of activity worth £800k. This is coded to core activity for Trust and will result in number of areas overperforming. We have this coded separately and will be able to separate out from core activity going forward

4. Independent Sector Update

40M monitoring round monies

- Trust submitted via finance update on slippage on spend – circa £2211
- Trust continues to monitor IS closely

Diagnostic monies

- IS not identifying any risk

- Endoscopy – no provider in year or in 16/17
- NOUS – if required in 16/17 need to do open tender – can't secure from eligible provider list – 4 – 6 months lead in time

5. Endoscopy

- Underperformance associated with long term sickness of nurse Endoscopist
- Inability to secure top up volumes in IS (as above)
- Significant risk re planned patients (1 year now)
- Need commitment for funding for 16/17

6. Diagnostics

- On track from access perspective , except endo above
- Currently validating volumes to be undertaken and will identify any slippage early next week

7. AOB

AHP –

- Numbers agreed with Linus/Trust re-submitted formal returns
- Model accepted in principle for areas except podiatry where model does not appear to reflect risks around review backlogs
- Backlog clearance plan for new and review patient prepared

Breast Reconstitution

- Work with Sara for interim and longer term solution ongoing
- Need for strategic network approach to ensure stability in longer term

T&O way forward

- Meeting to be arranged with David to discuss
- Trauma risk – currently overperforming significantly on trauma IP and OP due to 10th trauma facing consultant post (via locum)
- If securing permanent post will be risks with trauma in future and potential recruitment of consultant with non commissioned sub specialist interest

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 28/04/2016 - LHM

ISSUED TO ASD: 28/4/16

No.	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
1	Commissioning Plan Target	ASD	All (Op)	Red	Delayed Discharge Coded Interventions	<ul style="list-style-type: none"> * Failure to ensure discharge information coded/recorded * Performance against delayed discharge targets * First level regional performance (all other trusts achieving 97 - 100%) * Review raised at DHSS Accountability meeting 	March 96% February 98% January 97% December 97% November 96% October 93% September 93% August 69% July 69% June 66% 67 not coded on Jan - 1 ENT, 26 gen surg, 14 gen med 4 breast surgery, 22 A&E, 1 gynae, 3 haem, 1 HDU, 1 ICU, 1 trauma, 6 urology	97 - 100% (2014/15)	<ul style="list-style-type: none"> * Action plan agreed in June and submitted to CHS by Chief Executive * Weekly monitoring in place * Performance decreased in July * Urgent release of Action Plan undertaken * Gap identified when patients had been discharged from the ward out of hours * Improvement in quality of coding - up to 70% mid October but concerns around quality as level of complete cases has decreased by 30% * Role - gap in sample discharges performance (see Risk 28 below) ? has to improve performance 	<ul style="list-style-type: none"> * Shared with a daily 'hug up' to try and improve actual returns from the ward * Ward clerks will do a 'map up' from the night before problem to address gap * DHSC report with other Trusts to share any best practice * All to monitor actions required with professional staff * Refresh guidance document on defining sample/computer definitions and applications of B or G codes * ATCS/SEC Update - Reports from Shared continue to be shared to HQSD and Regions for action, number of un-coded delayed discharges have decreased and will continue to be monitored 	Anna Carroll	Immediate
2	Commissioning Plan Target	ASD	MUSC	Amber	Re-admissions	<ul style="list-style-type: none"> * General Re-admission rate (CHS) below peer * Peaks in re-admissions * Outpatient/ambulatory - analysis indicates General Medicine re-admissions increased 	Ref: CHS/STB report	No comparable CHS information re region	<ul style="list-style-type: none"> * Analysis of re-admission rates indicate G medicine for review * Report Shared with ADMAD and meeting took place to review data identify patient trends 	<ul style="list-style-type: none"> * Further analysis from CHS to be undertaken * Follow-up meetings to be arranged 	Lesley Leshan Anne McVey	March
3	Commissioning Plan Standard	ASD	All (Op)	Red	Review beyond clinically indicated timescales (including visiting specialists from February)	<ul style="list-style-type: none"> * Delays in review of patient presenting external clinical risk 	March 13090 February 14018 January 16947 December 17347 October 20627 September 21815 August 22968 Ref: Monthly OP Review Briefing Report	N/A	<ul style="list-style-type: none"> * Re-direction of mental resources in 2015/2016 to provide additional face to face activity and validation of reviews beyond clinically indicated timescales * Actions in place to ensure management of urgent reviews * Monthly monitoring reports in place * Review of previous practice and arrangements at specialty level 	<ul style="list-style-type: none"> * Agreement in place validation tools, both mental and medical - ongoing * Additional resources identified from HSCB for Q1/Q2 for Cardiology, Dermatology, Endocrinology, General Surgery, Orthopaedics, Pain Management, Rheumatology, Urology 	AB Operational A/D	Immediate
4	Commissioning Plan Standard	ASD	ATCS & SEC CCS & (MUSC)	Amber	Planned procedures beyond clinically indicated Timescales	<ul style="list-style-type: none"> * Delay in review of patients for planned interventions/procedures presenting external clinical risk 	Endocrinology - There are 1095 patients awaiting a planned procedure with the longest waiters from March 2015. There are a further 742 non-urgent patients awaiting a planned procedure. Of these there are 19 patients waiting from 2014 - 4 Urology (longest waiting May 2014) and 11 Cardiology (longest waiting June 2014).	N/A	<ul style="list-style-type: none"> * Internal target for management of planned endocrinology patients (potential target 12 weeks for urgent new and planned) routine planned are waiting almost 1 year greater than clinically indicated timescales * Planned but not implemented into urgent planned and routine planned - ensure urgent planned patients seen first * Ongoing discussion at Endocrinology Users Group 	<ul style="list-style-type: none"> * Validation of non-endocrinology long waits required * Agreement to undertake piece of work to identify capacity shortfalls for endocrinology and increase coordination of planning and scheduling to optimise * (in) Consideration of additional nurse endocrinology into training * ATCS/SEC - (urgent) to include planned waiting times, targeting longest waiters 	AB Operational A/D	Ongoing
5	Commissioning Plan Target	ASD	All (Op)	Red	Access Times (Outpatients) - General	<ul style="list-style-type: none"> * Increase in access times associated with capacity gaps and emergent demand 	Specialists > 26 weeks ATCS & SEC ENT, General Surgery, Orthopaedics, Pain Management, Urology MUSC: Cardiology, Endocrinology, Dermatology, Gastroenterology, Ortho-Gynaecology, Thoracic Medicine, Rheumatology SEC & surgery/orthopaedics Ref: Access Times Report	N/A	<ul style="list-style-type: none"> * Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity through achievement of SBA volumes and appropriate management of urgent patients * Strict chronological management required and good OP clinic management practices with implementation of recommendations of HSCB review * Information provided to GPs in OP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits - drafted and shared * Note: Specialists waiting over 52 weeks include Endocrinology, Gastroenterology, Ortho-Gynaecology, Neurology, Ophthalmology, Rheumatology, Urology * Awaiting confirmation from HSCB on the management of patients booked in the 15 	<ul style="list-style-type: none"> * Ongoing focus on length of urgent waits to ensure clinically acceptable - impacting on routine in cases (see risk 6 below) * Additional resources from HSCB in Q1/Q2 confirmed for Cardiology, Dermatology, Endocrinology, ENT, Gastroenterology, General Surgery, Neurology, Orthopaedics, Rheumatology, Thoracic Medicine * All ADs and operational leads to ensure additional resources are fully utilised and highlight any risk to performance ASAP as resources could be re-allocated to the secondary list 	AB Operational AD	Ongoing
6	Commissioning Plan Target	ASD	All (Op)	Red	Access time differential for routine and urgent patients	<ul style="list-style-type: none"> * Some urgent patients are waiting equal time for appointment to routine patients 	Specialists: Urology Ref: Monthly Access Times Report	N/A	<ul style="list-style-type: none"> * Focus on optimisation of clinically acceptable wait times * Focus on good booking practices to ensure urgent patients are booked first * Ongoing flexibility of OP clinical templates to ensure urgent patients booked before clinically acceptable timescale * For specific times see access times tab * Awaiting confirmation from HSCB on the management of patients booked in the 15 	<ul style="list-style-type: none"> * Ongoing focus on length of urgent waits to ensure clinically acceptable - impacting on routine in cases * Urgent waits reviewed at monthly A/D Performance Meetings and routinely operational meetings 	AB Operational A/D	ongoing
7	Commissioning Plan Target	ASD	All (Op)	Red	Access Times (In-patient/Day Cases) - General	<ul style="list-style-type: none"> * Increase in access times associated with capacity gaps and emergent demand 	Specialists > 52 weeks: Breast Surgery, Cardiology, General Surgery, Orthopaedics, Pain Management, Urology Ref: Weekly PTL and Monthly Access Times Report	N/A	<ul style="list-style-type: none"> * Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity through achievement of SBA volumes and manage urgent patients appropriately * Strict chronological management required and good OP clinic management practices * Information provided to GPs in OP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits - drafted and shared * Awaiting confirmation from HSCB on the management of patients booked in the 15 	<ul style="list-style-type: none"> * Ongoing monitoring of urgent wait times against clinically acceptable levels * HSCB have confirmed additional funding in Q1/Q2 for Cardiology, Dermatology, Pain Management, General Surgery, Gastroenterology, Ophthalmology, Urology * All ADs and operational leads to ensure additional resources are fully utilised and highlight any risk to performance ASAP as resources could be re-allocated to the secondary list 	AB Operational A/D	ongoing
8	Commissioning Plan Target	ASD	All (Op)	RED	Access Times (Diagnosics) - General	<ul style="list-style-type: none"> * Increase in access times associated with capacity gaps and emergent demand 	March 2016 position - CT 16 weeks, CTC 19 weeks, DSA 19 weeks, MRS-15 weeks, HDUS 15 weeks, Fluoroscopy 22 weeks, Endoscopy 45 weeks (gynae) Ref: Weekly PTL and Monthly Access Times Report	N/A	<ul style="list-style-type: none"> * Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity and managed urgent patients appropriately * Strict chronological management required and good (IAP) management practices * Information provided to GPs in OP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits 	<ul style="list-style-type: none"> * Awaiting confirmation of funding from HSCB for Q1/Q2 * When confirmation received secure appropriate IT and IT activity levels to meet clinical volumes 	Heather Trouton (Diagnosics) Anna Carroll / Anne McVey (Endoscopy)	Ongoing
9	Commissioning Plan Target	ASD	All (Op)	TBC	Excess Beddays	<ul style="list-style-type: none"> * Inability to meet target 	Ref: Trust Board Monthly Performance Report	N/A	<ul style="list-style-type: none"> * Need to undertake analysis of excess beddays by specialty - information objective * Need to assess impact of day case rates 	<ul style="list-style-type: none"> * CHS to provide analysis 		
10	Commissioning Plan Standard	ASD	MUSC	Amber	Biological Therapies	<ul style="list-style-type: none"> * Presenting demand in cases of funding for initiation on biological therapies 	March - waits >13 weeks	N/A	<ul style="list-style-type: none"> * Analysis of project requirement for biological therapies undertaken * Escalation to HSCB of requirement beyond funding * Need to ensure arrangements in place for direct compliance with HSCB guidance 	<ul style="list-style-type: none"> * Strict compliance with HSCB guidance * Ongoing monitoring of demand with escalation to HSCB (regional commissioning team) should further demand present 	Anna McVey	Ongoing

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

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

ISSUED TO ASD: 28/4/16

No.	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
11	SBA	ASD	AI (O)	Red	Failure to deliver SBA volumes (IPDC OP)	* Failure to deliver SBA volumes (in context of current post access times)	Ref: Month-End SBA Monitoring Summary	N/A	* Specially areas that will not achieve performance within notified tolerances +/- 5% @ 28/2/16 Outpatients - Marrow/SBA/performance issues - Urology, Orthopaedics, Pain Management, Endocrinology, Dermatology, Dermatology, Thoracic, Medicine, Gastroenterology Outpatients - Demand issues - Orthopaedics, Coloproctology, Reproductive/Genitourinary - Marrow/performance issues - General Surgery, Breast Surgery, Urology, Orthopaedics, ENT, Gastroenterology, Endocrinology * Monthly A/D performance meeting in place to review SBA and routine operational review * Recovery plans in place as appropriate	* Focus on SBA action plans at Divisional level to recover SBA to within tolerances +/- 5% by end of September * Recovery plans submitted - General Surgery to be submitted * All SBA proposals conducted with the exception of Urology * Specific focus on endocrinology to seek additional seasonal provision * Urgent analysis and review to be undertaken where specialists have lost significant capacity in March 1 of the 2016/2017 - need to understand why seasonal capacity is lost and implement necessary actions to rectify as a matter of urgency	All Operational A/D	On-going
12	Commissioning Plan Target	ASD	AI (O)	Red	Failure to achieve target	* Variation in week day and weekend mortality rates presenting clinical risk	Death rate at weekends should not exceed weekday rate by more than 0.1%	N/A	In March there was a 3% death rate on weekdays and 1.6% rate on weekends although cumulatively for 26/15/2016 the rate at weekends was more than 0.1% difference to weekdays	* Analysis to be carried out in March position and monthly monitoring required	All Operational A/D	On-going
13	Commissioning Plan Target	DIV	CC & IPWH	Red	ORTT - Failure to achieve target that 100% of diagnostics (phages) reported and verified within 28 days for a routine patient and 48 hours for an urgent patient	Patients waiting longer than clinically indicated for reporting of Diagnostic tests	Ref: Monthly Trust Board Performance Report and Bi-Annual Indicator of Performance Report	N/A	* Actions to increase capacity including the appointment of an IE provider to supplement current IE provision * Close monitoring of long waits is required * On-going Regional actions are in discussion for a Regional Radiology Reporting Network * Medica can perform 200 per day 5 days per week * Additional reporting capacity can be provided by 4 years if required * Need to consider impact of further manpower issues in radiology & any additional actions * Funding confirmation of OIG2 funding from HSCB	* Close monitoring of long waits is required * On-going Regional actions are in discussion for a Regional Radiology Reporting Network * Internal focus on priority work * Plan for reporting IPT submitted to SL(2)	Heather Truett	On-going
14	Standard	ASD	CC & IPWH	Red	Breast Radiology Services (Screen & Symptomatic)	Service at risk due to loss of consultant capacity	* ROUND LENGTH 2015/2016 TARGET 80% February 98.5%, January 99%, December 98% November 100%, October 99.2%, September 99.5%, August 99%, July 99.7% * SCREEN TO ASSESSMENT - TARGET 90% (Referred to Assessment within 3-weeks) February 97%, January 100%, December 71% (2 not booked in time due to Referral holiday and 10 appointed patients CHD 6), November 61% (consultant absent 10 for 2 patients - 5 not read on time and 1 CHA), October 92%, September 94%, August 88% (1 patient not read on time - 2 patients CHD due to holiday), July 69%, June 67% * SCREEN TO ASSESSMENT - DATE OF FIRST OFFERED APPOINTMENT - TARGET 100% February 100%, January 100%, December 91% November 90%, October 93% (1 patient referred late), September 95%, August 85% (1 patient not booked 2 not read on time - 1 waiting plan 8th), July 70%, June 73% * SCREEN TO ROUTINE RECALL - TARGET 90% Formal Results within 2-weeks) February 100%, January 100%, December 95% November 99%, October 99%, September 97%, August 99%, July 99%, June 99%	N/A	* Previously Consultant on sick leave to high risk the screening as leaves 1 consultant to screening - previously 1 remaining consultant had dropped all screening sessions to do additional screening resulting in access times increasing (Breast Radiology Consultant returned from sick leave 23.1.15 on phased return) * One of the sustainable reporting radiologists retired 15/2/16 - unable to recruit replacement * Impact on implementation of recurrent symptomatic breast sessions to be determined	* Focus remains on screening with reporting delayed * Need to assess impact of retirement of key reporter - unable to recruit, locum plan in place * *medium - long term solution	Heather Truett	Immediate
15	Operational	DIV	ATCB & SEC	Red	Ability to provide full medical services affecting achievement of SBA access times, ward services provision	* Risk regarding the ability to secure appropriate levels of middle grade doctors medical staff * Reduction in level of elective activity that can be undertaken * Impact on rota and need to provide for all of hours coverward cover as priority	Affecting General Surgery (GP and SBA performance) Ref: Month-End SBA Monitoring Summary	N/A	* General Surgery funded NEM TDA allocation 4 middle grade. Trust funded 2 middle grade * Impact on contribution to out-patient capacity general elective work * Potential impact on rota for both General Surgery and Urology as ability to recruit junior doctors affects capacity * Michael Blomfield updated at November Elective Monitoring meeting	* Paper to SAT in Configuration * Actions with RMDTA	Ronan Carroll	On-going
16	Commissioning Plan Target	DIV	ATCB & SEC	Red	Ability to continue to meet General Surgery elective requirements with General Surgery SBA anticipated to be underperforming from April 2016	* Risk regarding the ongoing provision of General Surgery elective services in the current model - ability to forecast needs and fully utilise seasonal capacity in current configuration * Significant volume of test sessions in April	Affecting General Surgery out-patient and IPDC SBA performance Ref: Month-End SBA Monitoring Summary	N/A	* Inability fully utilise resources in DHP due to reduced demand for conditions suitable for the site * Inability to meet SBA for IPDC * Changes in practice and demand patterns affecting throughput * Consideration of the above needs to be undertaken in context of emergency surgical strategy and regional elective care strategy document (will be drafted 73 general surgery sessions lost in April - robust needs for test capacity not yet confirmed)	* Review of a range of analysis to baseline existing position (drives utilisation/demand/capacity) * Consideration of alternatives to DHP and plan to be developed in the short-term * A/D/Doctor to meet to consider requirements/process to develop an elective surgical strategy	Ronan Carroll	On-going
17	Commissioning Plan Target	DIV	IPWH	TBC	Ability to continue to meet Gynaecology elective surgery SBA	* Risk regarding the ongoing provision of gynaecology surgical services in line with current SBA in context of change in casemix	Affecting Gynaecology SBA levels Ref: Month-End SBA Monitoring Summary	N/A	* Change in casemix practice and demand affecting throughput in accordance with regional SBA * Inability to fully utilise theatre sessions and optimize capacity * Inequitable access times for surgery/access to relevant theatre capacity	* On-going work to translate casemix and SBA for IPDC into new comparable SBA - provision based in consultation with Clinical Directors * Engagement with Commissioning planned for 2016/2017 to prevent findings	Heather Truett	September
18	Commissioning Plan Target	DIV	MJSC	Red	ED performance Failure to meet target that 95% of patients should be treated/admitted or discharged within 4 hours of arrival	* Increased waiting time * Poor patient experience	March 76.7%, 4-hour target 10 x 12 hour breaches Ref: Monthly Trust Board Performance Report	N/A	* IPTs for additional resources for timescale/delay care submitted * Winter pressure/emergency plans in place * Reduced beds in the system from September to December 2015 due to seasonal work * Additional winter beds opened 18 November 2015 * Plans for Ambulatory Unit in development	* Range of ED and whole system initiatives in place to improve flow * Additional pilot of review of 80 years + admission from ED via AC&H team * Additional medical and non-medical staff at night at weekends in January to improve flow in absence of fully implemented 7-day working arrangements * Lengths of Christmas/New Year holiday period to be undertaken * Forward planned for key pressure points in February/March/April required	Anne McVey	On-going
19	Standard	DIV	CC & IPWH	Red	Pathology reporting backlog	* Clinical risk associated with backlog in pathology reporting * Standard is 7 calendar days for urgent and 10 calendar days for routine	Currently all specimens under 14 days but this position is bad October - backlog 260 September - backlog of 600 specimens	N/A	* Impact associated with vacancy * Inability to recruit - did have 3 applicants for post but all pulled out * Ad hoc contracts in place with BH&CT consultant colleagues providing additional capacity * No AB provision available	* On-going image of each specimen to manage urgent/priority cases * Need to consider communication with referrers to advise of current backlog * Continue to utilise all Referral / Action opportunities to help with pathology reporting W/L	Brian Maguire	On-going

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

ISSUED TO ASD: 28/4/16

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

No.	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
20	Operational	Div	ATICS & SEC	TBC	Impact of long routine access times on pre-operative patients - need for review	<ul style="list-style-type: none"> Clinical risk associated with change of conditions/ongoing variability for surgery Impact on theatre capacity associated with potential increase in cancelled surgery on the day Patented double handling with second review consultant Patent required impact on on-going review capacity 		N/A	<ul style="list-style-type: none"> Requirement to review patients prior to surgery to check points and x-ray due to increasing access times Key specialty affected Orthopaedics 	<ul style="list-style-type: none"> Need to assess clinical position in relation to pre-operative review All A&Os and operational leads to ensure additional resources fully utilised and highlight any risk to performance ASAP 	Ronan Carroll	Ongoing
21	Operational	A&O	CCS	TBC	Backlog pre-operative assessment cases	<ul style="list-style-type: none"> Impact on elective patient flow Potential increase in theatre cancellations/lost capacity 		N/A	<ul style="list-style-type: none"> Increasing volumes of patients waiting pre-operative assessment Review of pre-operative assessment flow by A&Os Additional potential funding to clear 1200 backlog of consultant assessment for pre-op (internally redirected resources) up to the end of March 2015 	<ul style="list-style-type: none"> Non-recurrent backlog clearance in progress up to March 2016 Proposed for audit of pre-op to be developed further to discussion with SLCO (1st Cost implication to be determined and agreed with SLCO) Need to consider impact of closures of 1200 backlog pre-op cases All A&Os and operational leads to ensure additional resources fully utilised and highlight any risk to performance ASAP Pre-op Team are currently reviewing all pre-assessments - complete Part of new process is commencing with Orthopaedics currently arranging meeting with the Ortho consultants to discuss further Non-recurrent funding has been requested for Q1/2 With increased length of wait for patients across specialties this is resulting in double handling of patients requiring pre-assessment Assess the impact of the Q1/2 HCP / IPDC non-recurrent additional 	Ronan Carroll	Ongoing
22	Operational	Div	AI (O&)	TBC	Inability to provide level of additional capacity committed to from internal redirected resources	Finance risk		N/A	<ul style="list-style-type: none"> With new consultants and additional activity being undertaken for internally redirected resources and further commitment to HSCB additional funding leading to increase demand for OP accommodation and staffing 	<ul style="list-style-type: none"> Previously the totality of beds analysed and plan in place for accommodation/nursing provision Close monitoring required to ensure capacity utilised and any early escalation of risk associated with inability to undertake planned activity Previously slack beds were undertaken and submitted to finance and with estimate of costs submitted to date and that planned to be completed by March 	OSLs Martina Corbett Rohan Carroll	Completed - Recommended for Closure
23	Operational	Div	ATICS & SEC	TBC	Elective Theatre capacity at CAM	TBC		N/A	<ul style="list-style-type: none"> Inefficient theatre capacity CAM site Standard days not productive Resource capacity managed via robust scheduling/working of SOW gains Failure to be able to utilise theatres at CAM sufficiently for capacity 	<ul style="list-style-type: none"> Update on capacity plan required - interim options Meetings planned to review Theatre issues as part of capital/development plans 	Mary McCough	Ongoing
24	Orthodontic Service	Div	ATICS & SEC	TBC	Inability to continue to provide support to Orthodontic service	Lack of trained orthodontic nurses		N/A	<ul style="list-style-type: none"> Both trained orthodontic nurses absent Inability to provide sufficient level of appropriate cover impacting ability to continue to manage orthodontic patients on site Capacity secured in School of Dentistry for seasonal support Issues escalated to Commissioner 	<ul style="list-style-type: none"> Capacity secured in School of Dentistry for seasonal support Issues escalated to Commissioner 	Ronan Carroll	Ongoing
25	Standards	ASD	ATICS & SEC		Ophthalmology - long waits and review backlog	Perception that waits relate to HSCT		N/A	<ul style="list-style-type: none"> Ongoing work with Commissioner to transfer management of service (all on Trust P&S) Additional funding HSCB for 15 capacity for new OP (HSCT to manage) 	<ul style="list-style-type: none"> Actions set with HSCT 	Ronan Carroll	Ongoing
26	Governance	DIR	ATICS & SEC	TBC	Trauma pressures	Trauma demand for inpatient and out-patient beyond the Commissioned level	SDA performance @ 29/2/16 In-pat Out-Patients - 18% (+1182) Non-Elective In-Patients - 18% (+258)	N/A	<ul style="list-style-type: none"> Demand for trauma above Commissioned levels Interim arrangements in place to divert 1000 Trauma inpatient to trauma facing job plan however job description with Specialty Advisor and to adjust ability to change levels to standard elective/trauma split job plan with additional capacity for trauma level Option to reduce trauma demand advocated by Commissioner - include implementation of Glasgow model 	<ul style="list-style-type: none"> Phased implementation of Glasgow model confirmed - timescale required Meeting with Commissioner held to consider future T&O consultant activities and impact of change in job plan to elective facing 	Ronan Carroll	Ongoing
27	Governance	Div	MUSC	TBC	Timescale for urgent visits	Cardiology DC - Urgent visits beyond clinical acceptable levels	Urgent visits now reduced to 14-weeks	N/A	<ul style="list-style-type: none"> Previously unacceptable waiting times for different cardiology cath lab procedures 	<ul style="list-style-type: none"> A&O to address individual urgent visit issues with individual operators and seek external sharing of cases to reduce risk 	Anne McVey	TBC
28	Financial	DIR	AI (O&)	TBC	Underdelivery of (i) contracted volumes in 2015/2016 General Surgery Varicose Veins - 80 patients to be seen Ortho In-patients 6 to be seen @ 352 and a further 4 to be seen in 2016 (Plan In-Patients 25 and Out-Patients 57	Financial Risk	Confirmed underdelivery	N/A	<ul style="list-style-type: none"> Whilst providers had given assurance that there is no risk to delivery of volumes there would be no following WOTARTT and O&A for patients Patients are now placed in the 15 with confirmation issued from HSCB on management of these patients 	<ul style="list-style-type: none"> Contract robust to ensure they are managing patients to ensure maximum level seen in 15 Awaiting confirmation from HSCB on management of patients placed within the 15 	Contract Owners	March 2016

WIT-13561

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

ISSUED TO ASD: 25/4/16

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

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

Demand Capacity Analysis



Strategic Planning and Performance Group

Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

CONTEXT

Performance – 31 day and 62 day targets for Urology

Trust	31 Day		
	2019/2020	2020/2021	2021/2022
Belfast	76%	83%	89%
South Eastern	97%	98%	96%
Southern	99%	93%	100%
Western	100%	99%	100%
Region	89%	91%	95%

62 Day		
2019/2020	2020/2021	2021/2022
17%	17%	6%
27%	24%	32%
41%	49%	13%
49%	43%	29%
32%	31%	19%

DEMAND

OP Referrals for Consultant-Led Urology

WIT-13566

FY2021/2022

(Up to Jan 22)

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

ACTIVITY

RED FLAG New Outpatients (core)

WIT-13568

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

URGENT New Outpatients (Core)

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

ROUTINE New Outpatients (Core)

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

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RED FLAG Review Outpatients (core)

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

URGENT Review Outpatients (Core)

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

ROUTINE Review Outpatients (core)

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

Review Waiting List @ 4th May 2020

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

Time band = length of time waiting beyond clinically indicated review date

Backlog = > 3 months

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Independent Sector Outpatient Activity

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

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RED FLAG New Outpatients (WLI)

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

RED FLAG Review Outpatients (WLI)

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

WLI-13572

URGENT New Outpatients (WLI)

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

URGENT Review Outpatients (WLI)

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

ROUTINE New Outpatients (WLI)

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

ROUTINE Review Outpatients (WLI)

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

OP Referrals v OP Attendances (%)

	New OP Referrals (All)			New OP Attendances (All)			%		
	19/20	20/21	21/22	19/20	20/21	21/22	19/20	20/21	21/22
BT	8127	6629	7291	3838	3005	2751	47.2	45.3	37.7
SET	5487	4862	5426	1998	2165	2254	36.4	44.5	41.5
ST	6098	4436	4750	3663	2414	2410	60.1	54.4	50.7
WT	6872	6203	7420	4128	2777	3748	60.1	44.8	50.5

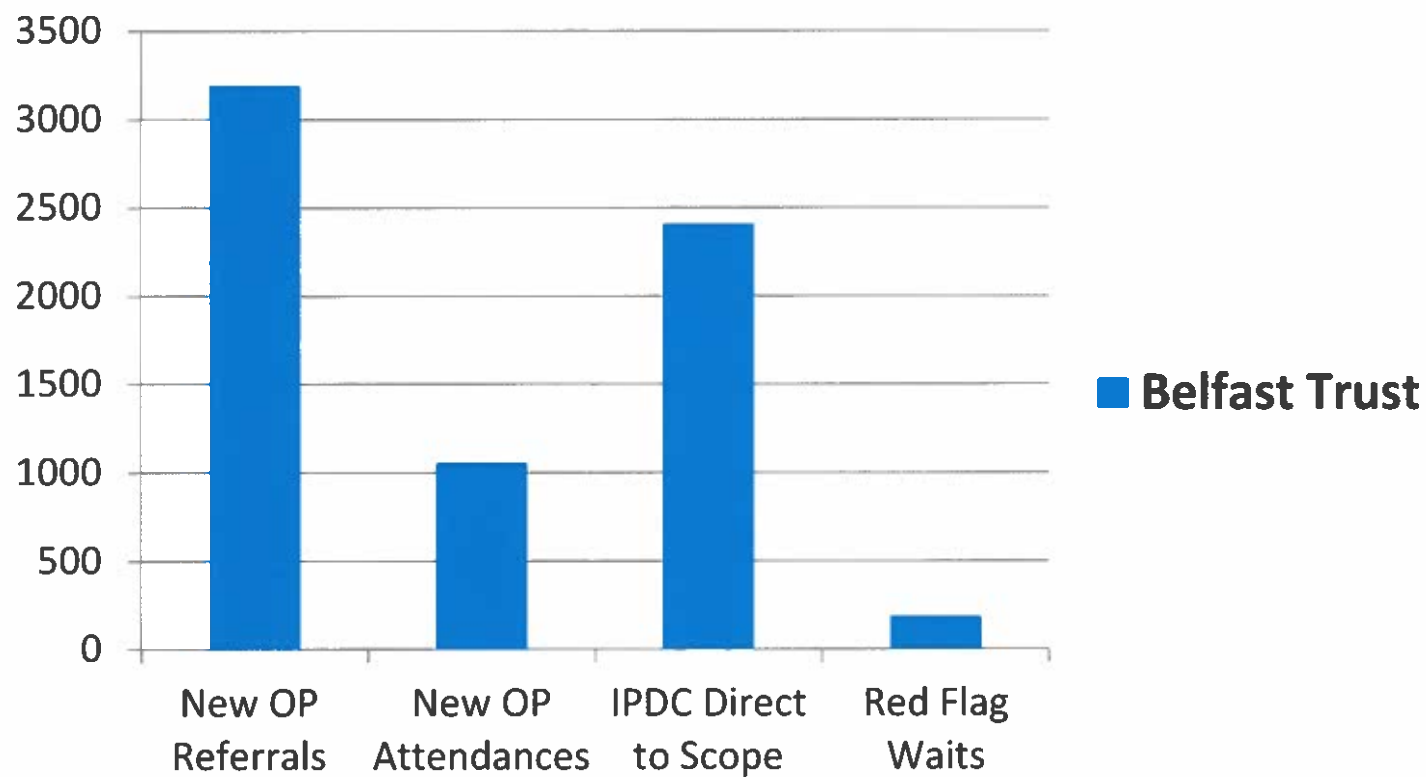
	New OP Referrals (Red Flag)			New OP Attendances (Red Flag)			%		
	19/20	20/21	21/22	19/20	20/21	21/22	19/20	20/21	21/22
BT	3195	2689	2970	1055	883	1057	33.0	32.8	35.6
SET	2141	2172	2483	964	821	976	45.0	37.8	39.3
ST	2063	1800	1904	1742	1316	1201	84.4	73.1	63.1
WT	2138	2123	2455	666	355	597	31.2	16.7	24.3

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Elective IPDC – Suspected Cancer ‘Direct to Scope’

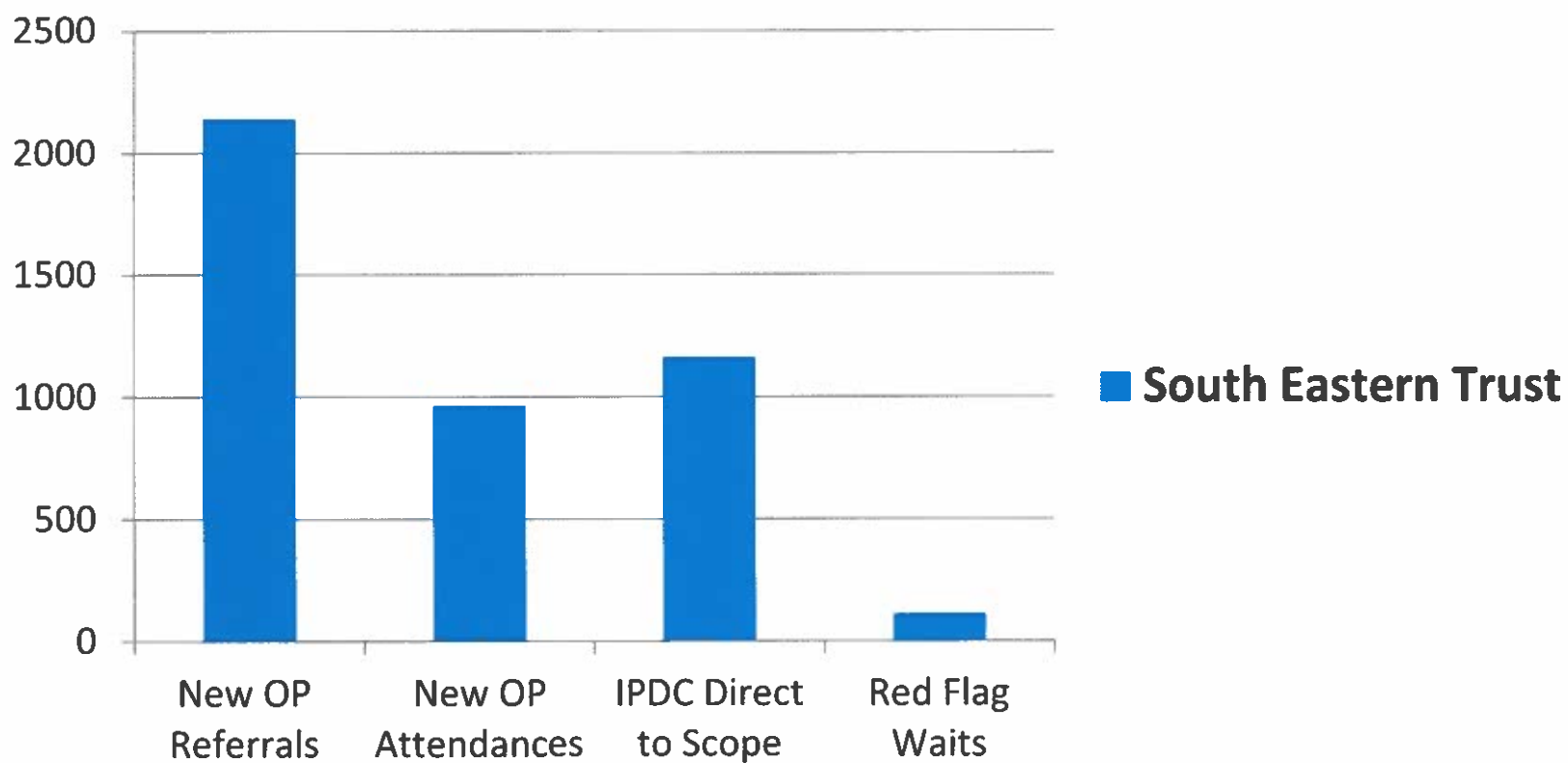
	19/20	20/21	21/22
BT	2411	2028	1764
NT	886	574	822
SET	1161	1136	1237
ST	-	3	11
WT	1179	1179	1182

2019/2020 'Red Flag'



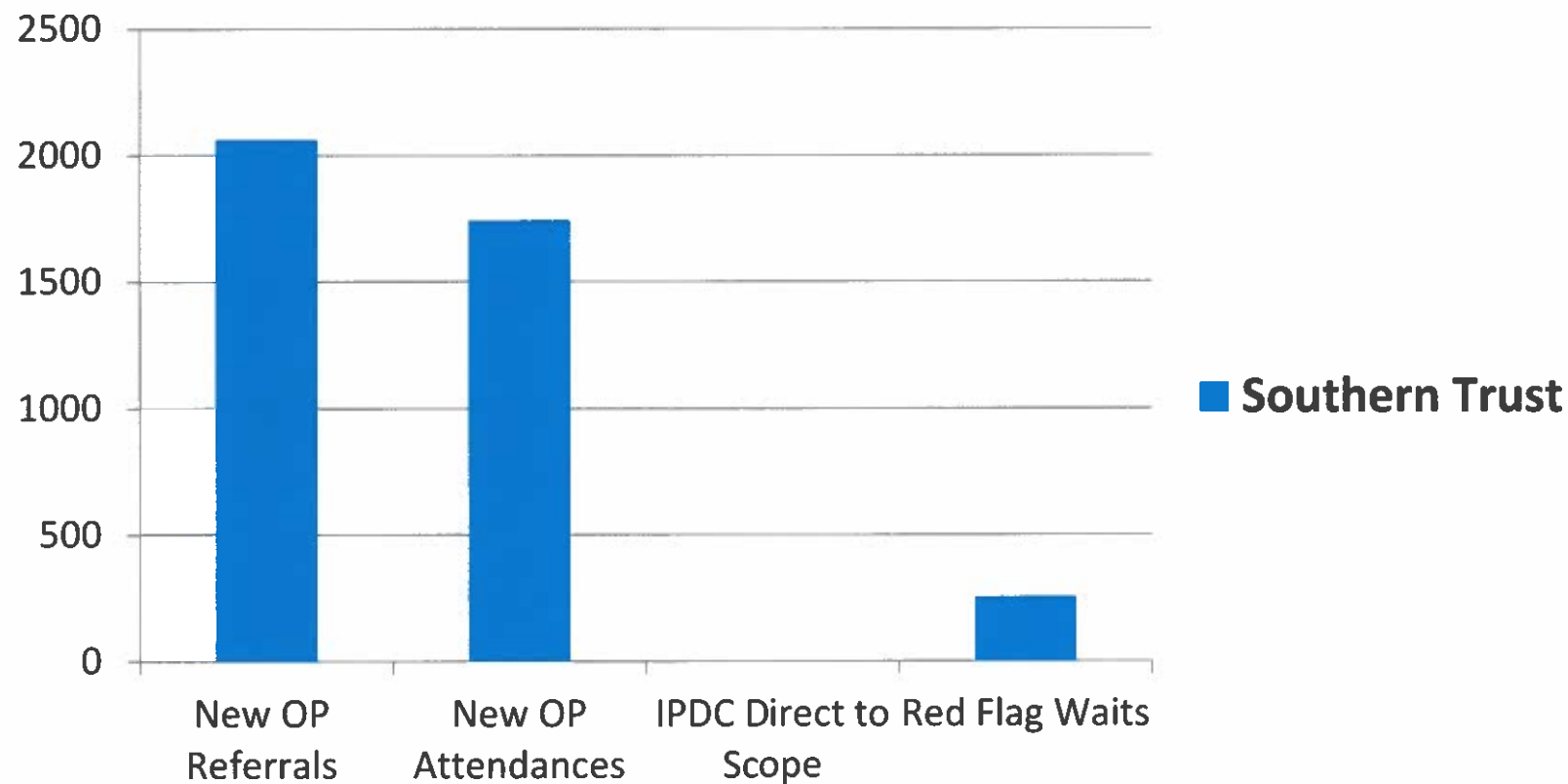
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2019/2020 'Red Flag'



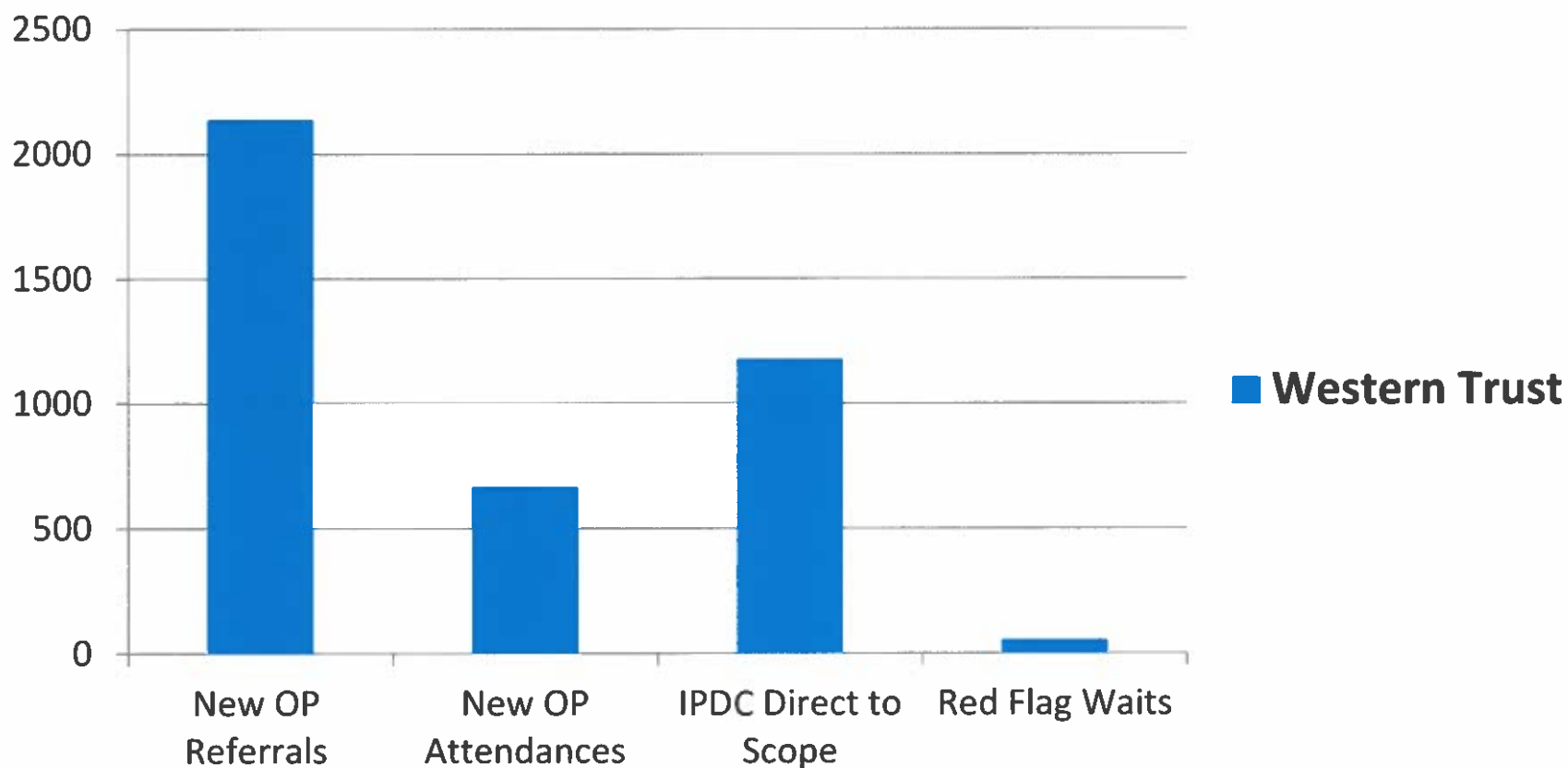
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2019/2020 'Red Flag'



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2019/2020 'Red Flag'



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CAPACITY

Staffing Profile (WTE)

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

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Urology Services Outpatient Clinic Capacity - Belfast

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

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Urology Services Outpatient Clinic Capacity - Belfast

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

Urology Services Clinic Capacity – South Eastern

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

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

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Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

Urology Services Clinic Capacity - Southern

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

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Urology Services Clinic Capacity - Western

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

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Urology Services Procedures Capacity

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

* 3 = theatres
2= outpatients

Urology Services Procedures Capacity

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

VARIATION

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

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

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

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Referrals Discharged without Attendance	Belfast	South Eastern	Southern	Western	WIT-13591 Northern	Grand Total
FY2019/2020	3162	2121	2028	1756	17	9084

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

Strategic Planning and Performance Group

Received from SHSCT on 16/05/22. Annotated by the Urology Services Inquiry.

DNA & CND Rates

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

Strategic Planning and Performance Group

DNA & CND Rates

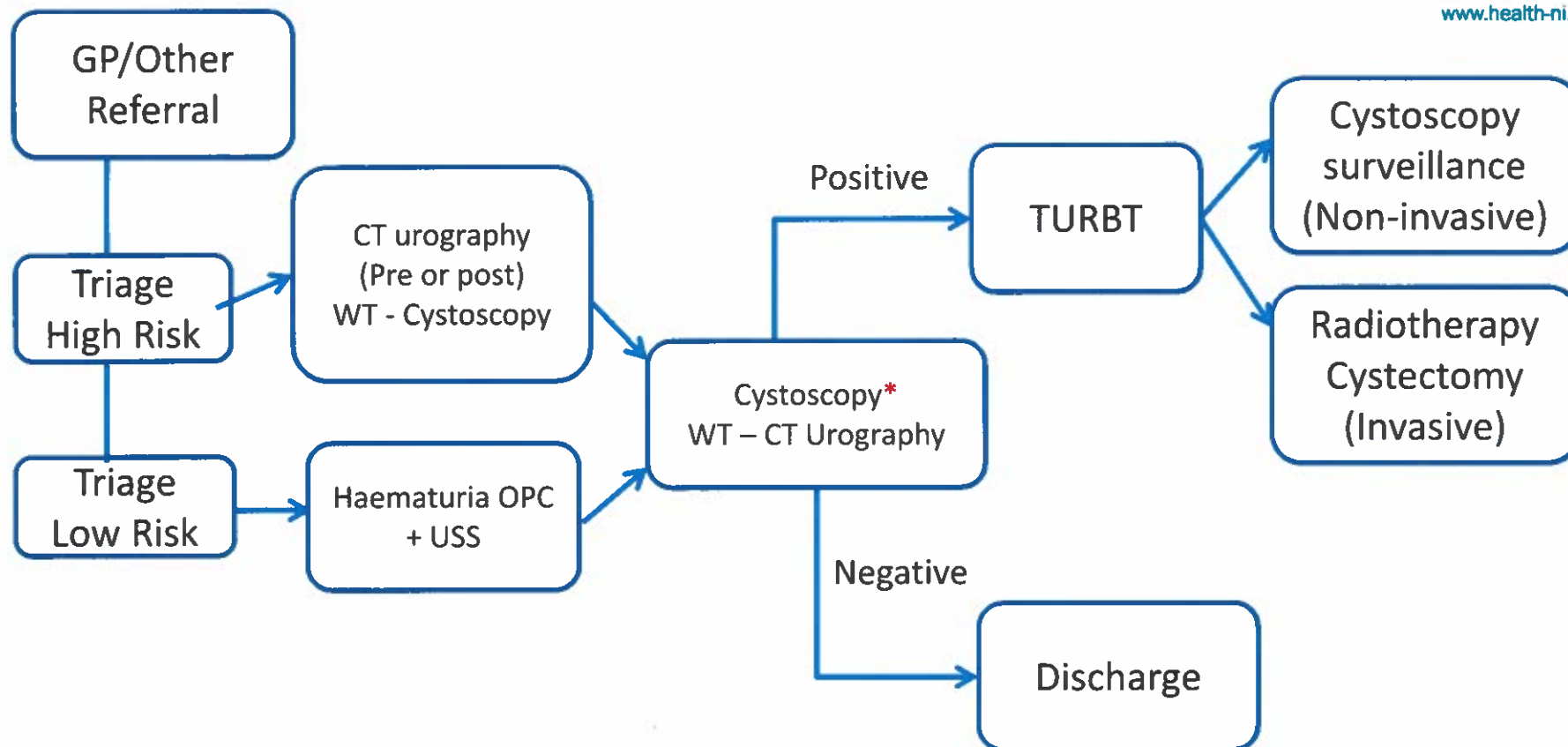
Red Flag after Triage: Urology

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

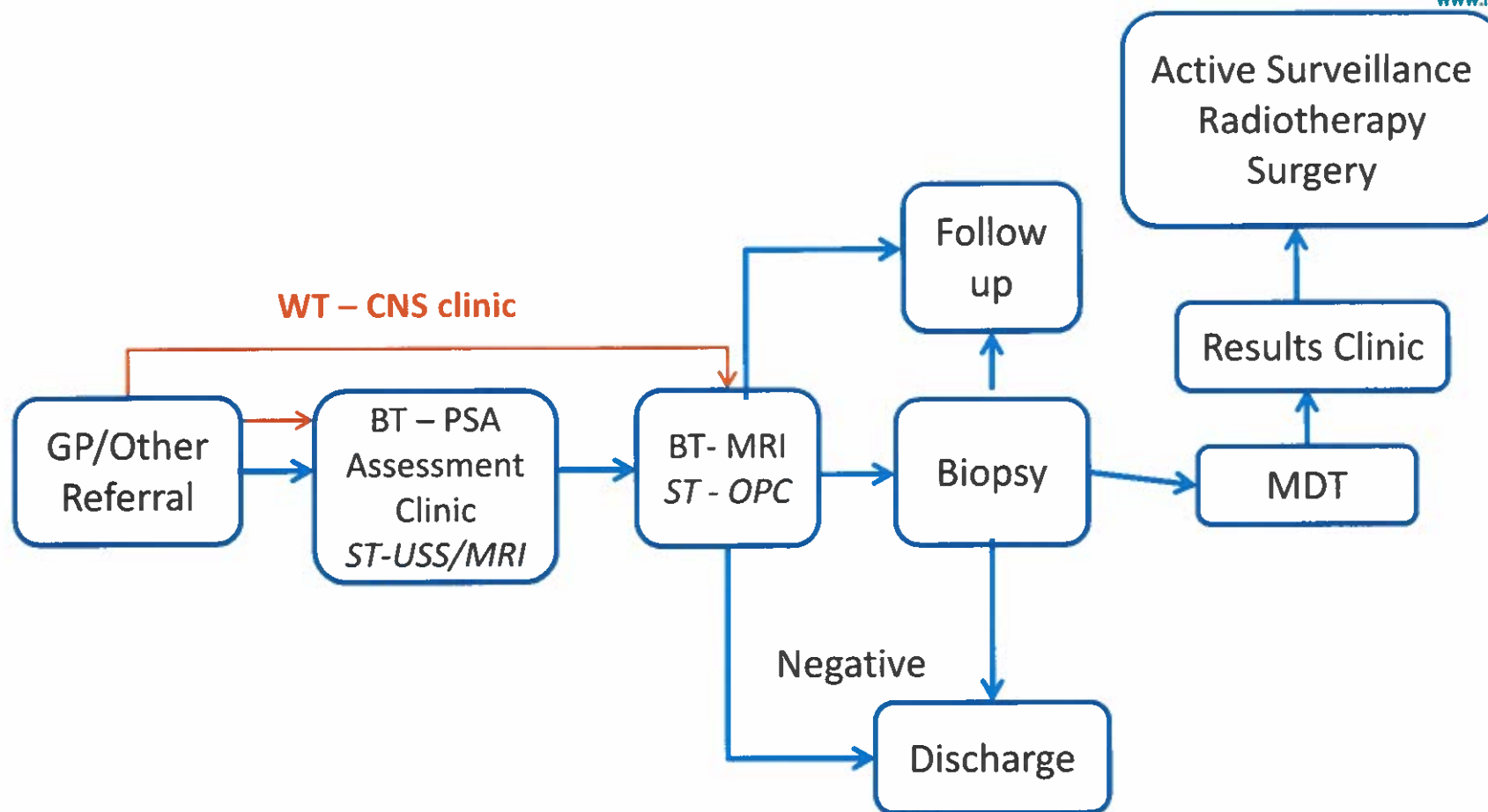
Strategic Planning and Performance Group

PATIENT PATHWAYS

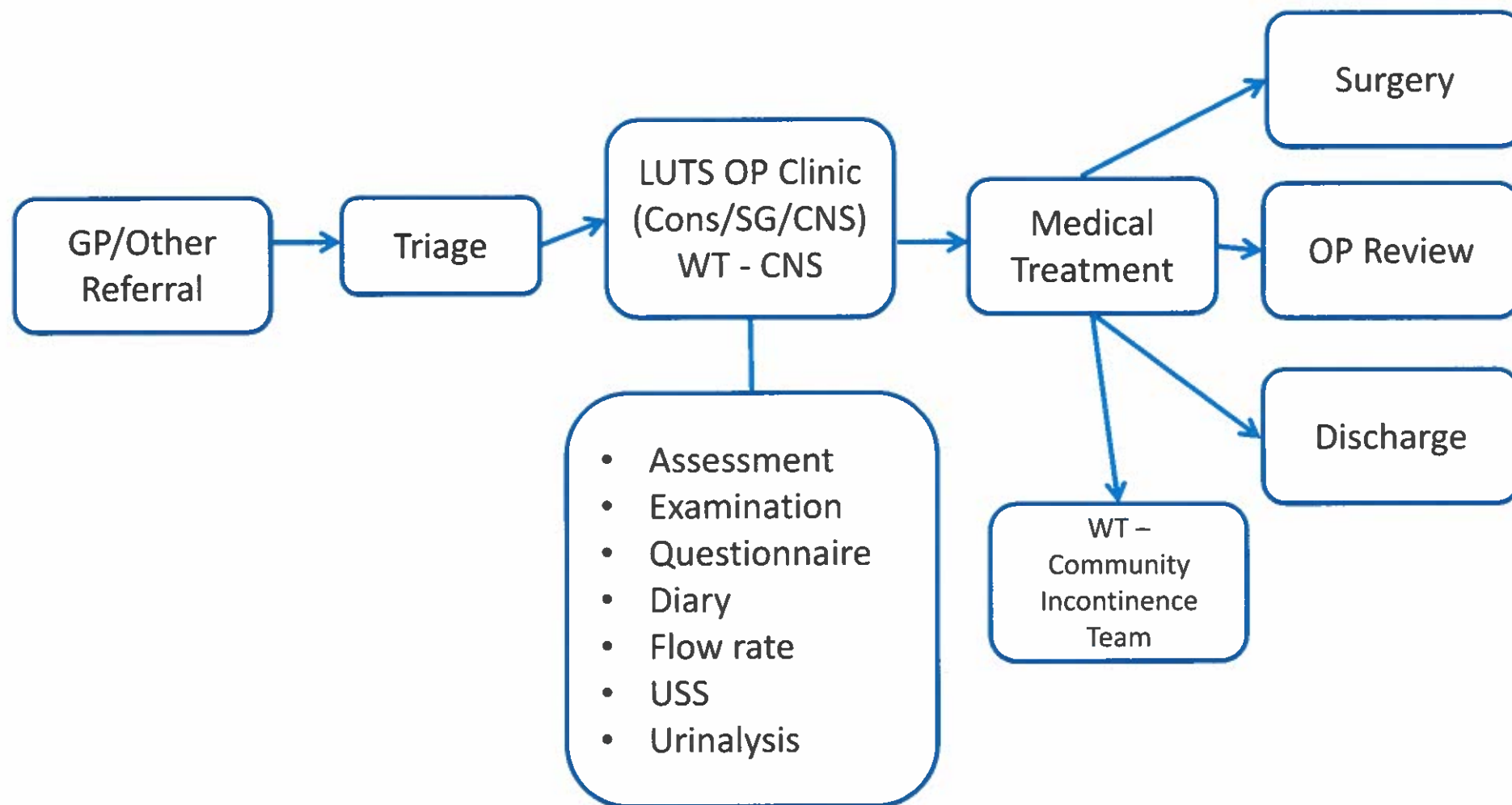
Haematuria Pathway



Raised PSA Pathway



Lower Urinary Tract Symptoms Pathway



Strategic Planning and Performance Group

SUMMARY

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

Strategic Planning and Performance Group

Carroll, Ronan

From: McMullen, Joanne
Sent: 03 May 2022 15:27
To: Carroll, Ronan
Cc: Parks, Zoe
Subject: FW: CONSULTANT UROLOGIST RECENT ADVERTISING
Attachments: CONSULTANT UROLOGIST RECENT ADVERTISING.docx

Ronan

Find attached a timeline of the advertising of the Consultant Urologist posts.

Lydia and myself will be working on the CV search via the BMJ tomorrow morning to select the ones who meet the essential criteria (e.g. FRCS (Urol) & GMC specialist registration). We will be in touch with you with any suitable CV's.

Let me know if you have any queries in the meantime.

Thanks

Joanne
Medical HR Advisor
(Medical Recruitment)
The Brackens
CRAIGAVON AREA HOSPITAL
68 Lurgan Road
PORTADOWN BT63 5QQ



Email: [REDACTED]



Mobile: [REDACTED] (Internal: [REDACTED] – prefix by [REDACTED] if dialling from legacy telephone)



CONSULTANT UROLOGIST RECENT ADVERTISING – SOUTHERN HEALTH AND SOCIAL CARE TRUST

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

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

APPENDIX 1 – TRUST RISK ASSESSMENT

/SOUTHERN HEALTH & SOCIAL CARE TRUST		
RISK ASSESSMENT FORM		Risk ID No
Directorate: Acute / SEC	Facility/Department/Team: Ward 3 South	Date: 18/12/2018
Where is this being carried out? (E.g. Trust premises/home of client/staff/ private nursing home etc) Trust Premises: Craigavon Area Hospital		Objective(s) i.e. Corporate, Legislative requirements etc.: Corporate

Risk Title: (Threat to achievement of objective)

Objective is to deliver safe, effective, compassionate, patient centred care to all service users within ward 3 South at all times.

Introduction

Having the right number of appropriately qualified, competent and experienced nurses protects the public, nursing profession and the employer. The right number of registered nurses leads to improved patient outcomes, reduced mortality rates and increased productivity. But insufficient numbers of registered nurses has potentially life-threatening consequences for patients (Royal College of Nursing 2017).

3 South (3S) is one of 5 in patient surgical wards on the Craigavon Hospital site. 3S has recurrent nurse funding for 31 beds. However in approximately 2014 as part of winter resilience planning 3S had its bed compliment increased to 36 beds. 3S admits both emergency and elective patients.

The Normative staffing compliment for 31 beds on 3S is **47.19wte (RN 32, HCA 14.157) + WS**

Table 1 Normative Recurrently Funded

Hospital Site	Specialty	Ward	Bed Compliment	Required Normative NBR	Normative % (excluding Sister backfill)	% Reg Ward	Total Normative Requirement wte	Nursing
---------------	-----------	------	----------------	------------------------	-----------------------------------------	------------	---------------------------------	---------

CAH	SEC	3S	31	1.49	70%	47.19
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With an increase of 5 beds the nursing compliment, using normative staffing, increases to **54.64wte (RN 37.248, HCA 16.4) + WS**

The managers responsible for 3S have endeavoured to attract and retain nursing staff to meet this bed compliment but unfortunately due to several reasons this goal has not been achieved.

As of Jan 3rd 2019 3S has an available permanent RN (B6 & B5) compliment of 14.15wte normative for 31 beds = 32wte. A deficit of 17.88RN's. When adding the nursing compliment required for the 5 additional beds this deficit increases to 23.13wte (normative for 36 beds = 37.28wte).

Table 2

Table 2

	3 South- 31 beds					3rd Jan 19					
			IN's				OUT's			Balance	
	FSL	ACTUAL/SIP	DEFICIT		vacant	LTS	MAT	SEC / CB	Total Outs	BB BANK/Agency	Available
BAND 7	1	1	0		0	0	0	0	0	0	1
BAND 6	3	5.39	2.39		0	0	1	0	1	0	4.39
BAND 5	29.03	16.89	-12.14		12.14	2.28	1.46	1	16.88	4.47	16.62
BAND 2/3	14.16	9.96	-4.2		4.2	1.85	0	0	4.86	0	8.11
TOTALS	47.19	33.24	-13.95		16.34	4.13	1.46	1	22.74	4.47	30.12

The current staffing levels are as a direct result of vacant posts and staff unavailability (maternity leave, long term sickness and career breaks). Of concern is that of the registered nursing staff that is available B5 (12.15wte), approximately 40% are 12mths or less qualified.

Table 3. over a rolling 12mth period 3S has been unable to retain 14RN's

REASONS FOR LEAVING POST WITHIN THE PAST 12 MONTHS NOV 18-NOV 19		RN	HCA
WARD 3 SOUTH	14 RN + 7 HCA =21 STAFF	<ul style="list-style-type: none"> TO WORK ELSEWHERE DUE TO UNDERSTAFFING/ DEMAND OF WARD: (ENT RVH X 1, 4 NORTH X1 , DHH X 1, TREATMENT ROOM X 1, RETIRED SOONER THAN EXPECTED X 1 , LURGAN X 1, AGENCY/ TRAVELLING X 2 TO WORK AGENCY x 3 TO WORK DIFFERENT SHIFT PATTERNS: X 1 ELECTIVE WARD PROMOTION X 2 	<ul style="list-style-type: none"> RELOCATION TO ENGLAND X 1 PROMOTION X 1 PATIENT FLOW X 1, LEFT POST WITH NO OTHER JOB X 1, COMMUNITY X 1, ELECTIVE WARD X 1, TO WORK AGENCY X 1
WARD 4 NORTH	12 RN + 4 HCA = 16 STAFF	<ul style="list-style-type: none"> TO WORK ELSEWHERE DUE TO UNDERSTAFFING/ DEMAND OF WARD: COMMUNITY NURSING X 2 TO WORK DIFFERENT SHIFT PATTERNS: - DISCHARGE LOUNGE X 3 MANDIVILLE UNIT X 1 TO WORK AGENCY X 3 PROMOTION X 1 RETIREMENT X 1 	BREAST UNIT X 1 THEATRES X 1 LEFT POST WITH NO OTHER JOB X 1, <ul style="list-style-type: none"> EMPLOYMENT BREAK X 1, x 1
WARD 4 SOUTH	7 RN + 2 HCA = 9 STAFF	<ul style="list-style-type: none"> TO WORK DIFFERENT SHIFT PATTERNS: - DISCHARGE LOUNGE X 1 PROMOTION X 1 WHSCT- BESIDE HOME X 1 EMPLOYMENT BREAK X 1 COMMUNITY NURSING X 1 TO WORK AGENCY X 1 	MEDICAL ASSISTANT X 1 <ul style="list-style-type: none"> RETIREMENT X 1

What does 3S do?

The surgical specialties aligned to this ward have the following bed compliment 19 Urology beds, 7 ENT beds and 5 General Surgery beds (31 beds). Patients with urological conditions include those with complex urosepsis, acute urinary retention, renal calculi disease treatments including percutaneous nephrolithotomy, major renal cancer surgery (open and laparoscopic nephrectomies and partial nephrectomies), bladder outflow surgery, bladder tumour resection and those undergoing urinary tract reconstruction. Patients with ENT conditions range from quinsy, tonsillectomy, grommet insertion, adenoidectomy to tracheostomies & laryngectomies.

Urology and ENT are at the opposite ends of the discharge volumes ie ENT admit high volumes of patients but with short lengths of stays as opposed to urology which admits lower volumes of patients post operatively but these patients have a greater length of stay. 3S admits and discharges a high volume of patients each week. Table 2 demonstrated this activity for the last 4mths.

Table 4 Admissions and Discharges on 3S

	Sept	Oct	Nov	Dec	Average per wk
Adms/transfer in	227	251	217	224	57.5pts
Discharges/Deaths	163	162	148	168	40pts

Table 4a. Transfers to the Discharge Lounge September – Dec 2018.

Craigavon Area Hospital

Hospital Description	Ward Transferred From	Timeband		Ward Exits before 1pm		Ward Exits after 1pm		Total	
		Date of Ward Exit Only		Transf Out	%	Transf Out	%	Transf Out	Total
	3 South Elective Ward			95	53.7%	82	46.3%	177	177
	4n - Emergency Surgical Ward			72	72.7%	27	27.3%	99	99
	4s - Progressive Care Ward			26	47.3%	29	52.7%	55	55

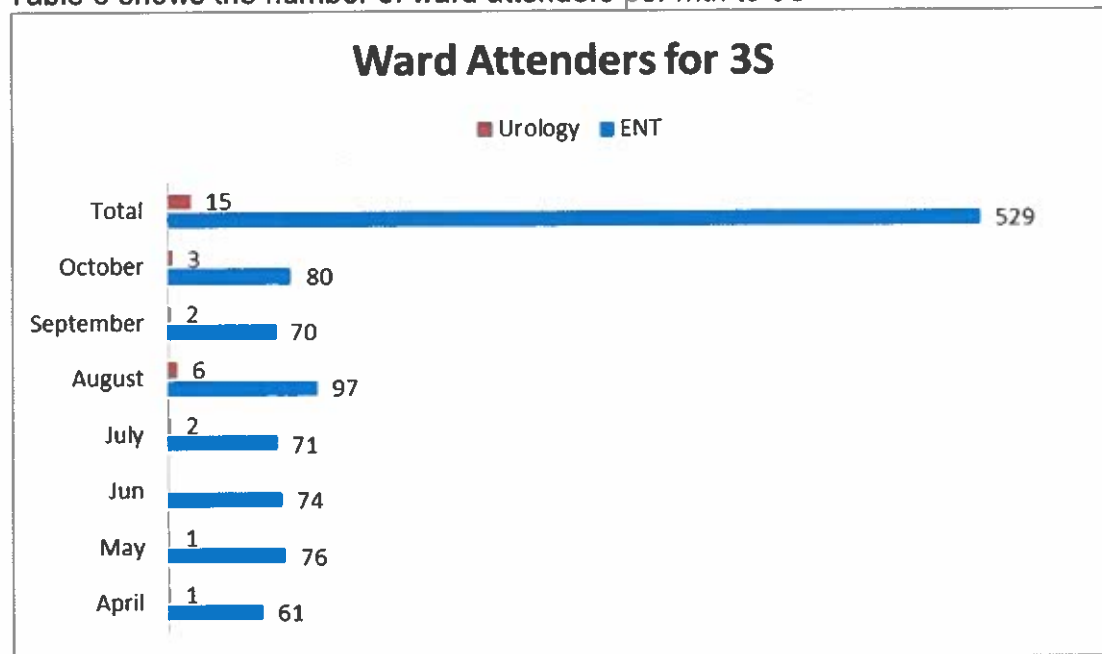
Table 5 shows the percentage bed occupancy for all acute services in-patient wards.

3 South Elective Ward based of 36beds	94.4	Acute Medical Unit	90.9
4n - Emergency Surgical Ward	107.5	1 North Ccu/Cardiology	97.5
4s - Progressive Care Ward	98.3	1 South Medical	98.6
Orthopaedic Ward	85.4	2 North Medicine (Respiratory)	103.9
Trauma Ward	87.1	2 North Medicine Winter Ward	97.5
Gynaecology Ward	86.5	2 South Geriatric Acute	99.1
		2 South Stroke Unit	87.1

As all elective surgery is undertaken during the week demand for beds is high but reduces towards and during the weekend. For surgical services the result of this is that these empty beds over the weekend are utilised to accommodate medical patients, either as outlying or direct admissions. As part of the winter resilience plan for winter 17/18 the decision was taken to temporality re-designate half of the beds on 3S to become medical beds. Whilst this was meant to be temporary and to be reviewed April 18, unfortunately this review has not occurred and the beds remain as is. As one can appreciate this also poses challenges in the morning and evening when multiple consultant **ward rounds** are happening.

Patients also attend the ward for both ENT and urology assessments, procedures. ENT patients can range from being post-op, removal of foreign bodies, removal of splints or packing to epistaxis & quinsy. For urology patients are mainly trail removal of urinary catheters. All patients attending the ward as an out-patient basis are recorded. **Between April and October 18 there have been 529 ward attenders.** For the same period the next highest in-patient ward with ward attenders was **Gynaecology** CAH with 370. [Click Here for SharePoint Link](#). This service is historical and not factored into the nursing compliment

Table 6 shows the number of ward attenders per mth to 3S

**So how is 3S able to provide nursing cover?**

The answer to the above question is simply an over reliance on nursing agencies. Studies have evidenced that recognising the sick patient was encapsulated in four themes: (1) assessing the patient; (2) knowing the patient (3) education and (4) environmental factors. Agency labour is notorious for its problems. Staff are not working in familiar circumstances, there is invariably a high turnover and it is an expensive way of providing care. In delivering care all nurses can and have made mistakes, the difference being the ability of the employer to support and develop the nurse on the ward who is not progressing. Agency nurses often have little or no connection to the patients they care for, their care is transient. There is often scant ongoing training, no ethos of working in a team nor of striving for excellence. The over reliance on agency nurses is a symptom that all is not well.

As stated in table 2 the available permanent nursing compliment on 3S is 14.15RN (B6 & B5). Table 7 shows the volumes and hours requested by 3S for the last 4mths. This numbers of hours requested on average equates to **22.5wte**. Table 7 further breaks down the

information between RN and HCA. What is clear is that on an average per month 63% of the shifts are filled by an agency nurse or HCA. This risk is further added to by the average unfilled rate of 12.66%.

Table 7

Total Filled Hours								
Month	Hours Requested	Bank Filled		Agency Filled		Overall Rate	Unfilled	
		Hours	%	Hours	%		Hours	%
Sept	3,478.75	891.75	25.63%	2,082.75	59.87%	85.50%	504.25	14.50%
Oct	3,605.50	815	22.60%	2,332.50	64.69%	87.30%	458	12.70%
Nov	3,158.00	826.25	26.16%	2,079.50	65.85%	92.01%	252.25	7.99%
Dec	3,243.67	703.67	21.69%	2,038.75	62.85%	84.55%	501.25	15.45%

Table 8 shows breakdown of the total hours from 3S between RN's & HCA's

	Dec		Nov		Oct		Sept	
Grade	Bank	Agency	Bank	Agency	Bank	Agency	Bank	Agency
Band 5 RN	167.5	1666.25	127.25	1595	123.25	1730.75	170.25	1670
Band 2 HCA	536.17	378.5	688.25	465.5	648.75	601.75	705.25	412.75
Total	703.67	2044.75	815.5	2060.5	772	2332.5	875.5	2082.75

Table 9 shows as a comparison the bank requests for December 18 x 3 wards CAH

Month		Bank Filled				overall Fill rate	Unfilled	
		Hours	%	Hours	%		Hours	
AMU	1,080.00	181	16.76%	674.25	62.43%	79.19%	224.75	20.81%
4S	1,270.75	176.25	13.87%	867.25	68.25%	82.12%	227.25	17.88%
4N	2,129.50	694	32.59%	1,091.25	51.24%	83.83%	344.25	16.17%

Table 10 Shows the increase in spend over a rolling 12mth period (Oct 2017 to oct 2018) –

Trust Staff / Flexible Type	Account	Account description	Sum of PY YTD M1-8 Spend TOTAL	Sum of CY YTD M1-8	Sum of CY YTD v PY YTD	Sum of Last 8 Months PY
Basic	410A0301	B3 ADMINISTRATION	0.00	13,662.96	13,662.96	6,796.66
			0.00	13,662.96	13,662.96	6,796.66
Agency	200A0204	B2 NURSE SUPPORT AGENCY	7,668.49	61,791.80	54,123.31	12,633.37
	200A0304	B3 NURSE SUPPORT AGENCY	6,939.00	46,892.22	39,953.22	24,298.18
	200A0504	B5 NURSE AGENCY	372,686.41	816,770.43	444,084.02	404,511.62
Agency Total			387,293.90	925,454.45	538,160.55	441,443.17
Bank	200A0203	B2 NURSE SUPPORT BANK	18,902.48	66,153.66	47,251.18	22,678.37
	200A0303	B3 NURSE SUPPORT BANK	23,667.28	15,525.25	-8,142.03	22,440.43
	200A0503	B5 NURSE BANK	51,686.99	39,688.51	-11,998.48	53,074.39
	200A0603	B6 NURSE BANK	0.00	0.00	0.00	0.01
Bank Total			94,256.75	121,367.42	27,110.67	98,193.20

Basic	200A0201	B2 NURSE SUPPORT	115,494.84	86,462.47	-29,032.37	101,862.12
	200A0301	B3 NURSE SUPPORT	122,112.04	120,747.97	-1,364.07	130,632.07
	200A0501	B5 NURSE	660,275.66	438,388.14	-221,887.52	628,767.45
	200A0601	B6 NURSE	56,077.73	97,972.26	41,894.53	62,536.86
	200A0701	B7 NURSE	30,374.34	36,394.00	6,019.66	34,380.56
Basic Total			984,334.61	779,964.84	-204,369.77	958,179.06
			1,465,885.26	1,826,786.71	360,901.45	1,497,815.43
			1,465,885.26	1,840,449.67	374,564.41	1,504,612.09

Of note is the large increase in agency spend B5 and a lower but not surprising reduction in spend for B5 through the nurse bank

How can the risk be quantified?

"Pilots don't take off if they don't have the tools to do the job and that includes adequate cabin crew..."

Appropriate nursing staffing levels are critical to the delivery of safe and effective care. The planning and delivery of safe and effective care is complex, and is dependent on the constantly changing circumstances of patients' diagnosis and treatment. When we refer to "safe and effective staffing", we mean:

1. the right numbers
2. with the right skills
3. in the right place
4. at the right time.

As stated in the introduction having the right number of appropriately qualified, competent and experienced nurses protects the public, nursing and employer alike. The evidence is clear: sufficient numbers of registered nurses lead to improved patient outcomes, reduced mortality rates and increased productivity

Table - Trust Mandatory Training

Southern Health & Social Care Trust

Summary of Staff in ATICS & Surgery & Elective Division with Equality, Good Relations & Human Rights: Making A Difference e-learning Training by Organisational Unit including % of Staff trained as at 30th September 2018

Prepared by/HR Contact: Andrea Sergeant/Louise Rainey

Date: 09/10/2018

Key: % Trained
0% - 59%
60% - 79%
80% - 100%

	Fires safety	safeguarding	IPC	manual handling
CAH 3 South - Short Stay Surgical Ward	73%	84%	27%	30%
CAH 4 North - Emerg Surg Adm/Urology	37%	91%	49%	28%
CAH 4 South - Progressive Care Ward	100%	0%	100%	100%
DHH - Female Surgical/Gynae Ward	60%	59%	47%	44%
DHH - High Dependency Unit	67%	91%	27%	59%
DHH - Male Surgical Ward	33%	70%	52%	48%

Evidence to support the above includes:

1. A high volume of datix reported- see appendix 3 (245 datix reported within the past 12 months/ 21.16 per month). These mainly consisted of falls (64), medication omission/ errors (51), communication issues (24), violence and aggression by patient users (23), unavailability of suitably trained staff (15), Major staffing concerns (13), pressure area care (9), and extra patients in the ward over ward establishment numbers (8), RBRB incidents (8), other (30), *see appendix 3*.

Due to the high volumes of datix reported and the unavailability of staff, sisters on the ward have little or no time to investigate the incidents reported, devise action plans, implement changes and learn from incidents reported as they are filling in band 5 workforce gaps. In comparison to similar sized wards, see below table where this depicts that the datix volume is high for 3 South:

AMU	344
3 South	245
1 South Medical	209
2 South Medical	190
4 North	156
Trauma Ward	151
1 North Cardiology	128
2 South Stroke	123
2 North Medical	108
4 South	104
2 North Respiratory	70
Orthopaedic Ward	59
Haematology	50
Elective Admissions Ward	42

2. Complaints from patient users /family (6 formal complaints received within the past 6 months and daily complaints at the point of service as per Sr. Caddell (complaints have not been recorded on a point of service template however this has agreed from today onwards).
3. Poor NQI results in comparison to the rest of the Trust (falls, pressure area care, omitted medications, NEWS, MUST) - data compiled from the past 6 months- May-Oct18): see appendix 4 for overall results, and below is the comparison between 3 South and Trust-wide Bundle compliance:

BUNDLE	April 18		May 18		June 18		July 18		August 18		Sept 18	
	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide
NEWS	60%	86%	70%	82%	100%	77%	92%	76%	75%	84%	88%	84%
Falls	0%	61%	0%	64%	67%	75%	54%	78%	33%	66%	88%	80%
Skin Bundle	0%	76%	0%	66%	No chart	51%	50%	70%	25%	79%	100%	85%
MUST	70%	87%	70%	93%	83%	90%	85%	91%	92%	88%	100%	92%

Medication	April 18		May 18		June 18		July 18		August 18		Sept 18	
	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide	3 South	Trustwide
Omitted Meds	6 missed	15 missed	6 missed	16 Missed	3 missed	26 missed	4 missed	37 missed	3 missed	19 missed	3 missed	36 missed
Omitted Critical Meds	0 missed	0 missed	0 missed	0 missed	0 missed	2 missed	0 missed	3 missed	0 missed	0 missed	1 missed	6 missed

Although improvements have been noted in NEWS, falls and omitted medications within the past 3 months this is contradicted by the increasing reporting of datix incidents within these areas of care.

4. Difficulty recruiting and retaining staff to the ward area. **21 staff have left their post in 3 South within the past 12 months** (46% of Funded Staff) (12 staff nurses and 9 HCA's) and **a further 5 very experienced staff** (band 6 x 2 and band 5 x 3) have informed the ward sister that they have made plans to leave.
5. Staff competency and training: staff are unable to attend training due to reduced staffing levels within the ward along with some unavailability of training dates for staff to attend (unavailability in particular- BLS, Moving and Handling).

The percentages of staff trained is well below a satisfactory level in order to provide the high level of care required within this ward and in particular within the two areas of ENT (Head and Neck Care) & Urology TURP's and catheter care etc.

6. **With an average of 63% of bank requests each month being filled with agency this is too high a reliance on staff which are not permanent to this ward.**

Particular attention needs to be focused on the following key areas:

- *Diabetes* (no numbers of staff trained) which is a concern particularly with four datix submitted within the past 3 months (insulin omissions x 3 and metformin x 1);
- *RPRB* (47% competencies /66% theory trained) and 8 datix submitted within the past 12 months,
- *Administration of medications* (47% trained) with 51 datix submitted in the past 12 months.
- *Anaphylaxis* (no numbers)
- *Hyponatraemia* (0%) although it is still to be decided if this is to be an area for 14-16 year olds.
- *MAPA Training* (0% trained) despite the fact that there has been 23 reported incidents of violence and aggression from patients within the past 12 months. *MAPA team to advise if this team meets the criteria for training.*
- *IV Antibiotics* - (57%), this needs addressed immediately as this ward administers a high level of IVI's on a daily basis. According to staff, registered nursing staff prepare IVI's together but only one member of staff attends the patient's bedside to carry out the PPI (positive patient identification) prior to administration of the IV drug. This is common practice on the ward as staff state that they do not have the resources for both staff to carry out the PPI with the patient. This is in direct conflict with trust policy on the administration of IV Drugs and needs addressed immediately.
- Box of controlled drugs unable to be accounted for

Summary of current control measures to date:

1. Staffing review completed
 - a. Outstanding vacancies for band 5 and band 3 with BSO for recruitment (no interest in these posts at present).
 - b. New staff recruited receiving induction /preceptorship aligned to a senior band 5/ band 6 clinical sister staff member.
 - c. Existing staff encouraged to stay in post and reassurance given that the Senior Management Team is reviewing the staffing crisis that the ward is currently experiencing and options available.
2. Plan to continue to recruit trained staff from agency as block booking to fill gaps in roster with suitable skills.
3. Block booked staff will be provided with e-learning log ons to enable compliance with SHSCT processes.
4. Additional/overtime hours granted to core 3 south staff when agreeable to work over their contracted hours.
5. All staff is fully aware that they can avail of the Trust's Stress Toolkit/ Call/ Inspire/ Occupational Health, should they identify potential stressors and report same to nursing management immediately.
6. Roster reviewed to have suitable trained staff on roster to ensure /priority to manage deteriorating patients. Must be a sister on duty (band 6 or 7) each day 07.30-16.45 hrs Monday to Friday and a registered nurse (must be on duty) who can take charge of the ward outside of these hours. For Night Duty and Weekends there has to be at least two core Band 5 staff on duty (one for each side of the ward and one of these core staff are clearly identified to take charge).
7. It has also been added as a condition to the e roster that there should always be a suitably trained registered nurse on duty who is competent in managing tracheostomy and laryngectomy patients.
8. Staff patient safety briefing, handover sheet and general daily communication among staff on duty reviewed. Wording in relation to diabetic patients to be simplified (patient is diabetic on Insulin or diabetic medication or diet only) and critical medicines highlighted at handover.
9. Sisters/ Nurse in charge of each shift to provide additional support to bank/agency/ new/ junior staff during medicine rounds/ insulin administration in a bid to reduce omitted medicines.
- 10.2 Hourly communication 'huddles' to take place in the ward to ensure that all staff are kept up to date with ongoing changes in patients care.
11. Action plan put into place to improve staff training with an immediate focus on 7 key areas: Diabetes, Administration of Meds, Hyponatraemia, Anaphylaxis, RPRB, DNO then MAPA training.
12. Lead Nurse to meet with sister weekly to review until training percentages improve.
13. Clinical sisters (5 available) to divide nursing team evenly among themselves so that each sister can take responsibility for a small group of staff with a focus on KSF, Clinical supervision and mandatory training.

14. Link Nurse roles re-established for the team to provide the ward with feedback in key areas, promoting learning and sharing of evidence based practice resulting in improved patient outcomes.
15. Open door policy with ward sister and lead nurse along with monthly staff meetings for staff to raise concerns and share good practice.
16. Consideration of transferring RN's from other surgical wards. Challenging to get RN to transfer and this would place other Surgical wards in a worsening workforce position

Recommendations.

This ward needs to reaffirm and regain its identity and to break the downward spiral and return its reputation so the following recommendations are offered

1. If the Trust is to attract consultants in ENT and urology, having a ward which is dedicated to their surgical specialty needs is essential. 3S must return to being a full surgical ward.
2. Redesign of the pathway for patient having to attend the ward
3. A reduction in the bed compliment to better match the available RN compliment.
Propose a bed compliment of 26 beds until managers are able to recruit and retain the numbers to return to the funded 31beds. Required Nursing compliment 39.74 (including WS). WS + 27.18RN + 11.62 HCA's – currently available 1WS + 14.15RN's + 8.11HCA's – dependence still required for bank but reduces the percentage reliance
4. To ensure the ward provides the required level of expert nursing care plus supervision and support all members of the nursing team, but in particular these new registrants, the appointment of an practice educator (practice educator have been appointed to our ED and critical care services)

WIT-13617

Month:		Mr Michael Young 11PA's Start 1/11/21		Mr John O'Donoghue 12.2PA's Start 1/10/21		Mr Tony Glackin 11.48 Start 1/10/21		Mr Mark Haynes Start 1/11/21		Mr Matthew Tyson - 11.95PA	
Version 1a		Oncall 1:7 Triage 9hrs oncall wk Thurs AM half clinic when UOW (11:00-12:30) 24 Virtual Clinics per annum (Monday)		Oncall 1:7 Triage 9hrs oncall wk		Oncall 1:7 Triage 9hrs oncall wk				Oncall 1:7 Triage 9hrs oncall wk	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK ONE	Monday	8.15k Theatre or OPD	SPAROTA LEAD/ADMIN	Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - Lit to book oncology clinic Con only - 12pts Con = 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&O Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT Reviews - Con only - 12pts Con = 1 - increase	Stone MDM 2hrs/Admin	Cancer MDT Lead	Admin	Flexible clinical work	Flexible clinical work	CAH Day Surgery 1 & 3	Stone MDM - 2hrs S&O lead role - 2hrs
	Wednesday	Stone MDM 2hrs/Admin	PP	New OPD - Con only - 10pts Con = 1 - increase	Educational supervision	New OPD - Con only - 10pts Con = 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con = 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT Reviews - Con only - 12pts Con = 1 - increase	New OPD - Con only - 10pts Con = 1 - increase	Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	Bedfast	MDT	New OPD - Con only - 10pts Con = 1 - increase	MDT/ADMIN
	Friday	SPA/Admin			ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Bedfast	Bedfast		
	Saturday										
	Sunday										
WEEK TWO	Monday	Virtual Reviews - Con only - 10pts Con = increase - 24 pt/annum	SPAROTA LEAD/ADMIN	Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - Lit to book oncology clinic Con only - 12pts Con = 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&O Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT Reviews - Con only - 12pts Con = 1 - increase	Stone MDM 2hrs/Admin	8TH Daysurgery 2nd and 4th	8TH new review OPD 2nd and 4th 12 Review or mix of NR Reg - 8 rev	Flexible clinical work	Flexible clinical work	SPA	Stone MDM - 2hrs S&O lead role - 2hrs
	Wednesday	Stone MDM 2hrs/Admin	PP	New OPD - Con only - 10pts Con = 1 - increase	CAH Day surgery 2nd and 4th	New OPD - Con only - 10pts Con = 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con = 1 - increase	Theatre or Virtual RBL
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	Friday	SPA/Admin	SPAROTA LEAD/ADMIN		ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Bedfast	Bedfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK THREE	Monday	Virtual Reviews - Con only - 10pts Con = increase - 24 pt/annum		Theatre or Virtual RBL	Theatre or Virtual RBL			Mgmt role	Mgmt role	SPA / Clinical lead	S&O Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT Reviews - Con only - 12pts Con = 1 - increase	Stone MDM 2hrs/Admin	Cancer MDT Lead		Flexible clinical work	Flexible clinical work	CAH Day Surgery 1 & 3	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Stone MDM 2hrs/Admin	PP	New OPD - Con only - 10pts Con = 1 - increase	Educational supervision				Mgmt role	Review / virtual OPD - Con only - 10pts Con = 1 - increase	Theatre or Virtual RBL
	Thursday	Post MDT Reviews - Con only - 12pts Con = 1 - increase	New OPD - Con only - 10pts Con = 1 - increase	Patient safety Lead	MDT / educational supervisor		MDT	Bedfast	MDT	New OPD - Con only - 10pts Con = 1 - increase	MDT/ADMIN
	Friday	SPA/Admin	SPAROTA LEAD/ADMIN		ADMIN (from 11am)			Bedfast	Bedfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FOUR	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - Lit to book oncology clinic Con only - 12pts Con = 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&O Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT Reviews - Con only - 12pts Con = 1 - increase	Stone MDM 2hrs/Admin	8TH Daysurgery 2nd and 4th	8TH new review OPD 2nd and 4th	Flexible clinical work	Flexible clinical work	SPA	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Stone MDM 2hrs/Admin	PP	New OPD - Con only - 10pts Con = 1 - increase	CAH Day surgery 2nd and 4th	New OPD - Con only - 10pts Con = 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con = 1 - increase	Theatre or Virtual RBL
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	Friday	SPA/Admin	PP		ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Bedfast	Bedfast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FIVE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - Lit to book oncology clinic Con only - 12pts Con = 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&O Clinical lead / admin
	Tuesday	Theatre or Virtual RBL	Theatre or Virtual RBL	Post MDT Reviews - Con only - 12pts Con = 1 - increase	Stone MDM 2hrs/Admin	Cancer MDT Lead	Admin	Flexible clinical work	Flexible clinical work	SPA	Stone MDM - 2hrs Admin - 2hrs
	Wednesday	Stone MDM 2hrs/Admin	PP	New OPD - Con only - 10pts Con = 1 - increase	Educational supervision	New OPD - Con only - 10pts Con = 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con = 1 - increase	Theatre or Virtual RBL
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	Friday	SPA/Admin			ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	Bedfast	Bedfast	Theatre or Virtual RBL	
	Saturday										

Month:		Mr Michael Young 11PAa Start 1/11/21		Mr John O'Donoghue 12.2PAa Start 1/10/21		Mr Tony Glackin 11.4a Start 1/10/21		Mr Mark Haynes Start 1/11/21		Mr Matthew Tyson - 11.95PA Start 1/11/21	
Version 1a		Oncall 1-7 Triage 8hrs oncall wk Thur AM half clinic when UOW (11:00-12:30) 24 Virtual Clinics per annum (Monday)		Oncall 1-7 Triage 8hrs oncall wk		Oncall 1-7 Triage 8hrs oncall wk		Oncall 1-7 Triage 8hrs oncall wk		Oncall 1-7 Triage 8hrs oncall wk	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK ONE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - L12 to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 8-11 Admin Virtual clinic - desktop rev of WL	Admin + MDT	Post MDT Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hrs/Admin	Cancer MDT Lead	Admin	Flexible clinical work	Flexible clinical work	CAN Day Surgery 1 & 3	Stone MDM - 2hrs S&G lead role - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	BeFast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	BeFast	BeFast		
	Saturday										
	Sunday										
WEEK TWO	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - L12 to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
	Tuesday	Results 8-11 Admin Virtual clinic - desktop rev of WL	Admin + MDT	Post MDT Reviews - Con only - 12pts Con + 1 - increase	Stone MDM 2hrs/Admin	STH Day surgery 2nd and 4th	STH next review OPD 2nd and 4th 12 Review or mts of N/R Pag - 8 rev	Flexible clinical work	Flexible clinical work	SPA	Stone MDM - 2hrs S&G lead role - 2hrs
	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	CAN Day surgery 2nd and 4th	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
	Thursday			Patient safety Lead	MDT / educational supervisor	SPA/Admin	MDT	BeFast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
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	Saturday										
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	Friday				ADMIN (from 11am)			BeFast	BeFast	Theatre or Virtual RBL	
	Saturday										
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	Thursday			Patient safety Lead	MDT / educational supervisor	Admin	MDT	BeFast	MDT	New OPD - Con only - 10pts Con + 1 - increase	MDT/ADMIN
	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	BeFast	BeFast	Theatre or Virtual RBL	
	Saturday										
	Sunday										
WEEK FIVE	Monday			Theatre or Virtual RBL	Theatre or Virtual RBL	SPA	Post MDT Reviews - L12 to book oncology clinic Con only - 12pts Con + 1 - increase	Mgmt role	Mgmt role	SPA / Clinical lead	S&G Clinical lead / admin
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	Wednesday	Flexible Theatre or rev cl	Flexible Theatre or rev cl	New OPD - Con only - 10pts Con + 1 - increase	Educational supervision	New OPD - Con only - 10pts Con + 1 - increase			Mgmt role	Review / virtual OPD - Con only - 10pts Con + 1 - increase	Theatre or Virtual RBL
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	Friday				ADMIN (from 11am)	Theatre or Virtual RBL	Theatre or Virtual RBL	BeFast	BeFast	Theatre or Virtual RBL	
	Saturday										
	Sunday										

Southern Health and Social Care Trust.

This job plan started 01 October 2021.

Job plan for Dr Glackin, Anthony Jude in Urology

Basic Information

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

Job plan stages

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

Hours Breakdown

Trust Approval Required:

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

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

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286
Type	Normal	Premium	Cat.	PA		
			Total:		1.286	
Predictable	n/a	n/a	DCC		0.286	
Unpredictable	n/a	n/a	DCC		1.000	
The total PAs arising from your on-call work is:		1.286				
Your availability supplement is:		5% (based on the highest supplement from all your rotas)				

On-call rota details

On-call Rota (PA entry)

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

Sign off

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

Timetable

Hot Activities

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









Week 1




Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			
Week 2						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			
Week 3						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			
Week 4						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			
Week 5						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Core SPA 09:00 - 12:00			Patient related admin (reports, results etc) 09:00 - 11:00			

Activities

- Additional Programmed Activities
- Hot Activity
- Unaffected by hot activity
- Shrunk by hot activity


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


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

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

No specified day

"{}" Refers to an activity that replaces or runs concurrently

 Additional Programmed Activities

 Hot Activity

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

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

Mark,

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

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

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

Happy to discuss

Tony

Southern Health and Social Care Trust.

This job plan started 01 April 2021.

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

Basic Information

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

Job plan stages

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

Hours Breakdown

Trust Approval Required:

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

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

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286
Type	Normal	Premium	Cat.	PA		
			Total:		1.286	
Predictable	n/a	n/a	DCC		0.286	
Unpredictable	n/a	n/a	DCC		1.000	

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

On-call rota details

On-call Rota (PA entry)

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

Sign off

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

Timetable

Hot Activities

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

Week 1

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

	13:00 - 13:30 New patient Clinic 13:30 - 17:30	NIMDTA appointed Educational Supervisor 12:00 - 13:30 NIMDTA appointed Educational Supervisor 13:30 - 17:00	14:00 - 16:00 NIMDTA appointed Educational Supervisor 16:00 - 17:00	Patient related admin (reports, results etc) 16:15 - 17:00		
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Week 2

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

Week 3

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

Week 4

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

Week 5















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






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

Activities

- Additional Programmed Activities
- Hot Activity
- Unaffected by hot activity
- Shrunk by hot activity

Type	Day	Time	Weeks	Activity	Employer	Location	Cat.	Num/Yr	PA	Hours
							Total	Core APA	10.32 5 0.000	42:5 3 0:00
■	Mon	08:00 - 18:00	wks 1-5	Planned in-patient operating sessions Comments: Planned inpatient theatre including 60min pre and post op ward round for consent / discharge. May be theatre session on alternative site. If no theatre available then telephone outpatient activity to be scheduled in place.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	2.058	8:14
■	Mon	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
■	Tue	09:00 - 13:00	wks 1-5	Review Outpatients clinic Comments: Review OP clinic including Post MDM cancer appointments	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	34.57	0.823	3:18
■	Tue	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week Comments: Urologist of the week, Hot Activity	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25

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

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

No specified day

"(") Refers to an activity that replaces or runs concurrently

 Additional Programmed Activities

 Hot Activity

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

Resources

Staff

Equipment

Clinical Space

Other

Additional information

Additional comments

No comments made

Southern Health and Social Care Trust.

This job plan started 25 October 2021.

Job plan for Mr Tyson, Matthew in Urology

Basic Information

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

Job plan stages

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

Hours Breakdown

Trust Approval Required:

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

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

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

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286
Type	Normal	Premium	Cat.	PA		
			Total:			1.286
Predictable	n/a	n/a	DCC			0.286
Unpredictable	n/a	n/a	DCC			1.000
The total PAs arising from your on-call work is:		1.286				
Your availability supplement is:		5% (based on the highest supplement from all your rotas)				

On-call rota details

On-call Rota (PA entry)

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

Sign off

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

Timetable

Hot Activities

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

Week 6 (7 week cycle)	Week 6 (7 week cycle)	Week 6 (7 week cycle)	Week 6 (7 week cycle) Surgeon of the week 09:00 - 17:00 Week 5 (7 week cycle)	Week 5 (7 week cycle)		
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Week 1

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

Week 2

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

Week 3

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

Week 4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Core SPA 09:00 - 13:00 Clinical Lead for element of service - please specify 13:00 - 15:30 Clinical Lead for element of service - please specify 15:30 - 16:00 Patient related admin (reports, results etc) 16:00 - 17:15	Core SPA 08:45 - 13:00 Virtual Clinic 13:00 - 17:00	Patient related admin (reports, results etc) 08:00 - 09:00 Surgery MDT 09:00 - 11:00 Clinical Lead for element of service - please specify 11:00 - 13:00 Planned in- patient operating sessions 13:00 - 18:00	New patient Clinic 08:30 - 11:00 New patient Clinic 11:00 - 12:30 Patient related admin (reports, results etc) 12:30 - 13:00 Core SPA 13:00 - 14:00 Surgery MDT 14:00 - 16:00 Patient related admin (reports, results etc) 16:00 - 18:00	Planned in- patient operating sessions 08:30 - 13:30 Non-working time 13:30 - 17:00		
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Week 5








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








Activities

- Additional Programmed Activities
- Hot Activity
- Unaffected by hot activity
- Shrunk by hot activity

Typ	Day	Time	Week	Activity	Employer	Location	Cat.	Num/Y	PA	Hours
							Total	Core		
							:	APA		
									10.43	41:4
									2	1
									0.000	0:00
	Mon	09:00 - 13:00	wks 1-5	Core SPA Comments: May be performed off site or at alternative time	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	34.57	0.823	3:18
	Mon	09:00 - 17:00	wk 6 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
	Mon	13:00 - 15:30	wks 1-5	Clinical Lead for element of service - please specify Comments: Urology clinical lead Quality improvement	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	0.514	2:03

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


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

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

No specified day

() Refers to an activity that replaces or runs concurrently

 Additional Programmed Activities

 Hot Activity

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

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

Personal Objectives

Lap Nephrectomy

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

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

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

PCNLs (Large renal stones)

Reduce the large PCNL waiting list

Setting up Regional ESWL service

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

Resources

Staff

Re. ESWL Regional Service

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

Staffing would require ideally x2 radiographers dedicated to the service, with feed in from the remaining x4 radiographers who undertake other activity also with the radiology department

Dedicated radiographer will produce 'experts' in treating stones and facilitate future training

Ideally x3 dedicated staff nurses for the unit, so safe and proper throughput of patients is undertaken, with remaining nursing staffing requirements from a trained outpatient pool

For stone prevention the unit should have access to the dietician service

Equipment

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

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

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

Clinical Space

Already have dedicated stone unit.

Changes could be made to improve throughput of patients

Other

Additional information

Additional comments

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

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

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

Southern Health and Social Care Trust.

This job plan started 01 November 2021.

Job plan for Mr Haynes, Mark Dean in Urology

Basic Information

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

Job plan stages

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

Hours Breakdown

Trust Approval Required:

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

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

Total	13.731	13.731	0.000	13.731	54:26	0:00	54:26
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On-call summary

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

Type	Normal	Premium	Cal	PA
Predictable	n/a	n/a	DCC	0.286
Unpredictable	n/a	n/a	DCC	1.000

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

On-call rota details

On-call Rota (PA entry)

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

Sign off

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

Timetable

Hot Activities

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

Week 1

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

Week 2

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

Week 3

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

Week 4

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








Week 5









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

Activities



- Additional Programmed Activities
- Hot Activity
- Unaffected by hot activity
- Shrunk by hot activity

Type	Day	Time	Week	Activity	Employer	Location	Cal	Num/Y	PA	Hours
n			s					r		s
							Total	Core	11.78	47:0
							:	APA	4	8
									0.000	0:00
	Mon	07:00 - 08:00	1-5 wks	Patient related admin (reports, results etc) Comments: Patient related admin / results e-sign off. Typically performed at home.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
	Mon	08:00 - 17:00	1-5 wks	Associate Medical Director - Please Specify Comments: Div MD Urology improvement	Southern Health and Social Care Tru..	Craigavon Area Hospital	AHR	34.57	1.852	7:24
	Mon	09:00 - 17:00	6 wks 7 wk cycle	Surgeon of the week	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	7.43	0.354	1:25
	Tue	07:00 - 08:00	1-5 wks	Patient related admin (reports, results etc) Comments: Patient related admin / results e-sign off. Typically performed at home. May be performed at different time.	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	42	0.250	1:00
	Tue	08:00 - 12:30	2, 4 wks	Core SPA Comments: ST core SPA. May be performed at alternative time or off site	Southern Health and Social Care Tru..	Craigavon Area Hospital	SPA	14.57	0.390	1:34
	Tue	08:00 - 18:00		Planned in-patient operating sessions Comments: Includes pre-op	Southern Health and Social Care Tru..	Craigavon Area Hospital	DCC	8	0.476	1:54

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

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


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

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

No specified day

(") Refers to an activity that replaces or runs concurrently

 Additional Programmed Activities

 Hot Activity

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

Personal Objectives

Reduce job planned hours

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

Resources

Staff

This job plan has incorporated the full 3PA of DMD time (previously only had 2), in order to achieve this my clinical activity has been reduced a little. However, I have not been able to reduce this to bring the total PA time down to 12 as this would have a direct patient impact as capacity within urology already outstrips demand and vacancies at consultant level remain within the department.

Once new appointments have been made to fill the vacant 2 substantive consultant posts I would look to have a job plan review with a view to reducing my job plan total PA's by further reduction in clinical activity.

- Equipment
- Clinical Space
- Other

Additional information

Additional comments

No comments made

Southern Health and Social Care Trust.

This job plan started 01 November 2021.

Job plan for Mr Young, Michael in Urology

Basic Information

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

Job plan stages

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

Hours Breakdown

Trust Approval Required:

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

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

On-call summary

Rota Name	Location	Weekday Freq	Weekend Freq	Category	Supplement	PAs
On-call Rota	Craigavon Area Hospital	7	7	A	5%	1.286
Type	Normal	Premium	Cat.	PA		
			Total:		1.286	
Predictable	n/a	n/a	DCC		0.286	
Unpredictable	n/a	n/a	DCC		1.000	