



## Shortlist: Emerging Leader: Non-medical & nursing

To recognise exceptional leadership by a non-medical clinician, such as nurses and allied health professionals.

### 1. Lucy Wills

Who	Why
<p><b>Nominee:</b> Lucy Wills</p> <p><b>Role:</b> Radiotherapy Treatment planning Healthcare scientist</p> <p><b>Organisation:</b> Velindre</p> <p><b>Nominated by:</b> Carys Morgan – Consultant in Clinical Oncology</p>	<p>Lucy Wills is a Medical Physics Treatment Planner at Velindre Cancer Centre, and she has led a transformative project which is helping to support clinical teams with their radiotherapy planning workloads by training medical physics planners to outline radiotherapy targets, a role traditionally performed by consultant clinical oncologists. This is termed non-medical outlining (NMO).</p> <p>Target delineation has, until recently, been performed largely by the treating clinical oncologist. This consumes a significant proportion of clinician time and often relies on an individual, leading to a bottleneck in the system which can also impact on the subsequent workflow. The current reliance on consultant clinical oncologists for this step in the pathway is not sustainable due to the shortage of oncologists nationally and is a clear example of an area where upskilling and development of allied health professionals will benefit both patients and teams. Lucy has</p> <ul style="list-style-type: none"><li>- Set the project up and led it from the outset</li><li>- Now undertakes an NMO role in the Upper GI and Urology teams</li><li>- Has established a framework for trainee authorisation and development as well as data collection on the project goals. Starting in 2018 four individuals are now trained who are now supporting tumour site teams in Upper GI, Urology, Gynae-oncology and Head and Neck teams with a further three trainees in progress</li><li>- Sought ways to progress this work further and has plans to expand the service where funding allows</li></ul> <p>Lucy herself undertook a post graduate course in Advanced Clinical Practice and set up the project to enable medical physics practitioners to gain the skills and knowledge to perform this target outlining. This involves undertaking a period of training with clinical oncology supervision and self-directed learning and a remote advanced practice course. She has done all this alongside her medical physics role and encouraged others to undertake the training.</p> <p>Within the Upper GI team her role has truly revolutionised the way we work and facilitated a highly collaborative approach to radiotherapy planning and delivery.</p>



## 2. James Peaker

Who	Why
<p><b>Nominee:</b> Mr James Peaker</p> <p><b>Role:</b> Consultant Biomedical Scientist in Gastrointestinal Pathology</p> <p><b>Organisation:</b> Cardiff and Vale UHB</p> <p><b>Nominated by:</b> Dr Adam Christian – Consultant Pathologist</p>	<p>James Peaker is the first biomedical scientist in Wales to have gained the qualification of a Consultant Biomedical Scientist in gastrointestinal pathology.</p> <p>Through self-determination and drive he took part in the pilot to train up scientists in Cellular Pathology departments to be able to independently report pathology specimens, previously only something medically qualified consultant pathologists could do.</p> <p>James is now fully qualified and has integrated himself into the MDT, looking after patients with gastrointestinal malignancy. He reports biopsies to make the initial diagnosis of a cancer for a patient, relate this back to the MDT in a timely fashion, advise on any matters that might relate to this specimen and then is able to report the subsequent resection specimen – providing important prognostic information back to the surgeon and oncologist. James is also able to report specimens that come through the bowel cancer screening programme, to improve our local turnaround times and reporting capacity. These novel uses of our workforce will be the way departments of Cellular Pathology will work in the future.</p> <p>During his first 2 years James has also taken on the roll-out of the PDL-1 biomarker reporting service. Taking the initiative, he liaised with the pharmaceutical companies involved, the oncologists and our own laboratory to set the service up in just a few months. We are the only lab in Wales offering the service, with a very good turnaround time. He was the only pathologist trained in reporting these specimens and has since trained others locally in the interpretation of PDL-1. James came up with an algorithm to describe the testing strategy so that HER2, PDL-1 and MSI status are all available when needed. He then came up with a proforma so that anyone in Wales can request the testing as described above, the markers can be reported in a simple and systematic way, and the results fed back via the Welsh Clinical Portal. Already oncologists, and hence the patients, are seeing the benefits of the huge amount of investment James has made.</p>



### 3. Michelle Worwood

Who	Why
<p><b>Nominee:</b> Michelle Worwood</p> <p><b>Role:</b> Clinical nurse specialist</p> <p><b>Organisation:</b> Aneurin Bevan UHB</p> <p><b>Nominated by:</b> Gail Hill – HCSW</p>	<p>Michelle is a very hard-working individual who aims to achieve in all that she does. Examples of her achievements include</p> <ul style="list-style-type: none"><li>- She has been a CNS for the colorectal service for the last 11 years and last year she gained her Band 8 in becoming the lead for the STT Service.</li><li>- She is also a Endoscopist and also mentor's students for their OSCE's helping them in her own time through their examinations.</li><li>- She set up an iron infusion service for the colorectal patients. She along with another colorectal nurse, set up a nurse-led follow up clinic for the colorectal cancer patients for their 3-year surveillance as well.</li><li>- Over the last 2 years Michelle has been working very hard to get the STT service up and running to comply with the SCP and hence get the patients assessed quickly either from the time we receive the GP referral or from a positive FIT-10 test. The STT team aims to get the patient assessed and organise investigations based on the symptoms quickly and within a time limit which is acceptable. Investigations include Colonoscopy, OGD or Bidirectional endoscopies and CT scans to help rule out a cancer.</li></ul> <p>I believe Michelle deserves to be put forward for an award for her hard work in all that she does for the STT service and her colleagues who she is always there for when there are any issues or problems and for never saying NO.</p>



## 4. Maria Lewis

Who	Why
<p><b>Nominee:</b> Maria Lewis</p> <p><b>Role:</b> Nurse Practitioner</p> <p><b>Organisation:</b> Cwm Taf Morgannwg UHB</p> <p><b>Nominated by:</b> Dawn Casey – Macmillan Lead Nurse for cancer services Cwm Taf Morgannwg UHB</p>	<p>Maria has worked in the colorectal service at Cwm Taf Morgannwg University Health Board for over twenty years. In that time she has worked tirelessly to provide a high level of care for cancer patients and to ensure that her nursing team do the same. During the pandemic she has introduced a new triage system to prevent delays in cancer diagnosis.</p> <p>For a number of years the Colorectal Rapid Access Clinic at Prince Charles Hospital has provided clinic slots within a ten-day period of referral and where appropriate provision of flexible sigmoidoscopy the same day. Over the last 4 years the ability to provide this service has become increasingly difficult. This was compounded when endoscopy and CTC were paused as a result of COVID 19, alongside a 13% increase in cancer referrals. These factors resulted in an increase in waiting times to over ten days and failure to meet national optimal pathway targets.</p> <p>Following a review, Maria implemented a nurse-led nurse led triage system where the patient is contacted within 48 hours of GP referral. A past medical history is taken and recent investigation results are reviewed, avoiding unnecessary investigations. Support and reassurance provided to the patient are also invaluable. As a result of this thorough assessment patients who are suitable to go directly for a CTAP or FIT test are identified, and those that need to be prioritised for clinic appointments are highlighted.</p> <p>This triaging reduces waiting times and uses stretched resources effectively whilst also greatly improving the patients' experience. The foot fall into clinic had reduced by more than 30%, but more recently where face to face contact between GP and patient at point of referral has increased (with reducing infection control restrictions) the reduction is over 50%. This equates to a mean average of 33 slots per week utilised more appropriately. As part of the recent peer review process this service was recognised as an excellent innovation and good practice.</p> <p>Maria is also actively involved in the multidisciplinary course which focuses on the care pathway for colorectal cancer management. This is supported by all the members of the MDT, providing lectures around their individual responsibilities on the patient's pathway. It has been well attended and the feedback has been positive. This provision continued despite the pandemic moving online and making it available to a wider audience.</p>



## 5. Bernie Tenorio

Who	Why
<p><b>Nominee:</b> Bernadette Tenorio</p> <p><b>Role:</b> Clinical Nurse Specialist</p> <p><b>Organisation:</b> Aneurin Bevan UHB</p> <p><b>Nominated by:</b> Natalie Stone – Dermatology Clinical Director Aneurin Bevan UHB</p>	<p>Bernadette Tenorio, (Bernie), is an outstanding skin cancer clinical nurse specialist (CNS), who consistently goes above and beyond in her care for patients. She joined Aneurin Bevan Dermatology Directorate in 2015 as a Band 6 Skin Cancer Clinical Nurse Specialist; she swiftly completed the British Dermatology Nursing Group Skin Cancer competencies and was promoted to Band 7 in February 2016.</p> <p>Bernie has become the linchpin of the Dermatology surgical team, treating over 250 patients per year and organising the consultant, junior doctor and booking teams to work with maximum efficiency. In her Annual Clinical Practice review she achieves the maximum point of “working at expert level”. Above all Bernie is approachable, flexible and hard working. In 2017 an opportunity arose to lead the Skin Cancer CNS team and Bernie now manages 3 Skin Cancer CNSs who support one stop lesion clinics across Gwent, provide telephone follow up clinics and an advice line for patients. Bernie has developed service protocols and is constantly looking for ways to raise standards and improve the service. She represents Dermatology on the ABUHB Theatres Safety Committee and works closely with colleagues to address issues. She led the implementation of “Health Needs Assessment” and as part of the annual Sun Awareness week Bernie and her team have been active in promoting preventative skin health education for both patients and staff.</p> <p>Bernie is particularly aware of the need to provide training and support for all groups of staff working with patients who have skin cancer. She has worked with colleagues to develop and provide a recent regional “Surgical Skills” course for nurses. She has supervised the development of in-house training for the post op management of complex wounds and regularly contributes to Dermoscopy Skills courses for GPs.</p> <p>Bernie leads by example, has exceptional clinical skills, identifies and addresses training needs for the wider team and quietly works with her colleagues to achieve change and raise standards for patients. Bernadette is a key member of the Dermatology Directorate who has the respect of all the senior clinicians in the department. The team is much appreciated by patients as shown by their performance in the ‘cards and chocolate stakes!’ The commitment shown by Bernie to her patients and enthusiasm for the development of the ABUHB skin cancer service is truly outstanding.</p>



## 6. Jackie Pottle

Who	Why
<p><b>Nominee:</b> Jackie Pottle</p> <p><b>Role:</b> Macmillan AHP Lead</p> <p><b>Organisation:</b> Betsi Cadwaladr UHB</p> <p><b>Nominated by:</b> Ann Camps – Macmillan Partnership Manager</p>	<p>Mrs Jackie Pottle, as Macmillan Allied Health Professional (AHP) Cancer Lead since 2019 has demonstrated compassionate, strategic leadership by sharing a clear vision of the role of AHPs to align with nursing colleagues to support rehabilitation across the cancer pathway.</p> <p>Jackie started by identifying the problem with a scoping exercise of therapy workforce in cancer services. She was able to demonstrate inequity in therapy provision in comparison with other Welsh HBs to enable programmes of rehabilitation to be developed across BCUHB. Jackie has influenced change by vocalising the rehabilitation and person-centred role of Therapists at service progression strategic meetings across many settings. Influencing the development of a prehabilitation programme board in North Wales has ensured that a new awareness of this approach has grown across primary and secondary care. Her further achievements include:</p> <ul style="list-style-type: none"><li>• Jackie has led and developed new ways of therapy led working, such as a collaboration with psychology services to lead an innovative cancer related fatigue service. This has been recognised as a Bevan exemplar and received UK wide promotion such as via the Supportive and Palliative Care blog.</li><li>• Under Jackie’s leadership, strong links with gynaecological cancer services have developed, resulting in AHPs supporting an ovarian cancer service improvement project to support rehabilitation self –management. This has also led to funding for work in 2022 to scope AHP’s roles in post treatment gynae cancer clinics</li><li>• Jackie has set up a UK wide special interest group for AHPs and Gynae cancer patients to ensure best practice.</li><li>• In order to influence strategic change, Jackie has worked collaboratively with CNS and Therapy teams to develop new AHP/Nursing pathways for Head &amp; neck Cancer and is in process of replicating this with Gynae and breast tumour sites. This will ensure that patients across the whole pathway will have a rehabilitative focus to their care. Jackie has led on business cases for highest cancer risk areas.</li><li>• She developed monthly newsletters and had both face- to –face and remote meetings with generalist and specialist staff to plan programmes of work.</li></ul>



- Under her strategic leadership, a pan BCU AHPs education and training needs survey has been undertaken to identify where and how therapists will contribute to BCUHB workforce planning with continuous professional development identified. This will enable a programme of work to be developed that will meet all HCPs' needs within the limited resources and increase the chances of successful implementation.
- Jackie has successfully achieved funding to set up a staff wellbeing "rainbow room" and collaborating with cancer division leaders to develop a programme of work to support exhausted staff as they recover from the impact of the pandemic.

These programmes of work demonstrate an emerging leader that will support a cultural change across North Wales and provides optimism for continued development of rehabilitation for all cancer patients.