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Details of bursaries aimed at supporting innovations in haematology practice and educational development can be found on our website:

[www.haematologynursesireland.org](http://www.haematologynursesireland.org)

# BLOOD matters

OCTOBER 2017

## A NOTE FROM THE EDITOR

Welcome to the latest edition of Blood Matters! Firstly, I would like to take this opportunity to thank our previous editor, Rosena Geoghegan, for her hard work and contribution towards the newsletter over the past number of years. It really is greatly appreciated by us all.

In this issue, our Chairperson, Laura Croan, provides reviews of our 2016 Annual Meeting in Athlone and our Spring Study Day 2017. She has also contributed an excellent article on the legal accountability of nurses who are taking on advanced roles.

A useful update on Chronic Lymphocytic Leukaemia has been provided by Snehal Prabhukulskar and Holly McComb provides information on

the establishment of a new haematology ward in Belfast City Hospital.

We also have some of our regular features including a list of forthcoming educational events and our word search competition. Can I encourage you to submit your completed entries as you could be in with a chance to win €100? We are always keen to have our members contributing towards this publication so please do get in touch if you would like to provide an article for the next edition of Blood Matters.

Yours on behalf of  
the Nurses and AHP  
Committee.

*Ruth Thompson*

Newsletter Editor

# REVIEW OF ANNUAL MEETING OCTOBER 2016

- by Laura Croan, Chair of HAI Nurses and AHP Group.

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The Haematology Association of Ireland Nurses and Allied Health Professional group meeting took place on the 14th and 15th of October in the beautiful Radisson Blu Hotel in Athlone.

The meeting had a great attendance and had an impressive array of speakers from throughout the UK and Ireland with presentations covering all aspects of Haematological interest.

On Friday we started out with a fascinating talk from Professor Mary Cahill (Consultant Haematologist) on the treatment of Acute Myeloid Leukaemia, current research developments and where ground-breaking local research will take us in the future management of AML.

This was followed on by a very motivating and relatable talk by Philippa Jones (Macmillan Associate Acute Oncology Nurse Advisor) who presented on the UKONS 24 hour triage tool kit and who also came back later in the day to offer an acute oncology update. This facilitated discussion on local practice guidelines and provided ideas for service improvement in many aspects of this service.

Following a short coffee break we had four excellent oral abstract presentations. Caroline Croezen won our prestigious Gillian Lamrock Award 2016 for her oral presentation on a 'Pilot project to introduce the delivery of high dose chemotherapy in the home setting using an ambulatory infusion device'. Well done Caroline! Ruth Thompson and Jessica Murray came second with their presentation 'Every CNS should have one! Development of an innovative haematology support worker role'. In third place was Caroline McCaughey with her presentation 'Development of an online systemic anti-cancer therapies (SACT) multiple choice assessment.' Great work all round!

On Friday afternoon we had a thought-provoking interactive lecture by Lorraine Burgess (Macmillan Dementia Nurse Consultant) on the complexities of working with haematology patients with a co-existing dementia. We also had Barbara Lynch (Counsellor and Psychotherapist) come to talk to us from Beaumont Hospital Dublin on Cognitive Behavioural Therapy and she provided a useful mini workshop on mindfulness and how we can



Philippa Jones and Caroline McCaughey

apply this to our daily practice to relieve all that commonly experienced stress!

To close on Friday we had a very moving talk from Joe O'Brien (a patient from Tullamore Myeloma Support Group). He kindly shared his experiences and gave a valuable insight into the patient perspective of being diagnosed, receiving treatment and living with Myeloma.

On Friday evening the Liam O'Connell Lecture by Dr Harvey Klein (Dept of Transfusion Medicine, NIH, Bethesda, USA) focused on 'Blood Transfusion: precision versus impression medicine'.



## Radisson Blu Athlone

Also on Friday evening, we had ten excellent poster presentations. Karena Maher won the best poster presentation with her poster titled 'Case report of the use of Savene (Dexrazoxane) in the clinical setting.' In second place was Caroline Kerr with her poster 'Beat the clock... The challenges of Azacitidine in a busy outpatients department.' And in third place was my poster 'Development of a nurse led lymphoma long term review clinic.'. On behalf of the Committee, I would once again like to thank Maura Dowling and Marie Glackin for judging our oral and poster presentations.

The poster viewing was followed by a delicious Gala dinner and a bit of networking!

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Saturday morning we started enthusiastically with an excellent 'Meet the Expert' Session led by Dr Sarah Lawless (Consultant Haematologist, BCH). Three complex case studies were presented by myself, Louise Gribben and Karena Maher on Follicular Lymphoma, Bleomycin induced pneumonitis in a patient treated for Hodgkin Lymphoma, and a patient being treated for Mantle Cell Lymphoma with a background of Hodgkin Lymphoma. This session generated an interesting discussion by Dr Lawless on the management of Lymphoma.

An exceptional but intricate presentation was given by Dr Catherine Cargo (Consultant Haematologist, Leeds) on molecular diagnostics for nurses. This lecture took us back to DNA and

diagnostic basics and required a healthy amount of thought process for a Saturday morning! Following coffee we had an interesting lecture from Dr Denis O'Keeffe (Consultant Haematologist, Limerick) on Venous Thrombosis, where he envisaged the future management of thrombosis to be CNS lead. We were also treated to some stunning pictures of New Zealand where all delegates are now applying to work! Dr Eibhlin Conneally (HAI Chair) then closed our session with highlights from the main conference.

I'm sure all attendee's would agree that the 2016 Annual Meeting was excellent and found all sessions very valuable. I would like to thank all committee members and our administrator for their continued dedication and hard work to providing these events. Thank you to all our sponsors and to all our speakers for their contribution to make this event possible. We hope we can continue to provide such worthwhile meetings. To enable us to do so we consider all suggestions from delegates and members, so please help us with our future programmes!

# OVERVIEW OF THE NURSES AND AHP SPRING STUDY DAY, APRIL 2017

- by Laura Croan, Chair of HAI Nurses and AHP Group

The Haematology Association of Ireland Nurses and Allied Health Professional spring study day took place on the 7th of April in the Davenport Hotel Dublin. The meeting had a great attendance with fantastic speakers who covered some very pertinent topics.

We commenced on Friday morning with a very beneficial talk from Dr Barry Lyons, Assistant Professor in the Division of Ethics from Trinity College Dublin. He gave some very helpful advice for complicated scenarios which often occur within the haematology setting surrounding “When Patients and Healthcare Professionals Disagree,” which will hopefully better equip us for dealing with these situations in future.

We then had an exceptional, thought provoking talk about legal and professional issues in nursing by Rosemary Wilson, Barrister/Legal Health & Social Care Education Consultant. She has certainly made me consider my own practice and make changes, especially when it comes to my illegible handwriting!

Following a short coffee break Mairead NiChonghaile, Transplant Co-ordinator from St James’s Hospital, explained donor selection issues and HLA typing in stem cell transplant. It was a very insightful presentation, which will help us answer patient questions and better understand the intricate processes involved in donor transplant. Dr Martina Williams, Chief Medical Scientist in Our Lady’s Children’s Hospital, Crumlin, then gave us an in depth presentation regarding transfusion medicine. Her talk came at an opportune time when training had commenced for several nurse prescribers from NI to extend their roles to enable them to authorise transfusions.

Following lunch and an opportunity to network and meet the sponsors, Dr Larry Bacon, Consultant Haematologist in St James’s Hospital Dublin, gave us an excellent presentation and explained complexities of lymphoma, simplifying a very complicated disease process until I think I understood it!

Maura Dowling, Senior Lecturer/Programme Director from the National University of Ireland Galway, then gave us a very beneficial presentation, “Disseminating your idea’s, innovations, audits and research. Tips to preparing abstracts, posters

and papers.” It can be very daunting submitting an abstract or presenting an audit, and Maura added a little humour which minimized the fear. We look forward to the surge in abstract and article submissions this year!

To end we had a joint case presentation by Fidelma Hackett and Michelle Mannion regarding the transition of a teenage patient. On our expert panel we had Renee Reid (Teenager and Young Adult CNS) and Simon Darby (Clic Sargent Social Worker). The case provoked a lot of discussion regarding the disparities in services available to patients in different parts of Ireland.

The 2017 HAI Nurses and AHP spring study day had great feedback and all attendees found the topics very beneficial. Thank you to all committee members and our administrator Sinead for their unrelenting hard work in getting speakers and putting together these programs. And thank you to all our sponsors who make this feasible. We are looking forward to our annual general meeting in October and hope you find it valuable also.



Some of the HAI committee members met Peter Kay on their way to the Spring Study Day. We almost convinced him to take our first session!

# MAKING AN IMPACT: THE RE-PROFILING OF A GASTROENTEROLOGY WARD INTO A SECOND HAEMATOLOGY WARD.

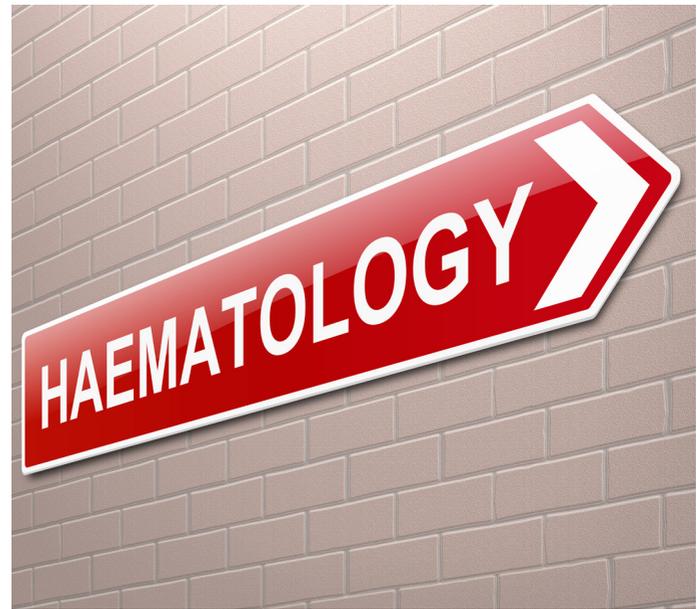
-by Holly McComb, Haematology Outreach Nurse, Belfast City Hospital

Until June 2016 there had been one haematology ward in Belfast City Hospital which cared for twenty eight patients including six patients undergoing stem cell transplants. However, this did not meet the demand for the haematology inpatient service resulting in an average of nineteen haematology patients being cared for in a range of other wards.

This led to inequitable access to timely specialist care, a longer length of stay in hospital for some and poor staff experience. Following discussions, the Trust IMPACT team approved a plan to re-profile a gastroenterology ward to accommodate the haematology patients. This proposed change was to have a combined haematology and gastroenterology ward increasing the bed capacity from 20 to 26 which would include 18 haematology patients and 8 gastroenterology patients.

In January 2016, a multi professional Implementation Team was formed, representing both specialities, to oversee the process. Formal staff consultation of the existing ward was initiated for the staff affected by the organisational change. The ward was uplifted to a Tier 1 augmented care setting, with the necessary training implemented and necessary estates work carried out. An in depth audit was carried out to establish the required nurse to bed ratio as these patients have never been cared for together before. As the transition progressed, patients were provided with written information about the initiative and their feedback was sought.

Throughout the transition staff were supported and communicated with regularly. A bespoke training and education programme for both trained staff and auxiliary team members was initiated and is currently ongoing. Contents of the education programme included haematology treatments, nursing assessment and management, SACT competence and included participation from the Practice Educator and Clinical Nurse Specialists from both haematology and palliative care specialties. Practical skills such as accessing Central Venous Access Devices, blood safety, neutropenic sepsis training and blood culture training were all offered at ward level. Written materials were provided for self-directed learning and staff were enabled to rotate to haematology clinical areas to facilitate learning and support and their feedback was sought throughout the process.



The first haematology patient was admitted to the re-profiled ward in June 2016 and admissions have gradually incremented. Currently there is capacity for a total of 12 haematology patients and 8 gastroenterology patients. This number will continue to increase until there is a full complement of 18 haematology beds and 8 gastroenterology beds. All haematology patients will now be treated by nurses who have been trained in the management of their conditions, and more effective discharge planning is in place, thus maximising bed utilisation and addressing treatment waiting lists.

The education and training programmes have been very positively evaluated, being deemed as informative, enjoyable and helping to give a better understanding of patient needs. Furthermore patient feedback to date has been encouraging with 100% of patients reporting that they are very satisfied with the quality of care they are receiving in the second dedicated haematology ward. In turn this has led to significant changes to 'bed days' utilised by haematology patients in other wards. This innovation, led by managers, specialist team members and ward team staff, means these other wards can function more smoothly and haematology patients can be cared for in a haematology ward, saving money and improving patient experience.

# CLL UPDATE: DEVELOPMENTS IN THE TREATMENT LANDSCAPE

-by Snehal Prabhukeluskar, Clinical Nurse Manager, St James' Hospital,



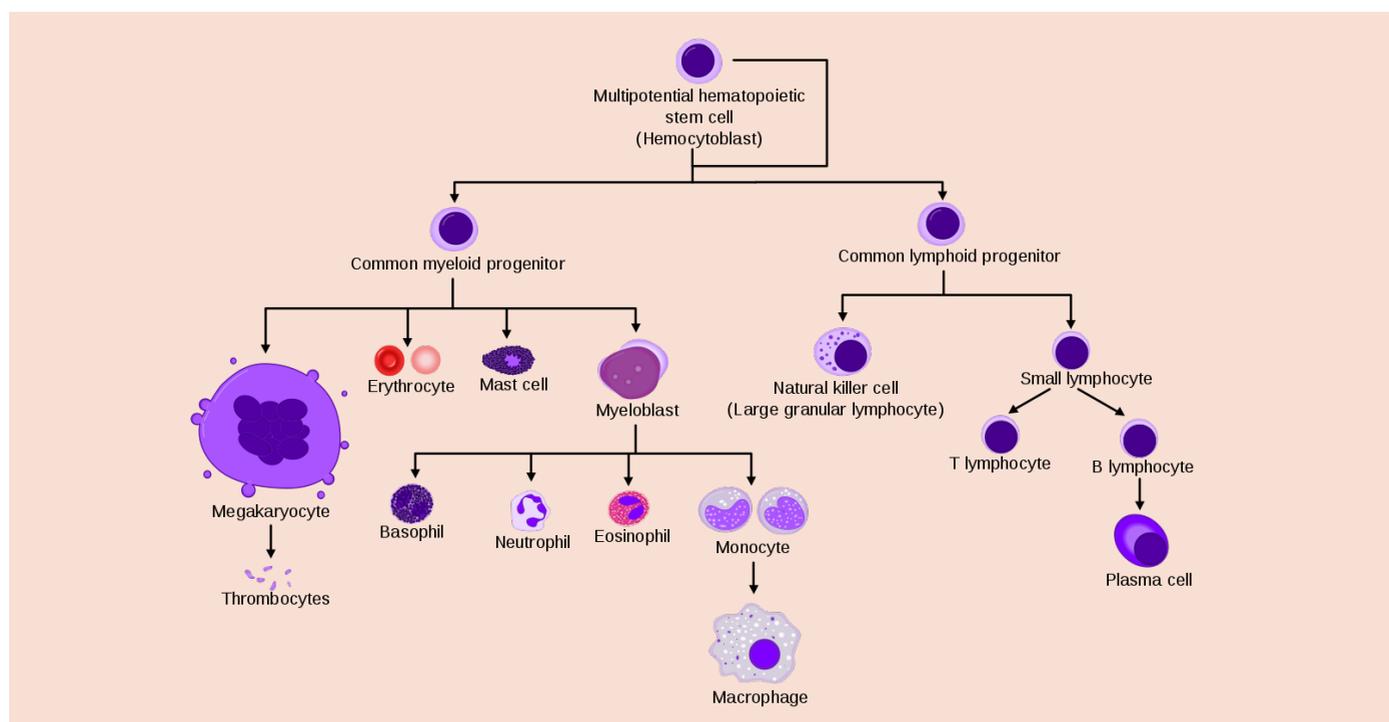
Chronic Lymphocytic leukaemia is the most common type of leukaemia in the western world. It is a malignancy of small mature B lymphocytes in the peripheral blood, bone marrow and secondary lymphoid tissue and is considered identical to SLL (small lymphocytic lymphoma).

Lymphocytes are a type of white blood cell involved in the body's immune system. They are found in the blood, bone marrow, spleen and lymphatic system. B lymphocytes (B Cells) make antibodies to fight against bacteria whereas T Lymphocytes (T Cells) kill viruses and foreign cells and trigger B cells to make antibodies.

CLL is frequently diagnosed among people aged 65 - 74 years. Approximately 0.6 percent of men and women will be diagnosed with chronic lymphocytic leukaemia at some point during their lifetime. It is twice as common in men compared to women based on 2011-2013 data.

Although the exact cause is generally unknown, 80% of patients with CLL have some kind of chromosomal abnormalities such as deletion in the long arm (q arm) of Chromosome 13, Trisomy 12, deletions in the q arm of chromosome 11 and deletion in the short arm (p arm) of chromosome 17 which may have prognostic significance.

Most people are diagnosed incidentally without symptoms as the result of a routine blood test that shows a high white blood cell count. CLL also may present with enlarged lymph nodes, spleen, and/or liver or with classical B symptoms: fever, night sweats, significant weakness and weight loss. Bone marrow aspiration and biopsy will be done to assess disease burden, however this is usually not necessary unless there is pre-existing cytopenia.



Hematopoiesis in Bone Marrow

## CLINICAL STAGING

Staging is important for determining the extent of the disease. It is carried out using the Rai staging system or the Binet classification and is based primarily on the presence of a low platelet or red cell count and the number of lymph node stations involved. However, Rai and Binet staging systems do not predict disease course or identify early stage patients who would benefit from aggressive intervention.

## TREATMENT FOR PATIENTS WITH CLL

The future continues to look increasingly optimistic for CLL patients. There are a growing number of expert doctors and scientists with a passionate research interest in the diagnosis and management of CLL. With pharmaceutical industry investing in anti-CLL therapies, new drugs and regimes are generating higher complete remission rates and longer remissions.

Treatment options vary greatly, depending on the person's age, the disease risk group, and the reason for treatment. Many patients may not require any therapy and can be followed up carefully in the out-patient clinic setting under a "watch & wait" programme for any signs of progressive disease.

If and when patients do then require therapy there are several options available. For more than 40 years, Chlorambucil chemotherapy was the mainstay of therapy. However, in 1990 the purine analogue

Fludarabine was used as monotherapy which doubled complete or partial response rates. More recently, Fludarabine in combination with alkylating agents (cyclophosphamide) and monoclonal antibodies (Rituximab) produce higher response rates and a longer progression-free survival than single agents. In addition, Campath, steroids and stem cell transplantation offer alternative treatment strategies.

In recent years, targeted therapies have become more widely available. It attacks cancer cells at a specific target, with the aim of not harming normal cells. Drugs such as Ofatumumab and Obinutuzumab are antibodies against CD20, Ibrutinib (Bcr-1 Tyrosine Kinase inhibitor), Idelalisib (PI3K inhibitor) and Venetoclax (BCL-2 inhibitor) are used to treat CLL.

## DEVELOPING THE NURSING ROLE

Due to the increasing complexity of CLL diagnosis and treatment options, patients need more information and support. Nurses play a vital role in providing such support to CLL patients. As CLL is a long-term disease, it is particularly important for Nurses and Haematologists to establish a trusting relationship with their patient. The benefits of nurse-led clinics are becoming well recognised in enabling continuity of care for this group.

# LEGAL ACCOUNTABILITY IN NURSING IN RELATION TO THE SPECIALIST PRACTITIONER

By Laura Croan, Lymphoma CNS, Belfast City Hospital and Chair, HAI Nurses

## INTRODUCTION

Accountability is integral to all health care professionals from medical staff to nurses to health care assistants, and all are individually legally accountable to their patients (Tingle and McHale, 2009). When applied to nursing, the concept of professional accountability assumes that the nurse is a registered practitioner working under a regulatory body. Sullivan and Garland (2013) explain that accountability comprises of justifying actions based on contemporary evidence, professional knowledge, and rational clinical decision-making. Registered nurses are responsible for all actions and omissions, whether they are dependent (based on delegation), or independent. The nursing role has changed considerably over the last twenty years with the development of advanced clinical roles involving many responsibilities that were traditionally considered the remit of the medical team which has given nurses increased autonomy (Wiseman, 2007). This has caused some controversy regarding the level of accountability surrounding these roles (O'Shea, 2013 and Tingle, 1997).

To understand how a nurse working at an advanced level is accountable, we must first understand legal accountability collectively which largely is described in terms of the medical profession, as traditionally doctors assumed responsibility for patient care.

## ACCOUNTABILITY

Accountability has been defined as accepting the results of an action regardless of the outcome (Sullivan and Garland, 2013), which can be a daunting thought, but Rowe (2000) argues that accountability can be viewed as a positive attribute of nursing and is a source of empowerment, since it gives them freedom to make decisions and act as autonomous practitioners.

The guidance for both advanced nurses and medical practitioners have conflicted in the past making the concept of professional accountability somewhat confusing (O'Shea, 2013). The Scope of Professional Practice (UKCC, 1992) provided nurses with the authority to develop their role, with the understanding that they are proficient, and accept full accountability for the whole of their practice. This contraindicated the General Medical Council (GMC, 1995) who stated that care could be delegated to a competent practitioner but the doctor will still maintain full responsibility. However, Tingle (1997), asserts that professionals remain individually, professionally and legally accountable for their own actions and omissions.

The foundation for accountability lies in the individuals' competence to practice that particular skill or duty. Competence is defined by Tschudin (1986, cited in Rowe, 2000) as a state of having the 'knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities.' In

response, competence has also become integral to the NMC (2015) revalidation system to ensure fitness to practice and is central to local clinical governance, staff appraisal and performance capability.

## ARENAS OF ACCOUNTABILITY

There are four recognised areas of accountability in healthcare. Like any member of the public, nurses are held accountable under criminal law if a crime (such as assault, manslaughter, murder, theft, or sexual assault) is suspected. A criminal investigation will take place and a negligent practitioner will often still face disciplinary proceedings by their employer and professional governing body who may also conduct their own investigation and hearings (Tingle and McHale, 2009).

The second arena is accountability to the employer through a contract of employment. In employment law both parties are required to adhere to a legally binding contract of employment which outlines the responsibilities and rights of each party. The Employers Liability (Compulsory Insurance) Act 1969 states that employers must carry personal insurance of their employees against injury and this is known as vicarious liability. However if it can be proven that the practitioner acted outside of their role and guidelines, they will be personally responsible. (Tingle and McHale,

2009). Employment accountability also links with accountability to the profession through a regulatory body, or the NMC within nursing, who regulates fitness to practice. Nurses are accountable, not only to their patients and employers, but also to themselves and for their behaviour; and are also accountable for their omissions or failing to prevent a patient coming to harm by not reporting concerns regarding a colleague's poor practice (Jackson, 2006 and Rowe, 2000).

The final and most well-known arena is accountability to the patient in civil law for negligence or civil wrongs. Civil law for negligence or civil wrongs are mainly described in Tort Law and include negligence and breach of duty (Jackson, 2006). Civil law is central to clinical negligence claims, and is concerning individuals who have been harmed by someone else's failure to meet responsibilities set out in a contract.

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## TORT LAW OF NEGLIGENCE

The term 'tort' comes from the Middle English word and means 'injury'. Tort law provides legal resolutions, often via the payment of money, to those who have been damaged by someone else's failure to meet their responsibilities. It is deemed separate from criminal law and judged in a court without a jury; however an act can have elements of both criminal and civil disputes. In order to achieve success in a negligence case, the claimant must establish three key elements; that they are owed a duty of care, that the defendant breached that duty by failing to provide reasonable care, and that the breach caused direct and consequential harm to the claimant (Jackson, 2006).

The presence of a duty of care between a healthcare professional and a patient can usually be assumed and is an easy step to prove. This duty generally commences once the patient has been accepted and is under the practitioners care (Jackson, 2006).

Once a duty of care is established, the question becomes what is the benchmark for care expected from practitioner. Cox (2010) explains that the law generally does not suggest who might carry out a particular healthcare task but does insist that there is a standard expected relation to each task irrespective of who undertakes it, and the legal standard of care is judged by that of the 'ordinarily competent practitioner' undertaking the particular task or role. This is often referred to as the Bolam Principle following the pivotal Bolam vs Friern Hospital Management Committee [1957] case.

The next step is for a claimant to prove breach of contract, or within the NHS, proof of breach of duty of care. This must be demonstrated by proving that the standard of care provided has fallen below the reasonable standard, which is often documented in employment contracts and clinical guidelines. (Pirie, 2012). Causation is the claimant proving that the breaching of the duty of care is what caused their injuries, for example causation may not be proved if a patient's outcome may have been the



same regardless of the breach. The standard test for factual causation is termed the 'but for' test, and simply means that the claimant must prove their injury was caused by the alleged negligence. In explanation; "But for the alleged negligence, the injury would not have been sustained." (Jackson, 2006)

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## ADVANCED NURSING AND ACCOUNTABILITY

Expanded roles such as clinical nurse specialists, nurse consultants and advanced nurse practitioners have developed rapidly over the last twenty years in response to service need and the NHS's current financial situation (Tingle, 2007). These roles have incited more independent working and led to nurses taking on responsibilities which have included patient assessment, diagnostics, non-medical prescribing, radiology requesting, and authorisation of blood products. Nurses working as advanced practitioners will be held accountable to a higher standard than that of their more traditional counterparts, but whether this is comparable to a doctor's level of accountability has been debated in literature (O'Shea, 2013).

The Health and Social Care Act [2001] was the legal stepping stone for supplementary nurse prescribing, which led to independent prescribing and a rapid increase in nurse autonomy and development of advanced practice. O'Shea (2013) disputes that educational programmes associated with advanced nursing practice are not standardised, however the NMC (2008) contends that all NMC recordable qualifications are regulated.

Griffith (2013) reiterates that the increased responsibility for assessing, diagnosing and prescribing assumed in nurse-led clinics also leads to an increase in for potential litigation. Therefore, it is crucial that practice in a nurse-led clinic is based on not only legal requirements, but is also evidence based and current, as a court called to consider a negligence case involving the expanded role would consider carefully the associated guidelines (Tingle 1997).

Practitioners should be aware of the importance of clinical discretion, as medicine and nursing are not an exact science, and patients are not uniform. It is difficult to develop guidelines for every potential clinical situation. Nonetheless, if there is a deviation away from a clinical guideline, the variances and rationale must be well documented. (Rowe, 2000, and Tingle, 1997).

Clear documentation is therefore an essential prerequisite of clinical care as documentation is often a common form of communication between healthcare professionals, and not only evidence of care. Poor communication forms a large part of clinical negligence claims, and cases have previously fallen down due to poor documentation. (Tingle 2007).

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## CONCLUSION

The law is clear that a new practitioner is held to the standard of a competent professional, therefore taking into consideration the Bolam principle, a nurse taking on an advanced role is expected to practice with the same degree of skill as the doctor who traditionally performed that role (Wiseman, 2007). Due to the development of more informed patients and a more litigious culture it is essential that advanced nurses clearly understand the scope of their accountability; acknowledge limitations; act only when competent to do so; and have the ability to justify all clinical decisions. (O'Shea, 2013). Nurse prescribers working in nurse-led clinics have a substantial amount of independence to make decisions about the care and treatment of patients, meaning a nurse prescriber must be scrupulous in their actions and ensure their practice is within guidelines and current. In response to this the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) (2017) have developed guidelines for specialist nursing which incorporates professional accountability and responsibility, to ensure safe and effective practice.

Although there is legal certainty regarding accountability for advanced nurses, these roles can be isolating and variable, and are developing rapidly. Consequently, there needs to be more clarity at practice level to ensure that liability is reduced, and safe and effective care is ensured. As most advanced nursing posts are independent roles, the importance of peer support, being able to share guidance between professionals and having non-judgemental open forums for learning from errors or near misses needs to be enhanced to improve professional practice, reduce liability and provide support for advanced practitioners.

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# FORTHCOMING EVENTS 2017-2018

## **17th-18th November 2017**

13th Lymphoma Forum of Ireland Plenary Meeting  
Barberstown Castle, Straffan , Co Kildare

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## **9th-12th December 2017**

59th American Society of Haematology Annual Meeting and  
Exposition  
Atlanta, Georgia

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## **19-20th January 2018**

Haematology Nurses and Healthcare Professionals Group  
(HNHCP) Educational Conference  
Zurich, Switzerland

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## **18th-21st March 2018**

44th Annual Meeting of the European Society for Blood and  
Marrow Transplantation  
Lisbon, Portugal

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## **13th April 2018**

HAI Nurses and AHP Group Spring Study Day  
Dublin

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## **16th-18th April**

58th Annual Scientific Meeting of the British Society of  
Haematology  
Liverpool, UK

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## **14th-17th June 2018**

23rd Congress of the European Haematology Association  
Stockholm, Sweden

## Our latest Know Your Lymphoma conference is coming to Belfast



**10.00 - 16.30 Saturday 4 November,  
Holiday Inn Belfast Queen's Quarter**



### **Sessions include:**

- **What is Lymphoma?**
- **Explaining high grade and low grade lymphoma**
- **The psychological impact of a lymphoma diagnosis**
- **Diet, nutrition and exercise**
- **Ongoing follow up, getting the best from your review appointments**
- **New treatments and clinical trials for lymphoma**
- **Ask the expert panel: question and answer session with speaker faculty**

This event is **£25 to attend** and includes all refreshments and lunch. To find out more or book, visit our patient event calendar on [www.lymphomas.org.uk/LAConferences](http://www.lymphomas.org.uk/LAConferences) or contact the conference team on **01296 619 412** or [conferences@lymphomas.org.uk](mailto:conferences@lymphomas.org.uk)

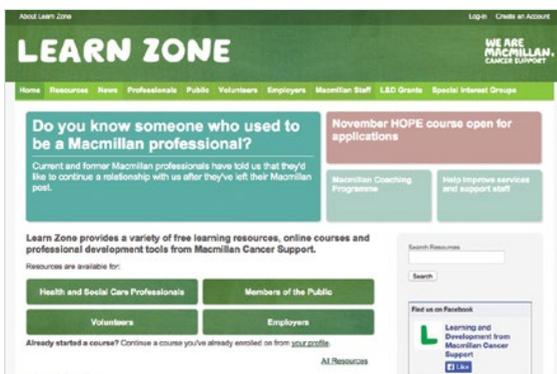
Lymphoma Association, 3 Cromwell Court, New Street, Aylesbury, Buckinghamshire, HP20 2PB  
Lymphoma Association is a registered charity in England and Wales (1068395) and in Scotland (SC045850)

# LEARN ZONE

Learn Zone provides free and easy access to a wide variety of learning resources, online courses and professional development tools from Macmillan Cancer Support.

Macmillan provides health and social care professionals with a range of Learning and Development activities and support both online and face-to-face. We constantly update the opportunities to meet the needs of the wide range of Macmillan professionals, as well as offering both individual and group grants to support your development.

In order to take advantage of the opportunities on offer, you must create a profile on our e-learning website: **LearnZone**. This will ensure that you can access the opportunities that are pertinent to you. LearnZone also has opportunities for members of the public and volunteers.



WE ARE  
MACMILLAN -  
CANCER SUPPORT



LearnZone contains a number of resources and features specifically designed for health and social care professionals, which can be found at: **[LearnZone.org.uk/professionals](https://www.learnzone.org.uk/professionals)**

They include:

### Featured 'Stacks'

Stacks are collections of related resources, grouped by subject or theme. Working through a stack of resources provides a wealth of information on a particular topic.

### Latest resources for professionals

Covering toolkits and on line programmes.

### Conference & Event details

Access to **Learning and Development Grants** and much more.

You can create a LearnZone account at:  
**[LearnZone.org.uk](https://www.learnzone.org.uk)**

# HAEMOLYTIC ANAEMIA

## €100 WORDSEARCH COMPETITION

# WINNER

Congratulations to **Nichola Harten**, (*CNS Haematology, Connolly Hospital, Blanchardstown, Dublin*) who was the first correct entry drawn in our competition. She is the winner of €100!

+	H	S	E	I	D	O	B	I	T	N	A	S	+	A	+	+	+	S	H	
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A	C	+	+	+	I	G	O	L	I	T	M	X	E	+	+	+	+	N	A	G
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G	E	+	Y	+	+	+	O	+	M	I	+	A	+	I	+	B	E	Y	I	
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- ANAEMIA
- ANTIBODIES
- BILIRUBIN
- CORTICOSTEROID
- ENZYMOPATHIES
- ERYTHROCYTES
- FATIGUE
- HAEMOGLOBIN
- HAEMOGLOBINOPATHIES
- HAEMOGLOBINURIA
- HAEMOLYSIS
- HAPTOGLOBIN
- IMMUNOGLOBIN
- INFECTION
- JAUNDICE
- MEMBRANOPATHIES
- PALLOR
- REFRACTORY
- RITUXIMAB
- SPLENECTOMY

## WOULD YOU LIKE TO WIN €100?

Blood Matters have another wordsearch competition where you can win €100. Interested? The competition is on the next page - GOOD LUCK!

# €100.00 WORDSEARCH COMPETITION

Find all the words listed below within the grid which are all related to:

## CHRONIC MYELOID LEUKAEMIA

Closing date for entries will be Friday 8th December 2017.



All completed entries should be sent to:

**Ruth Thompson,**  
Macmillan Cancer Support,  
5a Stirling House,  
Castlereagh Business Park,  
Castlereagh Road,  
Belfast, BT5 6BQ

# GOOD LUCK

### WORDS INCLUDED IN THE WORDSEARCH

ACCELERATED PHASE	MUTATION
ANAEMIA	MYELOID
BLASTS	NEUTROPENIA
BOSUTINIB	NILOTINIB
CHROMOSOMES	PHILADELPHIA
CLONAL	PONATINIB
CYTOGENETICS	PROLIFERATION
GRANULOCYTES	SPLENOMEGALY
IMATINIB	TRANSPLANT
MONITORING	TYROSINE KINASE

Name: .....

Job Title: .....

Work Address: .....

Telephone: .....