Do you have an interest in the pharmaceutical industry as described above? **No** (please delete as necessary)
If Yes, name of Pharmaceutical Company(ies):
Nature of involvement or assistance: Direct and/or indirect – specify (the amount of money involved does not have to be declared):

Signatures **(please note all must be complete before application accepted by DTC)**

Name of Consultant: Mr Michael Young Date: 10/02/2017
(please print name)

Signature of Consultant: _____

Associate Medical Director

Name: _____ Date: 10/02/2017
(please print name)

Signature of AMD: _____

Assistant Director/Director

Name: _____ Date: 10/02/2017
(please print name)

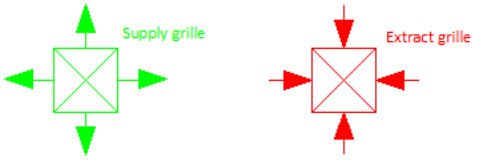
Signature of AMD: _____

Outcome of DTC

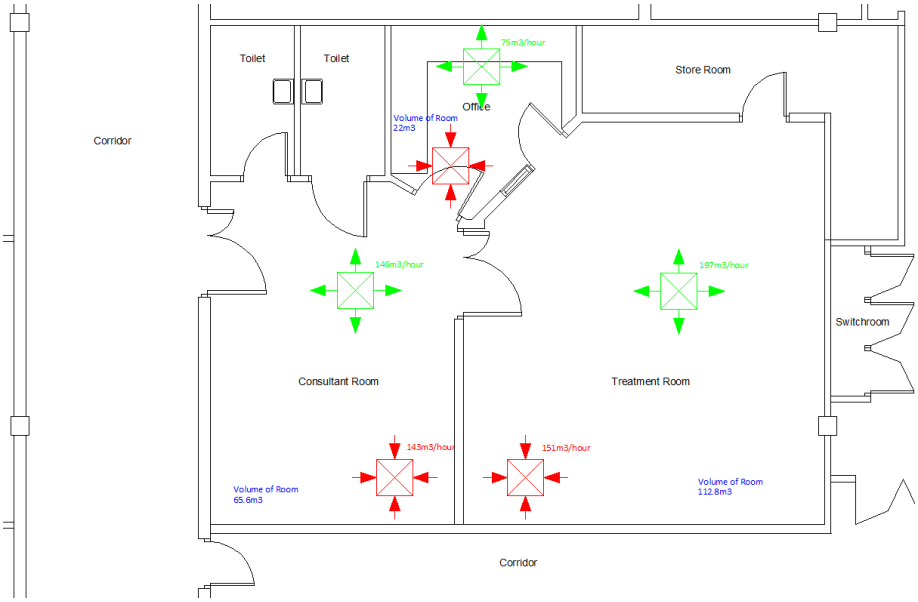
Craigavon Area Hospital – Stone Treatment Centre Ventilation Report

Measured on 9th February 2017 by Ruairi King, Estates Department

Survey conducted to measure the number of air changes per hour within each room. This information is required to determine the use of a new inhaler type pain relief at the centre.



Stone Treatment Centre Plan showing supply and extract grilles with corresponding air flows.



$$Air\ changes/hour = \frac{Volume\ of\ air\ supplied/hour}{Volume\ of\ room}$$

Treatment room:

$$Air\ changes/hour = \frac{197}{112.8} = 1.75$$

Consultant room:

$$Air\ changes/hour = \frac{146}{65.6} = 2.23$$

Office:

$$Air\ changes/hour = \frac{75}{22} = 3.41$$

The ventilation system supplying air to the Stone Treatment Centre is not connected to the Hospitals Building Management System (BMS); therefore its status cannot be monitored by the Estates Department.

It is necessary to install airflow sensors which connect to the BMS so that the status of the ventilation system can be monitored and logged in case of faults etc.

An indicator should also be installed within the treatment centre showing the status of the system and alarm when there is a fault or when there is no air flowing. This is needed to safeguard staff and patients when using the new inhaler type of pain relief.

The DTC required further evidence to be produced following the use of Penthrox for ESWL break through pain relief. Data was prospectively collected on the standard pre-medication given (paracetamol, piroxicam), a pain visual rating index, if breakthrough Penthrox was received, power and energy delivered to the stone and if pain limited treatment (this could be decreased power or energy delivered compared to standard expected, e.g. 1000j to renal and 1400j to ureteric stones).

Prior to use of the Penthrox the medical prescribing doctor has to check for contraindications to its use. Prior to use of Penthrox each patient is given an information sheet containing action, contraindication and side effects, as well as how to use the device. This was developed in conjunction with Galan the manufacturer. All patients were advised to attend with a chaperone. This is more from a safety standpoint that ESWL can produce small fragments and potential colic and may well be best not to drive themselves home.

To standardise the information given to the patients a standard script was developed by the nurses to explain how to use the drug. On average the script take 75 seconds to run and demonstrate how to use the Penthrox device.

Observations during Penthrox use were discussed and agreed at a Urology Stone Meeting MDM August 2017 to include continuous saturation and heart rate monitor and BP every 15 minutes.

Following ESWL treatment patients receive a minimum of 30 minute observation, including re-checking of observations prior to discharge. A Penthrox advice card is given to the patient as part of their discharge pack.

Pain Intensity Score During ESWL Questionnaire (To be completed by Staff Nurse following ESWL)

Patient to give score immediately following completion of ESWL.

Patient Age

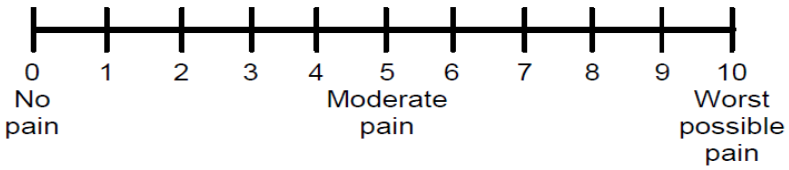
Patient gender Male Female (circle answer)

Type of pain relief given,

Paracetamol Piroxicam Diclofenac Codeine Phosphate Penthrox (circle answer)

1. **How would you rate your pain DURING your ESWL treatment (show to patient)**

0–10 Numeric Pain Rating Scale



2. **Any nausea/ sickness experienced during treatment? Yes No (circle answer)**

3. **Renal or Ureteric stone (circle answer)**

4. **Mean Power achieved …… Total energy delivered……**

5. **Did pain limit treatment Yes No (circle answer)**

Many thanks

PENTHROX 3ML Inhaler Breakthrough Pain Relief

1. Patient unable to Tolerate ESWL treatment, STOP TREATMENT

2. Check no contraindications (Table 1) to Penthrox (ideally checked before ESWL started)

Table 1.

Penthrox Contraindications: (Galen Ltd)

Contraindications

- Clinically significant renal impairment , (e.g. eGFR <30, Stone Treatment Centre)
- Patients who have a history of showing signs of liver damage after previous methoxyflurane use or halogenated hydrocarbon anaesthesia
- Malignant hyperthermia: patients with known or genetically susceptible to malignant hyperthermia or a history of severe adverse reactions in either patient or relatives
- Use as an anaesthetic agent
- Hypersensitivity to PENTHROX or any fluorinated anaesthetic
- Altered level of consciousness due to any cause including head injury, drugs or alcohol
- Clinically evident cardiovascular instability
- Clinically evident respiratory depression

Galen Ltd . (n.d.). *Penthrox, Methoxyflurane*. Retrieved March 21, 2017, from Penthrox: https://www.penthrox.co.uk/hp/information/safety/contraindications/

3. If no contraindication give 3ml Penthrox inhaler as per instruction 8-10 breaths (see table 2)
4. Radiographer to resume ESWL and begin power ramping
5. Patient to self-administer further Penthrox, 2-3 breaths as required.
6. Once Penthrox treatment complete inhaler, carbon filter and drug bottle to be placed in sealed plastic bag provided and placed in clinical waste.
7. Clinical waste to be disposed of from Stone Treatment Centre every day Penthrox is in use.

Only use with the air exchange ventilation system operating. Periodic assessment of air exchange ventilation system required by Estates Department to ensure air changes/hours of >1.15

Nurse Administration protocol:

- Patient informed of possible Penthrox use prior to entering ESWL treatment room (patient information leaflet in pre-procedural pack and in waiting room) and demonstration given by nurse using a training pack.
- Script for explaining PENTHROX usage to patient (takes 75seconds to explain):
    - **'Hold the green inhaler in the opposite hand to the side of your treatment**
    - **Place the inhaler into your mouth and create a tight seal with your lips**
    - **Take 3 gentle breaths in AND out through the inhaler**
    - **Keep inhaler in your mouth and breath normally in AND out for 5 more loading breaths then remove it from your mouth**
    - **If you experience pain during the procedure then reinsert the inhaler into your mouth and resume normal breathing in AND out through the inhaler device until you feel more comfortable.**
    - **If you need a stronger dose you can place your finger over the clear plastic hole and continue your normal breathing in AND out through the inhaler.**
    - **Please take your Penthrox throughout the procedure as you need it.**
    - **It is normal to experience some discomfort during this procedure. It has been described as a similar sensation to being flicked with an elastic band.**
    - **Do you have any questions about using the Penthrox inhaler'?**

- See Penthrox package for explanation of assembly of delivery device.
- ESWL treatment to stop if patient not tolerating treatment.
- Give the inhaler to the patient and use the directional script above to aid use.
- Radiographer should restart treatment 60seconds after first Penthrox inhalation breath.
- See flowchart for example of use.
- Encourage patient to continue using inhaler as required, including covering the dilution hole to deliver a stronger dose during treatment.
- If patient not tolerating treatment despite optimal use of inhaler then pause treatment and deliver a further five loading breaths, repeat this step to a maximum of x3 as required.
- Discontinue treatment if not tolerated/ patient requested

Patient who are unable to tolerate ESWL treatment, pause treatment, and if no contraindications use Penthrox

Initial loading with Penthrox (3 inhalation breaths and 5 loading breaths in and out of the inhaler).

Radiographer restarts ESWL treatment 60 seconds after first inhalation breath of Penthrox .

Throughout Penthrox treatment monitor

1. Heart Rate and Saturation using continuous monitor
2. Blood pressure every 15 minutes

Patient to continue taking normal breaths in and out through the inhaler **as required** for pain relief.

If stronger dose required, instruct patient to cover dilution hole whilst continuing normal breathing in and out through inhaler.

Patient not tolerating treatment despite optimal use of inhaler:

Stop treatment and reload with 5 breaths in and out of inhaler.

Radiographer to restart ESWL 60seconds after first breath taken.

If after 3 cycles patient not tolerating treatment then abandon treatment.

Patient tolerating treatment:

Continue same usage as required until treatment completed

Note: stop treatment at any point if patient requests.

Pain Relief Future Considerations

It is important to optimise the pain relief so ESWL treatments are not limited by this factor. Pain from ESWL is multifactorial, as seen in the section on 'Pathogenesis of pain during ESWL'. Such is the case therefore any changes which are made to the delivery of the treatment should be made in isolation and proved the change to be an improvement (e.g. change in medication only and then study, not change in medication and coupling medium).

	Patient Factors	Nurse Factors
Premedication:	• Pain relief to act within 1 hour or 30 minutes of pre-ESWL procedure. • Medication to give adequate pain relief during ESWL for a 1 hour session. • Have limited side effect profile and able to be prescribed for the majority of patients who attend for ESWL	• The ideal medication should be able to administered by a single staff nurse • If nurse prescribing is started then medications able to be prescribed by a nurse with prescribing rights
Breakthrough Medication	• Pain relief to act within a short time to allow ESWL treatment to resume. • Medication to give adequate pain relief during ESWL for a 1 hour session. • Have limited side effect profile and able to be prescribed for the majority of patients who attend for ESWL	• Can be given with only one staff nurse present • Allows a discharge following procedure of 45 minutes maximum • If nurse prescribing is started then medications able to be prescribed by a nurse with prescribing rights
Discharge Medications	• Provides adequate pain relief for renal colic • Have limited side effect profile and able to be prescribed for the majority of patients who attend for ESWL	• Able to be dispensed the day of ESWL • If nurse prescribing is started then medications able to be prescribed by a nurse with prescribing rights

Urology Stone MDM: Recommendations for changes in Pain Relief Medication or Delivery of ESWL

Medication or change in delivery of ESWL	Reason for Change	Method of action	Evidence (Such as Pubmed search or review article or guidelines)	Method to study change	Result and Outcome
Penthrox 3ml Inhalor (Methoxyflurane)	Introduced as a trail for breakthrough medication during ESWL. No breakthrough medication used prior to this.	Methoxyflurane can cause dose-related nephrotoxicity a clinical study identified that nephrotoxicity occurred at doses in excess of 2.5 MAC-hours These doses were reached when methoxyflurane was used for anaesthesia. As a result of this clinical study a safe upper limit for methoxyflurane exposure was determined to be 2 MAC-hours – doses below 2 MAC-hours have not been associated with nephrotoxicity. Methoxyflurane administered via the PENTHROX inhaler (3 mL dose) equates to approximately 0.3 MAC-hours.[3] PENTHROX was approved by the regulatory	Please refer to the Penthrox Drugs and Therapeutics Committee (DTC) submission	Keeping Paracetamol 1g oral and Piroxicam 20mg oral fast tab as premedication for ESWL. Penthrox used for breakthrough pain relief. When used as a breakthrough medication during ESWL, does it allow completion of treatment and provide adequate pain relief?	Results to be submitted to the Craigavon DTC and disseminated at the Urology Stone MDM.

		authorities for use in the UK and Ireland in late 2015			

Antibiotic Prophylaxis ESWL

In keeping with European Association of Urology (EAU) Guidelines, prophylactic antibiotics are given to patients,

1. Infection stones
2. Bacteriuria (European Association of Urology , 2017)
3. Stone Treatment Centre Guidelines also includes patients who are relatively immunocompromised, such as steroids, immune modifying drugs.

- The standard at CAH STC is 500mg oral Ciprofloxacin prior to ESWL.

Recommendation for future practice would be to modify antibiotic prophylactic to urine sensitivities. This would require those patients needing antibiotic prophylaxis to have a urine culture one or two weeks prior to treatment.

A Pubmed search of 'ESWL' or Shockwave Lithotripsy' and 'Antibiotic', Prophylaxis', Urine Culture'

Returned 10 papers

Excluded was 1 case report

e. Craigavon Area Hospital ESWL TMS i-sys Sonolith lithotripter Adult Protocol

(In addition to the TMS i-sys Sonolith manual, EDAP TMS 2012)

Stone and side for treatment	As per MDT indication, check ESWL request for stone and laterality. Recommended number of treatments and follow-up plan included
Pain Relief	As pre-prescribed by Stone MDT (nurse to check allergies prior to administration)
Breakthrough pain relief	As per pre-prescribed MDT (nurse to check allergies prior to administration)_ Stop ESWL to initialise break through medication and restart at last tolerated power level
Imaging	USS or Fluoroscopy or both. Regular imaging (constant if USS) to check stone position for treatment. **Stop treatment if satisfactory stone treatment achieved.**
Ramping protocol	**First 250 shocks at 25% (See 1.8.1 Power level reference chart for kV** (EDAP TMS, 2012)**)** **Second 250 shocks at 50%** **Third 250 shocks at 75%** **Following the first 750 Shocks, aim to reach 100% power <u>as tolerated</u> before 1000 shocks** **Average treatment power will therefore be around 80%.**
Energy levels	**Maximum 1000J to renal stone** **Maximum 1400J to ureteric stone**
Shockwaves	**Maximum of 3000 shockwaves delivered per treatment session**
Frequency	**1.2Hz**
Treatment session	1 hour
Interval between treatments	4 weeks (EDAP TMS 2012)
Discharge letter	Radiographer to populate template and copy for ECR, Patient notes and GP.

Time between treatments

There is little evidence on the time between ESWL treatments; there is evidence to show that a patient can be retreated after 24 hours. A safe regime would leave the **interval between elective treatments as 4 weeks** (EDAP TMS, 2012).

European Urology 2017 Guidelines for ESWL Treatment

3.4.2.1.3.2 Best clinical practice

Summary of evidence - Number of shock waves, energy setting and repeat treatment sessions	LE
Stepwise power ramping prevents renal injury.	1b
Clinical experience has shown that repeat sessions are feasible (within one day for ureteral stones).	4
Optimal shock wave frequency is 1.0 to 1.5Hz.	1a

(European Association of Urology , 2017)

e. REVENUE BUSINESS CASE PROFORMA COVER

(To be submitted with every business case)

To be tabled at SMT Meeting TBC

Name of Organisation	Southern Health & Social Care Trust
Project Title	Extra Corporeal Shockwave Lithotripsy (ESWL) & Generalised Stone Services at Southern Health & Social Care Trust Draft V.03
Total Cost	**£TBC**
Start Date	**£TBC**
Completion Date	**Recurrent funding requested from 2018/19 onwards £TBC**

Complete this section if bid is for new funding

BID FOR NEW FUNDING	
Is this bid for new funding (Y/N)	**Yes**
How much total funding required?	**£TBC**
How much funding required per year?	**£TBC**
Is this funding to be made recurrent?	**Yes**

Complete this section if funding available within existing allocation

Funding available within existing allocation (Y/N)	**No**
Total cost of proposal	**N/A**
Cost of proposal per year	**N/A**
Is this cost within recurrent allocation?	**N/A**

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

Approvals & submissions

Prepared by:		
Name Printed	**NICKY HAYES**	**(signed)**
Grade/Title	**Planning Officer Band 5**	
Date	**APRIL 2018**	

Approved by:		
Name printed	**ESTHER GISHKORI**	**(signed)**
Grade /Title	**Director of Acute Services**	
Date	**APRIL 2018**	

Approved by:		
Name printed	**HELEN O'NEILL**	**(signed)**
Grade /Title	**Director of Finance**	
Date	**APRIL 2018**	

Approved by:		
Name printed	**SHANE DEVLIN**	**(signed)**
Grade /Title	**Chief Executive**	
Date	**APRIL 2018**	

Complete this section if Department / DFP approval required

Date submitted to Department
Department/ DFP approval (y/n)
Date approved

BUSINESS CASE TEMPLATE	REVENUE FUNDING £50k - £250k

SECTION 1: PROJECT BACKGROUND, STRATEGIC CONTEXT & NEED

Introduction
This paper outlines a proposal associated with enhancing the Extra Corporeal Shockwave Lithotripsy & Generalised Stone Service within the Southern Health & Social Care Trust.

Associated costs of **£TBC** have been identified from **TBC** funding stream and approval is now being sought from Senior Management Team for the progression of this proposal.

The Trust's Senior Management Team confirmed at its meeting on 24 January 2018 that it was supportive of a proposal being developed.

Background
The Southern Health & Social Care Trust (SHSCT) was established on 1st April 2007 following the amalgamation of Craigavon Area Hospital Group, Craigavon & Banbridge Community, Newry & Mourne and Armagh & Dungannon Health and Social Services Trusts. It is one of six organisations that provide a wide range of health and social care services in Northern Ireland.

The Trust provides acute hospital and community services to council areas of Armagh, Banbridge and Craigavon; Newry, Mourne and Down; and Mid Ulster – a population of some 369,000. The acute hospital services provided by the Trust are also used by people from outside the Southern area including Fermanagh, Down and Lisburn, Antrim, Cookstown, Magherafelt and the Republic of Ireland.

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

Both acute hospitals provide inpatient, out-patient and day case services across a range of specialties. These include a 24-hour Emergency Department and unscheduled medical and surgical services.

The Trust is responsible for the delivery of high quality health and social care to its resident population and employs 13,000 staff.

Extra Corporeal Shockwave Lithotripsy (ESWL)
This is a non-invasive procedure which is used in the treatment of kidney stones that are too large to pass through the urinary tract. The procedure is carried out by Consultant Urologists who have experience in urinary tract stone disease. In the first instance, kidney stones will be detected via the use of x-rays/scans which will determine their presence and location.

Patients within the Southern Trust area suitable for this specific treatment regime may attend on an

elective basis or in the case of patients referred for urgent admission, ESWL may be carried out during the inpatient stay. The procedure entails breaking down the stones in the kidney, bladder or ureter (tube that carries urine from the kidneys to the bladder) by sending high-frequency ultrasound shock waves directly to the stone once located with fluoroscopy (a type of x-ray) or ultrasound. The shock waves cause large stones to be broken down into smaller pieces to enable these to pass through the urinary system. Treatment sessions last for approximately an hour.

Strategic Context
Guidelines for the management of renal colic/renal and ureteric stones are documented in:-

- British Association of Urological Surgeons "**Standards for the Management of Acute Ureteric Colic" September 2017**
- National Institute for Health & Care Excellence guideline **"Renal & Ureteric Stones: Assessment and Management (consultation 20 January to 17 February 2017)"**

"Stone removal is recommended in the instance of persistent obstruction, failure of stone progression or increasing or unremitting colic. The choice of treatment to remove a stone depends on the size, site and shape of the stone. Options include extra corporeal shockwave lithotripsy (ESWL) ureteroscopy with laser, percutaneous nephrolithotomy or open surgery".

"Where suitable, ESWL offers a non-invasive treatment with lower complication rates and a shorter hospital stay".

In addition, the current standards associated with care for acute stone pain and use of ESWL (British Association of Urological Surgeons "***Standards for the Management of Acute Ureteric Colic" September 2017)*** states that "for symptomatic ureteric stones, primary treatment of the stone should be the goal and should be undertaken within 48 hours of the decision to intervene" – is this the text to be referred to???

Local Context
"Improving Together" the Trust's Corporate Plan 2017/18 – 2020/21 sets out the strategic direction for the next four year period and includes challenges and opportunities to create better health outcomes for the population within the Southern area.

The Corporate Plan recognises the need for service reform as a result of the changing needs of our local population, new ways of delivering care and treatment in line with the financial and workforce resources available to us.

The key objectives which the Trust will strive to achieve are:-

- Promoting safe, high quality care
- Supporting people to live long, healthy active lives
- Improving our services
- Making the best use of our resources
- Being a great place to work, supporting developing and valuing our staff
- Working in partnership

Demographic Growth:

- The Trust has the second largest population in NI 369,000. The Trust population is projected to increase by over 20% between 2016 and 2039 (compared to the NI projected growth of 8.5%) including more significant growth in our ageing population

Current Service Provision
At the present time, there are a total of two Lithotripsy machines across Northern Ireland, a mobile machine sited in Belfast and a machine located within the Stone Treatment Centre (STC) at Craigavon Area Hospital.

Lithotripsy treatments are delivered to the Southern Trust's resident population in addition to patients residing outside of the Trust's catchment area (from January 2017 South Eastern Trust patients have undergone stone treatment procedures at CAH).

Current Capacity
The STC facilitates a total of three weekly ESWL sessions which take place on Monday, Wednesday and Friday mornings. The first treatment commences at 9.00 am with the session ending at 1.00 pm. A total of **9** patients undergo ESWL treatments every week.

Patients' referrals for stone treatment regimes are received via a number of channels including:-

1. Emergency Departments at Craigavon Area, Daisy Hill and South West Acute (Enniskillen) Hospitals
2. General Practitioners within the Southern Trust region and the South West Acute Hospital's local population
3. Wards in Craigavon Area Hospital, Daisy Hill Hospital and South West Acute Hospital
4. Consultant Urologists from Southern and South-Eastern Health & Social Care Trusts
5. Letterkenny Hospital, Republic of Ireland
6. Altnagelvin Hospital

Although emergency ESWL treatments can be made available if there is a cancellation, predominantly emergency treatments are performed on Mondays, Wednesdays and Fridays - TBC

The current staffing establishment per session consists of:-

- 0.30 wte Consultant
- 0.30 wte Radiographer
- 0.30 wte Band 5 Nurse
- 0.30 Band 3 Healthcare Assistant

Key Issues/Assessment of Need
The growing demands being placed upon the Trust's ESWL & Generalised Stone Service understandably proves challenging when taking into consideration the number of issues in terms of:-

1. Demand & Capacity
Since the introduction of the Extra Corporal Shockwave Lithotripsy (ESWL) service on 11 September 1998, there has been a steady increase in the number of patients being offered this treatment regime.

In January 2017, there were a total of 108 adult patients awaiting treatment, however by January 2018 the figure has dramatically increased to a total of 233 adult patients showing a staggering 116% rise.

This figure equates to an average of 31 patients being added to the waiting list per month.

The waiting time for treatment (as of January 2018) is presently 8 months.

2. Emergency ESWL Provision for Upper & Distal Ureteric Stones

In addition to the number of adult patients awaiting outpatient (elective) ESWL treatment, on average approximately 10 patients will have a ureteroscopy performed each week at Craigavon Area Hospital.

Some of these patients could be suitable to undergo "emergency ESWL" treatment, however due to the restricted use of the Lithotripser machine at the present time, this cohort of patients have to undergo their treatment within Main Theatres at Craigavon Area Hospital as there are only ESWL sessions 3 days per week.

Understandably, this practice is counter-productive as it hinders the Trust's ability to adhere with the respective guidelines associated with the assessment and treatment of ureteric stones[1] which states that "primary treatment of the stone should be the goal and should be undertaken within 48 hours of the decision to intervene" – is this the relevant text to use TBC. More non-invasive procedures and extended availability across the week would support the Trust to comply with guidelines.

3. Service Model

The Lithotripser machine has been in operational use since the late 1990s (circa 20 years). At that time, the working practices put in place adequately met the needs of the service. Inevitably changes in medical practice have evolved in recent years however no modifications or adaptions to the working practices within the STC have been implemented. As a consequence, it has not been possible to optimise the potential to develop the Southern Trust's ESWL & Generalised Stone Service.

Given the existing service model, provision of a service which represents value for money whilst making best use of the facilities available is not achievable. The insufficiencies are particularly prevalent within the following areas:-

- Increased number of patients being **referred** into the Service
- As the majority of patients initially opt for treatment to be given without the need for a general anaesthetic, the number of patients awaiting elective ESWL treatment inevitably causes a rise in **waiting times**
- As a consequence of current waiting lists, patients' **x-ray/scan images** become out-of-date often emanating in the loss of a treatment 'slot' as the patient cannot undergo their planned ESWL procedure if there is a possibility that their renal stones have become dislodged
- A significant amount of nursing **administration** associated with patient documentation which is undertaken on the day of treatment impinges on the allocated treatment time

4. "Time & Motion" Study

In an effort to address the inefficiencies with the current service model, a "Time & Motion" study was conducted in December 2017. This involved a group of multi-disciplinary staff reviewing and 'process mapping' the "Renal & Ureteric Stone" pathway in order to streamline the processes, improve treatments/safety and patient follow-up reviews.

On conclusion of the "Time & Motion" study, a number of recommendations were identified which included:-

- The need for a Stone Multi-Disciplinary Team (MDT) to be established
- With the introduction of an MDT this would facilitate:-
  - a platform for discussion of complex patients

- referrals received from Emergency Departments, Wards and GPs to be reviewed giving due consideration to each individual patient's condition
- a review of patients' imaging
- an informed decision to be made in relation to the most appropriate treatment pathway for each patient for example ESWL, Ureteroscopy etc which would be in line with guidelines (eg British Association of Urologists, NICE etc)

- New documentation to be developed such as:-
  - Ureteric & Renal Stone Referral
  - Patient Information Pack

5. Staffing Resources

In view of the recommendations emanating from the "Time & Motion" study, a change in practice was introduced in December 2017 which enabled a Stone Multi-Disciplinary Team to be established together with an agreed Referral Pathway to be developed.

At that time, the potential to increase capacity was identified if changes associated with the nursing administration process could be introduced.

It highlighted that if the requisite administration could be performed prior to a patient attending for their treatment, this could permit an additional patient per session to be treated (eg a total of 4 patients would undergo an ESWL procedure per session).

However, with insufficient staffing resources presently available, the delivery of an efficient and effective ESWL & Generalised Stone Service is compromised.

- **Administrative & Clerical**

With the weekly MDT meeting taking the form of a "virtual clinic" there is a significant amount of administration to be progressed in advance of the weekly meetings which encompasses:-

- ensuring all the requisite paperwork is available for the meeting (eg referral forms, prescription sheets, diagnostic results etc) which require populating during the MDT meeting when outcomes are discussed/agreed
- preparation of MDT lists
- population of worklist on NIECR for ease of access during the MDT meeting
- taking notes of the MDT meetings, completing the electronic MDT outcome form, populating patient templates with agreed outcomes from MDT in order to send to patients
- ensuring follow-up arrangements are made
- tracking follow-up arrangements/results

In addition to the duties associated with the weekly MDT meetings, there are a number of administrative tasks in respect of the elective ESWL process which are detailed below:-

- Population of appointments and preparation of lists
- Ensuring all ESWL related treatment paperwork is available (eg prescriptions, nursing checklist, post-treatment advice)
- Creating and printing of booklets and distribution of patient documentation (to negate the need for this to be undertaken on the day of treatment TBC)
- Sending for list and confirming patients' attendances
- Ordering notes for ESWL treatment day
- Arrangement/tracking of follow-up

A patient letter template was created on Patient Centre to enable Consultant Urologists' secretaries to type up the weekly patient letters. However, the increased workload is unsustainable given the

other duties assigned to Consultant secretaries. As a consequence, delays associated with the typing up of the MDT letters are regularly experienced TBC

- **Medical, Nursing & Radiology**

In view of the volume of administrative tasks associated with both the MDT meetings in conjunction with the ESWL processes, this can often result with the Specialty Doctor in Urology providing a degree of administrative support to the Stone Treatment Centre.

In terms of ESWL Sonographer training, there is a detailed protocol which must be adhered to in order for Sonographers to become competent in ESWL. This involves a period of supervised targeting and treatment of renal calculi in both adults and paediatrics which must encompass both ultrasound and fluoroscopic control. In addition, a minimum of 50 treatments must be achieved and in the event of a trainee being absent for a prolonged period of time (eg maternity leave), there may be a requirement for part of the process to be repeated. On completion of the requisite training and to allow progression, it will necessitate a Sonographer participating in ultrasound audit programmes and undertaking future training updates to ensure continuing professional development and assessment of accuracy.

Reference 1 *– British Association of Urological Surgeons Standards for the Management of Acute Ureteric Colic September 2017*

SECTION 2 (a): OBJECTIVES

Project Objectives	Measurable Targets
1. Improve access to ESWL Service by 31 March 2019	• Increase access across the week ➢ Baseline – 3 sessions per week (as of April 2018) ➢ Target – 7 sessions per week
2. To improve compliance with Commissioning Plan Objective 4.12 ➢ No patient waits longer than 13 weeks for inpatient/daycase ESWL treatment by September 2019	• Facilitation of appropriate ESWL provision which meets the demand for elective treatment:- ➢ Baseline – as of January 2018, a total of 148 patients are awaiting more than 13 weeks for elective ESWL treatment ➢ Target – minimum of 30% reduction in waiting time for routine treatment ** a non-recurrent exercise will be required to reduce routine waiting times in the first instance*
3. Improve the efficiency of the current ESWL Service by 31 March 2019	• Increase number of patients treated per session:- ➢ Baseline – a total of 3 patients per session (as of April 2018) ➢ Target – a total of 4 patients per session (on appointment of additional staffing resources)

SECTION 2 (b): CONSTRAINTS

Constraints	Measures to address constraints
1. Availability to appoint additional staffing resources	The Trust will ensure that robust recruitment processes are in place, maintaining close

	links with BSO and Human Resources to ensure that any issues which may arise are promptly addressed
2. Recurrent revenue funding not secured	The Trust will maintain close links with the HSCB in order to proactively seek financial support for the service

SECTION 3: IDENTIFY AND DESCRIBE OPTIONS

OPTION NO	BRIEF DESCRIPTION OF OPTION
1	**Do Nothing/Status Quo - continue with existing arrangements** This option will entail the continuation of the existing service model of 3 ESWL sessions per week permitting a total of 9 patients to be treated. Although this option will not meet the project objectives, it has been shortlisted as a base case comparator.
2	**Increase ESWL Sessions from 3 to 7 Sessions per week within Stone Treatment Centre at Craigavon Area Hospital** This option will entail the appointment of additional staffing resources and permit the current 3 ESWL weekly sessions to be extended to 7 ESWL sessions per week. It will accommodate a total of 4 patients per session to be treated, emanating in additional capacity to facilitate a further 19 patients per week (eg 4 patients per session x 7 sessions equates to 28 patients TBC) in comparison to the 9 patients that are presently seen each week.
3	**Provision of a Dedicated Team for Stone Treatment Centre at Craigavon Area Hospital** Similar to Option 2, this option will consist of a significant number of staffing appointments being made enabling the number of weekly ESWL sessions to be extended from 3 to 7 sessions. It will permit a total of 4 patients per session to be treated, facilitating an additional 19 patients to be seen per week (eg 4 patients per session x 7 sessions equates to 28 patients TBC). With provision of a dedicated team of multi-disciplinary staff aligned to the Stone Treatment Centre at Craigavon Area Hospital it will enable all ESWL treatments, weekly MDT meetings, the complete outpatient journey (from investigation to review) to be effectively managed. Provision of a dedicated ESWL session for patients residing within South Eastern Trust area will also be deliverable. Is there any additional information as to what this option will deliver that needs incorporated?

SECTION 4: PROJECT COSTS

Option	Year 1 (£'000)	Year 2 (£'000)	Year 3 (£'000)	Total (£'000)
1				
2				
3				

COST ASSUMPTIONS:

Option 2
There will be a requirement for the following additional **posts to be appointed**
Can you please confirm exact staffing requirements please

- XX wte Band 5 Staff Nurse
- XX Band 3 Health Care Assistant
- XX wte Radiographer
- Xx wte Band 4 Admin & Clerical

Option 3
There will be a requirement for the following additional **posts to be appointed**

Can you please confirm exact staffing requirements please

- XX wte Band 5 Staff Nurse
- XX wte Band 3 Health Care Assistant
- XX wte Band Radiographer
- XX wte Consultant Urologist
- XX wte Registrar
- XX wte Band 4 Admin & Clerical

Goods & Services
- Are there any additional consumables that would be required for the no of sessions proposed TBC
- The anticipated life span of Lithotripter equipment is 10 years however it is not dependent upon the number of shocks/treatments/patients
- The current equipment has been in operational use since 1998 and is on the capital equipment list for Acute Directorate for replacement

SECTION 5: NON-MONETARY BENEFITS

The non-monetary benefits associated with the project are detailed below:-

Non-Monetary Benefit	Option 1 Status Quo/Do Nothing	Option 2 Increase Sessions within the Stone	Option 3 Provision of a Dedicated Team for

		Treatment Centre	Stone Treatment Centre
Provision of additional sessions per week	• With no improved access to the service, enhanced utilisation of Hospital facilities will be untenable	• Facilitation of an additional 4 weekly sessions will enable higher volumes of patients to undergo their treatment resulting in a total of 28 patients being seen on a weekly basis.	• Similar to Option 2, this option will facilitate a further 4 weekly sessions to take place thus enabling a higher percentage of patients to undergo treatment each week (circa 28 patients).
Reduced Waiting Times for Treatment	• As the number of patients being referred into the Service will continue to grow, it will result in a rise in waiting times. Therefore, patients will continue to experience lengthy waiting times for their treatment	• The patients' experience will be greatly enhanced as they will receive treatment for their conditions within an appropriate timeframe	• Similar to Option 2, the patients' experience will be significantly enhanced as the patient journey (from investigation to review) will be managed within an appropriate timeframe by a dedicated service team
Improved efficiency	• With the volume of administrative tasks associated with both MDT meetings and the ESWL processes, the degree of administrative support from the Specialty Doctor will still be prevalent (understandably, a situation which does not make best use of skills). • With no improved service provision, the use of Main Theatres at CAH for some patients' procedures will continue.	• As administrative tasks will be progressed prior to the day of treatment, a reduction in nurse administration on the day of treatment will be deliverable. This will increase capacity for treatment of an additional patient per session (total of 4 patients as opposed to 3 patients per session). • The potential loss/delay of treatment sessions will significantly reduce as x-ray scans will be up-to-date. • As more non-invasive treatment will be deliverable, fewer patients will require treatment within Main Theatres	• As with Option 2, there will be a reduction of nurse administration on the day of treatment as administrative tasks will be progressed prior to the day of treatment. This will increase capacity for treatment of an additional patient per session (total of 4 patients). • The potential loss/delay of treatment sessions will significantly reduce as x-ray scans will be up-to-date. • This option will provide dedicated ESWL sessions for South Eastern

		at CAH. Therefore, permitting patients to be managed within an appropriate environment. • Delivery of a more streamlined service will be achievable.	patients • With dedicated staffing within the Stone Treatment Centre this will optimise the facilities available within the Stone Treatment Centre at CAH and enhance the patient's journey.

SECTION 6: PROJECT RISKS & UNCERTAINITIES

The project risks associated with this scheme are detailed in the table below:-

Risk Description	Likely impact of Risk H/M/L			State how the options compare and identify relevant risk management/mitigation measures
	Opt 1	Opt 2	Opt 3	
1. Inability to Appoint Staff	**N/A**	**L**	**L**	**Option 1** – N/A **Options 2&3** - there is the potential that no applicants may apply for the new posts, however this is deemed to be a 'low' risk. • **Mitigation Measure** - the Trust will ensure that robust recruitment processes are in place and any issues raised by BSO are promptly addressed
2. Recurrent revenue funding not secured	**N/A**	**M**	**M**	**Option 1** – N/A **Options 2&3** – this is a possibility that recurrent funding may not be secured and therefore this is considered a 'medium' risk • **Mitigation Measure** – the Trust will maintain close links with the HSCB/continue to seek financial support from the HSCB
Overall Risk (H/M/L):	**N/A**	**L/M**	**L/M**	

SECTION 7: PREFERRED OPTION AND EXPLANATION FOR SELECTION

Option 1 - Status Quo/Do Nothing

- With no modifications being made to existing service model, there will be no enhanced utilisation of Hospital facilities
- The waiting times associated with ESWL treatment will continue to grow, therefore patients will continue to experience lengthy delays for treatment
- There will still be a requirement for the Specialty Doctor to provide a degree of administrative support which does not make best use of medical staffing resources
- The number of ureteroscopies will steadily increase as no additional capacity for elective ESWL treatments will be attainable
- No improvements to the efficiency of the ESWL & Generalised Stone Service within the Southern

Trust will be achievable

Option 2 - Increase ESWL Sessions from 3 to 7 Sessions per week within Stone Treatment Centre at Craigavon Area Hospital

- This option will enable the weekly Extra Corporeal Shockwave Lithotripsy (ESWL) sessions to be extended from 3 to 7 sessions per week
- It will provide increased capacity as a total of 4 patients per session will be treated, equating to a total of 28 patients receiving treatment per week (in comparison to 9 patients treated at the present time).
- The patient's experience will be greatly enhanced as waiting times for treatment will reduce therefore patients will receive treatment for their conditions within an appropriate timeframe
- The potential loss/delay of treatment sessions will significantly reduce as x-rays/imaging scans will be up-to-date
- As some patients may no longer require invasive treatment, fewer patients will require treatment within Main Theatres at CAH
- With more non-invasive procedures and extended availability being attainable, this will support the Trust to improve compliance with the requisite guidelines/recommendations (British Association of Urologist, National Institute for Clinical Excellence) as delivery of an enhanced ESWL Service to patients requiring treatment of renal stones will be achievable.
- An improved skill mix of staff will be attainable

Option 3 - Provision of a Dedicated Team for Stone Treatment Centre at Craigavon Area Hospital

- Similar to Option 2 above, this option will enable the weekly Extra Corporeal Shockwave Lithotripsy (ESWL) sessions to be extended from 3 to 7 sessions per week.
- It will provide increased capacity as a total of 4 patients per session will be treated, equating to a total of 28 patients receiving treatment per week (in comparison to 9 patients treated at the present time).
- The patient's experience will be significantly enhanced as the patient journey (from investigation to review) will be effectively managed within an appropriate timeframe
- As some patients may no longer require invasive treatment, fewer patients will require treatment within Main Theatres at CAH

- With more non-invasive procedures and extended availability being attainable, this will support the Trust to improve compliance with the requisite guidelines/recommendations (British Association of Urologist, National Institute for Clinical Excellence) as delivery of an enhanced ESWL Service to patients requiring treatment of renal stones will be achievable.
- This option will make provision for a dedicated team of staffing to be aligned to the Stone Treatment Centre at Craigavon Area Hospital which will enable all ESWL treatments, weekly MDT meetings and the complete patient journey (from investigation to review) to be efficiently and effectively managed.
- An improved skill mix of staff will be achievable.

Is there any additional information that needs to be incorporated?

The preferred option is Option 2 – Increase ESWL Sessions from 3 to 7 Sessions per week within the Stone Treatment Centre at Craigavon Area Hospital as this will enable a further 4 weekly sessions to be delivered giving the Trust additional capacity to treat a total of 28 patients per week. Therefore, the patient's experience will be greatly enhanced as the current waiting times for treatment will reduce.

As more non-invasive treatment regimes will be achievable this will improve the Trust's compliance with British Association of Urologists and NICE guidelines/recommendations whilst permitting patients to be managed within an appropriate environment.

Any potential loss or delay of treatment sessions due to x-rays/imaging scans being out-of-date will reduce.

With an increase in capacity, the Trust will be able to deliver a more streamlined and efficient ESWL & Generalised Stone Service to its resident population.

SECTION 8: AFFORDABILITY AND FUNDING REQUIREMENTS

AFFORDABILITY STATEMENT	**Yr 0 £000's**	**Yr 1 £000's**	**Yr 2 £000's**	**Yr 3 £000's**	
Required					
Capital required					
Revenue required					
Existing budget :					
Capital					
Revenue					
Additional Allocation Required:					
Capital					
Revenue					

AFFORDABILITY ASSUMPTIONS

SECTION 9: MANAGEMENT ARRANGEMENTS

The following project management roles have been agreed:-

- Project Owner – Mrs Esther Gishkori (Director of Acute Services)
- Project Director – Mrs Heather Trouton (Interim Executive of Nursing & Allied Health Professionals (with responsibility for Cancer & Clinical Services)
- Project Manager – Mrs Martina Corrigan, Head of ENT & Urology

The project timescales associated with this proposal are detailed in the table below:-

Project Timescales	
Business Case Approval	May/June 2018
Submission of Business Case to HSCB	May/June 2018
Confirmation of Funding	June/July 2018
Recruitment Process Commenced	July/August 2018
Staff in Post	October 2018

SECTION 10: MONITORING AND EVALUATION

Who will manage the implementation?	Mrs Martina Corrigan - TBC Head of Service – ENT & Urology
Who will monitor and evaluate the outcomes?	A Head of Service independent to the project - TBC
What other factors will be monitored and evaluated?	
When will this take place?	April 2019

SECTION 11: ACTIVITY OUTCOMES (TRUSTS ONLY)

	Specifiy activity, e.g. IP, DC OPN, OPR, Contacts etc					
	IP	**DC**	**OPN**	**OPR**		
Baseline						
Additional activity						
New Baseline Activity						

SECTION 12: BENCHMARKING EVIDENCE TO SUPPORT PREFERRED OPTION

HSC TRUST RESEARCH & DEVELOPMENT FUND

APPLICATION FORM 2018 – 2019

N.B. Applications should only be submitted for research which can be completed by 31 March 2019 as funding cannot be carried forward to the next Financial Year

Name of	Mr Michael Young
Job Title:	Urology Consultant
Work Address:	Craigavon Stone Treatment Centre, Craigavon Hospital
Contact Details:	Tel: Mobile: Personal Information redacted by the USI Email: Personal Information redacted by the USI
Project Title:	Kidney and Ureteric Stones Treated With Extracorporeal Shockwave Lithotripsy Using the EDAP i-sys Sonolith Lithotripter: Successful stone clearance and complications
Project Outline:	**<u>Context/Background – why it is important to do the research,</u>** Kidney Stones have afflicted the human population for thousands of years, having been identified in Egyptian mummies, and even make up part of the classical Hippocratic Oath from the 4th century BC (Tefekil A, 2013). Kidney Stones can be identified in 8% of the population (BAUS). In the United Kingdom renal colic (pain from kidney stone) is common, with 12% of men and 6% of women having at least one episode of renal colic in their lifetime, with the incidence peaking at 40-60 years of age for men and late 20's for women (Bultitude M, 2012), (NZ, 2014). The difference between male and female risk in decreasing, this is likely due to the increase in obesity and western diet in women (NICE, 2015). **The overall incidence of kidney stones is rising.** In America the 1994 incidence rate of 1 in 20 has almost doubled to 1 in 11 when compared to year 2007-2010 data (Hitt, 2012). The risk of further stones

	development is high, with 30% to 40% chance of recurring at 5 years (NICE, 2015). The Craigavon Urological Stone Treatment Centre (CAH STC) looks after an area greater than the geographical Southern Trust boundaries, caring for a population of 420000. In addition the CAH STC receives regular referrals from the other trusts, namely the South Eastern Trust. How the Urologist treats a kidney stone is dependent on location and size of the stone, as well as patient comorbidities. The majority of stone can be treated by Extracorporeal Shockwave Lithotripsy (ESWL), available onsite at Craigavon Area Hospital, and is the only fixed site ESWL in Northern Ireland, or in fact the North of the Ireland! In order to fulfil the demand of ESWL stone treatments, the CAH STC must provide 1100 treatment per year. ESWL is a well-recognised treatment modality for Kidney stones, and is recommended by the European Association of Urology guidelines (C Turk 2017) and NICE (NICE 2015). Since the invention of ESWL in 1980 we are now on the 4th Generations of Lithotripter. The Southern Trust invested around £430000 in a new EDAP TMS i-sys lithotripter to replace an older model. It has its own dedicated centre, with the treatment sessions run by a radiographer and nursing staff. The patients are awake for their treatments, with oral pain relief. ESWL has less risk of complication and is safer when compared to more invasive Urological stone procedure of Ureteroscopy and Percutaneous Nephrolithotomy. A PubMed search using various combinations of search terms of 'ESWL', 'SWL', 'EDAP TMS', i-sys sonolith did not generate any clinical papers on the success outcomes of the i-sys sonolith lithotripter. As technology progresses, evidence is required to demonstrate that the Lithotripter in use is still providing effective kidney stone clearance rates, at a low complication rate. **Aim – broad statement about what the research will entail** To assess the outcomes of stone clearance rates for kidney and ureteric stones using the i-sys sonolith lithotripter. To

provide complication rates and patient satisfaction with receiving the treatment modality for their stones.

Objectives – the actions required to meet the aim of the research

1. **Patient demographics** (age, sex, BMI)
2. **Kidney stone factors pre-treatment** (Size, location, Hounsfield units, stone to skin distance)
3. **ESWL treatment parameters** (Ramping protocol, average power delivered, total energy delivered, type of pain relief)
4. **Patient satisfaction** with treatment, including pain score)
5. **Outcome of treatment**: (stone clearance, fragmentation, no change, other procedures needed)

Sample/Participants – the people/data who will be the focus of the research and how you will gain access

All patients undergoing ESWL for treatment of kidney or ureteric stones. The above data required in objectives is already recorded in the patient's clinical notes.

Data Collection Method – Qualitative/Quantitative/Mixed Methods e.g. interviews, questionnaires, focus groups – provide some information about the proposed method(s)

Prospective study for the outcome of ESWL using the i-sys sonolith. A data collection excel spreadsheet would be created to record the objective setting data. The data (objectives 1-4) would be best inputted at time of treatment, and outcome data (objective 5) at the Stone Multidisciplinary Meeting (MDT). The Stone MDT is the platform where patients are currently listed for ESWL and also their follow-up imaging discussed at 4-6 weeks following treatment to assess treatment success.

Objective 4, patient satisfaction would be assessed via a questionnaire, the same day of treatment completion.

Ethical Considerations – ethical issues relating to the research e.g. Consent

ESWL is already a recognised and recommended treatment

	for kidney and ureteric stones by EAU and NICE. Consideration to alternate treatment modalities or change in treatment parameters if data was to demonstrate unsatisfactory stone clearance rates or complications from the use of the i-sys sonolith lithotripter. **Potential outputs – what will be the impact on patient care** Provide data to support the on-going funding of the ESWL service. Provide data to patients on the percentage success for stone clearance using the i-sys sonolith and complication rate. This will aid patients to make a fully informed choice on their treatment options. Provides data to the wider clinical and scientific community on use of the i-sys sonolith lithotripter and treatment of kidney and ureteric stones. **Data Analysis method – dependent on whether data is numerical or text based e.g. SPSS, thematic analysis** There will be a mixed data analysis method. Stone clearance rates will be numerical, and could be statistically compared against older lithotripter data sets of clearance, as well as statistical comparison against the more invasive surgical treatment of ureteroscopy for stone clearance. Patient satisfaction and complication rates can also be numerically processed, analysed and compared against similar studies for other lithotripters or surgical modalities. **Proposed start date** October 2018 **Proposed end date** October 2019 (although it would be of benefit for data collection to continue for a 4 or 5 year period to potential give around 5000 treatments, and so provide robust data and one of the largest ESWL evidence bases, future funding could be discussed with the Trust) **Specify how the time required to undertake the Study will be incorporated into your work and other personal**

	commitments Study data will be collected by the proposed funding for a research radiographer or nurse, they will be aided in their write up and analysis of the data. Time to oversee and support the project will be dedicated on a weekly bases by Mr Young Urology Consultant, including time following the weekly Thursday morning MDT **References** BAUS. (n.d.). *Kidney Stones*. Retrieved Febuary 02, 2018, from British Association of Urology: https://www.baus.org.uk/patients/conditions/6/kidney_stones Bultitude M, R. J. (2012). Management of renal colic. *BMJ*, 345. C. Türk, A. N. (2017). *Urolithiasis*. Retrieved Febuary 08, 2018, from European Association of Urology Guidelines : http://uroweb.org/guideline/urolithiasis/#3 Hitt, E. (2012, May 24). *Incidence of Stone Disease Has Doubled Since 1994*. Retrieved November 2016, from Medscape : http://www.medscape.com/viewarticle/764518 NICE. (2015). *Renal or ureteric colic - acute*. Retrieved Febuary 08, 2018, from https://cks.nice.org.uk/renal-or-ureteric-colic-acute#!backgroundsub:2 NZ, B. (2014). Managing patients with renal colic in primary care: know when to hold them. *Best Practice Journal New Zealand*. Tefekil A, C. F. (2013). The History of Urinary Stones: In Parallel with Civilization. *Scientific World Journal* .
Outline how the Project relates to the Trust's Corporate Objectives:	The project aims to deliver evidence behind the use of the i-sys sonolith lithotripter in the treatment of kidney and ureteric stones. And…. • Provides safe, high quality care • Maximize independence and choice for our patients and clients • Support people and communities to live healthy lives and improve their health and wellbeing • Make the best use of resources • Be a great place to work, with staff being actively involved in providing evidence based medicine in the form of ESWL

	• Learning opportunity for a member of staff to enhance a service, share the learning, benefit patients.
Outline the potential to develop into a larger research Project:	The data could be continued to be collected every year to provide one of the largest data sets and evidence for ESWL using the i-sys sonolith. The data collected would aid the development of regional, national (NICE and BAUS) and international guidelines (e.g EAU) for the use of ESWL in treatment of kidney and ureteric stone using the i-sys sonolith lithotripter.
Financial Support Required:	**Please provide a full breakdown of the costs required**: • Salary costs – The costs should support either a radiographer or nurse (band 5). • Goods and Services costs – The cost wold be for the time of radiographer or nurse to collect the data, data analysis, presentation of data. • Cost Centre to which any funding awarded should be credited (To be provided by your Line Manager) • Outline how you would take forward the proposal if only a percentage of the funding requested is awarded to your application: a) We would scale the project down if funding did not allow for complete collection and analysis of every patient. b) The project is achievable with a day a week, although 2 or more days a week would produce more robust data collection, evidence and impact to any potential publication and information for patients.
Line Manager Support:	**Please provide the name and job title of your Line Manager whose agreement you have sought to submit this application:**

	Martina Corrigan
Line Manager	Line Manager to provide a short statement to confirm support of this application
Line Manager's Signature and Date	

Completed Forms should be returned by email to Irene Knox, Research Manager [redacted] **no later than Friday, 13 July 2018**

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:47
To: Carroll, Ronan
Subject: FW: RED FLAG TRIAGE!!

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Carroll, Ronan Personal Information redacted by the USI
Sent: 08 October 2012 13:57
To: Corrigan, Martina Personal Information redacted by the USI; Clayton, Wendy Personal Information redacted by the USI
Cc: McQuaid, Julieann Personal Information redacted by the USI; Montgomery, Angela Personal Information redacted by the USI; Reddick, Fiona Personal Information redacted by the USI
Subject: RE: RED FLAG TRIAGE!!

Mr o Brien according to the first email below

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICS
Mobile Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 08 October 2012 13:41
To: Clayton, Wendy; Carroll, Ronan
Cc: McQuaid, Julieann; Montgomery, Angela; Reddick, Fiona
Subject: RE: RED FLAG TRIAGE!!

Wendy

Can you advise which consultants and I will chase

Thanks

Martina

Martina Corrigan
Head of ENT and Urology
Southern Health and Social Care Trust

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Clayton, Wendy
Sent: 08 October 2012 13:00

To: Corrigan, Martina; Carroll, Ronan
Cc: McQuaid, Julieann; Montgomery, Angela; Reddick, Fiona
Subject: FW: RED FLAG TRIAGE!!
Importance: High

Martina

Please see below escalation of referrals which have been left with consultants for triaging – and we still have not received back:

Surname

Initial

Hosp No

Date received

Personal Information redacted by the

[redacted]

Personal Information redacted by the USI

26.09.12

Personal Information redacted by the

[redacted]

Personal Information redacted by the USI

27.09.12

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

26.09.12

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

28.09.12

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

28.09.12

Personal Information redacted by the USI

Personal Information redacted by the USI

28.09.12

Can you chase up as a matter of urgency as patients are already Day 10 without a 1st OP appointment?

Many thanks

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: Montgomery, Angela
Sent: 08 October 2012 12:49
To: Clayton, Wendy
Subject: FW: RED FLAG TRIAGE!!
Importance: High

Wendy

Please see below email from Julie Ann regarding urology referrals. She has still not received the update following triage. See below the patients details

Surname

Initial

Hosp No

Date received

Personal Information redacted by the

Personal Information redacted by the USI

26.09.12

Personal Information redacted by the

Personal Information redacted by the USI

27.09.12

Personal Information redacted by the USI

Personal Information redacted by the USI

26.09.12

Personal Information redacted by the USI

Personal Information redacted by the USI

28.09.12

Personal Information redacted by the USI

Personal Information redacted by the USI

28.09.12

Personal Information redacted by the USI

Personal Information redacted by the USI

28.09.12

Thanks

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No. Personal Information redacted by the USI
From: McQuaid, Julieann
Sent: 08 October 2012 12:35
To: Montgomery, Angela
Subject: RED FLAG TRIAGE!!
Importance: High

Hi Angela,

I had left referrals for Mr OBrien to triage in Thorndale unit on Friday 28/09/12, I phoned on the Monday to see if they had been done, I was advised that Mr OBrien had taken these referrals with him. On Tuesday I emailed Monica and she advised me that he was in theatre Tuesday and Wed and could not be disturbed. I again chased these on Friday, I phoned Thorndale unit and left a message re referrals and that I needed to know urgently what had been done with them. I received a phone call from the Thorndale unit on Friday PM to say that Mr Obrien had forgotten about them. On Sat I received an email from Monica to say that MrOBrien would be giving the names of these patients to her early this week to be booked onto his extra oncology clinic on SAT 13TH.

This means they will miss their 10 day target date and leave them D15 – D17.

I have updated capps to say that Mr Obrien will be seeing patients at his clinic on 13th.

Is this ok?

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 14:38
To: Carroll, Ronan
Subject: FW: Urology RF referrals breaching 72 hr triage target

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 02 November 2012 15:08
To: Corrigan, Martina [redacted]
Cc: Reid, Trudy [redacted]
Subject: Fw: Urology RF referrals breaching 72 hr triage target

Martina pls see below - I am very quickly going grey - can u sort out pls Ronan Carroll Asst Director Acute Services Cancer & Clinical Services/ATICs
[redacted]

From: Clayton, Wendy
To: Carroll, Ronan; Reddick, Fiona
Cc: Montgomery, Angela
Sent: Fri Nov 02 15:02:20 2012
Subject: FW: Urology RF referrals breaching 72 hr triage target

Ronan – see below RF patients who are breaching 72 hour triage. Referrals have still not been returned.

Regards

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: [redacted]
Mob: [redacted]

From: Kearney, Rosie
Sent: 02 November 2012 14:54
To: Clayton, Wendy
Cc: Montgomery, Angela; Davies, Caroline L; McQuaid, Julieann
Subject: Urology RF referrals breaching 72 hr triage target

Hi Wendy

Urology RF referrals breaching the 72 hour triage target:

[redacted]

We have been in constant contact with Monica she has been unable to locate these referrals, she is off today.

The below RF referrals were also brought to Mr O'Brien's office yesterday they have not been returned therefore will also have breached 72 hour triage target by Monday

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

31.10.12

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

31.10.12

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

01.11.12

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

01.11.12

Personal Information redacted by the

[redacted]

Personal Information redacted by the USI

01.11.12

Personal Informati on

[redacted]

Personal Information redacted by the USI

01.11.12

Regards

Rosie

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 14:39
To: Carroll, Ronan
Subject: FW: **For Urgent Action**Urology RF referrals breaching 72 hr triage target

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 05 November 2012 10:58
To: Corrigan, Martina [redacted]
Subject: RE: **For Urgent Action**Urology RF referrals breaching 72 hr triage target

And kill him

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Corrigan, Martina
Sent: 05 November 2012 10:58
To: Montgomery, Angela; Glenny, Sharon
Cc: Reddick, Fiona; Kearney, Rosie; Clayton, Wendy; Carroll, Ronan; Davies, Caroline L
Subject: RE: **For Urgent Action**Urology RF referrals breaching 72 hr triage target

I will speak with Mr O'Brien this afternoon and advise of this outcome

Thanks

Martina

Martina Corrigan
Head of ENT and Urology
Southern Health and Social Care Trust

Telephone: [redacted] (Direct Dial)
Mobile: [redacted]
Email: [redacted]

From: Montgomery, Angela
Sent: 05 November 2012 10:56
To: Corrigan, Martina; Glenny, Sharon
Cc: Reddick, Fiona; Kearney, Rosie; Clayton, Wendy; Carroll, Ronan; Davies, Caroline L
Subject: **For Urgent Action**Urology RF referrals breaching 72 hr triage target
Importance: High

Hi

Just to update you on the below. Caroline was speaking to Mr O'Brien's secretary about the referrals that were escalated on Friday. Monica said that she asked him about them and he confirmed that he does have them but said

they weren't life and death and he would get them done in his own good time. Can you please chase these up urgently ?

Thanks

Angela

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No. Personal Information redacted by the USI
From: Clayton, Wendy
Sent: 02 November 2012 15:04
To: Corrigan, Martina; Glenny, Sharon
Cc: Montgomery, Angela; Reddick, Fiona; Kearney, Rosie
Subject: FW: Urology RF referrals breaching 72 hr triage target

Hi Martina / Sharon

Below RF patients are breaching the 72 hour triaging turnaround. We have checked with secretaries but no joy, can you chase up please and advise?

Regards

Wendy Clayton
Operational Support Lead
Cancer & Clinical Services / ATICs
Southern Trust

Tel: Personal Information redacted by the USI
Mob: Personal Information redacted by the USI

From: Kearney, Rosie
Sent: 02 November 2012 14:54
To: Clayton, Wendy
Cc: Montgomery, Angela; Davies, Caroline L; McQuaid, Julieann
Subject: Urology RF referrals breaching 72 hr triage target

Hi Wendy

Urology RF referrals breaching the 72 hour triage target:

Personal Information redacted by the USI

We have been in constant contact with Monica she has been unable to locate these referrals, she is off today.

The below RF referrals were also brought to Mr O'Brien's office yesterday they have not been returned therefore will also have breached 72 hour triage target by Monday

Personal Information redacted by the USI

Personal Information redacted by the USI

31.10.12

Personal Information redacted by the USI

Personal Information redacted by the USI

31.10.12

Personal Information redacted by

Personal Information redacted by the USI

01.11.12

Personal Information redacted by the USI

Personal Information redacted by the USI

01.11.12

Personal Information redacted by the

Personal Information redacted by the USI

01.11.12

Personal Information

Personal Information redacted by the USI

01.11.12

Regards

Rosie

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:49
To: Carroll, Ronan
Subject: FW: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Corrigan, Martina Personal Information redacted by the USI
Sent: 14 February 2013 21:13
To: Carroll, Ronan Personal Information redacted by the USI
Subject: Re: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Ah thks Ronan ur rite I think the boys r actually scared of me now except maybe for Aidan haven't quite cracked him yet! So with the rest maybe that's not a bad thing :)

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile Personal Information redacted by the USI

From: Carroll, Ronan
To: Corrigan, Martina
Sent: Thu Feb 14 21:10:44 2013
Subject: RE: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Lol – only a women could think that especially on valentine's day – BIG as in bring it on HoS

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 14 February 2013 21:10
To: Carroll, Ronan
Subject: Re: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Mmmmmmm r u trying to tell me something Mr C?

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile Personal Information redacted by the USI

From: Carroll, Ronan
To: Corrigan, Martina
Sent: Thu Feb 14 21:06:10 2013
Subject: RE: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow Yes Urology big challenges – but big HoS

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 14 February 2013 21:02
To: Carroll, Ronan
Subject: Re: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Ur welcome don't know what I can do to keep them on top of this!! Will have the haematuria dates for u in morn!

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile Personal Information redacted by the USI

From: Carroll, Ronan
To: Corrigan, Martina; Reddick, Fiona; Clayton, Wendy
Sent: Thu Feb 14 20:21:03 2013
Subject: RE: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow Martina This is good – tks Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 14 February 2013 17:31
To: Carroll, Ronan; Reddick, Fiona; Clayton, Wendy
Subject: FW: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Hi

Please see bit of an update from David – will chase up dates for you on those that he has highlighted

Thanks

Martina

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

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Connolly, David
Sent: 14 February 2013 17:17

To: Corrigan, Martina
Subject: RE: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Hi Martina,

I looked at these. Not sure if this helps.

David

Hospital number

Current wait

Date of referral

Target date

Planned1st treatment type

Comment

Update 14 February 2013

Personal Information redacted by the USI

76

28/11/2012

29/01/2013

Surgery

13/02/2013 Outstanding date for RF as GA cystoscopy & optical urethrotomy.

Had cystoscopy but unable to enter bladder due to stricture – needs optical urethrotomy date.

Personal Information redacted by the USI

71

03/12/2012

03/02/2013

13/2/13 CT reports renal calculi- Will contact Consultant re further management. Patient is now on D72. Email sent await response from Consultant.

Not a red flag. CT shows stones only – can be removed from RF pathway.

Personal Information redacted by the USI

68

18/10/2012

06/02/2013

13/02/2013 Haematuria appointment remains outstanding- Now on D67- Has been previously escalated. Vicki Graham

Was offered haem appointment on 6th Dec – he confirmed but DNA. Has had CT which was clear. Just needs a flexi cystoscopy.

Personal Information redacted by the USI

68

06/12/2012

06/02/2013

13/2/13 Attended clinic yesterday- RF CT Urogram has been appointed for 18.02.13, this will be D74- Results to be checked.

No info on system. Presume flexi was OK therefore unlikely to need any surgery.

Personal Information redacted by the USI

68

06/12/2012

06/02/2013

13/2/13 Haematuria appointment remains outstanding- patient is now on D69- Has been escalated.

Don’t know – no info on PC or xray. Presume needs haem clinic ASAP

From: Corrigan, Martina
Sent: 14 February 2013 15:35
To: McMahon, Jenny; Connolly, David; Glackin, Anthony; O'Brien, Aidan; Pahuja, Ajay; Young, Michael
Cc: Reddick, Fiona; Clayton, Wendy; Carroll, Ronan; Trouton, Heather; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; McCorry, Monica; Troughton, Elizabeth
Subject: URGENT Update required for Cancer and Clinical team for Performance meeting with the Health and Social Care Board tomorrow

Dear all,

The following patients have been escalated to me and I have been asked for a plan for the Team to take to the Board tomorrow. These have been escalated before.

I would be grateful if you could give me an update so that I can advise the Cancer and Clinical Team.

Many thanks

Martina

Hospital number

Current wait

Date of referral

Target date

Planned1st treatment type

Comment

Update 14 February 2013

Personal Information redacted by the USI

76

28/11/2012

29/01/2013

Surgery

13/02/2013 Outstanding date for RF as GA cystoscopy & optical urethrotomy.

Personal Information redacted by the USI

71

03/12/2012

03/02/2013

13/2/13 CT reports renal calculi- Will contact Consultant re further management. Patient is now on D72. Email sent await response from Consultant.

Personal Information redacted by the USI

68

18/10/2012

06/02/2013

13/02/2013 Haematuria appointment remains outstanding- Now on D67- Has been previously escalated. Vicki Graham

Personal Information redacted by the USI

68

06/12/2012

06/02/2013

13/2/13 Attended clinic yesterday- RF CT Urogram has been appointed for 18.02.13, this will be D74- Results to be checked.

Personal Information redacted by the USI

68

06/12/2012

06/02/2013

13/2/13 Haematuria appointment remains outstanding- patient is now on D69- Has been escalated.

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

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:45
To: Carroll, Ronan
Subject: FW: Urology referrals

Importance: High

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
[redacted]

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 19 February 2013 12:55
To: Corrigan, Martina [redacted]; Trouton, Heather [redacted]
Cc: Reddick, Fiona [redacted]
Subject: FW: Urology referrals
Importance: High

Heather/Martina
Please see below – all help greatly appreciated Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: Montgomery, Angela
Sent: 19 February 2013 12:50
To: Carroll, Ronan
Cc: Graham, Vicki; McQuaid, Julieann
Subject: Urology referrals
Importance: High

Ronan

The below referrals are currently with Mr O'Brien for triage. Julie had escalated most of them last week but we still have not received them back. Can you please escalate these?

SURNAME

INITIAL

HOSP. NUMBER

REFERRAL DATE

[redacted]

Personal Information redacted by the USI

05/02/13

Personal Information redacted by the

Personal Information redacted by the USI

06/02/13

Personal Information redacted by the USI

Personal Information redacted by the USI

05/02/13

Personal Information redacted by the USI

Personal Information redacted by the USI

05/02/13

Personal Information redacted by the USI

Personal Information redacted by the USI

05/02/13

Personal Information redacted by the USI

Personal Information redacted by the USI

07/02/13

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Personal Information redacted by the USI

07/02/13

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07/02/13

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07/02/13

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Personal Information redacted by the USI

08/02/13

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Personal Information redacted by the USI

13/02/13

Personal Information redacted by the USI

Personal Information redacted by the USI

12/02/13

Personal Information redacted by the USI

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15/02/13

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12/02/13

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12/02/13

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[redacted]

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12/02/13

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[redacted]

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13/02/13

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[redacted]

Personal Information redacted by the USI

13/02/13

Personal Information redacted by the

[redacted]

Personal Information redacted by the USI

14/02/13

Thanks

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No. Personal Information redacted by the USI

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:50
To: Carroll, Ronan
Subject: FW: Urology late triage.

Importance: High

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Carroll, Ronan Personal Information redacted by the USI
Sent: 09 April 2013 16:30
To: Corrigan, Martina Personal Information redacted by the USI
Cc: Trouton, Heather Personal Information redacted by the USI
Subject: FW: Urology late triage.
Importance: High

Martina
Can u get involved pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: McQuaid, Julieann
Sent: 09 April 2013 16:29
To: Carroll, Ronan
Cc: Clayton, Wendy; Montgomery, Angela; Elliott, Andrew; Montgomery, Angela
Subject: Urology late triage.
Importance: High

Hi,

The following 4 patient referrals have not been received back yet; Monica did get back to us yesterday but only regarding 2 patients.

Monica has printed out these patients' details to show Mr O'Brien tomorrow in order to trace down the whereabouts of these referrals as patients are now on D13 and have already breached D10 1st appointment target date.

NAME

INITL

HOSPITAL NUMBER

REFERAL DATE

CONSULTANT

LEFT FOR TRIAGE

Comments / action

chased with Monica 09/04

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

Chased with Monica 09/04

Personal Information redacted by the USI

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

chased with Monica 09/04

Personal Information redacted by the USI

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

chased with Monica 09/04

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

chased with Monica 09/04

I am on annual leave from tomorrow until Tuesday 16th April.

I will leave this with both Andrew / Caroline to chase tomorrow and get back to you.

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: McQuaid, Julieann
Sent: 08 April 2013 10:32
To: Carroll, Ronan
Cc: Davies, Caroline L
Subject: RE: LATE TRIAGE

Hi,

I have chased this up with Monica this morning and she said Mr O'Brien is in Armagh this morning so it will be this afternoon before she is updated.

I leave at 12:30 today so I will leave this with Caroline to chase this afternoon and update you, if not I will update you tomorrow.

Kind regards,

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: Carroll, Ronan
Sent: 08 April 2013 10:18
To: McQuaid, Julieann
Subject: RE: LATE TRIAGE

Any developments

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: McQuaid, Julieann
Sent: 05 April 2013 13:21
To: Montgomery, Angela; Carroll, Ronan
Cc: Davies, Caroline L; Elliott, Andrew
Subject: RE: LATE TRIAGE

Hi,

I have spoken with Mr O'Brien this morning regarding the outstanding referrals, apparently they have all been sorted and Monica is to advise me on Monday what's happening with them.

Kind regards,

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: Montgomery, Angela
Sent: 04 April 2013 08:11
To: Carroll, Ronan
Cc: McQuaid, Julieann
Subject: FW: LATE TRIAGE
Importance: High

Ronan

The below patients were escalated on Friday but we still have not received them back. 7 are with Mr O'Brien & 1 with Mr Young. I have asked Julie to speak to both secretaries this morning regarding these. I will update you once she has spoken to them

Thanks

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No. Personal Information redacted by the USI
From: McQuaid, Julieann
Sent: 03 April 2013 17:23
To: Montgomery, Angela
Subject: LATE TRIAGE
Importance: High

Hi

I have still not received the following referrals back from triage.

To date I have received 2 back out of the 10 Caroline escalated on Friday.

1 patient is now on D12, 6 patients on D7 & 1 on D5.

Kind regards,

Julie Ann.

Surname

Initial

Hosp No

Referral Date

Con Referral Given To

Date given to Con for triaging

Received Back

Notes/comments

Personal Information redacted by the USI

Personal Information redacted by the USI

22.03.13

SWAH REF

MR OBRIEN

22/03/13

NOT RECEIVED BACK YET

REFERRAL SCANNED TO MONICA 27/03-monica to check with AOB/takenfrom monica to get traiged Friday

Personal Information redacted by the

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information redacted by the USI

Personal Information redacted by the USI

27.03.13

MR OBRIEN

28/03/13

Personal Information redacted by the USI

Personal Information redacted by the USI

29.03.13

MR YOUNG

29.03.13

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: Davies, Caroline L
Sent: 29 March 2013 11:59
To: Clayton, Wendy; Elliott, Andrew; McQuaid, Julieann; Montgomery, Angela
Subject: UROLOGY TRIAGE ESCALATIONS

Hi Wendy I'm just letting you know about some urology referrals that aren't going to be back until Wednesday, some were only left today but there is one from last Friday and a few from Tuesday and Wednesday too.

Personal Information redacted by the USI

Personal Information redacted by the USI

22.03.13

SWAH REF

MR OBRIEN

22/03/13

NOT RECEIVED BACK YET

Personal Information redacted by the

Personal Information redacted by the USI

26.03.13

MR OBRIEN

27/03/13

Personal Information redacted by the

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

Personal Information redacted by the USI

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

Personal Information redacted by the USI

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information

Personal Information redacted by the USI

27.03.13

MR OBRIEN

28/03/13

TAKEN FROM MONICA TO GET TRIAGED FRI

Personal Information redacted by

Personal Information redacted by the USI

28.03.13

MR OBRIEN

28/03/13

TAKEN FROM MONICA TO GET TRIAGED FRI

Personal Information redacted by the

Personal Information redacted by the USI

28.03.13

MR OBRIEN

28/03/13

TAKEN FROM MONICA TO GET TRIAGED FRI

Regards

Caroline Davies
Clerical Support Officer
Mandeville Unit.
Ext: Personal information redacted by .

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

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:52
To: Carroll, Ronan
Subject: FW: Urology late triage.

Importance: High

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Corrigan, Martina Personal Information redacted by the USI
Sent: 17 April 2013 08:32
To: O'Brien, Aidan Personal Information redacted by the USI
Cc: Clayton, Wendy Personal Information redacted by the USI; Graham, Vicki Personal Information redacted by the USI; Carroll, Ronan Personal Information redacted by the USI; Trouton, Heather Personal Information redacted by the USI; Montgomery, Angela Personal Information redacted by the USI; McCorry, Monica Personal Information redacted by the USI
Subject: RE: Urology late triage.
Importance: High

Dear Aidan

Can you please advise?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Montgomery, Angela
Sent: 17 April 2013 08:05
To: Corrigan, Martina
Cc: Clayton, Wendy; Graham, Vicki; Carroll, Ronan
Subject: FW: Urology late triage.
Importance: High

Martina

See below email from Julie. The below 4 patients referrals have not returned from triaging can you please chase these up for us

Thanks

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No. [redacted]
From: McQuaid, Julieann
Sent: 16 April 2013 16:42
To: Carroll, Ronan
Cc: Clayton, Wendy; Montgomery, Angela; Davies, Caroline L; Elliott, Andrew
Subject: FW: Urology late triage.
Importance: High

Hi

Referrals below have still not been received back, patients now on D20.

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : [redacted] OR [redacted]

From: Elliott, Andrew
Sent: 11 April 2013 16:33
To: Carroll, Ronan
Cc: Clayton, Wendy; Montgomery, Angela; Davies, Caroline L; McQuaid, Julieann
Subject: FW: Urology late triage.
Importance: High

Hi

The following 4 patient referrals have not been received back yet; I left a message on Wendy's phone at 16:28 today.

The patients are now on D15 and have already breached D10 1st appointment target date.

NAME

INITL

HOSPITAL NUMBER

REFERAL DATE

CONSULTANT

LEFT FOR TRIAGE

Comments / action

Chased with Monica 11/04 / & 16/04

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04, 09,04

Chased with Monica 11/04 & 16/04

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04, 09,04

Chased with Monica 11/04 & 16/04

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04, 09,04

Chased with Monica 11/04 & 16/04

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04, 09,04

Chased with Monica 11/04 & 16/04

Regards,

Andrew Elliott
Clerical Officer
Mandeville Unit
CAH

From: McQuaid, Julieann
Sent: 09 April 2013 16:29
To: Carroll, Ronan
Cc: Clayton, Wendy; Montgomery, Angela; Elliott, Andrew; Montgomery, Angela

Subject: Urology late triage.
Importance: High

Hi,

The following 4 patient referrals have not been received back yet; Monica did get back to us yesterday but only regarding 2 patients.

Monica has printed out these patients' details to show Mr O'Brien tomorrow in order to trace down the whereabouts of these referrals as patients are now on D13 and have already breached D10 1st appointment target date.

NAME

INITL

HOSPITAL NUMBER

REFERAL DATE

CONSULTANT

LEFT FOR TRIAGE

Comments / action

chased with Monica 09/04

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

Chased with Monica 09/04

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

chased with Monica 09/04

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

chased with Monica 09/04

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Chased 29/03, 03/04, 05/04, 08/04.

chased with Monica 09/04

I am on annual leave from tomorrow until Tuesday 16th April.

I will leave this with both Andrew / Caroline to chase tomorrow and get back to you.

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: McQuaid, Julieann
Sent: 08 April 2013 10:32
To: Carroll, Ronan
Cc: Davies, Caroline L
Subject: RE: LATE TRIAGE

Hi,

I have chased this up with Monica this morning and she said Mr O'Brien is in Armagh this morning so it will be this afternoon before she is updated.

I leave at 12:30 today so I will leave this with Caroline to chase this afternoon and update you, if not I will update you tomorrow.

Kind regards,

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: Carroll, Ronan
Sent: 08 April 2013 10:18
To: McQuaid, Julieann

Subject: RE: LATE TRIAGE

Any developments

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: McQuaid, Julieann
Sent: 05 April 2013 13:21
To: Montgomery, Angela; Carroll, Ronan
Cc: Davies, Caroline L; Elliott, Andrew
Subject: RE: LATE TRIAGE

Hi,

I have spoken with Mr O'Brien this morning regarding the outstanding referrals, apparently they have all been sorted and Monica is to advise me on Monday what's happening with them.

Kind regards,

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: Montgomery, Angela
Sent: 04 April 2013 08:11
To: Carroll, Ronan
Cc: McQuaid, Julieann
Subject: FW: LATE TRIAGE
Importance: High

Ronan

The below patients were escalated on Friday but we still have not received them back. 7 are with Mr O'Brien & 1 with Mr Young. I have asked Julie to speak to both secretaries this morning regarding these. I will update you once she has spoken to them

Thanks

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No. Personal Information redacted by the USI
From: McQuaid, Julieann
Sent: 03 April 2013 17:23
To: Montgomery, Angela
Subject: LATE TRIAGE
Importance: High

Hi

I have still not received the following referrals back from triage.

To date I have received 2 back out of the 10 Caroline escalated on Friday.

1 patient is now on D12, 6 patients on D7 & 1 on D5.

Kind regards,

Julie Ann.

Surname

Initial

Hosp No

Referral Date

Con Referral Given To

Date given to Con for triaging

Received Back

Notes/comments

Personal Information redacted by the USI

Personal Information redacted by the USI

22.03.13

SWAH REF

MR OBRIEN

22/03/13

NOT RECEIVED BACK YET

REFERRAL SCANNED TO MONICA 27/03-monica to check with AOB/takenfrom monica to get traiged Friday

Personal Information redacted by the

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

Personal Information redacted by

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

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27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

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27.03.13

MR OBRIEN

27/03/13

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27.03.13

MR OBRIEN

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27.03.13

MR OBRIEN

28/03/13

Personal Information redacted by the USI

Personal Information redacted by the USI

29.03.13

MR YOUNG

29.03.13

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by OR Personal Information redacted by

From: Davies, Caroline L
Sent: 29 March 2013 11:59
To: Clayton, Wendy; Elliott, Andrew; McQuaid, Julieann; Montgomery, Angela
Subject: UROLOGY TRIAGE ESCALATIONS

Hi Wendy I'm just letting you know about some urology referrals that aren't going to be back until Wednesday, some were only left today but there is one from last Friday and a few from Tuesday and Wednesday too.

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[redacted]

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22.03.13

SWAH REF

MR OBRIEN

22/03/13

NOT RECEIVED BACK YET

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[redacted]

Personal Information redacted by the USI

26.03.13

MR OBRIEN

27/03/13

Personal Information redacted by the

[redacted]

Personal Information redacted by the USI

27.03.13

MR OBRIEN

27/03/13

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27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

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27.03.13

MR OBRIEN

27/03/13

cah number req, please update telephone numbers when referral received back

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27.03.13

MR OBRIEN

27/03/13

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27.03.13

MR OBRIEN

28/03/13

TAKEN FROM MONICA TO GET TRIAGED FRI

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28.03.13

MR OBRIEN

28/03/13

TAKEN FROM MONICA TO GET TRIAGED FRI

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Personal Information redacted by the USI

28.03.13

MR OBRIEN

28/03/13

TAKEN FROM MONICA TO GET TRIAGED FRI

Regards

Caroline Davies
Clerical Support Officer
Mandeville Unit.
Ext: Personal information redacted by .

Carroll, Ronan

From: Corrigan, Martina
Sent: 09 May 2022 16:38
To: Carroll, Ronan
Subject: FW: late urology triage.

-----Original Message-----
From: Carroll, Ronan [redacted]
Sent: 05 July 2013 08:31
To: Corrigan, Martina [redacted]
Subject: RE: late urology triage.

Need to stalk him

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICS
Mobile [redacted]

From: Muldrew, Angela
Sent: 05 July 2013 08:18
To: Corrigan, Martina
Cc: Carroll, Ronan; McQuaid, Julieann; Graham, Vicki; Reddick, Fiona; Glenny, Sharon
Subject: FW: late urology triage.
Importance: High

Hi Martina

Please see below email from Julie. The referrals received on 26/06/13 & 27/06/13 were left up with Mr Young but as he was on leave these were not triaged so we got took them back and brought them to MDM yesterday to be triaged along with any new ones but Mr O'Brien has taken these away which cause a further delay. Can you please chase up with Mr O'Brien to ensure that he triages these referrals quickly

Thanks

Angela Muldrew
Cancer Services Co-Ordinator
Mandeville Unit, Craigavon Area Hospital Tel No. [redacted]

From: McQuaid, Julieann
Sent: 05 July 2013 08:14
To: Muldrew, Angela
Subject: late urology triage.

Hi Angela,

Mr O'Brien now has taken all of the urology referrals from the MDM yesterday to triage them.

Surname

Initial

Hosp No

Referral Date

Con Referral Given To

Date given to Con for triaging

Received Back

Notes/comments

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

26/06/13

MR YOUNG

27/06/13

Given to AOB 04/07

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[redacted]

Personal Information redacted by the USI

26/06/13

MR YOUNG

27/06/13

Given to AOB 04/07

Personal Information redacted by the USI

Personal Information redacted by the USI

27/06/13

MR YOUNG

27/06/13

Given to AOB 04/07

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Personal Information redacted by the USI

27/06/13

MR YOUNG

27/06/13

Given to AOB 04/07

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27/06/13

MR YOUNG

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27/06/13

MR YOUNG

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27/06/13

MR YOUNG

27/06/13

Given to AOB 04/07

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27/06/13

MR YOUNG

27/06/13

Given to AOB 04/07

Personal Information redacted by the

[redacted]

Personal Information redacted by the USI

28/06/13

MR OBRIEN

01/07/13

Given to AOB 04/07

Personal Information redacted by

[redacted]

Personal Information redacted by the USI

01/07/13

MR OBRIEN

01/07/13

Given to AOB 04/07

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01/07/13

MR OBRIEN

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MR OBRIEN

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02/07/13

MR OBRIEN

02/07/13

Given to AOB 04/07

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02/07/13

MR OBRIEN

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MR OBRIEN

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Given to AOB 04/07

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MR OBRIEN

02/07/13

Given to AOB 04/07

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Personal Information redacted by the USI

02/07/13

MR OBRIEN

02/07/13

Given to AOB 04/07

Kind regards,

Julie Ann McQuaid
Clerical officer

Mandeville unit
CAH
Personal Information redacted by the USI

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

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:54
To: Carroll, Ronan
Subject: FW: Cancer performance

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Corrigan, Martina Personal Information redacted by the USI
Sent: 19 February 2014 11:50
To: Robinson, Katherine Personal Information redacted by the USI
Cc: Glenny, Sharon Personal Information redacted by the USI Trouton, Heather Personal Information redacted by the USI; Carroll, Ronan Personal Information redacted by the USI; Clayton, Wendy Personal Information redacted by the USI; Reddick, Fiona Personal Information redacted by the USI; Cunningham, Andrea Personal Information redacted by the USI; Carroll, Anita Personal Information redacted by the USI
Subject: RE: Cancer performance

Thanks Katherine for the clarity

I agree and as I mentioned previously this will all be part of the process- mapping session that I intend to organise for April.

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Robinson, Katherine
Sent: 19 February 2014 11:39
To: Corrigan, Martina
Cc: Glenny, Sharon; Trouton, Heather; Carroll, Ronan; Clayton, Wendy; Reddick, Fiona; Cunningham, Andrea; Carroll, Anita
Subject: RE: Cancer performance

My staff action Red Flag referrals immediately and place in a tray in the RBC where they are to be collected by the Red Flag Team each day. This does not always happen. Also, this am it was brought to my attention that because we provide a Registration service of allocating hospital numbers to the whole Trust that if we do not know that a member of staff is from the Red Flag team these may take up to 2 days before being actioned. I have asked Wendy this am that we need her staff from the Red Flag Team to put in their email who they are because we don't know these people so that these referrals can be actioned immediately. WE are supposed to register all referrals within 24 hours but due to other competing demands this is not always possible. I will however watch this closely. It may be a good idea though for Red Flag referrals to be picked up more than once per day – just a thought and if there is a referral that the Red Flag team are waiting on and it has not been actioned that it is escalated to me so that I can address.

Regards

K

Mrs Katherine Robinson
Booking & Contact Centre Manager

Southern Trust Referral & Booking Centre Ramone Building Craigavon Area Hospital

t: Personal Information redacted by the USI
e: Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 19 February 2014 11:28
To: Glackin, Anthony; ONeill, Kate; McMahon, Jenny; Hann, Gemma; Abogunrin, Funso; O'Brien, Aidan; Suresh, Ram; Young, Michael; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; McCorry, Monica; Troughton, Elizabeth
Cc: Glenny, Sharon; Trouton, Heather; Burns, Deborah; Carroll, Ronan; Clayton, Wendy; Reddick, Fiona; Robinson, Katherine; Cunningham, Andrea
Subject: RE: Cancer performance

Dear Tony

Thanks for your comments, which Michael also raised with me yesterday as he advised the same had happened him.

Wendy thanks for the early clarity (see below)

GP RF's come in normally via cancer fax – so 1 stamp when received – goes directly to secretary same day/next day for triage

On occasions there are GP RF's sent to RBC so 2 stamps (1RBC and 1RF) – there could be 1 day delay by the time RBC sort through and we pick up.

The process is that once the RF referral is received by the cancer team then walk the referral up to the secretary – this is within 24 hours with exception if received late Fri pm then brought up on a Monday.

We have had occasional problems when the secretary is on annual leave – the referrals are left same day / next day but the consultant may not receive them as timely.

Katherine can you comment please as Mr Young advised that some of the referrals have arrived with him with a black date stamp from the booking centre and the Red Flag stamp and there were sometimes these letters are not arriving with him for 2-3 days after originally being received in the Trust. I know this is something I plan to look at as part of the process-mapping but it would be good at this stage to understand the process now on where and how the red flag referrals are received in Trust and how and when they get to the consultant.

Thanks

Martina

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

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Glackin, Anthony
Sent: 19 February 2014 09:18
To: Corrigan, Martina; ONeill, Kate; McMahon, Jenny; Hann, Gemma; Abogunrin, Funso; O'Brien, Aidan; Suresh, Ram; Young, Michael; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; McCorry, Monica; Troughton, Elizabeth
Cc: Glenny, Sharon; Trouton, Heather; Burns, Deborah; Carroll, Ronan; Clayton, Wendy; Reddick, Fiona; Robinson, Katherine; Cunningham, Andrea
Subject: RE: Cancer performance

Dear Martina,
Yesterday, 18th Feb, the red flag triage was brought to my office for completion. Several of the date stamps indicated that the referrals had arrived 14th Feb and even some 13th Feb. As you know it is my practice to turn these round within 24h of receipt. This issue alone is costing us dearly at the front end of the cancer pathway.
Comments welcome at our next departmental meeting.

Kind regards

Tony

Anthony J Glackin MD FRCSI(Urol)
Consultant Urologist
SHSCT

Secretary: Elizabeth Troughton Personal Information redacted by the USI

From: Corrigan, Martina
Sent: 18 February 2014 16:19
To: ONeill, Kate; McMahon, Jenny; Hann, Gemma; Abogunrin, Funso; Glackin, Anthony; O'Brien, Aidan; Suresh, Ram; Young, Michael; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; McCorry, Monica; Troughton, Elizabeth
Cc: Glenny, Sharon; Trouton, Heather; Burns, Deborah; Carroll, Ronan; Clayton, Wendy; Reddick, Fiona; Robinson, Katherine; Cunningham, Andrea
Subject: Cancer performance
Importance: High

Dear all,

Following on from our meeting last week and as you are aware from my constant meetings and emails in respect to Cancer Targets and the fact that we are continually not meeting either the 31 day or 62 day cancer targets I wanted to take an opportunity to discuss the way forward.

I know that there are a lot of competing demands coming from all directions but I can confirm that Debbie has now asked me to focus with yourselves on meeting the Cancer targets in the first instance for the end of March.

Firstly, I am aware that there are number of processes that need to be put in place to put this back on track, the main issue at the moment is resolving the timeliness of first appointments e.g. not enough slots etc… and therefore patients are not being appointed until for example, day 50, as I know if we get this right it should help out the rest of the targets. And to this end I suggest that we meet together as a team to work out processes and to step out, from when a referral is received until the patient gets their definitive treatment. I know that this will not be resolved before end of March, as we have to address our backlog initially, so I will set up a time in April when we can all get together to do this process-mapping.

Secondly, I need to address the immediate backlog and the long-waiters which are already long past their target date. As discussed I will work with each of you to get a plan in place for your patients to ensure that by 31 March there will be no more patients breaching. Again as discussed this will mean moving patients already booked, bringing patient appointments forward for outpatients, in's and day patients, so that we can meet the targets. It will also mean having to cancel non-urgent appointments and I know whilst this is not ideal, we need to do this to get back on track. I have assured Debbie and Heather that we will meet the targets in March in this one area (Cancer).

I am also aware as discussed that there are other clinical needs such as the cancer recurrences , removal of stents, etc.. but I would be grateful if you can bear with me and work with me over this next number of weeks so that we can get a plan in place for these patients and therefore be ready come April to work through the processes to ensure that we are not in this position again.

Many thanks in advance and as always I appreciate your help in getting this sorted.

Kind regards

Martina

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

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

Carroll, Ronan

From: Carroll, Ronan
Sent: 10 May 2022 08:55
To: Carroll, Ronan
Subject: FW: Cancer ADs - Urology RF Process

Importance: High

Ronan Carroll
Assistant Director Acute Services
Anaesthetics & Surgery
Personal Information redacted by the USI

-----Original Message-----
From: Carroll, Ronan Personal Information redacted by the USI
Sent: 21 August 2014 09:57
To: Corrigan, Martina Personal Information redacted by the USI
Subject: FW: Cancer ADs - Urology RF Process
Importance: High

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by the USI

From: Paula Treanor (PMSID) Personal Information redacted by the USI
Sent: 21 August 2014 09:16
To: gillian.traub Personal Information redacted by the USI diane.keown Personal Information redacted by the USI tom.morton Personal Information redacted by the USI fiona.beattie Personal Information redacted by the USI
Cc: Davinia.Lee Personal Information redacted by the USI wilma.boydcarson Personal Information redacted by the USI Carroll, Ronan; Sara Long; Lisa McWilliams
Subject: Cancer ADs - Urology RF Process
Importance: High

"This email is covered by the disclaimer found at the end of the message."

All

The bullet points below outline changes made to Urology Red Flag pathway by the Southern Trust. As per action from last meeting, could you please arrange for this to be reviewed against your own urology RF pathway and be ready for feedback/discussion at the next meeting? It would be useful if you could submit points in an email ahead of the meeting on how pathway differs or any other pertinent points.

There will be no flow charts circulated from Western Trust, Fiona advised that Trust follows Nican pathways and the urology manager works very closely with the tracker and escalates where appropriate.

Regards,

Paula

Urology RF process – Southern Trust

- Triaging – turnaround in 24-48 hours, previously could be up to a 1-week
- 1st Appointment - Ensure 1st appointment seen within target, previously had been ranging between Day 40-60 for 1st appointment. This is achieved by converting consultant led outpatient sessions to haematuria clinics if required. Consequence is that urology routine appointments are currently 40weeks.
- Endeavouring to prevent clinics being cancelled due to annual leave
- Converting general OPD clinics to 'results' clinics
- Discussion taken that patients with negative diagnostics do not require face-to-face appointment, the patients are contacted via the telephone or letter
- 8 pts seen and assessed at Haematuria clinic
- Prostate Biopsy - New process for 2 Consultants – If a patient arrives at a consultant clinic, and they need a biopsy this would be completed there and then at the consultant clinic. Previously, pt was added to a TRUSB clinic and may wait up to 6-8weeks.
- The Team are currently reviewing the service model for the entire urology service, starting with initial referral and ensuring all the required parameters have been worked up prior to referral into secondary care

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