The Pandora research also showed hidden elements connecting the impact of CNS work to patient and organisational outcomes (Leary et al, 2008). The data was loaded onto a Pandora account at a more convenient time. Each CNS was encouraged to collect data on different days across the working week, ideally two days per month, so the data could accurately reflect their workload. On each day that data was collected CNSs needed to collect 20-30 events, ideally, to ensure the data was representative.

**CNS WORK IN CANCER AND SURGERY**

Data was collected from a group of 18 CNSs working in cancer and surgery at the trust over five months. They collected different weekdays to reflect their workload accurately. The report was collected over a short period, the aim being to generate a report to feed back to this group of CNSs.

The data presented below describes this activity, which was validated and further explained by the CNSs themselves at a nursing meeting in December 2009. This allowed for validation and further explanation of the data through discussion and reflection with the group.

**QUANTITATIVE WORKLOAD DATA**

Unsurprisingly the majority of CNSs’ time was coded under clinical activity. Much of this was physical and psychological assessments, which took about one hour to complete (Fig 2).

Physical assessment encompassed: physical, general and specialist symptom control, performing specialist and routine procedures and making recommendations to other multidisciplinary teams. This was expected due to the multiprofessional nature of cancer and the importance of multidisciplinary working, guided by the *Manual of Cancer Services Standards* (DH, 2006).