

6.4 Head of Service / Line Managers

The Head of Service/Line Manager has a responsibility to carryout KSF reviews for all those staff they manage. The Head of Service/Line Manager must also avail of KSF reviews and act as a supervisor for identified staff. S/he is also responsible for ensuring that arrangements are in place for the implementation and local monitoring of KSF activities.

6.5 Supervisors

Supervisors have a responsibility to maintain and develop their own skills and competencies relevant to KSF review in line with this policy. They have a responsibility to participate in and prepare for agreed KSF meetings. It is their responsibility to keep a record of the appraisal meeting and implement agreed action.

6.6 Supervisees

Supervisees have a responsibility to engage fully in the KSF process. They have a responsibility to participate in and where relevant, prepare for the agreed meeting. Where required supervisees should keep a record of appraisal and implement agreed actions.

7.0 Evaluation & Review

Managers are required to monitor that the above policy is implemented and that regular follow up is in place to ensure performance review is completed for all staff groups. The policy will be monitored Trust Wide by the Vocational Workforce Assessment Centre. KSF reports are compiled on a regular basis and forwarded to Directors. KSF is a standing item on the agenda of Senior Management Team (SMT) meetings.

8.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

Policy on Professional and Operational Management Interface within the Integrated Care Teams – click [here](#)

9.0 Equality & Human Rights Considerations

9.1 This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

9.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to equality impact assessment.

9.3 Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention

Rights contained in the Act.

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English.

- 9.4** Staff must comply with relevant legislation, professional standards and guidance and other DHSSPS publications as follows:-

UK General Data Protection Regulations (UK GDPR) 2018.

10.0 Sources of Advice & Further Information

Further information about the Performance and Personal Development Review Policy can be obtained from the: Vocational Workforce Assessment Centre, St Luke's Hospital, Hill Building, Armagh, BT61 7NQ.

Part B

ANNUAL PERSONAL DEVELOPMENT PLAN

For training requirements specific to your staff group refer to Trust Intranet Training Link

Staff Number: _____

Training Type	Identified learning need	Date Training Completed	Agreed Action
Corporate Mandatory Training ALL STAFF	Corporate Induction		
	Departmental Induction/Orientation		
	Equality, Good Relations and Human Rights – Making A Difference		
	Fire Safety		
	Infection Prevention Control		
	Information Governance Awareness		
	Cyber Security Awareness		
	Moving and Handling		
	Safeguarding People, Children & Vulnerable Adults		
Role Specific Essential Training	Basic ICT		
	Control of Substances Hazardous to Health (COSHH)		
	Food Safety		
	MAPA (level 3 or 4)		
	Professional Registration		
	Right Patient, Right Blood (Theory/Competency)		
	Waste Management		
Best practice/ Development (Relevant to current job role)	(eg Coaching)		

Reviewee Staff Name (Print) _____ Signature _____ Date _____

Reviewer Manager/Supervisor (Print) _____ Signature _____ Date _____

PLEASE SEND COMPLETED PART B TO:

VWAC, HILL BUILDING, ST LUKES HOSPITAL, LOUGHGALL ROAD, ARMAGH BT61 7NQ OR EMAIL:

Personal Information redacted by the USI

Flowchart for completing KSF Personal Development Review and Plan

Line Manager

Staff Member

**BEFORE
MEETING**

Read post outline and
job description for
staff member

Read post outline and
job description

Reflect on how you have
achieved the levels

**DURING
MEETING**

Discuss general performance and progress
Evaluate skills against post-outline and job description
Agree areas for further development where necessary
Discuss career development
Complete **PART A** of form including staff member's
comments and line manager's feedback from discussion

**AFTER
MEETING**

Keep a copy of
completed form
Set an annual review
date
(or sooner if actions
identified in Part A
require on-going
meetings)

Keep a copy of
completed form

Undertake any actions
identified in Part A
Undertake agreed
learning and
development activities

FORWARD PART B TO VWAC TEAM

Contacts for KSF (Knowledge & Skills Framework)

Lynn Irwin Senior HR Manager (Vocational Workforce Development)	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
Margretta Chambers Union Representative KSF Advisor	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
Ann McCann KSF Support	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
Gemma Cunningham KSF Support	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
Tara Davison KSF Support	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
Carol McGreevy KSF Support	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
Heather Clyde KSF Support	Tel: <small>Personal Information redacted by the USI</small> Mob: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>
<u>Forward PDPs to</u>	Tel: <small>Personal Information redacted by the USI</small> E Mail - <small>Personal Information redacted by the USI</small>

Glenny, Sharon

From: Glenny, Sharon <[REDACTED]>
Sent: 25 February 2016 11:48
To: Trouton, Heather; Leeman, Lesley; Lappin, Lynn; Gishkori, Esther
Cc: Reid, Trudy; Corrigan, Martina; Nelson, Amie; Clayton, Wendy; Carroll, Ronan
Subject: SEC SBA YEAR END SUMMARY
Attachments: SBA YEAR END SUMMARY - 2015-2016.xlsx

Hi Everyone

Please see attached a short synopsis on SEC SBA year end projections with some notes in preparation for Friday's meeting.

Esther – Heather has asked that this is forwarded to you, but is more than happy to talk through any of the areas if you feel you need to.

Lesley/Lynn – happy to talk through with you also.

Wendy/Ronan – copied to you for some background information.

Kind regards

Sharon

From: Glenny, Sharon
Sent: 24 February 2016 16:54
To: Trouton, Heather
Cc: Reid, Trudy; Corrigan, Martina; Nelson, Amie; Clayton, Wendy
Subject: RE: FOR RESPONSE: Draft End of Year Projections for HSCB

Hi Everyone

Please see attached summary – Heather will now be going to the meeting, but is there anything else you would like to add to the notes so that she has some background knowledge.

Thanks

Sharon

From: Trouton, Heather
Sent: 22 February 2016 16:28
To: Glenny, Sharon
Cc: Reid, Trudy; Corrigan, Martina; Nelson, Amie
Subject: FW: FOR RESPONSE: Draft End of Year Projections for HSCB
Importance: High

Sharon

I am on leave on Friday and will not be able to attend the meeting below, Amie is attending for SEC.

For Amie and Esther , could you please do a short summary on the SBA position for each specialty to help them describe the differences between HSCB SBA and service realistic proposed SBA? Maybe a table with some narrative .. Would this be possible?

Heather

From: Lappin, Lynn
Sent: 22 February 2016 16:00
To: Gishkori, Esther; Carroll, Ronan; Gibson, Simon; McVey, Anne; Trouton, Heather
Cc: Turtle, Steven; Anderson, Judith; Conway, Maria; Clayton, Wendy; Glenny, Sharon; McAreavey, Lisa; Richardson, Phyllis
Subject: FOR RESPONSE: Draft End of Year Projections for HSCB
Importance: High

Esther

In advance of Friday's HSCB Elective Monitoring Meeting we have prepared an end of year projection for access times and volumes of patients in excess of backstops / access standards.

Please find attached for your review and approval.

I am keen to forward this to HSCB in advance of Friday's meeting and therefore, would appreciate your response by lunchtime on Wednesday.

Happy to discuss at tomorrow afternoon's Acute Services Meeting if required.

Regards.

Lynn

Lynn Lappin
Head of Performance

✉ Directorate of Performance & Reform
Southern Health & Social Care Trust
The Rowans, Craigavon Area Hospital
68 Lurgan Road
PORTADOWN
BT63 5QQ

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Blackberry: Personal Information redacted by the USI

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SEC SBA YEAR END SUMMARY - 2015/2016

SPECIALTY	OP/IP/DC	Expected SBA - March	Projected Activity March	Variance-Patients	% Variance	NOTES
BREAST SURGERY	IP/DC	400	385	-15	-3.84%	Mr Mallon left Trust at end January - no replacement as yet Breast reduction patients with EUR approval now transferred to SET for surgery Breast reconstruction patients remain on SHSCT WL and these are the longest waiters - ??Ms Sloan and Mr Mallon returning to do surgery on Trust operating lists
ENDOSCOPY - SYMPTOMATIC	IP/DC	7798	7000	-798	-10.23%	Loss with [REDACTED] sickness absence wef 03/08/2015 and limited backfill of sessions 33.5 weeks x 4 lists per week x 5 patients (assuming a backfill of 1 session per week) = 670 patients @ 80% for AL/SL = a loss of 536 patients Therefore, position could have been, -262 patients -3.36%
GENERAL SURGERY	NOP	10384	9250	-1,134	-10.92%	The Trust has requested a retraction of the funding associated with the IPT specialty doctor due to inability to recruit to this post, we are awaiting acceptance of this retraction - associated volumes = 545 NOP Therefore, if approved, the revised SBA = 9839 NOP
	NOP without Specialty Doctor Volumes	9839	9250	-589	-5.99%	Lack of NIMDTA training posts (junior/middle grade) has also put pressure on day rotas with staff being allocated to cover emergency care rotas. It is estimated that we may have lost approximately 515 NOP as a result of changes to rotas/lack of NIMDTA posts for clinics
	IP/DC	5830	4952	-878	-15.06%	In-depth analysis of underperformance has been undertaken. The vast majority of actual waiters and long waiters are colorectal & venous procedures with limited capacity for surgery There has been difficulty filling elective lists particularly in DHH and day procedure units as the volume of general type cases are low and also need time to be worked up through pre-op system before scheduling. Duty rotas have been changed on DHH site reducing elective lists and increasing OPD sessions in order to build up waiting list volumes and improve efficiency of running theatre sessions Change in clinical practice - hot gall bladders being undertaken on SOW rather than being added to elective WL. This will be a larger project for 16/17 to understand/change flows to ensure maximum efficiency on theatre lists
ENT	NOP	9106	9863	757	8.32%	There has been a number of IHA at risk clinics - recorded to core activity - This level of activity could not be repeated on an ongoing basis. Estimated SBA without at risk clinics is between +5% - +6%.
	IP/DC	2850	2674	-176	-6.18%	There was a gap at Reg level for a one month period (Michael Moran left) before replacement in place - opportunity for backfilling theatre lists was lost Consultant retirement, but he also used remaining annual leave in advance of retirement. Elective activity has been cancelled more recently due to emergency pressures - ENT as a specialty tends to carry the highest volume of cancelled procedures due to other specialties have higher clinical priorities on operating lists.
UROLOGY	NOP	3949	3507	-442	-11.19%	This SBA includes original ICATS volumes - this service is no longer being delivered
	NOP - submitted SBA	3591	3507	-84	-2.34%	This is the submitted NOP SBA for 2015/16 based on the new model of consultant delivered services - still awaiting acceptance of volumes from HSCB
	IP/DC inc OPwP	4956	4481	-475	-9.58%	This is original SBA
	IP/DC inc OPwP submitted SBA	4630	4481	-149	-3.22%	This is the submitted elective SBA for 2015/16 and was based on last year's out-turn
ORTHOPAEDICS (per Sandra proposal paper and apportioned SBA based on start-dates and lead in for new consultants)	NOP	2645	2482	-163	-6.16%	9 consultants delivering 10 consultant model SBA model for ortho NOP - 10th consultant post is locum and verbal arrangement with HSCB to replace ortho NOP with fracture NOP Based on original Scenario 2 assumptions, we have calculated the loss to be 140 ortho NOP due to locum delivering fracture NOP. Position could be -23 patients, -0.96% 1 x Reg post unfilled
	IP/DC	1719	1685	-34	-1.95%	Within tolerance, even with cancelled elective ortho for trauma pressures.
	IP/DC including cancelled ortho elective procedures for trauma pressures		135	101	5.90%	Calculation with Cancelled Ortho Procedures Included - would have been over SBA had all elective procedures gone ahead. The cancelled elective is at a point in time and may change before end March.

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FRACTURE NOP	NOP					At the end of January - +31%, +1697 patients This will include the additional fracture clinic which the locum is doing to offset the dropped orthopaedic out-patient session The figure also includes additional fracture clinic activity
TRAUMA Non-elective	IP/DC					At the end of January - + 30%, +422 patients Plan is to analysis the type of procedures completed as we may not have ability to sustain this level of overperformance into next year.

Glenny, Sharon

From: Glenny, Sharon <[REDACTED]>
Personal Information redacted by the USI
Sent: 07 March 2016 16:35
To: Trouton, Heather; Nelson, Amie; Corrigan, Martina; Reid, Trudy; Clayton, Wendy; Carroll, Ronan
Subject: SEC PERFORMANCE UPDATE WC 07.03.16.xlsx
Attachments: SEC PERFORMANCE UPDATE WC 07.03.16.xlsx

Please see attached weekly update for SEC specialties.

Kind regards

Sharon

SOUTHERN TRUST CANCER PERFORMANCE MEETING – ACTIONS/ISSUES REGISTER – **25.12** May 2022

ATTENDEES: **SPPG** – David McCormick, Emma Giddings, Glen Dunwoody, Cara Anderson & Karen Lusk
TRUST –Melanie McClements, Lynn Lappin, Ann McVey, Jane Scott, Wendy Clayton, Sharon Glenny, Claire Quin, Amie Nelson
 Barry Conway Denise Tallon, Ronan Carroll

Apologies: Lisa McWilliams & Jill Young

Issue	Action	Lead Responsibility / Deadline
Welcome and Introductions		
DMcC welcomed everyone to the meeting and noted apologies.		
Previous Actions – (last meeting was held on 24 January 2022)		
Breast Action: HSCB to seek update HSCB on revising the target from 14 days to 21 days <ul style="list-style-type: none"> EG informed the group that any decision to change targets would sit with DOH and at this time there are no plans to revise the target waiting time for urgent breast cancer referrals. Upper & Lower GI Action: GD make to contact with Suzanne Pullins around Demand and Capacity for scopes <ul style="list-style-type: none"> The demand paper drafted by GD was part of the Cancer Workforce strategy work that Suzanne Pullins was leading and has been included in the published strategy. Gynae Action: DMcC to look at Kingsbridge Lists due to delay in pathway caused by theatre access <ul style="list-style-type: none"> DMcC informed the meeting that no more lists were available in Kingsbridge however, the Trust could avail of direct sends. 		

Issue	Action	Lead Responsibility / Deadline
Overall Performance		
<ul style="list-style-type: none"> 14-day breast target (100%) – 39% in 2021/22. 31-day target (98%) – 86% (2021/22). Breast and Gynae below 80% 223 Breaches out of 1,577 patients treated. 62-day target (95%) – 50% (2021/22). Gynae, Upper GI, Lower GI, Lung and Urology all below 50%. 414 Breaches out of 820 patients treated. 1,031 active breaches as at 27 April 2022. 		
Breast		
<ul style="list-style-type: none"> SG informed KL at pre-meet that current performance is sitting at 16.5 %. The Trust has seen an increase in referrals. Trust now running extra clinics, however staffing is having an impact. BT had been assisting ST however this stopped in January. Bank holidays in April and start of May have had an impact on clinic capacity. CA informed the meeting that a Peer Review is going to be undertaken by Heather Monteverde from DOH. A meeting was held last Wednesday to agree the scope of the process and an assessment tool is to be agreed over coming days. ST informed CA that a visit from Heather has been arranged for June. DMcC questioned if recurrent money was obtained, would the Trust be able to provide additional AAA clinics. ST are funded for 2.5 consultants but have 3 in post so additional funding would help fill 0.5 Breast Consultant. DMcC confirmed that SPPG would work with the Trust on this. 	Action 1: DMcC to work with ST on securing recurrent funding	

Issue	Action	Lead Responsibility / Deadline
<ul style="list-style-type: none"> Trust has secured two locums for Radiology, one of whom has experience in Breast. Trust also has an arrangement with two external Radiologists to provide additional support. LL queried if there would be any opportunity for Belfast Trust to provide support. DMcC felt that the first step should be a telephone call between Clinicians in each Trust to ask for assistance, if Belfast Trust were unresponsive then it should be escalated to SPPG via RPOG. 	Action 2: Southern Trust Clinicians to make contact with Belfast Trust.	Southern Trust
Gynae		
<ul style="list-style-type: none"> Gynae performance for 62 day is sitting at 22% during 2021/22. Delays in 1st outpatient appointments with waits up to 50-60 days. Trust is working hard to explore all options to reduce this delay. Unable to avail of extra lists as these are given to category 2A or 2B patients Access to theatres is an ongoing issue. DMcC to consider the option to offer one list in UIC every other week to Gynae. ST is very keen to explore this option. 	Action 3: DMcC to look at P2 data and review UIC Lists	David McCormick
Skin		
<ul style="list-style-type: none"> 62 Day performance - 55% for 2021/22. Trust had a Nurse Specialist on sickness absence, however they have now returned to work. 		
Urology		

Issue	Action	Lead Responsibility / Deadline
<ul style="list-style-type: none"> • Urology Performance - 31% for 2021/22. • Long waits for TP Biopsies. 352 have signed a contract variation which will allow the Trust to send TP Biopsies out to them. This should have a positive impact on performance going forward. • Trust is funded for 6 Consultants and has confirmed that if Consultants 5 and 6 are appointed, there would be sufficient theatre capacity for them. SPPG have given commitment to fund consultant 7 if the Trust is able to appoint. 		
Upper & Lower GI		
<ul style="list-style-type: none"> • Upper GI Performance - 45% for 2021/22. • Lower GI Performance - 33% for 2021/22. • Currently long delays for OGD and Colonoscopy. DMcC informed the meeting that there is going to be 10 scope sessions delivered in Omagh and 20 scope sessions in LVH which will be for the region. The preferred option will be to have staff on a permanent basis for these lists. The host Trust will be responsible for booking of patients for these sessions. • Southern Trust Nurse Endoscopists are carrying out 4 sessions per week whereas other Trusts are carrying out 5 sessions. SPPG want all Trusts to be at the same level with a focus on standardisation. Southern Trust had thought that other Trusts were also carrying out 4 sessions. DMcC will discuss with Caroline Cullen, Southern LCG regarding this. The Trust would like it to be acknowledged of medical expectation on staff with regards repetitive strain injury. This will be taken forward by GD through the Regional Endoscopy Group. 	<p>Action 4: DMcC to have a discussion with Caroline Cullen, LCG</p> <p>Action 5: GD to raise issue of repetitive strain injury with Regional Endoscopy Group.</p>	<p>David McCormick</p> <p>Glen Dunwoody</p>

Issue	Action	Lead Responsibility / Deadline
<ul style="list-style-type: none"> Trust currently has approximately 150 long waiters, who have results <7 or are non-responders to Q-Fit requests. The Trust is working hard to clear these long waiters and at the next meeting Trust are hopeful that there should not be anyone waiting for Q-Fit. 		
Lung		
<ul style="list-style-type: none"> Lung 62 day performance - 41% for 2021/22. Southern Trust would like to escalate early warning with Respiratory on Daisy Hill site which will have an impact on performance. One consultant is retiring; one consultant has resigned; and one consultant appointee may not accept their post. Trust also had a locum who was due to start in July. 		
Haematology		
<ul style="list-style-type: none"> 62-day performance - 63% in 2021/22. Service is currently under pressure. Two consultants are leaving, both citing work related pressures, which will leave a team of only three. This will be a major challenge so the Trust is meeting tomorrow to plan recruitment for consultants. Discussions have been held with GP Federations and the Trust is also looking at the option of Specialist Nurses. 		
Tracking Resource		
<ul style="list-style-type: none"> Due to increase in RF patients, the Trust has appointed an additional six trackers at financial risk. 90% of tracking is currently up to date. CA informed the meeting that no additional money for Cancer Strategy was available at this time. CA is going to contact Tomas Adell, DOH to re-emphasise the need for funding for tracking. DMCC will also ask Lisa McWilliams to contact Tomas Adell. 	Action 6: CA to contact Tomas Adell regarding Cancer Strategy	


Issue	Action	Lead Responsibility / Deadline
<ul style="list-style-type: none"> With the Urology Public Inquiry and SAIs, the Trust needs to track at a higher level. It is now a patient safety and governance issue. Trust has appointed a Band 6 Cancer MDT Administrator and is going through the recruitment process for Band 5 Information & Audit Officer. With both posts the Trust has proceeded at risk. Going forward recurrent funding is needed for these posts. 	<p>Action 7: DMCC to speak to Lisa to request that she also contact Tomas Adell</p>	
Breach Reports		
<ul style="list-style-type: none"> The breach reports were reviewed by KL. It was noted that within Haematology there was a long wait for 1st outpatient appointment, with a patient waiting 121 days. SG explained that within Haematology the waits are risk stratified at triage by Consultants. One patient has been on as a longest wait for Skin going back to July 21. This is due to patient DNA/multiple inpatient admissions, this patient is going to be removed from Red Flag pathway. Long delays for Colonoscopy and OGD procedures. 		
AOB		
<ul style="list-style-type: none"> ECRI – DMCC informed the meeting that a letter has been put in the system from Southern Trust on behalf of Directors of Human Resources seeking clarity on ECRI payment going forward. This payment is challenging for Southern Trust as the Consultant element is less than the Trust WLI rate. Trust is at risk if the enhancement payment isn't available and it will lose endoscopy availability and some outpatient additionality. The Trust have all day endoscopy lists scheduled for Saturday & Sunday in June - DMCC confirmed he is happy for this to be at ECRI rate, if the Consultant element of the ECRI rate can be uncoupled. 		

Issue	Action	Lead Responsibility / Deadline
<ul style="list-style-type: none"> • Rapid Diagnostic Centres – Southern Trust and Northern Trust have been selected to host diagnostic centres. BC is concerned that no resources have been allocated to these centres. A meeting is due to take place this afternoon, BC will have more information following this meeting. Waiting list and practicalities around accommodation all need to be agreed. These centres are due to be up and running by summer. • Escalation – BC wished to inform SPPG that the Trust are doing batch escalations on the red flag pathway rather than individual patient escalation. • Date & Time of Next Meeting: <u>Friday 29 July 2022 at 10.00 am</u> 		

Cancer Performance Meeting

Notes of meeting held Thursday 20th September 2018 @ 10.00am
Meeting Room, Admin Floor, CAH (VC Available)

Present: Barry Conway, Sharon Glenny, Jane Scott, Samantha (Intern), Wendy Clayton, Lisa McAreavey, Wendy Clayton, Kay Carroll

Agenda	Discussions	Action
1. Apologies	Ronan Carroll, Fiona Reddick, Lesley Leeman, Martina Corrigan, Louise Devlin	
2. Notes of last meeting	Have been circulated	
3. Cancer Peer Review update	<p>Barry confirmed that there will be an Acute Oncology Peer Review this year. The date that this will take place is on 23 November 2018.</p> <p>Barry advised that Teresa (CNS – Acute Oncology) will be helping with the Peer review process in the Ulster which will be a good learning curve for us. Feedback will be provided to the Southern Trust following their Peer Review.</p> <p>Acute oncologist post has been vacant since 2015. Medical post is to be advertised. This will be a replacement post for Dr Carser.</p> <p>Speciality doctor (Dr Watson) remains on  leave.</p>	
4. August 18 performance	<p><u>2 Week Breast – 100%</u></p> <p><u>31 Day Performance – 100%</u></p> <p><u>62 Day Performance – 73%</u></p>	
5. August 18 Breach reports	<p>12 internal and 10 external breaches, majority being urology breaches. On reflection over last year's breaches the number of external breaches has not changed, whereas the number of internal breaches has increased. Challenging times for Skin and Urology.</p> <p><u>Breach Reports</u></p> <p><u>Urology (9 breaches)</u></p> <ul style="list-style-type: none"> Delays with 1st OPD's. Delays with diagnostic procedures and reporting of imaging. Problems 	

	<p>accessing TRUSB appointments, and then delays with getting Consultant reviews following MDM's.</p> <p><u>Lower GI (1 breach)</u></p> <ul style="list-style-type: none"> • Patient had a complex pathway, and was not able to follow typical pathway. <p><u>Lung (3 breaches)</u></p> <ul style="list-style-type: none"> • Complex pathways & delays with PET scanning. <p><u>Gynae (2 breaches)</u></p> <ul style="list-style-type: none"> • One was ITT'd on Day 20. Due to change in process, as recommended from Belfast, patients who require complex staging or any staging have to have all investigations completed prior to being ITT'd. This is the process for most other tumour sites, but is just starting to change for the Gynae site. This will impact on performance with late ITT's. <p><u>Skin (3 breaches)</u></p> <ul style="list-style-type: none"> • Due to time of year and limited capacity there have been delays with telederm, and the virtual triage of imaging. Also been a very challenging time due to one Consultant having to take unexpected leave over the summer months, which led to reduced capacity for outpatient appointments, with some patients waiting up to over Day 50 for 1st OPD. Department is now fully staffed. • Target dates are also being sent to secretary advising of target dates, to try and schedule surgery on target. <p><u>UGI (4 breaches)</u></p> <ul style="list-style-type: none"> • A complex pathway, multiple discussions at Regional MDM'S, long waits for OGD's. <p><u>Risk Areas</u> were discussed and remain as follows:</p> <p><u>Internal</u></p> <ul style="list-style-type: none"> • Breast Surgery • Late updating of routine/urgent outpatient referrals within 48 hours • Outpatient Hysteroscopies • Capacity for 1st RF appointment for Urology, Skin, Lung, & Ultrasound Guided Biopsy procedures • Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific • Capacity issues with CT Colonographys - Demand continues to increase & change of process for requesting these (Prescription) New Process regarding prescriptions is almost completed which should speed up process and waiting times for procedure. 	
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	<ul style="list-style-type: none"> • Urology Pathway • Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers. Response from Davinia is that she was not aware of further staging MRI needing to be performed. • Oncology Cover <p>External</p> <ul style="list-style-type: none"> • Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks. • Brachytherapy • Plastics • Thoracic Surgery • Robotic Prostatectomy <p>Urology – No adjustment to be added for a second PSA</p>	
6. Escalation Policy	Final version pending.	
7. AOB	<p>Operational Issues – Late upgraded referrals continue to be a problem, across all specialities. The main reason for delays is that the Doctors dictating the letters are not highlighting that it is red flag, and due to typing back log this can delay patient's pathway. Communication has been sent out to all specialities asking that at the time of dictation, if it is a Red Flag, that this is highlighted at the time.</p> <p>Datix's are to be completed the next time that there is late upgrade.</p>	
Date of Next Meeting	Thursday 18 th October at 10.00 am, Meeting Room 1, Admin Floor	

Cancer Performance Meeting

Notes of meeting held Thursday 21st March 2018 @ 10.00am
Meeting Room, Admin Floor, CAH (VC Available)

Present: Barry Conway, Fiona Reddick, Lisa McAreavey, Vicki Graham (Minutes),
 Maria Conway, Wendy Clayton, Elaine

Agenda	Discussions	Action
1. Apologies	Martina Corrigan, Jeanette Robinson, Ciara Rafferty, Lynn Lappin, Louise Devlin, Lesley Leeman & Sharon Glenny	
2. Notes of last meeting	Minutes of last meeting (December) were circulated at the time.	
3. Cancer Peer Review update	<p>Fiona provided an update from recent Acute Oncology Service Peer Review, which took place at the end of November. At present the service is covered 5 days a week, with a proposal to extend this to 7 days a week, and that Daisy Hill Hospital is to be covered also. The commissioners are currently looking at resources to facilitate this.</p> <p>Recruitment for a third Consultant Oncologist is on-going. The option of moving towards Nurse Led Practitioners for Oncology cover is a possibility.</p> <p>Peer Review – The Chemotherapy unit is next to undergo Peer Review. The visit is scheduled to take place during October 2019. Work has already started on this due to current challenges. The visit will include Haematology and Oncology. Mary Haughey, Cancer Service Improvement Lead, continues to work closely with all teams and is working with the Gynae team at the minute.</p> <p>Terms of Reference (TOR) – Barry advised that the Cancer Steering Group are planning on meeting tomorrow, Friday 22nd March, with the intention being that this will get regular meeting back up and running again. The purpose of this group is that a senior group within Acute Services meet to identify what the priorities are and what the Service Improvement plans are and what equipment, funding is required to be able to fully deliver/cover a service. The membership of this group consists of Assistant Directors, Clinical Director's and Clinical Leads. The Heads of Service are to be copied into any minutes. It is hoped that the Steering Group will meet quarterly and updates will be provided at Cancer Performance Meeting.</p>	Barry to provide update from Cancer Steering Group Meeting.
4. February 18	<u>2 Week Breast – 100%</u>	

performance	<p><u>31 Day Performance – 98% (2 patients breached their 31 day target in their 62 Day pathway)</u></p> <p><u>62 Day Performance – 71%</u></p> <p>Performance is largely on trajectory, just slightly behind where we predicted where we would be.</p> <p>Due to tracking pressures with increased workloads due to increase in referrals tracking is somewhat behind, so performance could dip further once tracking is updated. At present Colorectal tracking is about 3-4 weeks behind. This is due to almost 700 patients to be tracked for this site alone. Urology is currently about 3 weeks behind, this is again because of the large numbers being tracked, almost 400 patients. New staff members have been recruited and are currently undergoing intensive training. The benefit of this will not be felt for around 6 weeks, but it is hoped once trained tracking will be up to date across most sites.</p>	
5. February 19 Breach reports	<p>8 internal and 14 external breaches. Vicki provided a summary on the common themes of the breaches. Urology had the most breaches overall, with delays for 1st OPD being a factor for quite a few of the breaches.</p> <p><u>Breach Reports</u></p> <p><u>External</u></p> <ul style="list-style-type: none"> • Colorectal x 2 • Gynae x 1 • Lung x 4 • UGI X 1 • HPB X 1 • Urology x 5 <p><u>Internal</u></p> <ul style="list-style-type: none"> • 4 x Colorectal • 2 x Gynae • 2 X Urology <p><u>Risk Areas</u> were discussed and remain as follows:</p> <p><u>Internal</u></p> <ul style="list-style-type: none"> • Delay with MRI's being requested. This was evident with a Gynae patient who breached (during the Christmas and New Year period) this also happens in Urology. • Late updating of routine/urgent outpatient referrals within 48 hours – Datix's being raised for each referral being received. • Outpatient Hysteroscopy – Additionality 	

	<p>has been added to try and pull back waiting times. On occasion patients were waiting up to 3 weeks for procedure.</p> <ul style="list-style-type: none"> • Capacity for 1st RF appointment for Urology, General Surgery & Ultrasound Guided Biopsy procedures. • Reporting of diagnostics (CTs & MRI scanning) – Consultant Specific. • Approval of some diagnostics – This is due to limited number of Radiologists working in certain specialities. • Capacity issues with CT • CTC – Pressure continues for this speciality due to increase in demand. The CT scanner in DHH also needs to be replaced and is out for tender, possibilities at the minute are Philips or a Toshiba. The favourite at the minute would be the Philips scanner. It is hoped in time that general CT's would be moved to the mobile scanner. There are currently 6 vacancies in Radiology. 2 new staff members have been recruited and are planning on starting during the months of May and June 2019. • CTC's Prescriptions – there has been clinical agreement on how this is to be requested and the final draft is available on the intranet so that it can be easily accessed. Paper copies will also be available in outpatients, and at ward level. • There is a bid in for CTC's to go to 352 for Quarter 1. • Urology Pathway • Oncology Cover • MRI – The electrical infrastructure is to be changed before the new scanner can be installed. This work will take place during the next 3 years. • General Surgery clinics have more RF slots on their clinic templates than Gastro. The waiting times are to be compared across both sites to see if Gastro could amend their templates to allow them to see more patients. <p><u>External</u></p> <ul style="list-style-type: none"> • Lung and Upper GI patients are at risk due to PET capacity – PET waiting time is around 4 weeks. This is despite the fact the Southern Trust has a 100% acceptance rate for patients going to Blackrock. • Brachytherapy • Plastics • Thoracic Surgery • Robotic Prostatectomy 	
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6. Escalation Policy	Final version now circulated to all teams.	
7. AOB	<p><u>Operational Issues</u></p> <p>The Cancer Tracker team are under immense pressure at the minute, due to ongoing increase in workload (Red Flag Referrals across the 31D and 62D pathway). This increase is being felt across the tracking and red flag appointment team. A plan to ease pressure across the team has been introduced and staff members are undergoing training. The benefit of this will hopefully be seen over the next 6-8 weeks.</p>	
Date of Next Meeting	Thursday 16th May at 10.00 am, Meeting Room 1, Admin Floor	



Cancer Performance Dashboard Report September 2018

CANCER PERFORMANCE SUMMARY REPORT – September 2018

WIT-81929

	% Breast 2WW	% 31D Performance	% 62D Performance
July 18	98%	100%	80%
Aug 18	100%	100%	73%
Sept18		100%	82%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	86%	82%	79%	67%	73%	78%	78%
<i>Actual 62 day Performance</i>	69%	75%	80%	78%	73%	82%	76%
Variance on Trajectory	-17%	-7%	1%	11%	0%	4%	-2%

Currently on trajectory for 31 day and breast 2ww performance.

Inter-Trust Transfer Breaches – 62 Day









	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	Jun- 18	July 18	Aug 18	Sep 18	Total
Breast	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Colorectal	0	1	1	1	1	0	0	2	2	1	1	0	1	11
Head & Neck	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	1	0	2	1	0	0	1	1	1	2	1	10
Lung	2	2	2	0	1	3	1	5	4	2	4	2	1	29
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	1	1	0	1	0	0	0	1	1	0	0	0	1	6
UGI	3	2	1	0	2	2	1	4	1	0	0	4	2	22
Urology	6	2	1	1	3	4	6	0	5	5	7	2	1	43
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	8	7	3	9	10	8	12	15	9	13	10	8	124







Internal Breaches – 62 Day

	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	April-18	May-18	Jun- 18	July 18	Aug -18	Sept-18	Total
Breast	0	5	6	4	8	2	0	2	1	0	0	0	0	28
Colorectal	2	1	3	1	0	0	1	3	0	0	1	1	0	13
ENT	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Gynae	1	0	0	0	0	0	0	2	0	1	0	0	0	4
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	0	0	0	0	0	1	0	0	0	0	1	0	3
Skin	0	1	0	0	0	0	0	1	1	0	0	3	4	10
UGI	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Urology	5	7	5	6	2	2	2	2	7	4	4	7	2	55
Total	9	14	15	11	10	5	4	10	9	5	5	12	6	115

Day 31 Breaches

	Sept-17	Oct-17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	April-18	May-18	Jun 18	July-18	Aug 18	Sept 18	Total
Breast	0	3	2	2	14	4	1	1	0	0	0	0	0	27
Colorectal	0	0	0	0	1	0	0	0	0	0	0	0	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	0	0	0	0	0	2	0	0	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	0	4	2	2	15	4	1	3	0	0	0	0	0	31

Modality	Internal/External	Reason
Urology	Internal 	<ul style="list-style-type: none"> Treatment completed Day 126 - Surgery. Reason for delay - 1st OPD D26, 19 day wait for review with Consultant (transferred from MY care to AG for renal surgery)& then 57 day wait for surgery due to no capacity (Over summer period). Pathway - 1st OPD CT D9, 1st OPD D26, MRI D27, Bone Scan 35, MDM D43, review with Consultant D68, Surgery D126.
Urology	Internal 	<ul style="list-style-type: none"> Treatment completed Day 72 - Surgery. Reason for delay - 1st OPD D24, then 48 day wait for surgery to be performed due to no sooner capacity. Pathway - CT D8, 1st OPD D24, DTT D59, surgery D72.
Skin	Internal 	<ul style="list-style-type: none"> Treatment completed Day 112 - Surgery - Complex Case. Reason for delay - 1st OPD not until D35, case was also referred to England for consideration of Sentinel Lymph Node Biopsy. Outcome was then to proceed to surgery locally. Pathway - Telederm images taken D5, triaged D6, 1st OPD D35, punch taken, path reported D44, MDM D50, review with Consultant D55, surgery D112.
Skin	Internal 	<ul style="list-style-type: none"> Treatment completed Day 64 - Surgery. Reason for delay - 1st OPD D47. Pathway - 1st OPD D47, DTT D64, Surgery D64.
Skin	Internal 	<ul style="list-style-type: none"> Treatment completed Day 68 - Surgery. Reason for delay - 1st OPD D47. Pathway - 1st OPD D47, surgery D68.
Skin	Internal 	<ul style="list-style-type: none"> Treatment completed Day 74 - Surgery. Reason for delay - 1st OPD D47, target date not emailed to secretary until D62 (Tracker on leave), surgery D74.
Lower GI	External 	<ul style="list-style-type: none"> ITT Day 111. Treatment completed Day 155 - Radiotherapy. Reason for delay - 26 day wait for CTC, 51 day wait for flexi sig (both investigations requested at same time), 10 day wait for pathology to be reported on, despite being RF'd, 7 day wait for review with Consultant following MDM to generate oncology referral. Pathway - 1st OPD D16, CTC D42, Flex Sig D67, path reported D79, MDM D86, review with Consultant D93, MRI D98, CT D99, MDM D100, review with Consultant D107.
UGI	External 	<ul style="list-style-type: none"> ITT Day 84 - Treatment completed Day 145 - Surgery. Reason for delay - 25 Day delay for pathology to be reported as it was not red flagged. Complex case also that it has reported GIST, which was not initially tracked. Pathway - 1st OPD D6, OGD D9, MRI D17, path reported D34, MDM 37, EUS D47, path reported Day 49, MDM D69, ITD D73, Regional MDM D77.

Urology	External 	<ul style="list-style-type: none"> • ITT Day 109. Treatment completed Day 187 - Brachytherapy. Reason for delay - 1st OPD D19, 13 day wait for TRUSB, 7 day delay for MDM discussion with pathology, with review with Consultant, 13 day wait for bone scanning. Pathway - 1st OPD 19, MRI D30, TRUSB D46, path reported D48, MDM D55, review Cons D69, Bone Scan D82, MDM D90, review with Consultant D108.
Head & Neck	External 	<ul style="list-style-type: none"> • ITT Day 78 - Treatment completed Day 99 - Radiotherapy. Reason for delay - complex pathway - MDM deferrals due to results not being available. Pathway - 1st OPD D9, CT D12, Panendoscopy & Biopsy D19, path reported D22, RVD29, ITD D32, MDM D36 (deferred), MRI D39, D43 MDM deferral, MDM D50, review with Consultant D57, PET D71, Regional MDM D78.
Lung	External 	<ul style="list-style-type: none"> • ITT Day 45 - Treatment completed D113 - Surgery. Reason for delay - delay with PET scanning. Pathway - CT D12, 1st OPD D 15, Bronchoscopy D21, path reported D26, MDM D28, PET D38, MDM D42, ITT D45.
Gynae	External 	<ul style="list-style-type: none"> • ITT Day 14- Treatment completed Day 75 - Chemoradiotherapy.
UGI	External 	<ul style="list-style-type: none"> • ITT Day 55 - Treatment completed Day 82. Reason for delay - 25 Day wait for PET scan. Pathway - 1st OPD D4 (OGD), CT D6, path reported D7, ITD D12, Regional OG D14, PET D39, Regional OG D42, staging lap D48.
Skin	External 	<ul style="list-style-type: none"> • ITT Day 49- Treatment completed Day 77 - Radiotherapy. Reason for delay = 1st OPD D48.

Internal

- Late updating of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies
- Capacity for 1st RF appointment for Urology, Skin, Lung, Gastro & Ultrasound Guided Biopsy procedures
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography
- Urology Pathway
- Urology – TURBT's from 01.01.18 are to be treated as a diagnostic procedure and not first definitive treatment for muscle invasive bladder cancers. Response from Davinia is that she was not aware of further staging MRI needing to be performed.
- Oncology Cover

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 3 weeks.
- Brachytherapy
- Plastics
- Thoracic Surgery
- Robotic Prostatectomy

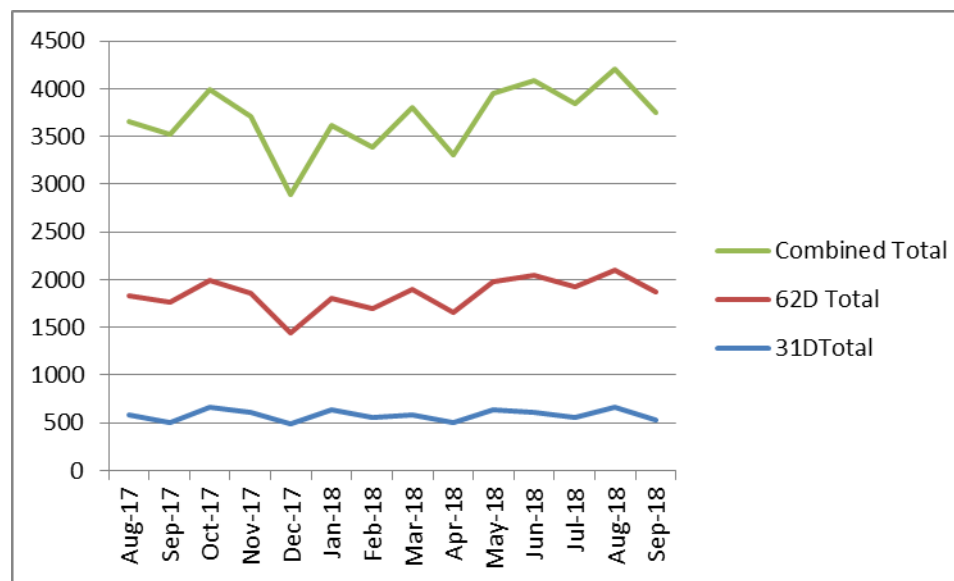
62 DAY REFERRALS

62 DAY REFERRALS	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar-18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18
Acute Leukaemia	0	2	0	0	0	3	0	0	0	0	0	2	0	0
Brain/Central Tumour	11	14	5	6	5	11	11	13	10	9	9	11	10	18
Breast Cancer	219	234	289	235	168	233	216	271	225	225	236	230	237	230
Children's Cancer	2	0	0	0	0	0	0	3	2	0	0	0	1	1
Gynae Cancers	123	120	125	113	101	118	126	102	110	110	113	144	114	127
Haematological Cancers	14	12	17	18	9	17	12	16	16	14	11	19	18	18
Head/Neck Cancer	101	120	83	78	58	94	91	94	75	88	121	82	108	89
Lower Gastrointestinal Cancer	250	219	240	231	184	209	187	239	221	266	255	258	267	261
Lung Cancer	25	21	31	24	22	39	36	35	29	45	46	22	29	22
Other Suspected Cancer	23	24	19	23	13	17	20	20	14	28	27	17	33	27
Sarcomas	1	0	2	3	0	1	3	1	1	5	0	1	1	0
Skin Cancers	195	199	178	170	122	134	145	182	165	243	268	266	258	237
Testicular Cancer	6	6	2	9	10	9	7	8	3	3	4	7	10	6
Upper Gastrointestinal Cancer	142	152	174	163	118	146	127	158	135	144	161	174	163	146
Urological Cancer	132	138	161	163	145	135	155	175	148	158	183	138	191	165
62D Total	1244	1261	1326	1236	955	1166	1136	1317	1154	1338	1434	1371	1440	1347

31 DAY REFERRALS

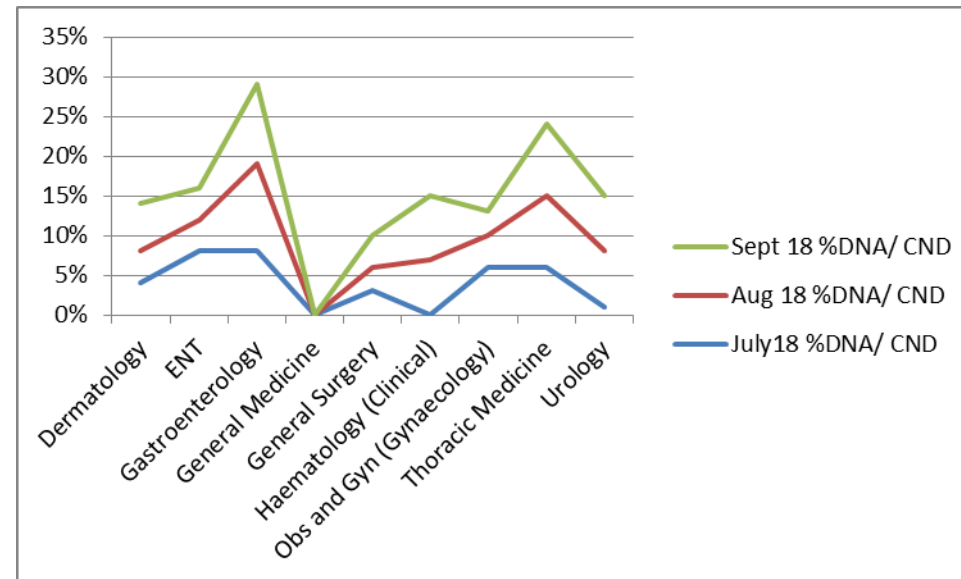
31 DAY REFERRALS	Aug 17	Sept17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18
Acute Leukaemia	7	17	3	6	0	6	9	7	1	8	7	5	5	13
Brain/Central Tumour	22	13	14	6	10	16	13	11	11	19	17	16	15	4
Breast Cancer	60	52	69	64	39	70	63	60	69	71	61	66	59	58
Children's Cancer	0	0	0	0	0	0	0	0	0	1	0	1	0	3
Gynae Cancers	44	41	65	57	50	52	47	33	41	51	53	45	51	48
Haematological Cancers	26	18	29	23	35	40	26	31	25	29	18	17	41	40
Head/Neck Cancer	31	22	29	36	26	23	16	25	16	27	33	24	37	29
Lower Gastrointestinal Cancer	103	86	113	98	81	106	103	119	88	121	110	100	98	95
Lung Cancer	71	62	82	61	39	64	53	54	45	54	62	71	79	48
Other Suspected Cancer	4	4	5	4	6	0	7	4	2	10	6	3	4	4
Sarcomas	3	7	1	1	2	0	0	4	0	0	1	0	2	2
Skin Cancers	60	42	82	78	63	70	49	67	67	66	71	63	86	71
Testicular Cancer	0	0	0	3	0	0	1	2	1	1	1	1	3	0
Upper Gastrointestinal Cancer	86	81	94	103	92	99	89	100	86	110	96	82	90	63
Urological Cancer	70	58	73	77	73	92	82	61	56	64	55	60	93	50
31DTotal	587	503	681	617	493	640	560	582	501	636	607	554	663	528

	Aug17	Sep17	Oct 17	Nov17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun18	July 18	Aug 18	Sep18
31DTotal	587	503	670	617	493	640	560	582	501	636	607	554	663	528
62D Total	1244	1261	1326	1236	955	1166	1136	1317	1154	1338	1434	1371	1440	1347
Combined Total	1831	1764	1996	1853	1448	1806	1696	1899	1655	1974	2041	1925	2103	1875



Red Flag Outpatient DNA

Speciality	July - 18			Aug - 18			Sept - 18		
	Attendances	DNA&CND	July18 %DNA/CND	Attendances	DNA&CND	Aug 18 %DNA/CND	Attendances	DNA&CND	Sept 18 %DNA/CND
Dermatology	164	6	4%	207	9	4%	187	12	6%
ENT	94	8	8%	90	4	4%	126	5	4%
Gastroenterology	86	7	8%	32	4	11%	65	7	10%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	475	16	3%	520	18	3%	470	19	4%
Haematology (Clinical)	12	0	0%	13	1	7%	11	1	8%
Obs and Gyn (Gynaecology)	116	7	6%	120	5	4%	114	3	3%
Thoracic Medicine	45	3	6%	43	4	9%	43	4	9%
Urology	94	1	1%	132	10	7%	128	10	7%
	1086	48	4%	1157	55	5%	1144	61	5%

Red Flag Outpatient DNA

62 Day Confirmed Cancers

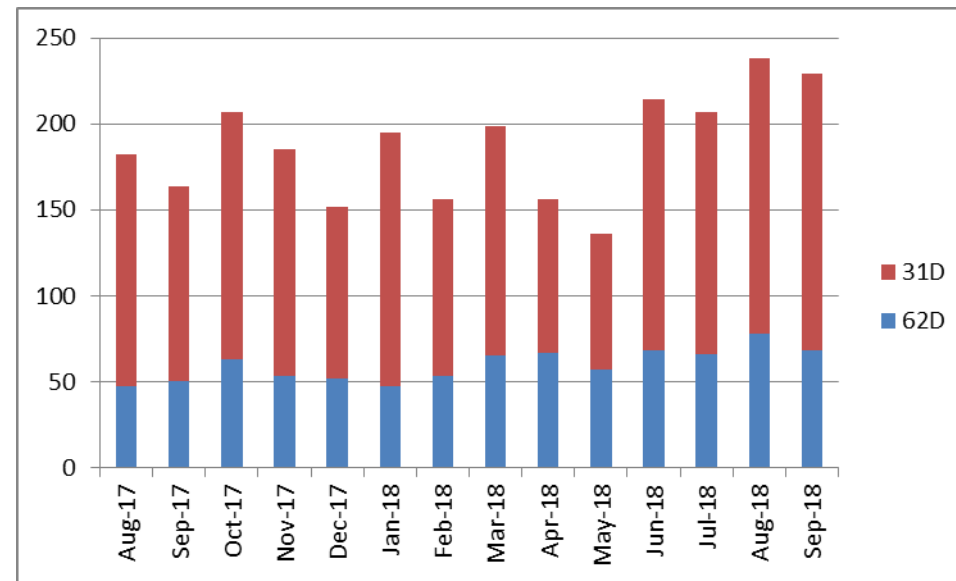
Tumour Site	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Total
Acute Leukaemia	0	2	0	0	0	0	0	0	0	0	0	2	0	0	4
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	6	4	3	5	5	7	11	12	12	8	12	9	15	12	121
Children's	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Gynae	3	6	5	5	7	5	6	3	7	6	8	13	7	10	91
Haem	2	1	2	2	2	1	3	1	2	4	3	2	6	4	35
Head & Neck	6	1	7	4	5	2	4	5	1	1	1	1	8	4	50
LGI	4	2	3	2	0	3	1	3	7	6	2	0	2	3	38
Lung	3	5	8	5	1	4	3	9	7	4	11	12	6	1	79
Other	2	0	0	0	0	0	0	0	0	1	0	0	0	1	4
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	5	5	22	15	16	7	1	10	13	12	5	7	12	8	138
Testicular	0	0	1	1	0	0	2	0	0	0	0	3	1	0	8
UGI	10	6	5	5	5	1	8	6	5	1	8	9	8	7	84
Urology	6	18	7	9	11	17	14	13	11	13	18	8	13	17	175
62D Total	47	50	63	53	52	47	53	65	67	57	68	66	78	68	834
%62D confirmed	25%	30%	30%	29%	34%	24%	36%	33%	43%	42%	32%	32%	33%	30%	

31 Day Confirmed Cancers

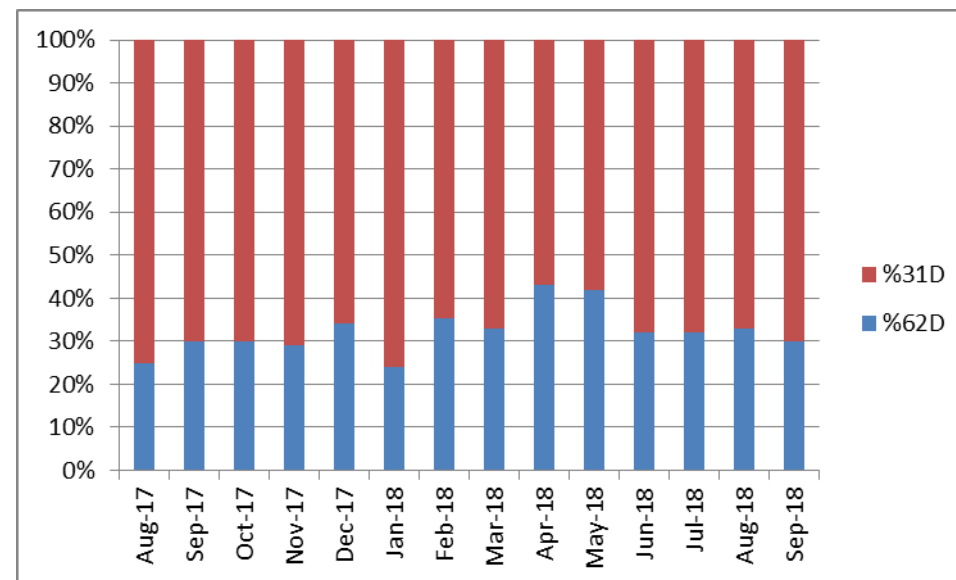
Tumour Site	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Total
Acute Leukaemia	2	13	5	0	0	2	4	3	0	0	7	4	1	9	50
Brain	3	2	2	3	0	2	5	5	0	1	0	3	3	0	29
Breast	20	13	11	7	6	14	6	14	14	7	17	21	16	20	186
Children's	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Gynae	3	6	13	19	6	14	7	5	1	4	18	16	12	12	136
Haem	19	10	19	15	21	25	20	21	12	9	15	15	36	26	263
Head & Neck	4	1	4	7	2	3	0	8	3	0	7	6	5	6	56
LGI	8	5	5	7	4	7	5	10	9	15	7	8	4	6	100
Lung	32	14	28	20	8	12	10	13	10	7	13	23	26	19	235
Other	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3
Sarcomas	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Skin	18	19	31	27	32	27	23	30	20	16	26	25	29	31	354
UGI	8	14	9	12	14	17	15	12	9	8	14	8	7	7	154
Urology	18	17	16	15	7	25	8	13	11	9	9	7	21	10	186
31D Total	135	114	144	132	100	148	103	134	89	79	146	141	160	161	1786
%31D confirmed	75%	70%	70%	71%	66%	76%	66%	67%	57%	58%	68%	68%	67%	70%	

Tumour Site	Aug -17	Sep -17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May 18	Jun 18	July 18	Aug 18	Sep 18	Total
62D Total	47	50	63	53	52	47	53	65	67	57	68	66	78	68	834
31D Total	135	114	144	132	100	148	103	134	89	79	146	141	160	161	1786
TOTAL 31D +62D	182	164	207	185	152	195	156	199	156	136	214	207	238	229	2620

Number of confirmed cancers Aug 17– Sept 18



% of Confirmed cancers split between 31/62 Days
Aug 17 – Sept 18



62D % cancer conversion July 18 –Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

62D % cancer conversion Jan 18 – March 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	35	0	0%
Breast	720	30	4%
Children's Cancer	3	0	0%
Gynae	346	14	4%
Haem	45	5	11%
Head & Neck	279	11	4%
LGI	635	7	1%
Lung	110	16	15%
Other	57	0	0%
Sarcoma	5	0	0%
Skin	461	18	4%
Testicular	24	2	9%
UGI	431	15	3%
Urology	465	44	9%

62D % cancer conversion Oct 17 – Dec 17

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	16	0	0%
Breast	692	13	2%
Children's Cancer	0	0	0%
Gynae	339	17	5%
Haem	44	6	2%
Head & Neck	219	16	7%
LGI	655	5	1%
Lung	77	14	18%
Other	55	0	0%
Sarcoma	5	0	0%
Skin	470	53	11%
Testicular	21	2	10%
UGI	455	15	3%
Urology	469	27	6%



Cancer Performance Dashboard Report March 2019

	% Breast 2WW	% 31D Performance	% 62D Performance
Jan 19	99%	100%	71%
Feb 19	100%	98%	71%
Mar 19		100%	78%

	Oct18	Nov18	Dec 18	Jan 19	Feb 19	Mar 19	Cumulative
62 Day Target	95%	95%	95%	95%	95%	95%	95%
Operational Trajectory	82%	84%	78%	80%	87%	88%	80%
<i>Actual 62 day Performance</i>	<i>69%</i>	<i>77%</i>	<i>72%</i>	<i>71%</i>	<i>71%</i>	<i>78%</i>	<i>75%</i>

Breast 2WW = 99% and 31 Day Performance = 99.5% at end March 2019

Inter-Trust Transfer Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal	0	0	2	1	1	0	1	0	0	0	5	2	1	13
Head & Neck	0	0	1	0	0	0	1	0	0	0	0	0	0	2
Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	2	1	1	1	2	1	2	2	3	0	1	1	17
Lung	1	2	4	3	4	2	3	1	0	0	1	4	0	25
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	0	1	0	0	0	1	1	1	0	1	0	0	5
UGI	1	4	1	0	0	4	2	2	1	2	0	1	1	19
HPB	0	0	0	0	0	0	0	0	0	0	1	2	0	3
Urology	6	2	5	6	8	2	1	5	6	1	9	7	4	62
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8	10	15	11	14	10	10	11	10	6	17	17	7	146

Internal Breaches – 62 Day

(Figures taken from 62 & 31 Day completed waits)

	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breast	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Colorectal	1	3	0	0	1	1	0	3	1	0	1	4	1	16
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	2	0	1	0	0	0	0	0	0	0	2	0	5
Haem	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	1	0	0	0	0	1	0	0	0	1	0	0	0	3
Skin	0	1	1	0	0	3	4	1	1	1	0	0	0	12
UGI	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Urology	2	2	7	4	4	7	2	7	8	8	8	2	5	66
Total	4	10	9	5	5	12	6	12	10	10	9	8	6	106

Day 31 Breaches

(Figures taken from 62 & 31 Day completed waits)

	Mar 18	April 18	May 18	Jun 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breast	2	2	0	0	0	0	0	0	0	0	0	0	0	4
Colorectal	0	0	0	0	0	0	0	0	0	0	0	1	0	1
ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	0	2	0	0	0	0	0	0	0	0	0	0	0	2
UGI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Total	2	4	0	0	0	0	0	0	0	0	0	2	0	8

Summary of Breach Reports – March 2019

Modality	Internal/External	Reason
Urology	Internal <small>Personal Information</small>	<ul style="list-style-type: none"> Treatment completed Day 90 - Active monitoring. Reason for delay - 1st OPD D44 and then a delay for review with Consultant. Pathway - CTU D13, CTU reported D18, 1st OPD D44, TURP D56, MRI (post adjustment to allow healing time from surgery) D57, review with Consultant D88.
Urology	Internal <small>Personal Information</small>	<ul style="list-style-type: none"> Treatment completed Day 100 - Active Monitoring. Reason for delay - 1st OPD D52, 15 day wait for TRUSB & then 12 day wait for review with Consultant post MDM. Pathway - 1st OPD D52, TRUSB D77, MDM D86, review with Consultant D98, DTT D100.
Urology	Internal <small>Personal Information</small>	<ul style="list-style-type: none"> Treatment completed D97 -Active Monitoring. Reason for delays: 62 day wait for 1st appointment. Pathway: 1st appointment on D62, MRI D7, TRUSB D85, MDM D93, Treatment complete D97
LGI	Internal <small>Personal Information</small>	<ul style="list-style-type: none"> Treatment completed D64 - Surgery. Reason - Theatre list cancelled (Mr McElvanna) and was rescheduled outside of target. Pathway - 1st OPD D18, CT D24, MRI D30, MDM D31, DTT D36, Surgery D64.
Urology	Internal <small>Personal Information</small>	<ul style="list-style-type: none"> Treatment completed Day 111 - Hormone Therapy. Reason for delay - 1st OPD D43, 11 day delay for Bone Scan & 11 day delay with referral to Oncology services. Pathway - 1st OPD D43, TRUSB D45, path reported D48, MDM D54, review with Consultant Day 60, Bone scan D73, MDM D82, review with Consultant D86, ITT D86.
Urology	External <small>Personal Information</small>	<ul style="list-style-type: none"> ITT Day 102 - Treatment completed Day 151 - Hormones. Reason for delay - 1st OPD D51 & then 11 day delay for review with Consultant following MDM. Pathway - 1st OPD D51, MRI D59, TRUSB D72, MDM D80, review by Consultant D84, ITD D91, MDM D101 & then ITT Day 102.
Lower GI	External <small>Personal Information</small>	<ul style="list-style-type: none"> ITT Day 77 - Treatment completed Day 89 - Radiotherapy. Reason for delay - 27 day delay for flexible sigmoidoscopy & then MDM deferral due to consultant being on leave (Mr McArdle) - MDT chair advised following escalation that patient was to be listed for MDM discussion and could not wait until Consultant returned from leave (patient was deferred). Pathway - 1st OPD D14, CT D29, flexi sig D41, MDM D57, ITT D77, DTT D78 & radiotherapy D89.

Upper GI	External <small>Personal Information</small>	<ul style="list-style-type: none"> ITT Day 50 - Treatment completed Day 72 - Chemotherapy. Reason for delay - Complex case to get pathological diagnosis. OGD D10, CT D13, First appointment D14, PET D17, Regional MDM D18, PET D21, MRI D30, Local MDM D31, Regional MDM D32, Staging Laparoscopy D37, Diagnosis D42, ITT'd D50
Urology	External <small>Personal Information</small>	<ul style="list-style-type: none"> ITT Day 109 - Treatment completed Day 182 - Surgery. Reason for delay - 1st OPD D41 & then delay with proceeding to TRUSB following result of MRI scanning & then 14 day delay for review with Consultant following MDM. Pathway - 1st OPD D41, MRI D43, TRUSB D68, path reported D75, MDM D76, review with Consultant Day 90, ITD D99, MDM D105 & ITT Day 109.
Urology	External <small>Personal Information</small>	<ul style="list-style-type: none"> ITT Day 92 - Treatment completed Day 115 - Hormones. Reason for delay - 1st OPD D55 & 14 day with pathology being reported. Pathway - 1st OPD D55, MRI D62, TRUSB D65, MDM D79, review with Consultant Day 79, ITD D84, regional MDM D86, ITT Day 92.
Gynae	Internal <small>Personal Information</small>	<ul style="list-style-type: none"> ITT Day 55 - Treatment completed Day 74 - Chemotherapy. Reason for delay - 1st OPD D24, 10 day wait for USS. Pathway - 1st OPD D24, USS pelvis performed, MDM D39, MRI D41, MDM D46, and MDM D53.

Internal

- Late upgrading of routine/urgent outpatient referrals within 48 hours
- Outpatient Hysteroscopies- There has been additional capacity to pull forward waiting times. It is anticipated that waiting times will get slightly worse, before they get better. This is due to all the recent Bank Holidays (Easter and May Day)
- Capacity for 1st RF appointment for Urology, Gastro & General Surgery.
- Ultrasound Guided Biopsy procedures (Applies mostly to Head and Neck – 3 week waiting time)
- Reporting of diagnostics (CT 's & MRI scanning) – Consultant Specific
- Capacity issues with CT Colonography. These are now being outsourced to the IS. New firms are being used from Monday 22nd April so waiting times should start to improve. Within the Trust the new process for prescriptions has been introduced and has been widely shared across all of the teams. It will take roughly a month or so before improvement is felt.
- Urology Pathway
- Oncology Cover – Oncology Transformation review is ongoing. Huge gaps have been identified in the service. At present there is only one locum Consultant covering Lung.
- Endoscopy – Colonography waiting times have slightly improved.
- Red Flag Appointment Team – 3 out of the 4 staff members are new and are currently undergoing training. The staff members have been struggling to fill all of the allocated RF slots, in time, and even more so when additional clinics have been added on. It is hoped over the next few week this will improve.
- Red Flag Tracking Team – Due to increased workloads across both teams, delays have been noted on occasion over the last couple of months and it has not been possible for patients to be tracked as often as they should be, this has been evident with some breaches . Additional funding has been approved, to expand on current staffing levels, just final amount to be confirmed. These additional resources will focus on tracking various tumour sites, which should help performance as more patients will be tracked.
- NICE Guidelines NG12- Revised edition has had huge impact on teams. Dr D McCormick has requested feedback on how this is impacting on all service.

External

- Lung and Upper GI patients are at risk due to PET capacity – PET waiting times is around 4 weeks. Waiting times for Blackrock = 2-3 weeks.
- Brachytherapy
- Plastics – Round 3 weeks.
- Thoracic Surgery
- Robotic Prostatectomy

REFERRAL – SUSPECT CANCER JANUARY 2018 – FEBRUARY 2019

(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 62 Day pathway by suspect tumour site)

62 DAY REFERRALS

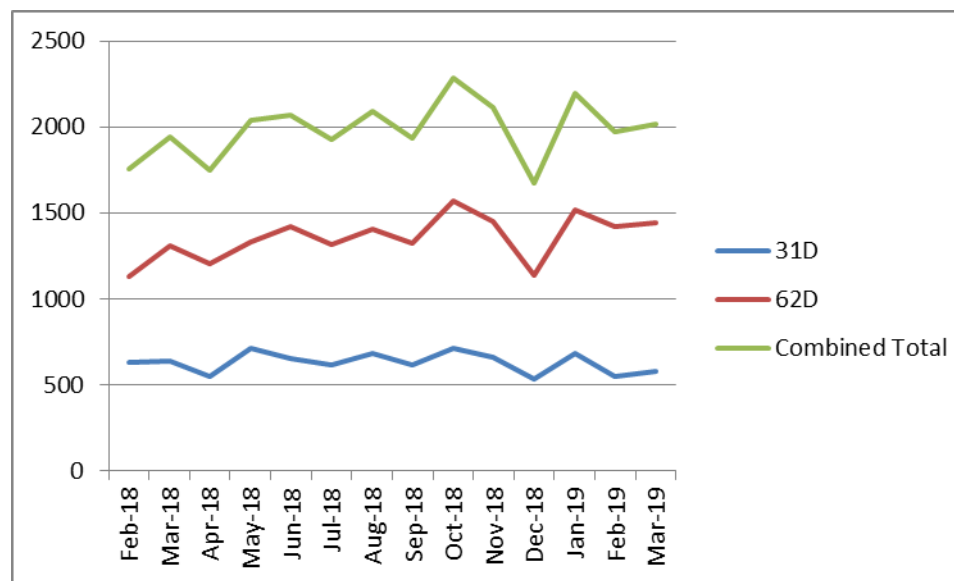
62 DAY REFERRALS	Feb 18	Mar 18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Acute Leukaemia	0	0	0	0	0	2	0	0	0	0	0	3	0	0
Brain/Central Tumour	11	13	10	8	9	10	10	18	12	12	5	7	9	10
Breast Cancer	228	271	230	228	236	230	239	232	330	270	187	268	258	270
Children's Cancer	0	3	2	0	0	0	1	1	0	3	1	0	0	0
Gynae Cancers	129	102	117	112	111	144	114	128	159	142	111	120	142	145
Haematological Cancers	10	12	10	12	10	17	15	16	30	20	13	26	18	19
Head/Neck Cancer	86	98	85	87	121	82	101	89	116	114	69	118	89	102
Lower Gastrointestinal Cancer	194	240	235	275	254	260	268	263	243	275	249	309	293	269
Lung Cancer	35	36	30	46	46	22	30	22	29	31	21	49	35	39
Other Suspected Cancer	18	18	15	26	27	15	31	25	36	17	10	28	19	13
Sarcomas	3	1	2	6	0	1	1	0	4	1	0	0	0	0
Skin Cancers	124	163	165	221	256	203	232	201	228	179	151	237	243	238
Testicular Cancer	7	8	3	4	4	7	10	5	11	11	9	11	14	8
Upper Gastrointestinal Cancer	124	162	140	145	161	174	161	149	177	183	129	165	136	167
Urological Cancer	161	182	157	160	183	147	193	175	197	193	180	173	167	157
62D Total	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439

31 DAY REFERRALS

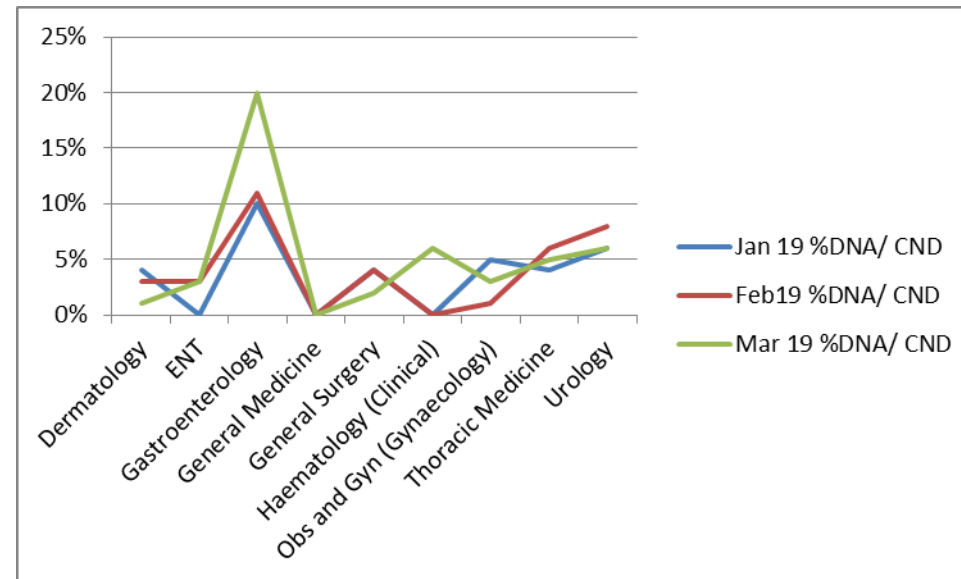
(All figures have been updated and re-run and have been taken from BOXI report – Number of referrals on a 31 Day pathway by suspect tumour site)

31 DAY REFERRALS	Mar-18	April18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Dec 18	Jan 19	Feb 19	Mar 19
Acute Leukaemia	7	1	8	7	5	5	13	14	13	2	2	15	6	11
Brain/Central Tumour	11	11	19	17	17	15	4	3	18	6	6	15	18	11
Breast Cancer	62	73	71	62	65	59	60	52	58	70	70	84	57	80
Children's Cancer	0	0	2	0	1	0	3	0	0	0	0	0	0	2
Gynae Cancers	36	45	55	55	47	53	50	61	46	30	30	58	49	49
Haematological Cancers	31	25	30	19	18	43	42	34	45	37	37	34	19	20
Head/Neck Cancer	24	21	26	36	28	39	32	45	35	21	21	31	17	25
Lower Gastrointestinal Cancer	125	97	140	114	105	104	110	123	138	108	108	118	127	109
Lung Cancer	60	51	65	69	76	80	59	70	69	66	66	65	35	41
Other Suspected Cancer	4	2	9	6	1	3	5	2	2	1	1	4	9	4
Sarcomas	4	0	0	1	0	2	2	3	3	4	4	2	6	4
Skin Cancers	83	73	83	88	84	87	100	96	88	59	59	55	62	46
Testicular Cancer	2	1	1	1	1	3	0	4	0	1	1	2	0	0
Upper Gastrointestinal Cancer	109	84	119	100	89	91	77	99	81	74	74	95	91	108
Urological Cancer	76	64	82	77	75	101	56	104	66	57	57	73	54	58
31DTotal	634	548	710	652	612	685	613	710	662	536	536	681	550	581

	Feb 18	Mar18	Apr 18	May18	Jun18	July 18	Aug 18	Sep18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
31DTotal	628	634	548	710	652	612	685	613	710	662	536	681	550	581
62D Total	1130	1309	1201	1330	1418	1314	1406	1324	1572	1451	1135	1518	1423	1439
Combined Total	1758	1943	1749	2040	2070	1926	2091	1937	2282	2113	1671	2199	1973	2020

**Red Flag Outpatient DNA**

Speciality	Jan - 19			Feb - 19			Mar - 19		
	Attendances	DNA& CND	Jan 19 %DNA/ CND	Attendances	DNA& CND	Feb19 %DNA/ CND	Attendances	DNA& CND	Mar 19 %DNA/ CND
Dermatology	202	9	4%	224	7	3%	230	3	1%
ENT	113	2	%	97	3	3%	86	3	3%
Gastroenterology	69	8	10%	49	6	11%	37	9	20%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	604	22	4%	509	21	4%	484	9	2%
Haematology (Clinical)	19	0	0%	15	0	0%	17	1	6%
Obs and Gyn (Gynaecology)	154	8	5%	114	1	1%	130	4	3%
Thoracic Medicine	48	2	4%	51	3	6%	35	2	5%
Urology	154	10	6%	126	11	8%	157	10	6%
	1363	61	4%	1185	52	4%	1176	41	3%

Red Flag Outpatient DNA

62 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 62 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Acute Leukaemia	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Brain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast	24	21	11	15	20	15	19	13	18	15	14	16	15	19	235
Children's	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
Gynae	14	13	19	21	15	19	10	10	6	9	8	11	8	1	164
Haem	5	5	5	3	3	7	10	7	10	3	4	2	3	4	71
Head & Neck	7	10	9	5	7	5	5	7	9	5	9	7	6	0	91
LGI	10	13	10	13	7	13	6	8	10	4	0	9	1	1	105
Lung	10	16	10	22	16	12	8	3	4	2	1	9	6	5	124
Other	0	0	0	1	0	1	0	1	1	0	0	0	0	0	4
Sarcomas	0	1	0	2	0	0	0	0	0	0	0	0	0	0	3
Skin	24	30	17	22	30	25	31	30	30	13	14	17	23	13	319
Testicular	2	0	0	0	0	3	1	0	3	2	0	1	3	0	15
UGI	9	11	5	10	9	14	11	13	11	11	13	4	6	2	129
Urology	37	34	38	39	57	32	39	28	29	26	32	23	19	17	450
62D Total	142	157	124	153	164	148	140	120	131	90	105	99	90	62	1725
%62D confirmed	39%	42%	40%	42%	42%	41%	38%	37%	36%	44%	39%	34%	35%	32%	

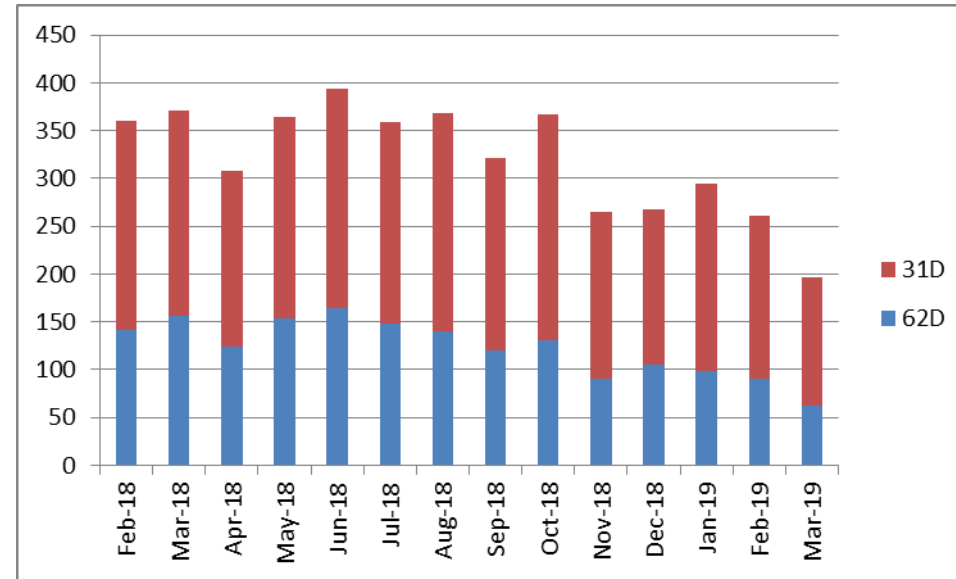
31 Day Confirmed Cancers

(All figures have been re-run and have been taken from BOXI – Number of referrals on a 31 Day pathway by suspect tumour site that convert to confirmed cancer diagnosis)

Tumour Site	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Acute Leukaemia	5	3	1	2	7	4	1	11	12	1	0	0	5	6	58
Brain	8	5	11	11	9	6	7	0	3	0	5	9	5	1	80
Breast	22	20	12	20	23	25	18	20	13	13	18	31	15	20	270
Children's	0	0	0	0	0	0	0	3	0	0	0	0	0	0	3
Gynae	15	7	19	16	21	18	12	17	25	13	9	11	16	23	222
Haem	23	27	23	24	19	17	39	31	25	34	26	14	10	7	319
Head & Neck	2	9	3	6	14	10	9	10	5	7	3	6	7	6	97
LGI	11	21	19	15	13	16	11	12	17	10	6	7	13	11	182
HPB	0	0	0	0	0	0	0	0	0	0	0	0	18	3	21
Lung	40	24	24	32	35	36	47	27	32	23	23	25	15	14	397
Other	0	2	0	1	0	0	1	1	0	0	2	0	1	0	8
Sarcomas	0	0	0	0	0	0	0	0	0	2	2	0	0	0	4
Skin	41	46	34	36	40	39	34	46	60	47	37	29	42	17	548
UGI	23	23	21	23	15	12	15	13	16	9	1	34	9	11	225
Urology	28	27	17	25	34	28	35	11	28	16	12	27	15	15	318
31D Total	218	214	184	211	230	211	229	202	236	175	163	195	171	134	2773
%31D confirmed	61%	58%	60%	58%	58%	59%	62%	63%	64%	66%	61%	66%	66%	68%	

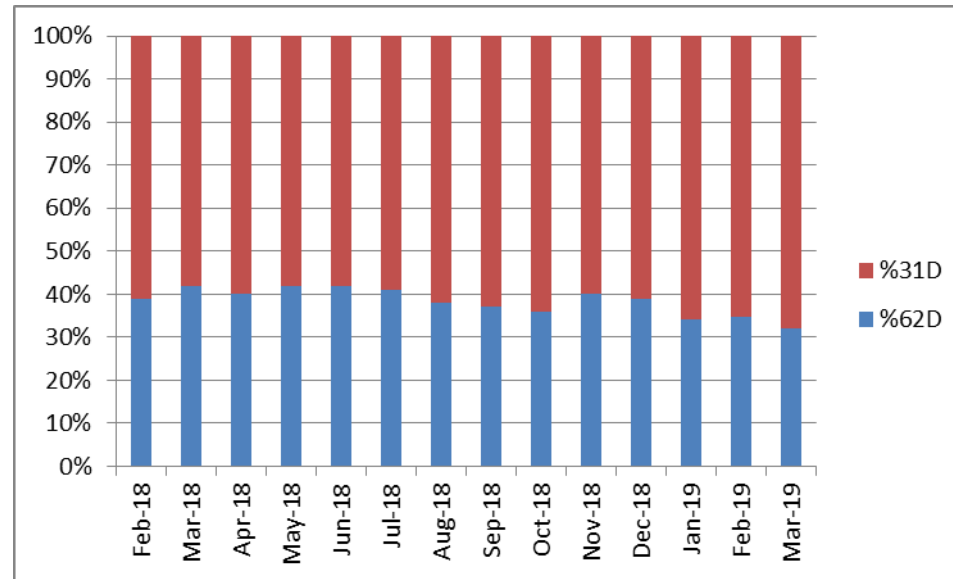
Tumour Site	Feb 18	Mar 18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
62D Total	142	157	124	153	164	148	140	120	131	90	105	99	90	62	1725
31D Total	218	214	184	211	230	211	229	202	236	175	163	195	171	134	2773
TOTAL 31D +62D	360	371	308	364	394	359	369	322	367	265	268	294	261	196	4498

Number of confirmed cancers Feb 18– Mar 19



% of Confirmed cancers split between 31/62 Days
Feb 18 – Mar 19

WIT-81956



62D % cancer conversion Jan 19 – Mar 19

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	3	0	0%
Brain	26	0	0%
Breast	796	50	6%
Children's Cancer	0	0	0%
Gynae	407	20	5%
Haem	63	9	14%
Head & Neck	309	13	4%
LGI	871	11	1%
Lung	123	20	16%
Other	60	0	0%
Sarcoma	0	0	0%
Skin	718	53	7%
Testicular	33	4	12%
UGI	468	12	2%
Urology	497	59	12%

62D % cancer conversion Oct 18 – Dec 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	29	0	0%
Breast	787	47	6%
Children's Cancer	4	0	0%
Gynae	412	21	5%
Haem	63	17	27%
Head & Neck	299	20	7%
LGI	767	21	3%
Lung	81	7	9%
Other	63	6	10%
Sarcoma	5	0	0%
Skin	558	51	9%
Testicular	31	5	16%
UGI	489	29	6%
Urology	570	80	14%

62D % cancer conversion July 18 – Sept 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	2	2	100%
Brain	39	0	0%
Breast	697	36	5%
Children's Cancer	2	0	0%
Gynae	385	30	8%
Haem	55	12	22%
Head & Neck	279	13	5%
LGI	786	5	1%
Lung	73	19	26%
Other	77	1	1%
Sarcoma	2	0	0%
Skin	761	27	4%
Testicular	23	4	17%
UGI	483	24	5%
Urology	494	38	7%

62D % cancer conversion April 18 – June 18

Tumour Site	No. of referrals	No. of confirmed cancers	% conversion
Acute Leukaemia	0	0	0%
Brain	28	0	0%
Breast	686	32	7%
Children's Cancer	2	1	50%
Gynae	220	21	10%
Haem	41	9	22%
Head & Neck	284	3	1%
LGI	742	15	2%
Lung	120	22	18%
Other	69	1	1%
Sarcoma	6	0	0%
Skin	676	30	4%
Testicular	10	0	0%
UGI	440	14	3%
Urology	489	42	9%

CANCER CHECKPOINT MEETING

Date: Friday 30/07/2021
 Time: 2.00pm
 Venue: Via Zoom (link issued)

MINUTES

Attendees & Apologies			
Barry Conway	x	Dr Shane Moan	x
Clair Quin	x	Amie Nelson	x
Angela Muldrew	x	Mr Kevin McElvanna	x
Sharon Glenny	x	Kay Carroll	x
Dr Shahid Tariq	x	Ronan Carroll	x
Mary Haughey	x	Dr Art O'Hagan	x
Julie Brodison			
Apologies noted from: Sinead Lee, Mr Tony Glackin			
1.0	Notes from previous meeting		
	Barry welcomed everyone to the meeting.		
2.0	Update on MDT benchmarking work – linked to the Urology Review		
	Barry advised that he had asked Mary Haughey to link into the meeting to give an overview of the MDT Benchmarking work.		
	Mary advised that she has linked in with all MDM chairs and aa baseline has been completed and submitted for all tumour sites. There are 32 characteristics that the MDM's were marked against to measure the effectiveness of the MDM. Mary advised that the plan is to look at common themes and arrange a meeting with all the MDM chairs to develop an action plan.		
3.0	Cancer Rebuild plan by tumour site:		
	<ul style="list-style-type: none"> • Volumes on pathways • Waits for 1st assessment • Longest waiters – 62 day pathway • Key pressures by tumour site • Actions by tumour site • Measuring progress 		
	Barry advised that referrals continue to increase. He		

advised that he has spoken to Lynn Lappin and there is some work that could be done with the performance team. Julie advised that the performance team have plotted some SPC charts which she will share.

Barry advised that following discussions with the gynae team there were some RF referrals coming in which should be urgent but given the time it would take for the triaging consultant to go back with reasons for downgrade it was being kept as RF. Dr Moan advised that there were 2 lung couldn't justify RF and asked where the graphs provided RF referrals received or RF after triage. Angela advised that this information is RF after triage.

LGI

Barry advised that she had a brief discussion with Amie regarding LGI which he followed up with an email. Amie & Mr McElvanna was surprised with the numbers and advised that they had looked at waiting lists etc and cannot see this volume. They asked if it would be possible to get a breakdown of where the bottle necks are. Angela advised that the only way to do this would be to full track this site. It was agreed that this would need to be looked at urgently.

Sinead & Angela to look at LGI

Lung – Dr S Moan

- Continuing to do F2F & virtual. Down to 2 OP clinics in DHH and also Dr Elaine Hayes vacancy not yet filled
- Bronchoscopy – lists in DHH ok but not as easy in CAH.
- Reliant on Enda Conlan for CT guided biopsies but if he goes on annual leave this impacts the pathway
- EBUS back up and running.
- Trying to start up Breaking Bad news clinics - important to have family member at this clinic and CNS support.
- PFTs now able to be done on 2 sites – challenging for staff. Kay advised that a demand & capacity piece of work has been completed and more funding is required.

Dermatology – Dr O'Hagan

- Referrals continue to increase
- Telederm – there is a capacity gap and a backlog but it is useful as some patients can be discharged and not require further appointments.
- Team are staff members down which impacts on clinics but the number of people being seen are slowing increasing back to pre covid numbers.

Theatres/ICU – Ronan Carroll

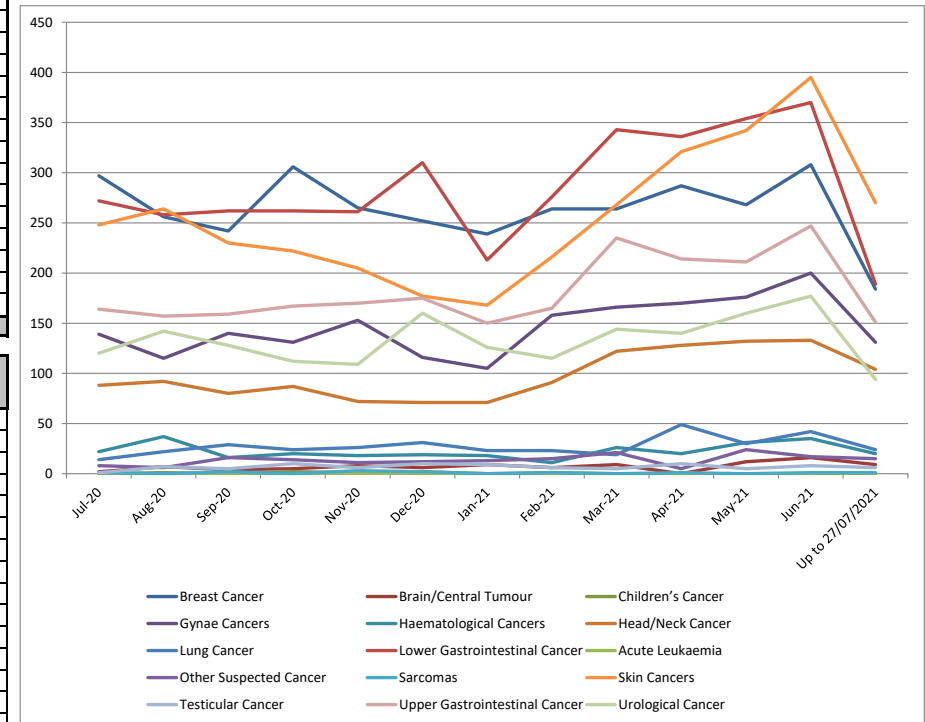
- Increased to 9 ICU beds from today and have been asked to increase to 11 by middle of next week
- If staffing levels remain as they are any planned elective lists should go ahead although elective

	ward capacity could impact on this and any interventional procedures	WIT-81961
3.0	Update on qFit process – long waiters / discharges / plan for transition to primary care Mr McElvanna provided an update on qFit and advised that this was rolled out to GP from 05/07/21. He advised that currently is it a 2 stage process. The aim is to have a single point of entry which is a work in progress. Currently in SHSCT there are 10 points where a LGI RF can come in.	
4.0	Updates from Regional Cancer Reset / Issues for escalation. Barry advised that Cancer reset meeting continues - meeting next week.	
5.0	Date of Next Meeting – 2pm Friday 13 th August 2021	

Cancer Rebuild Plan																																																						
Tumour Site	Position as at 01/05/2020 Red Flag Waiting List Volumes	Baseline as at 09/02/2021 Red Flag Waiting List Volumes	Position as at 30/03/2021 Red Flag Waiting List Volumes	Position as at 20/04/2021 Red Flag Waiting List Volumes	Position as at 07/05/2021 Red Flag Waiting List Volumes	Position as at 18/05/2021 Red Flag Waiting List Volumes	Position as at 01/06/2021 Red Flag Waiting List Volumes	Position as at 14/06/2021 Red Flag Waiting List Volumes	Position as at 29/06/2021 Red Flag Waiting List Volumes	Position as at 13/07/2021 Red Flag Waiting List Volumes	Position as at 27/07/2021 Red Flag Waiting List Volumes	Position as at 09/08/2021 Red Flag Longest Water (Days)	Baseline as at 09/02/2021 Red Flag Longest Water (Days)	Position as at 30/03/2021 Red Flag Longest Water (Days)	Position as at 20/04/2021 Red Flag Longest Water (Days)	Position as at 07/05/2021 Red Flag Longest Water (Days)	Position as at 18/05/2021 Red Flag Longest Water (Days)	Position as at 01/06/2021 Red Flag Longest Water (Days)	Position as at 14/06/2021 Red Flag Longest Water (Days)	Position as at 29/06/2021 Red Flag Longest Water (Days)	Position as at 13/07/2021 Red Flag Longest Water (Days)	Position as at 27/07/2021 Red Flag Longest Water (Days)	Position as at 09/08/2021 60 Day Active Pathway Waiters	Baseline as at 09/02/2021 62 Day Active Pathway Waiters	Position as at 30/03/2021 62 Day Active Pathway Waiters	Position as at 20/04/2021 62 Day Active Pathway Waiters	Position as at 07/05/2021 62 Day Active Pathway Waiters	Position as at 18/05/2021 62 Day Active Pathway Waiters	Position as at 01/06/2021 62 Day Active Pathway Waiters	Position as at 14/06/2021 62 Day Active Pathway Waiters	Position as at 29/06/2021 62 Day Active Pathway Waiters	Position as at 13/07/2021 62 Day Active Pathway Waiters	Position as at 27/07/2021 62 Day Active Pathway Waiters	Position as at 09/08/2021 62 Day Longest Water (Days)	Baseline as at 09/02/2021 62 Day Longest Water (Days)	Position as at 30/03/2021 62 Day Longest Water (Days)	Position as at 20/04/2021 62 Day Longest Water (Days)	Position as at 07/05/2021 62 Day Longest Water (Days)	Position as at 18/05/2021 62 Day Longest Water (Days)	Position as at 01/06/2021 62 Day Longest Water (Days)	Position as at 14/06/2021 62 Day Longest Water (Days)	Position as at 29/06/2021 62 Day Longest Water (Days)	Position as at 13/07/2021 62 Day Longest Water (Days)	Position as at 27/07/2021 62 Day Longest Water (Days)	Key Pathway Pressures	Action Agreed	Action Owner	Outcome	Measurement					
Breast	63	121	137	158	138	107	99	52	50	64	71	63	63	21	21	21	38	28	21	28	21	21	28	126	190	213	247	259	275	277	304	400	310	373	451	76	52	102	124	144	150	53	77	61	63	76	91	New Definitions: New Patient Referrals – are as or above pre-COVID levels Many patients are not seen face to face by GP prior to referral Donor numbers reduced to maintain social distancing, therefore on-going to maintain red flag day (20% less week) - additional clinics required, but had been discussed and agreed in Feb surge With other symptomatic referrals are and to 1-2 months we know 1-20% cancers within this time. Results: Clinical/long-term consultation follow up where possible of symptomatic review patients (eg. patients for primary treatment therapy for breast 1) Virtual review meetings on optimum (8 meetings/night) need. No capacity for clinical consult visits. Access: Referral has continued throughout third surge after 3 month pause during first surge. As a result screening "back-log" and additional screening assessment clinics in parallel, with an increased number of cancer detected/cancers diagnosed. Discharge: Discharge capacity significantly reduced. Most of the available capacity to be treated in the private sector. Compromises are therefore being made in terms of access to radiotherapy (more than 60 days wait), surgery (waiting and waiting to see if there can be any surgery, 100+ day patients are waiting much longer for surgery now available for surgery in private sector). Some breast cancers fall into T1A & A and are therefore not currently being offered surgery. The majority of B2 positive cancers are common and ongoing business treatment. 10% of these patients would be upgraded to surgery. 20% of patients will not have a response to systemic therapy, but effectively will not be treated. There is a perception that we are seeing more advanced disease when patients do get to surgery (but more relevant to those for ABC, double exposure to quantify this). Discussion whether we continue to bring in or to surgery after long delays has limited capacity to do this and with low location of late risk further delay with surgery etc.						
Dermatology	83	298	294	229	73	50	71	61	76	87	137	191	56	189	217	238	147	161	98	112	126	98	105	126	141	489	545	532	553	606	664	731	807	832	914	944	102	376	403	425	440	450	367	372	387	400	413	428	Cancellation of OP activity. No capacity to see medical/mental. Accommodation a high-negative factor. If patients increasing of the time, health care clinic has WGS (20/21/22).	Move to new accommodation in Ramona building treatment.				
H&N	1	34	51	79	4	2	4	2	10	5	1	18	1	42	21	28	51	105	42	21	21	28	28	42	31	64	98	139	149	154	140	165	123	100	113	115	91	75	62	76	83	96	110	125	140	153	55	55	Review to baseline relative to previous Continue with only one urgent head/neck service for all specialties Month in a call only. ENT also follow theatre services to 100 for priority 1 cases.					
Gynaecology	48	152	127	162	151	130	143	141	155	51	9	10	70	63	84	105	126	49	42	140	70	70	42	83	207	203	217	221	221	229	208	263	232	196	179	86	146	173	161	172	110	124	203	107	118	104	119	Reduction of OP activity. Limited OPN activity. Reduced critical activity.						
Hematology	28	33	34	31	24	23	20	17	20	27	28	26	88	91	88	105	126	112	126	140	154	112	126	140	40	51	50	61	53	48	50	52	60	70	88	50	126	150	207	168	188	207	215	230	182	195	208	223	Continuation of OP activity. Virtual activity ongoing through major numbers needed OP apps. Access to theatre. Staffing hours around the GP program. OP validation of back to work pressure on stage WGS which patients are more acute only extended. ENT GPs have currently used.					
Lung	24	31	16	9	8	12	11	9	16	15	7	10	77	49	26	21	21	35	35	105	49	49	70	42	15	47	32	34	34	40	40	41	42	38	37	39	40	118	119	95	105	127	119	133	148	131	99	112	127	Continuation of OP activity. Virtual activity ongoing through major numbers needed OP apps. Access to theatre. Staffing hours around the GP program.				
Lower GI (Surgery & Gastro)	95	818	461	499	426	395	361	348	422	471	432	57	70	385	343	364	385	399	364	357	371	385	399	399	526	1138	1172	1294	1371	1415	1532	1617	1754	1818	1840	1884	258	413	440	462	438	453	442	457	472	460	482	497	Continuation of OP activity. Virtual activity ongoing through major numbers needed OP apps. Access to theatre. Staffing hours around the GP program. OP validation of back to work pressure on stage WGS which patients are more acute only extended. ENT GPs have currently used. Continuation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require expansion, including implementation of new NCI reference guidelines and pathway will require 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62 DAY REFERRALS	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Up to 27/07/2021
Breast Cancer	297	256	242	306	265	252	239	264	264	287	268	308	184
Brain/Central Tumour	2	7	4	5	8	6	9	6	9	0	12	16	9
Children's Cancer	0	1	0	2	1	2	0	1	0	0	0	0	0
Gynae Cancers	139	115	140	131	153	116	105	158	166	170	176	200	131
Haematological Cancers	22	37	16	20	18	19	18	11	26	20	31	35	20
Head/Neck Cancer	88	92	80	87	72	71	71	91	122	128	132	133	104
Lung Cancer	14	22	29	24	26	31	23	23	19	49	30	42	24
Lower Gastrointestinal Cancer	272	258	262	262	261	310	213	276	343	336	354	370	189
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	8	6	16	14	11	12	13	15	21	5	24	17	15
Sarcomas	1	0	2	0	3	2	0	1	0	1	0	1	1
Skin Cancers	248	264	230	222	205	177	168	216	268	321	342	395	270
Testicular Cancer	1	7	5	10	6	10	9	6	5	10	5	8	6
Upper Gastrointestinal Cancer	164	157	159	167	170	175	150	165	235	214	211	247	151
Urological Cancer	120	142	128	112	109	160	126	115	144	140	160	177	94
62D Total	1376	1364	1313	1362	1308	1343	1144	1348	1622	1681	1745	1949	1198

31 DAY REFERRALS	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Up to 27/07/2021
Breast Cancer	32	26	27	20	38	13	13	30	64	20	35	42	24
Brain/Central Tumour	0	0	1	2	1	0	0	0	0	4	0	1	1
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancers	11	11	10	8	13	12	8	22	10	11	13	14	11
Haematological Cancers	9	4	18	11	5	9	5	10	6	11	18	17	7
Head/Neck Cancer	12	15	16	12	13	6	13	9	16	17	20	19	11
Lung Cancer	16	24	25	19	19	13	11	16	20	18	18	23	14
Lower Gastrointestinal Cancer	41	29	38	27	24	19	20	24	16	24	36	42	23
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	2	30	0	1	2	3	2	2	4	13	5	4	1
Sarcomas	0	0	0	0	0	1	0	0	0	0	0	0	0
Skin Cancers	1	1	2	6	5	9	0	3	4	2	4	4	3
Testicular Cancer	0	0	0	2	1	4	0	0	0	2	0	0	0
Upper Gastrointestinal Cancer	18	15	14	10	10	17	12	18	15	12	16	19	18
Urological Cancer	33	25	20	25	35	25	22	22	27	28	28	36	26
31D Total	175	180	171	143	166	131	106	156	182	162	193	221	139



Specialty	Table Total	Breakdown of patients on PTL report					Total number of patients on PTL	Longest Waiter (including those delayed due to COVID-19)			Hospital Number	Comment
		Awaiting Triage Outcome	Awaiting appointment	Information on patients waiting appointments	With appointment dates in past (attendances to be recorded)	Appointed for today or in the future		Weeks	Days			
Breast	100	5	63	N/A	0	32	100	4	28	LONGEST WAITER: 4 WEEKS NEXT LONGEST: 2 WEEKS	Personal Information redacted by the USI	Patient currently on holidays - await return before appointing
Dermatology	271	52	191	175 Requires F2F Appt's	0	28	271	18	126	LONGEST WAITER: 18 WEEKS NEXT LONGEST: 17 WEEKS		Appointment planned for 30.07.21 Patient DNA'd Telederm - Added to waiting list for RF F2F OPD
ENT	83	29	18	N/A	0	36	83	6	42	LONGEST WAITER: 6 WEEKS NEXT LONGEST: 6 WEEKS		Appointment planned for 29.07.21 Appointment planned for 29.07.21
Gynae	62	17	10	N/A	1	34	62	6	42	LONGEST WAITER: 6 WEEKS NEXT LONGEST: 5 WEEKS		Appointment planned for 28.07.21 Patient had a fall and wants appointment in late August
Haematology	44	11	26	4 PINK Referrals	0	7	44	20	140	LONGEST WAITER: 20 WEEKS NEXT LONGEST: 17 WEEKS		Awaiting MDM 27.07.21 then appoint Appointment planned for 30.07.21
Lung	36	5	10	6 AWAITING CT/CT Complete - A/W Cons Update	0	21	36	6	42	LONGEST WAITER: 6 WEEKS NEXT LONGEST: 5 WEEKS		Awaiting appointment Appointment planned for 02.08.21
General Surgery - Lower GI	467	75	29	335 QFIT	1	27	132	57	399	LONGEST WAITER: 57 WEEKS NEXT LONGEST: 15 WEEKS		Appointment planned for 27.07.21 Awaiting Qfit
General Surgery - Upper GI	55	28	4	15 QFIT	0	8	40	33	231	LONGEST WAITER: 33 WEEKS NEXT LONGEST: 7 WEEKS		Non Qfit Longest waiter - Awaiting OPD Awaiting Qfit
General Surgery - Other	17	3	5	7 QFIT	0	2	10	29	203	LONGEST WAITER: 29 WEEKS NEXT LONGEST: 5 WEEKS		Non Qfit Longest waiter - Awaiting OPD after scope Awaiting Qfit
Gastro - Lower GI	53	7	28	21 QFIT	2	16	53	48	336	LONGEST WAITER: 48 WEEKS NEXT LONGEST: 9 WEEKS		Non Qfit Longest waiter - Appointment planned for 28.07.21 Awaiting Qfit
Gastro - Upper GI	78	10	41	4 QFIT Requires F2F	58	22	74	34	238	LONGEST WAITER: 34 WEEKS NEXT LONGEST: 7 WEEKS		Non Qfit Longest waiter - Awaiting virtual or F2F OPD Awaiting Qfit
Gastro - Other	2	0	0	N/A	0	2	2	5	35	LONGEST WAITER: 5 WEEKS NEXT LONGEST: 1 WEEKS		Non Qfit Longest waiter - Awaiting OPD Appointment planned for 04.08.21
Neurology	3	1	2	N/A	0	0	3	5	35	LONGEST WAITER: 5 WEEKS NEXT LONGEST: 2 WEEKS		Appointment planned for 27.07.21 Awaiting appointment
Urology - Prostate	102	0	69	N/A	0	33	102	14	98	LONGEST WAITER: 14 WEEKS NEXT LONGEST: 9 WEEKS		Awaiting appointment Awaiting PSA result before OPD can be booked
Urology - Haematuria	181	2	150	N/A	0	29	181	55	385	LONGEST WAITER: 55 WEEKS NEXT LONGEST: 30 WEEKS		Appointment planned for 27.07.21 Patient has dementia - awaiting OPD when patient can attend
Urology - Testicular	7	2	3	N/A	1	1	7	8	56	LONGEST WAITER: 8 WEEKS NEXT LONGEST: 6 WEEKS		Patient is pregnant and wants OPD in November 2021 Appointment planned for 10.08.21
Urology - Other	33	17	15	2 Awaiting CT	0	1	33	12	84	LONGEST WAITER: 12 WEEKS NEXT LONGEST: 12 WEEKS		Appointment was on 26.07.21 Awaiting appointment
												Awaiting appointment

TimeBand 62 Day		0-7 Days	8-14 Days	15-21 Days	22-28 Days	29-35 Days	36-42 Days	43-49 Days	50-55 Days	56-62 Days	63-69 Days	70-76 Days	77-83 Days	84-90 Days	91-97 Days	98-105 Days	106-112 Days	113+ Days	Minus	Sum:
Suspect Tumour Site - Description	Treatment Planned Y/N																			
Brain/Central Tumour	N	2	3		2	1	3	1	1	1										14
Breast Cancer		45	62	27	55	55	63	62	37	34	10				1					451
Gynae Cancers		36	23	29	21	13	11	13	5	6	1	4	6	2	2	2		1		175
Haematological Cancers		4	4	2	5	4	6	6	3	5		3	2	3		2	2	9		60
Head/Neck Cancer		29	25	17	20	10	7	3	2											113
Hepatobiliary/Pancreatic							1		2		1	1								5
Lower Gastrointestinal Cancer		73	66	56	65	75	90	76	75	68	42	58	75	53	64	97	72	778	1	1884
Lung Cancer		5	9	8	6	4	3	1			1			2				1		40
Other Suspected Cancer		5	4	1	3	2			1											16
Sarcomas					1		1													2
Skin Cancers		83	67	44	76	87	87	88	64	55	67	66	48	10	28	19	13	28		930
Testicular Cancer		1		2	2	1	1	2	1											10
Thyroid Cancer							1			1										2
Upper Gastrointestinal Cancer		37	44	38	52	38	43	61	45	42	51	51	44	40	48	49	37	143		863
Urological Cancer		30	23	21	32	42	41	40	19	27	28	26	20	6	10	7	3	30		405
	N	350	330	245	340	332	358	353	255	239	201	209	195	116	153	176	127	990	1	4970
Gynae Cancers	Y							1		1				1			1			4
Skin Cancers													2	1	1	3	1	6		14
Testicular Cancer													1							1
Urological Cancer				1													1	2		4
	Y			1				1		1			3	2	1	3	3	8		23
	Sum:	350	330	246	340	332	358	354	255	240	201	209	198	118	154	179	130	998	1	4993

CANCER PERFORMANCE MEETING

Date: Thursday 15th September 2022
Time: 10:00-11:30
Venue: Zoom – Invite Issued

AGENDA

1.0	Apologies	Barry Conway
2.0	Review of Action Log from previous meeting	Barry Conway
3.0	Update on Peer Review	Clair Quin
4.0	Cancer Performance report overview <ul style="list-style-type: none"> - Referral Trends - Triage Performance - % Performance & SPPG monitoring - 62D & 31D Performance 	Sharon Glenny
5.0	Breach Reports <ul style="list-style-type: none"> - Identification of key trends from breach reports and agreed actions. 	Barry Conway
6.0	Longest waiters for 1st RF OPD	Sinéad Lee
7.0	D100+ Active Waiters	Angela Muldrew
8.0	Individual tumour site performance report <ul style="list-style-type: none"> - Update from OSL/HOS 	Barry Conway
9.0	Update on Escalation process	Barry Conway
10.0	Issues for escalation to Acute SMT and Corporate SMT	Barry Conway
11.0	NIECR E-Triage rollout updates	Trudy Reid
12.0	A.O.B	
13.0	Date of next meeting: 20 th October 2022 @ via Zoom	

Cancer Performance Dashboard Report

August 2022

*Report produced by
Sinéad Lee, Cancer Services Co-Ordinator*

Cancer Performance Summary Report

Note: In absence of a formal monitoring report regarding the Triage Target, we are currently monitoring this information via the NID-Splunk report. However, this information can only be used as a gauge as it is not fully comprehensive of all Red Flag referrals received to our Trust.

Waiting Times Measure	May-22	Jun-22	Jul-22	Aug-22
Triage Target - A maximum three-day wait (<i>including weekends</i>) for a suspected cancer referral to be triaged	78%	79%	74%	68%
Breast 2WW - A maximum two-week wait to see a Breast specialist for all patients referred with suspected cancer symptoms	20%	37%	65%	30%
31 Day Wait - A maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment	77%	87%	83%	80%
62 Day Wait - A maximum 62-day wait from referral from an NHS screening service to the first definitive treatment	29%	34%	45%	32%

SOUTHERN HSC Trust - CANCER SERVICES		April	May	June	Quarter 1	July	August	September	Quarter 2 Totals	October	November	December	Quarter 3 Totals
14 day Activity	Baseline figure (2021-22)	236	306	299	841	230	234	305	769	317	325	258	900
	Expected 2022-23	236	206	299	841	230	234	305	769	317	325	258	900
	Actual Outturn 2022-23	284	290	313	887	212	313		525				
31 day Activity	Baseline figure (2019-20)	127	141	149	417	153	130	154	437	146	139	120	405
	Expected 2022-23	127	141	149	417	153	130	154	437	146	139	120	405
	Actual Outturn 2022-23	98	121	136	355	92	79		171				
62 day Activity	Baseline figure (2021-22)	63	69	83	215	62	66	74	201	68	85	67	220
	Expected 2022-23	63	69	83	215	62	66	74	201	68	85	67	220
	Actual Outturn 2022-23	51	65	75.5	191.5	56.5	47.5		104				
Red Flag - first outpatient appointment (excl breast).	Reference Total Figure (2019-20)	973	1036	897	2906	909	977	1,228	3,114	1,302	1,084	999	3,385
	Baseline Figure <14 Days (2019-20)	398	319	357	1074	316	245	265	826	304	363	323	990
	Expected Total Figure 2022-23	973	1036	897	2906	909	977	1,228	3,114	1,302	1,084	999	3,385
	Actual Outturn 2022-23	869	1058	1055	2982	1,011	1,260		2,271				
	Expected <14 Days(2019-20)	398	319	357	1074	316	245	265	826	274	327	291	892
	Actual Outturn 2022-23	115	200	141	456	132	281		413				

Suspect Cancer Referrals Aug 21 22

62 DAY REFERRALS

The table on the right shows the amount of 62D referrals received from over a 12 month period.

62 DAY REFERRALS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	243	270	398	344	313	245	375	283	313	275	322	272	267	339
Brain/Central Cancer	11	7	10	16	14	12	12	12	18	12	14	8	13	12
Children's Cancer	0	0	0	0	1	0	2	0	0	0	0	0	0	0
Gynae Cancer	164	197	198	205	184	148	178	195	228	212	219	195	172	212
Haematological Cancer	28	41	30	28	28	26	19	24	24	29	54	56	50	39
Head & Neck Cancer	126	111	146	125	139	111	119	146	141	138	134	132	117	131
Lung Cancer	35	26	40	35	44	50	49	49	52	44	55	54	37	47
Lower Gastrointestinal Cancer	248	303	332	374	364	292	341	337	381	353	446	452	429	447
Acute Leukaemia	0	0	0	0	0	1	0	0	0	0	0	2	0	0
Other Suspected Cancer	17	16	15	21	16	16	16	12	15	13	22	29	21	20
Sarcoma	2	0	1	1	0	0	0	0	1	0	0	0	2	3
Skin Cancer	341	280	384	315	296	223	299	279	311	323	451	412	409	466
Testicular Cancer	6	4	11	4	7	1	6	3	7	4	10	8	8	8
Upper Gastrointestinal Cancer	178	193	201	212	230	173	196	195	199	176	191	201	200	234
Urological Cancer	120	128	143	144	148	151	146	136	189	178	157	163	150	152
Total Referrals	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875	2110

31 DAY REFERRALS

The table on the right shows the amount of 31D referrals received from over a 12 month period.

31D REFERRALS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	30	31	30	25	30	11	36	26	34	32	19	27	26	33
Brain/Central Cancer	1	0	0	0	1	0	1	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	19	10	12	19	19	17	23	18	24	14	14	21	15	13
Haematological Cancer	13	14	10	13	15	21	14	6	27	21	17	15	7	12
Head & Neck Cancer	16	15	14	23	27	12	14	11	11	11	18	19	13	28
Lung Cancer	19	25	21	15	24	22	20	14	30	12	22	23	18	17
Lower Gastrointestinal Cancer	35	15	25	39	23	25	30	27	27	58	30	27	39	29
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	2	5	3	3	5	1	2	1	3	3	1	3	1	4
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	6	9	1	9	12	4	7	4	7	7	10	10	6	13
Testicular Cancer	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Upper Gastrointestinal Cancer	20	21	14	17	16	12	20	10	23	30	22	22	22	22
Urological Cancer	34	34	31	26	30	19	24	26	33	24	44	42	36	41
Total Referrals	195	179	161	189	202	145	191	143	219	212	198	209	183	212

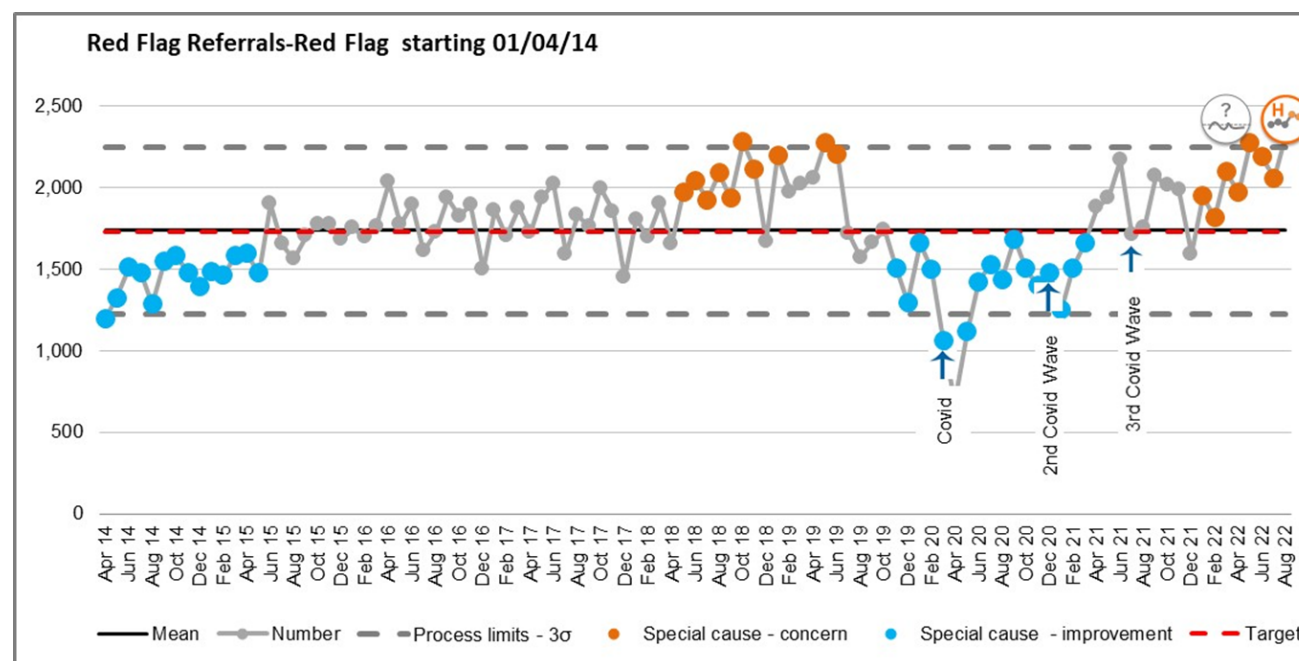
Suspect Cancer Referrals Aug 21 22

COMBINED 62 DAY & 31 DAY REFERRALS

The table on the right shows the combined total of 62D & 31D suspected cancer referrals received.

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
62D REFERRALS	1519	1576	1909	1824	1784	1449	1758	1671	1879	1757	2075	1984	1875	2110
31D REFERRALS	195	179	161	189	202	145	191	143	219	212	198	209	183	212
COMBINED TOTAL	1714	1755	2070	2013	1986	1594	1949	1814	2098	1969	2273	2193	2058	2322

The SPC graph on the right shows the combined total amount of suspected cancer referrals from April 2014 onwards.



Referrals Information

The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged within a certain timeframe. Our triage target 100%. Please see below:

Triage within 1-3 days = 68%
 Triage within 4-7 days = 23%
 Triage over 7+ days = 9%

Referrals triaged over 7+ days are down 4% from last month

Longest Tumour Site for triage this month: General Surgery

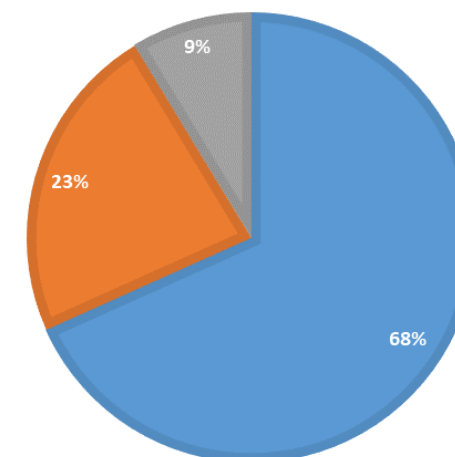
The pie chart on the right shows the percentage of suspected cancer referrals for all tumour sites triaged as “Downgraded”.

Triage Aug 22	Total
Total RF Referrals	1615
Downgraded RF Referrals	176

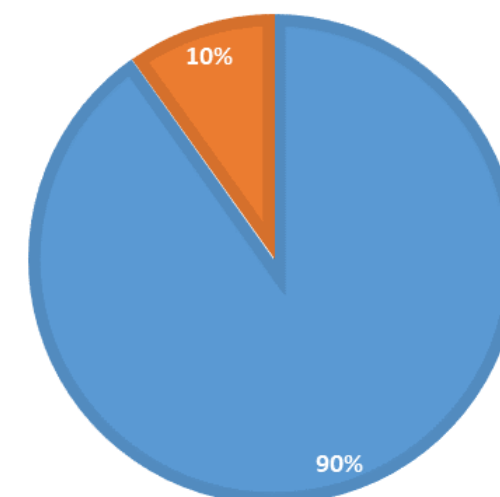
**Note: These figures are based on information provided by NID-Splunk report for referrals triaged via NIECR.*

% OF REFERRALS TRIAGED

■ 0-3 Days ■ 4-7 Days ■ 7 Days +



■ Total RF Referrals ■ Downgraded RF Referrals



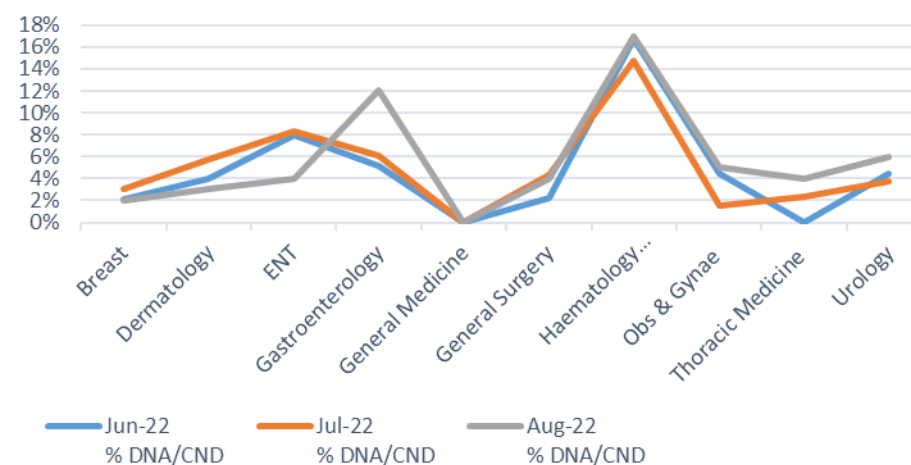
Red Flag Outpatient DNA/CND Figures

The table of the right shows the red flag attendances vs DNA/CND for each tumour site for the past 3 months.

Speciality	Jun-22			Jul-22			Aug-22		
	Attendances	DNA/CND	Jun-22 % DNA/CND	Attendances	DNA/CND	Jul-22 % DNA/CND	Attendances	DNA/CND	Aug-22 % DNA/CND
Breast	322	7	2%	214	8	3%	313	8	2%
Dermatology	215	9	4%	141	9	6%	255	8	3%
ENT	92	8	8%	77	7	8%	221	9	4%
Gastroenterology	75	4	5%	46	3	6%	57	8	12%
General Medicine	0	0	0%	0	0	0%	0	0	0%
General Surgery	221	5	2%	305	14	4%	397	18	4%
Haematology (Clinical)	20	4	17%	23	4	15%	19	4	17%
Obs & Gynae	210	10	5%	191	3	2%	209	12	5%
Thoracic Medicine	47	0	0%	41	1	2%	43	2	4%
Urology	150	7	5%	126	5	4%	120	8	6%

The line graph on the right compares each tumour sites DNA/CND rate over the past 3 months.

% DNA/CND of RF Outpatients



***Note: These figures are based on attendances/DNA&CND's recorded on PAS.**

Internal 62D & 31D Breaches

The data on the right shows the amount of 62D internal and external cancer patients who were treated and breached their 62D cancer pathway.

***Note: These figures are based on data collated from CaPPs when tracking has been updated and treatment recorded.**

WIT-81973

62D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	2	3	4	1	2	2	1	2	2	0	0	9	2	2	2	34
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	4	2	4	3	1	3	2	3	2	1	1	2	2	33
Haematological Cancer	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Lung Cancer	0	0	0	1	0	0	0	0	0	0	0	0	0	4	0	5
Lower Gastrointestinal Cancer	5	7	2	4	5	12	11	1	4	2	7	4	8	2	4	78
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Skin Cancer	6	9	10	15	0	13	4	0	6	6	8	8	10	10	13	118
Upper Gastrointestinal Cancer	1	0	1	0	8	0	1	13	0	0	0	2	2	3	0	31
Urology	7	3	4	7	6	7	9	5	5	11	7	8	13	4	6	102
Total Breaches	26	24	26	30	25	38	27	24	19	22	24	33	36	28	28	410

ITT Breaches	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	0	0	0	0	0	1	1	0	0	0	0	0	1
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	0	1	5	2	3	1	6	2	1	1	1	2	0
Haematological Cancer	0	0	0	0	1	0	0	0	0	0	0	0	0
Head & Neck Cancer	1	2	2	2	0	1	2	2	1	2	1	2	1
HPB Cancer	2	1	0	0	0	2	1	3	1	0	0	0	0
Lung Cancer	6	4	3	5	3	3	2	3	1	4	7	4	3
Lower Gastrointestinal Cancer	2	3	3	3	0	1	0	2	1	4	1	1	2
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	0	2	3	3	0	0	0	1	3	0	0	0
Upper Gastrointestinal Cancer	0	3	1	2	2	3	2	2	2	0	1	3	0
Urology	5	6	4	2	2	5	6	1	7	5	3	5	5
Total Breaches	16	20	20	19	14	17	20	15	15	19	14	17	12

Total 62D Breaches (Internal & External)	42	50	45	57	41	41	39	37	39	52	50	45	40
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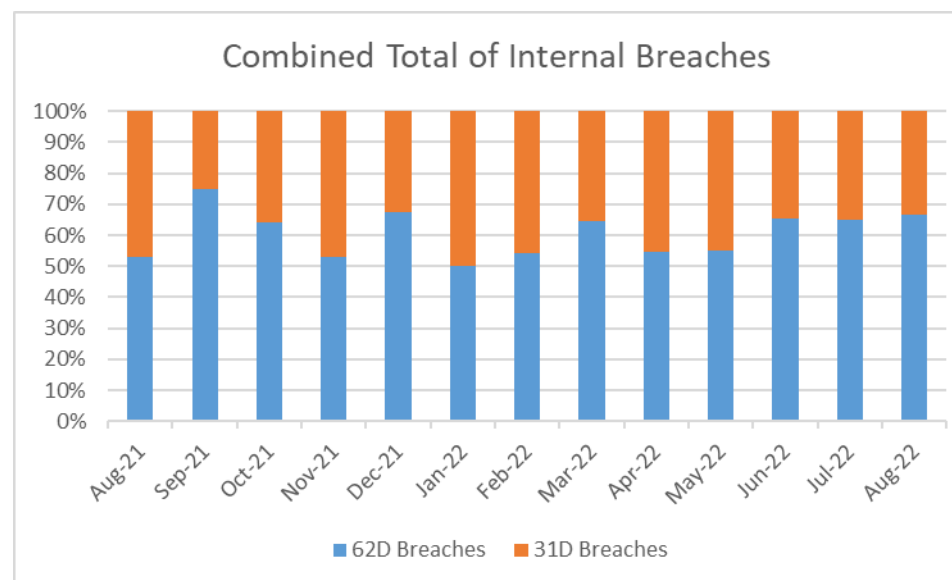
31D Breaches

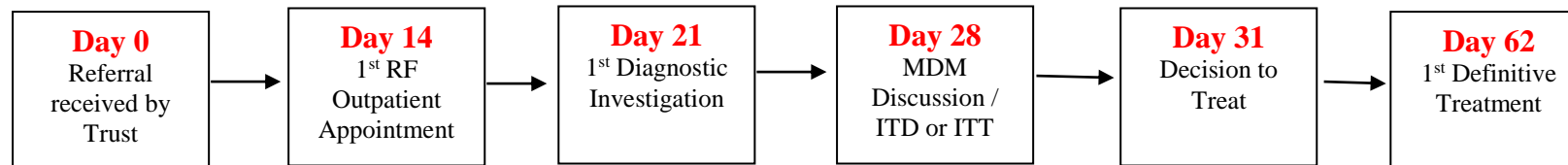
The data on the right shows the amount of 62D and 31D confirmed cancer patients who were treated internally and breached their cancer pathway.

Note: The 31D data DOES include any 62D patients that breached their 31D pathway for treatment after decision to treat

31D Breaches	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Breast Cancer	2	8	12	0	3	7	3	4	1	2	2	14	2	1	0
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	1	2	2	2	3	5	0	0	1	4	0	0	1	0	1
Haematological Cancer	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0
Head & Neck Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
HPB Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lung Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lower Gastrointestinal Cancer	0	1	0	1	0	6	1	1	7	1	3	2	2	1	0
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Cancer	0	7	7	7	7	15	8	17	7	5	13	10	14	12	11
Upper Gastrointestinal Cancer	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	1	0	0	2	0	0	2	1	0	0	2
Total Breaches	3	18	23	10	14	34	13	24	16	12	20	27	19	15	14

The bar graph on the right shows the combined amount of 62D & 31D internal breaches.



D62 Cancer PathwaySummary of Breach Reports – August 2022

Patient Details	Tumour Site	Breach Type	Treatment	Treatment Complete Day	Summary
Personal Information redacted by the USI	Breast				
	Breast	Internal	Surgery	63 (22.08.22)	Delays in pathway - 15D wait for 1st RF OPD due to clinic capacity - 8D wait for MDM due to MDM schedule - Further 7D wait for MDM due to 8D delay for pathology to be reported - 12D wait for MRI due to limited radiological capacity - 13D wait for Review/DTT due to clinic capacity - 6D wait for Treatment due to limited theatre capacity
	Colorectal	Internal	Specialist Palliative Treatment	259 (03.08.22)	- 118D wait for CTC due to limited capacity and first request was declined as patient wasn't suitable at the time for

<div>Personal information redacted by the USI</div>				<div>118 (22.08.22)</div> <div>ITT D92</div>	<div>WIT-81976</div> <div>Pathway - 1st RF OPD D16, MRI D33, CT D36, Colonoscopy D42, MDM L24, Review D45, ITT D58, Anal MDM D64,</div> <div>Delays in Pathway - 16D wait for 1st RF OPD due to clinic capacity</div> <div>- 17D wait for MRI due to limited capacity</div> <div>- 20D wait for CT due to limited capacity</div> <div>- 7D wait for CT to be reported</div> <div>- 14D wait for MRI to be reported</div> <div>- 26D wait for Colonoscopy due to limited endoscopic capacity</div> <div>- 7D wait for pathology to be reported</div> <div>- 11D wait for ITD due to awaiting Review OPD outcome and referral to Belfast</div> <div>- 35D wait for PET due to 1st date being cancelled and limited capacity</div> <div>- 21D wait for Treatment due to capacity</div>
	Colorectal	External	Chemotherapy	<div>100 (11.08.22)</div> <div>ITT D79</div>	<div>Pathway - CT D28, Colonoscopy D35, MDM D44, MRI Liver D59, MDM D65, Regional HPB MDM D73, ITT D79,</div>
	Colorectal	Internal	Surgery	<div>84 (24.08.22)</div>	<div>Delays in pathway - 26D wait for 1st RF OPD due to clinic capacity</div> <div>- 7D wait for Review due to clinic capacity</div> <div>- 13D wait for Treatment due to limited theatre capacity</div>
	Colorectal	Internal	Surgery	<div>84 (30.08.22)</div>	
	Colorectal	Internal	Surgery	<div>63 (15.08.22)</div>	<div>Delays in pathway - 30D wait for Colonoscopy due to limited endoscopic capacity</div> <div>- 8D wait for MDM due to 5D delay for pathology to be reported</div> <div>- 25D wait for Treatment due to limited theatre capacity</div>

Personal Information redacted by the USI					Pathway - 1st RF OPD & Biopsy D37, MDM D53, MRI D62, MDM D67, CT D69, ITD D74, Ser MDM D85, Review & DTT D87, Treatment D90
	Gynae	Internal	Surgery	105 (11.08.22)	Pathway - 1st RF OPD & Biopsy D42, OPH D64, MDM D82, MRI D82, MDM D89, Review & DTT D90, Treatment Delays in pathway - 42D wait for 1st RF OPD & Biopsy due to clinic capacity and patient cancelled-on holidays - 22D wait for OPH due to limited capacity - 18D wait for MDM due to 6D delay for pathology to be reported - 18D wait for MRI due to limited capacity - 7D wait for MDM due to awaiting MRI & report - 15D wait for Treatment due to limited theatre capacity
	Head & Neck	Internal	Surgery	66 (02.08.22)	
	Head & Neck	External	Radiotherapy	113 (30.08.22) ITT D86	Pathway - 1st RF OPD/Biopsy D38, ITD D44, CT D46, MDM D49, MRI D53, Review D59, MDM D84, ITT D86, Dentistry Delays in Pathway - 38D wait for 1st RF OPD due to clinic capacity - 4D wait for pathology to be reported - 8D wait for CT due to capacity - 4D wait for CT to be reported - 24D wait for MRI to be reported - 7D wait for Dentistry OPD due to clinic capacity - 22D wait for Treatment due to capacity
	Lung	External	Radiotherapy	133 (15.08.22) ITT D107	Pathway - CT D10, 1st RF OPD D52, MDM D58, PFTs D66, MDM D72, PET D98, CT Biopsy D102, MDM D107, ITT - 26D wait for PET due to limited capacity - 30D wait for CT Biopsy due to limited capacity/bed pressures and due to awaiting Coag bloods - 4D wait for pathology to be reported - 12D wait for Radiology OPD due to clinic capacity - 29D wait for treatment due to capacity

Personal Information redacted by the USI				132 (11.08.22) ITT D61	WIT-81978 Pathway - CT D11, 1st RF OPD D27, MDM D33, PET D53, CT Biopsy D54, MDM D55, CT D61, MDM D62, Surgical Delays in Pathway - 27D wait for 1st RF OPD due to clinic capacity and no contact with patient for 1st offered OPD
	Lung	External	Radiotherapy	124 (22.08.22) ITT D85	Pathway - 1st RF OPD D15, MDM D22, PET D35, CT Biopsy D50, MDM D56, EBUS D68, MDM D70, CT Biopsy D79,
	Skin	Internal	Surgery	167 (03.02.22)	Delays in pathway - 42D wait for 1st RF OPD and Biopsy due to clinic capacity -19D wait for Review & Skin punch due to clinic capacity -99D wait for Surgery due to limited theatre capacity
	Skin	Internal	Surgery	134 (11.08.22)	
	Skin	Internal	Surgery	127 (09.08.22)	Delays in pathway - 25D wait for Telederm due to clinic capacity - 25D wait for RF OPD due to clinic capacity - 77D wait for Treatment due to limited theatre capacity
	Skin	Internal	Surgery	101 (08.08..22)	

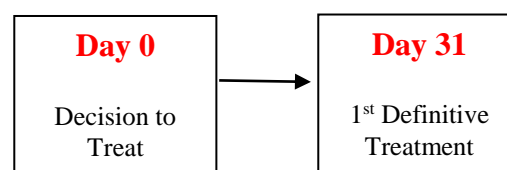
			101 (15.08.22)	W11-01373 Delays in pathway - 39D wait for 1st RF OPD due to clinic capacity - 62D wait for Treatment due to limited theatre capacity
Skin	Internal	Surgery	98 (02.08.22)	
Skin	Internal	Surgery	89 (09.08.22)	Delays in pathway - 34D wait for 1st OPD due to clinic capacity - 15D wait for DTT due to clinic capacity - 40D wait for Treatment due to limited theatre capacity
Skin	Internal	Surgery	89 (09.08.22)	
Skin	Internal	Surgery	88 (22.08.22)	Delays in pathway - 40D wait for 1st RF OPD due to clinic capacity - 16D wait for MDM due to 9D wait for pathology to be reported - 25D wait for Treatment due to limited theatre capacity
Skin	Internal	Surgery	83 (22.08.22)	
Skin	Internal	Surgery	75 (15.08.22)	Delays in pathway - 26D wait for 1st RF OPD due to clinic capacity - 49D wait for Treatment due to limited theatre capacity
Skin	Internal	Surgery	75 (09.08.22)	
Skin	External	Surgery	69 (02.08.22)	Delays in pathway - 29D wait for Telederm OPD due to clinic capacity - 7D wait for RF OPD due to clinic capacity - 33D wait for Treatment due to limited theatre capacity

	Upper GI			ITT D154	<p>Pathway - 1st RF OPD D59, OGD D75, repeat OGD D118, MDM D132, CT D136, MDM D139, BPN OPD D139, PET</p> <p>Delays in Pathway - 59D wait for 1st RF OPD due to clinic capacity</p> <ul style="list-style-type: none"> - 16D wait for OGD due to limited endoscopic capacity - 6D wait for pathology to be reported - 37D wait for repeat OGD due to limited endoscopic capacity - 14D wait for MDM due to 6D delay for pathology to be reported - 7D wait for MDM due to awaiting CT - 11D wait for PET due to capacity - 14D wait for MRI Liver due to capacity - 5D wait for Belfast to add patient to Regional MDM - 9D wait for Regional OG MDM - 10D wait for OGD/Staging Laparoscopy & Liver biopsy due to limited capacity - 7D wait for MDM due to 6D delay for pathology to be reported - 32D wait for Review/DTT due to clinic capacity - 6D wait for Treatment due to theatre capacity
	Urology	External	Hormone Therapy	<p>295 (26.08.22)</p> <p>ITT D271</p>	<p>Pathway - 1st RF OPD D42, MRI D79, TP Biopsy D186, MDM D203, Review D214, Bone scan D223, MDM D231,</p> <p>Delays in Pathway - 42D wait for RF OPD due to clinic capacity</p> <ul style="list-style-type: none"> - 32D wait for MRI due to patient testing positive for Covid and limited radiological capacity - 107D wait for TP Biopsy due to limited theatre capacity - 17D wait for MDM due to 8D delay for pathology to be reported - 11D wait for Review due to clinic capacity - 9D wait for Bone scan due to capacity - 8D wait for MDM due to awaiting Bone Scan and report - 34D wait for Review due to clinic capacity - 6D wait for ITT due to awaiting outcome from clinic - 23D wait for Oncology OPD due to limited clinic capacity
	Urology	External	Active Monitoring	<p>226 (12.08.22)</p> <p>ITT D218</p>	<p>imported D181, MDM D190, ITD D191, Reg MDM D197, ITT D209, Surgical OPD BCH D217, ITT D218, Review/DTT</p> <p>Delays in Pathway - 16D wait for Telephone review as patient was admitted to CAH under Urology and awaited catheter to be removed</p> <ul style="list-style-type: none"> - 57D wait for US - sent to IS - 54D wait for 1st RF OPD due to clinic capacity - 104D wait for TP Biopsy due to limited theatre capacity - 15D wait for MDM due to 10D delay for pathology to be reported - 11D wait for Review due to clinic capacity - 36D wait for MRI from December 2021 to be imported - 9D wait for MDM due to awaiting MRI to be imported and reviewed - 7D wait for Regional MDM - 12D wait for ITT due to awaiting referral to be sent for BCH/Tracking delays - 10D wait for Surgical OPD due to clinic capacity - 8D wait for Review/Treatment due to clinic capacity

Personal Information redacted by the USI				<p>220 (11.08.22)</p> <p>ITT D211</p>	<p>Pathway - 1st RF OPD D44, MRI D61, TP Biopsy D162, MDM D178, Review D183, Ursead, Review D204, ITT D211, ITT D212</p> <p>Delays in Pathway - 44D wait for 1st RF OPD due to clinic capacity</p> <ul style="list-style-type: none"> - 17D wait for MRI due to limited radiological capacity - 4D wait for MRI to be reported - 97D wait for TP Biopsy due to limited theatre capacity - 16D wait for MDM due to 12D delay for pathology to be reported - 25D wait for Review due to clinic capacity - 7D wait for ITT due to awaiting clinic outcome - 9D wait for Oncology OPD due to clinic capacity
	Urology	Internal	Hormone Therapy	<p>189 (17.08.22)</p>	
	Urology	Internal	Hormone Therapy	<p>167 (24.08.22)</p>	<p>Delays in pathway - 27D wait for 1st RF OPD due to clinic capacity</p> <ul style="list-style-type: none"> - 18D wait for MRI due to limited radiological capacity - 81D wait for TP Biopsy due to limited theatre capacity - 16D wait for pathology to be reported - 25D wait for MDM due to awaiting pathology report
	Urology	External	Surgery	<p>167 (17.08.22)</p> <p>ITT D124</p>	Pathway - US D7, 1st RF OPD D33, MRI D46, TP Biopsy D103, MDM D112, Review D118, ITT D124, Surgical OPD/DTT
	Urology	Internal	Surgery	<p>164 (11.08.22)</p>	<p>Delays in pathway - 65D wait for 1st RF OPD due to clinic capacity and 1st OPD was planned for D30 but was</p>

Personal Information redacted by the USI	Urology				WIT-01002
	Urology	External	Surgery	75 (08.08.22) ITT D49	Pathway - CT D8, ITT D41, 1st RF OPD D41, CT D42, Histology OPD D43, ITT D49, MDM D49, Oncology OPD/DTT 69, Delays in Pathway - 41D wait for 1st RF OPD due to clinic capacity - 20D wait for Oncology OPD due to clinic capacity - 6D wait for Treatment due to theatre capacity
	Urology	Internal	Hormone Therapy	68 (17.08.22)	

D31 Cancer Pathway



Internal Breach Reports – 31D

Patient Details	Tumour Site	Treatment	Treatment Complete Day	Summary
Personal Information redacted by the USI			50 (17.08.22)	Delays in pathway - 54D wait for Treatment due to limited theatre capacity and patient tested positive for covid and was admitted to

Note: Only one patient on the 31D pathway whose referral was from Other source/Unexpected referral breached this month. The other patients that breached their 31D pathway for treatment after decision to treat are all 62D pathway referrals.

Confirmed Cancers

62 Day & 31 Day Confirmed Cancers

The table on the right shows the confirmed cancer figures for each individual tumour site for patients/clients on the 62 Day & 31D pathway.

The percentage at the bottom of each table reflects the amount of confirmed cancers per pathway divided by total confirmed cancers each month.

i.e. 53 total 62D confirmed cancers / 106 total in month = 50%

53 total 31D confirmed cancers / 106 total in month = 50%

***Note: As our Cancer Tracking updates daily these volumes will change and we will update on the next report**

62D Confirmed Cancers	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	9	24	13	14	13	14	8	16	13	17	14	10	20	185
Brain/Central Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children's Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gynae Cancer	9	5	3	4	6	6	4	7	2	5	3	8	4	66
Haematological Cancer	2	4	1	3	4	5	4	3	2	4	2	3	2	39
Head & Neck Cancer	4	4	2	4	2	3	2	4	2	2	5	2	9	45
Lung Cancer	5	3	5	10	8	4	4	4	4	9	7	8	3	74
Lower Gastrointestinal Cancer	9	15	13	17	6	7	8	7	9	15	9	7	7	129
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	5	3	0	0	2	0	0	1	2	1	1	4	4	23
Sarcoma	1	1	0	0	0	0	0	0	0	0	1	0	0	3
Skin Cancer	26	44	46	35	30	25	38	32	23	29	29	25	29	411
Testicular Cancer	0	1	2	0	1	1	0	0	0	0	0	2	2	9
Upper Gastrointestinal Cancer	4	5	6	3	7	5	9	4	6	4	3	2	3	61
Urological Cancer	17	18	9	30	18	19	13	18	19	22	14	19	17	233
Total Confirmed Cancers	91	127	100	120	97	89	90	96	82	108	88	90	100	1278
%62d Confirmed Cancers	49%	48%	51%	48%	49%	48%	47%	44%	42%	48%	42%	54%	52%	

31D Confirmed Cancers	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Total Referrals
Breast Cancer	10	17	17	14	21	12	12	21	7	15	11	8	12	177
Brain/Central Cancer	1	1	3	5	0	2	2	0	3	4	2	3	1	27
Children's Cancer	0	0	0	0	0	1	0	0	0	0	0	0	1	2
Gynae Cancer	5	4	3	3	5	3	6	5	8	4	4	4	3	57
Haematological Cancer	9	11	10	13	12	12	10	13	10	11	12	4	5	132
Head & Neck Cancer	1	5	4	4	3	3	8	1	4	5	5	2	1	46
Lung Cancer	10	29	9	17	11	14	20	16	12	12	11	9	15	185
Lower Gastrointestinal Cancer	15	6	9	11	11	7	5	7	13	11	11	9	11	126
Acute Leukaemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Suspected Cancer	4	3	3	2	2	0	3	3	4	3	2	6	3	38
Sarcoma	1	0	1	1	1	1	1	2	0	0	0	1	0	9
Skin Cancer	20	29	23	25	21	17	14	33	33	38	41	21	21	336
Testicular Cancer	1	0	0	0	0	2	1	0	0	1	1	0	1	7
Upper Gastrointestinal Cancer	6	7	6	11	4	12	4	7	9	5	13	5	10	99
Urological Cancer	10	23	9	22	9	11	15	13	10	9	8	5	10	154
Total Confirmed Cancers	93	135	97	128	100	97	101	121	113	118	121	77	94	1395
%31D Confirmed Cancers	51%	52%	49%	52%	51%	52%	53%	56%	58%	52%	58%	46%	48%	

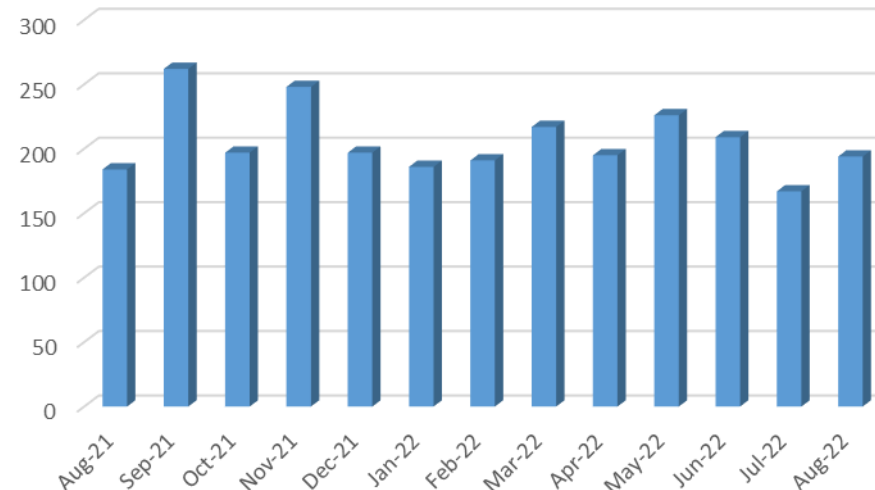
Number of Confirmed Cancers Aug 21 22

Above bar graph shows the combined total off all confirmed cancers for the period of August 2021 - August 2022.

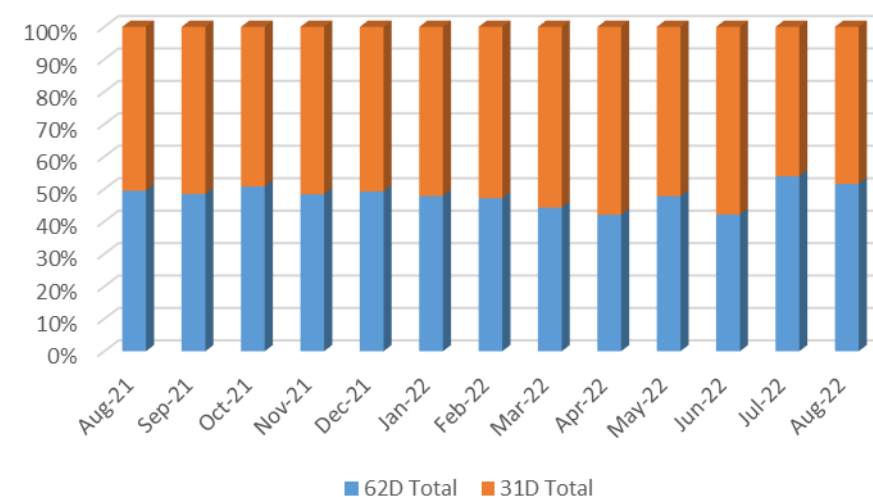
Above bar graph shows the % total of combined 62D and 31D confirmed cancers for the period of August 2021 - August 2022.

****Note: These figures are based on confirmed cancers recorded on CaPPs.***

Total Combined Referrals



% of Combined Confirmed Cancers



% of Cancer Conversion per Quarter

The table on the right shows the percentage of cancer conversion in the last four Quarters with the most recent Quarter highlighted in **red**.

Please note: Quarter 2 July 22 – Sept 22 only includes July – August and will be updated for September Cancer Performance.

***Note:** Please note that these figures for our cancer conversion are not for the same cohort of patients whose referrals were received in that Quarter.

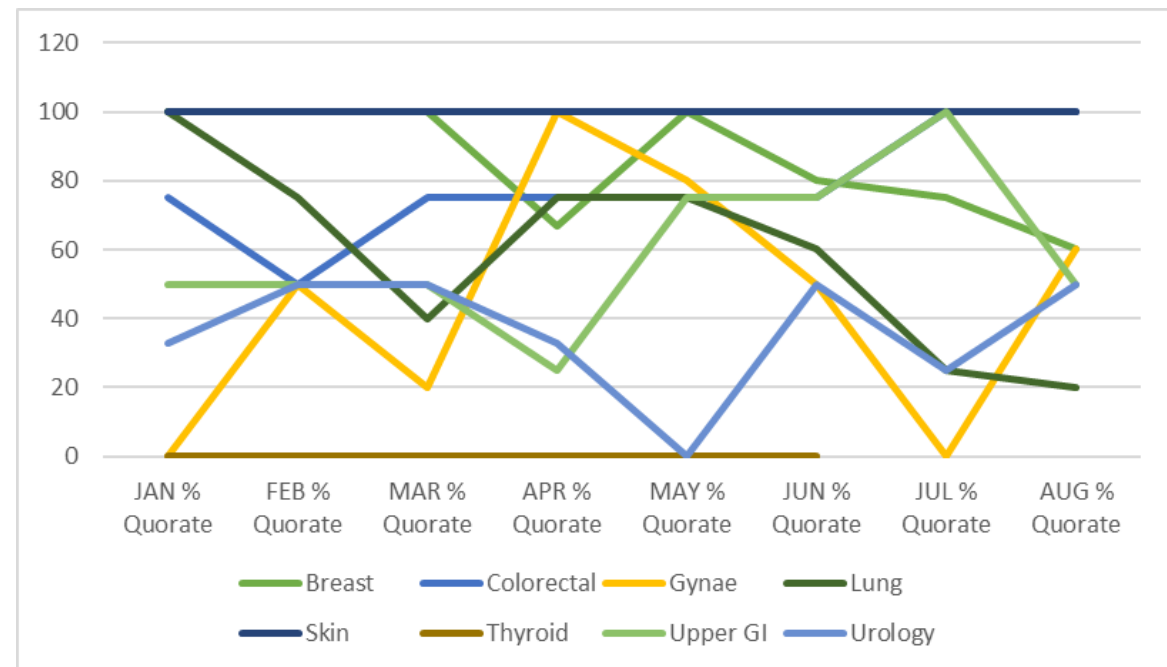
Tumour Site	Number of red flag referrals				Number of confirmed cancers				% of Conversion			
	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21	Quarter 2 July - Sept	Quarter 1 Apr - Jun 22	Quarter 4 Jan - Mar 22	Quarter 3 Oct - Dec 21
Acute Leukaemia	0	0	0	1	0	0	0	0	0%	0%	0%	0%
Brain/Central	25	34	43	43	4	9	4	8	16%	26%	9%	19%
Breast	665	947	1067	968	50	77	83	92	8%	8%	8%	10%
Childrens	0	0	2	1	1	0	1	0	0%	0%	50%	0%
Gynae	412	675	66	592	19	26	31	24	5%	4%	5%	4%
Haematology	108	192	114	131	14	32	47	43	13%	17%	41%	33%
Head&Neck	289	452	442	437	14	7	21	19	5%	4%	5%	4%
Lower GI	944	1366	1143	1117	34	64	41	67	4%	5%	4%	6%
Lung	119	210	214	190	35	50	62	60	29%	24%	29%	32%
Other	46	71	49	62	17	12	7	9	37%	17%	14%	15%
Sarcoma	5	0	1	1	1	1	4	3	20%	0%	400%	300%
Skin	894	1213	907	859	96	191	159	180	11%	16%	18%	21%
Testicular	16	23	16	13	5	2	4	3	31%	9%	25%	23%
Upper GI	478	642	643	660	20	35	41	37	4%	5%	6%	6%
Urology	379	608	554	518	51	79	89	97	13%	13%	16%	19%
Total	4380	6433	5261	5593	361	585	594	642	8%	9%	11%	11%

MDM Attendances

The table on the right shows the total number of MDMs per month for each individual tumour site and how many of them were quorate over the past 3 months.

	Jun-22			Jul-22			Aug-22		
	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate	No. of meetings	No. of meetings Quorate	% Quorate
Breast	5	4	80	4	3	75	5	3	60
Colorectal	4	3	75	4	4	100	4	4	100
Gynae	4	2	50	4	0	0	5	3	60
Lung	5	3	60	4	1	25	5	1	20
Skin	4	4	100	4	4	100	4	4	100
Thyroid	1	0	0	0	0		0	0	
Upper GI	4	3	75	4	4	100	4	2	50
Urology	4	2	50	4	1	25	4	2	50

The Line graph shows the percentage of quorate MDMs for the year 2022.



Internal

- Clinic Capacity – Dermatology, Gastroenterology, Haematology, Lung, Breast
- Urology not sending to 352 – awaiting update on contract
- Staffing/Workforce
- Theatre Capacity
- High volumes of RF referrals
- Access to endoscopy: 3-4 month wait for joint procedure and colonoscopy – plan to send 100x Colonoscopy and 100x joint to 352 Sept/Oct
Endoscopy not back to pre-covid levels. Currently on 34 lists and pre-covid we were at 40-42 lists
- 3-4 week wait for CT Guided Biopsy
- CT Guided Biopsy – post-op care
- Bed pressures
- 3-4 week wait for TP Biopsy in house and 6 week wait in IS

External

- PET scanner down in Belfast
- Reporting of diagnostics (PET, CT)
- 3-4 week delay for Thoracic surgery

Appendix: Data Collection Information

I. CWT Targets:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>) 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>)
II. Red Flag Referral data:	Boxi Report – 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
III. Triage data:	NIECR Archive – Number of Referrals received and triaged as Red Flag
IV. DNA and CNC data:	Boxi Report – 01 – Outpatient DNA and CNC Report – Figures and rates per month (<i>based on PAS</i>)
V. Confirmed Cancers:	Boxi Report – 06 - 31 and 62 Day Target – Completed Waits (<i>CaPPs</i>)
VI. % Cancer Conversion:	Boxi Report - 01B Confirmed Cancers by Diagnosis. Treatment Type, 31, 62 Day Pathways and Month (<i>CaPPs</i>) 01 – Outpatient Red Flag Referrals from GP's and GDP's – Referral Reports Folder (<i>based on PAS</i>)
VII. MDM Quoracy	Boxi Report – 02 – MDM Number of Attendances by Specific Consultant (<i>CaPPs</i>)
VIII. Cancer Tracking:	CaPPs – Cancer Tracking screen

Cancer Performance Meeting Action Log						
Date Logged	Person Responsible	Issue/Action	Update	Completed	Date Completed	Status
21/07/2022	Clair Quin/Mary Haughey	Develop local CNS census	15.08.22 - Ongoing deveelopment work - await final draft	Yes	14.09.22	CLOSED (last updated 15.08.22)
21/07/2022	Barry Conway	Advise tumour site leads on CNS resources and need for move to Cancer Division				ONGOING
21/07/2022	Ronan Carroll	Ronan to get updated current endoscopic wait times and capacity	17.08.22 - Sinéad contacted Matthew McAlinden and Schedulers to get update on Endoscopic waits.			ONGOING (last updated 17.08.22)
21/07/2022	Angela Muldrew	MDM quoracy detailed report	15.08.22: Angela already has a MDM quorate detailed report completed and updates monthly. Update 14.09.22: Monthly reports produced and shared with Cancer team. Issues will be esclaated by Cancer Team to the appropriate AD/HOS.	Yes	14.09.22	CLOSED (last updated 15.08.22)
21/07/2022	Clair Quin	Check if other trusts are downgrading/discharging referrals not meeting NICE criteria	15.08.22 - Plan to discuss at Regional Cancer Ops 24.08.22	Yes	14.09.22	CLOSED (last updated 15.08.22)
21/07/2022	Sinéad Lee	Assigned triage delays - Suggestion for Consultants to email once assigning referrals	22.07.22 - Reply from Amie Nelson - Yes they do send emails if they are reassigning triages. Our problem is that each Consultants' name appears 4-6 times on NIECR e-triage worklists so they have to check all of their names to find the assigned the triage. We have been meeting with Joan Couhig about this who has linked with the BSO to help us resolve the issues of multiple destinations. The person in BSO who we need to meet with is on leave until next week; Joan is trying to secure a date within the next few weeks with them do Mr Neill and I can sit down and consolidate the CCG pathways in and also the destinations.	Yes	22.07.22	CLOSED
21/07/2022	Clair Quin	Cancer converison per tumour site - Check with other Trusts	15.08.22 - Ongoing - Plan to discuss at Regional Cancer Ops 24.08.22 Update: 24.08.22 - Regional Ops group said you cant convert cancer based on monthly referrals as the same amount of patients might not be treated ithin the same month of referral	Yes	24.08.22	CLOSED (last updated 15.08.22)
21/07/2022	Sinéad Lee Passed to Sharon Glenny 11.08.22	Provide timeline of breach report - Personal Information	11.08.22 - Discussed with Sharon Glenny whose plan is to raise with Ciara Toal (BHSCT) after Sharon discusses with Barry Conway in the first instance. Barry is currently off work at the moment.			ONGOING (last updated 14.09.22)
21/07/2022	Clair Quin/Mary Haughey	Escalation process - Check other Trusts process	Update 14.09.22 - Sharon to speak to Barrv. 15.08.22 - Ongoing awaiting Mary's response. 18.08.22 - Sinéad advised OSL/HOS to go back to respective tumour site leads to discuss if they want to enforce the full escalation policy in line with Regional policy and if not then provide a plan for escalations. Update 14.09.22: Awaiting update from HOS?OSL - Barry to discuss at Performance Meeting.			ONGOING (last updated 14.09.22)
21/07/2022	Barry Conway	Issues for escalation to Acute & Corporate SMT (see cancer performance minutes)	18.08.22 - Sinéad advised Clair Quin/Trudy Reid that these issues might not have been raised at SMT yet *send to Barry			ONGOING (last updated 18.08.22)
18/08/2022	Sinéad Lee	Check IEAP guidance for Consultant only triage guidance	18.08.22 - Not much seen on NICAN or IEAP guidance re: Consultants only triaging RF referrals. Email sent to Trudy/Clair 18.08.22	Yes	18.08.22	CLOSED
18/08/2022	Sinéad Lee	Add NIECR E-Triage rollout to cancer performance agenda	Added to agenda for September Cancer Performance meeting	Yes	18.08.22	CLOSED
18/08/2022	B5 Information and Audit Officer	DNA/CND audit of RF appointments				ONGOING
18/08/2022	Angela Muldrew	Triage breakdown report for General Surgery - As per Mr McElvanna's request	14.09.22 - Completed. Angela to breakdown by Consultant.	Yes	14.09.22	CLOSED
18/08/2022	All HOS/OSL's	Provide individual tumour site updates and perferences for monthly report to Sinéad Lee				ONGOING
18/08/2022	OSL's	Service Delivery Plan updates		Yes	14.09.22	CLOSED

Glenny, Sharon

From: Reid, Trudy <[REDACTED]>
Sent: 12 June 2012 00:36
To: Devlin, Louise; Corrigan, Martina; Glenny, Sharon; Nelson, Amie
Cc: Glenny, Sharon
Subject: RE: SDP UPDATE 8th JUNE 2012

If everyone is happy that's great

Regards,

Trudy

From: Devlin, Louise
Sent: 11 June 2012 09:15
To: Corrigan, Martina; Reid, Trudy; Glenny, Sharon; Nelson, Amie
Cc: Glenny, Sharon
Subject: RE: SDP UPDATE 8th JUNE 2012

Trudy

I totally agree with Martina, Katherine's outpatient report is fully transparent giving the information required ie gap, outstanding triage and review and urgent position. The process in place works very well with the fortnightly meetings and where Katherine escalates any issues which arise between meetings so that they can be addressed. The information is extremely clear and I am not sure what other relevant information is required.

Regards
Louise

Louise Devlin
Head of Trauma & Orthopaedics + Ophthalmology
Tel: [REDACTED]
Mobile: [REDACTED]

From: Corrigan, Martina
Sent: 08 June 2012 18:17
To: Reid, Trudy; Glenny, Sharon; Nelson, Amie; Devlin, Louise
Cc: Glenny, Sharon
Subject: RE: SDP UPDATE 8th JUNE 2012

Trudy

I am more than happy with the information that Katherine is providing as her report provides us with Triage waits and urgent waits and Katherine continues to escalate any issues as they arise and we can get them sorted immediately and allows usually to have a lot sorted before she produces her report. I am in regular contact with Katherine during the week and her meetings every other Friday continues to provide me with the information that I need to continue to monitor my demand and capacity.

Martina

Martina Corrigan
Head of ENT and Urology
Craigavon Area Hospital

Tel: [REDACTED] (Direct Dial)

Mobile: [REDACTED]

Email: [REDACTED]

From: Reid, Trudy
Sent: 08 June 2012 17:40
To: Glenny, Sharon; Nelson, Amie; Devlin, Louise; Corrigan, Martina
Cc: Glenny, Sharon
Subject: RE: SDP UPDATE 8th JUNE 2012

Dear all this report format is very good (I haven't looked at numbers) but the thing that we do not have a very transparent view of is the Outpatients we need to have this a open and transparent, is Katherine forwarding detailed information or do we need another process?

Regards,

Trudy

From: Glenny, Sharon
Sent: 08 June 2012 13:47
To: Nelson, Amie; Devlin, Louise; Corrigan, Martina
Cc: Reid, Trudy
Subject: SDP UPDATE 8th JUNE 2012

Hi Folks

This is the SDP report for this week.

Some specialties have been excluded this week from my report, as the schedulers are now using a weekly highlight report which gives the same information.

Kind regards

Sharon

SDP UPDATE 8th June 2012

SPECIALTY	DAY CASES	IN-PATIENTS
ENT	<p>30 patients rolling over from May to June</p> <p>LAST WEEK</p> <p>121 Patients in total on PTL</p> <ul style="list-style-type: none"> • 67 with dates • 54 with no date • 8 booked beyond breach into July • Includes the patients rolling over from May <p>THIS WEEK</p> <p>106 Patients in total on PTL</p> <ul style="list-style-type: none"> • 67 with dates • 39 with no date • 12 booked beyond breach into July & August • Includes the patients rolling over from May <p>Longest waiters:</p> <p>19 week (Personal Information redacted by the USI) - date</p> <p>18 week (Personal Information redacted by the USI) – date</p> <p>18 week (Personal Information redacted by the USI) – date</p> <p>17 week (Personal Information redacted by the USI) – date</p>	<p>46 patients rolling over from May to June</p> <p>LAST WEEK</p> <p>168 Patients in total on PTL</p> <ul style="list-style-type: none"> • 65 with dates • 103 with no dates • 8 booked beyond breach into July and August • Includes the patients rolling over from May <p>THIS WEEK</p> <p>153 Patients in total on PTL</p> <ul style="list-style-type: none"> • 72with dates • 81 with no dates • 24 booked beyond breach into July and August • Includes the patients rolling over from May <p>Longest waiters:</p> <p>22 week (Personal Information redacted by the USI) – date for Aug</p> <p>22 week (Personal Information redacted by the USI) – date</p> <p>20 week (Personal Information redacted by the USI) – date for July</p> <p>19 week (Personal Information redacted by the USI) – no date (SJH)</p>

SPECIALTY	DAY CASES	IN-PATIENTS
OPHTH	<p>89 patients rolled over from May to June</p> <p>LAST WEEK</p> <p>286 Patients in total on PTL</p> <ul style="list-style-type: none"> • 275 with no dates (All IS washthrough) • 11 with dates • <i>Includes the patients rolling over from May</i> <p>THIS WEEK</p> <p>303 Patients in total on PTL</p> <ul style="list-style-type: none"> • 283 with no dates (281xIS, 2xIH) • 10 with dates • <i>2 booked beyond breach into July</i> • <i>Includes the patients rolling over from May</i> <p>28 weeks (Personal Information redacted by the USI) – no date (IS)</p> <p>26 weeks (Personal Information redacted by the USI) – no date (IS)</p> <p>26 weeks (Personal Information redacted by the USI) – no date (IS)</p> <p>25 weeks (Personal Information redacted by the USI) – no date (IS)</p>	

SPECIALTY	DAY CASES	IN-PATIENTS
OSUR	<p>3 patients rolled over from May to June</p> <p>LAST WEEK</p> <p>33 Patients in total on PTL</p> <ul style="list-style-type: none"> • 23 with no date (1xIS washthrough) • 10 with date • <i>Includes the patients rolling over from May</i> <p>THIS WEEK</p> <p>26 Patients in total on PTL</p> <ul style="list-style-type: none"> • 20 with no date (1xIS washthrough) • 6 with date • <i>Includes the patients rolling over from May</i> <p>Longest waiters:</p> <p>15 weeks (Personal Information redacted by the USI) – no date (IS)</p> <p>14 weeks (Personal Information redacted by the USI) – no date</p> <p>14 weeks (Personal Information redacted by the USI) – date</p> <p>14 weeks (Personal Information redacted by the USI) – date for July</p>	

SPECIALTY	DAY CASES	IN-PATIENTS
UROLOGY	<p>53 patients rolled over from May to June</p> <p>LAST WEEK</p> <p>68 Patients in total on PTL</p> <ul style="list-style-type: none"> • 2 with date • 66 with no date • <i>Includes the patients rolling over from May</i> <p>THIS WEEK</p> <p>68 Patients in total on PTL</p> <ul style="list-style-type: none"> • 3 with date • 65 with no date • <i>Includes the patients rolling over from May</i> <p>Longest waiters:</p> <p>65 week (Personal Information redacted by the USI) – no date</p> <p>64 week (Personal Information redacted by the USI) – no date</p> <p>55 week (Personal Information redacted by the USI) – no date</p> <p>54 week (Personal Information redacted by the USI) – no date</p>	<p>27 patients rolled over from May to June</p> <p>LAST WEEK</p> <p>54 Patients in total on PTL</p> <ul style="list-style-type: none"> • 4 with date • 50 with no date • <i>Includes the patients rolling over from May</i> <p>THIS WEEK</p> <p>54 Patients in total on PTL</p> <ul style="list-style-type: none"> • 4 with date • 50 with no date • <i>Includes the patients rolling over from May</i> <p>Longest waiters:</p> <p>66 week (Personal Information redacted by the USI) – no date</p> <p>61 week (Personal Information redacted by the USI) – no date</p> <p>57 week (Personal Information redacted by the USI) – no date</p> <p>56 week (Personal Information redacted by the USI) – no date</p>

Glenny, Sharon

From: Corrigan, Martina <[REDACTED]>
Sent: 08 October 2013 15:37
To: Trouton, Heather
Cc: Glenny, Sharon
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

Heather

Please see below from Booking Centre via Sharon. As you will note these are mostly Mr O'Brien's triage and the booking centre have been waiting on these for quite a while. This is holding the booking centre up choosing these patients as they are not sure which clinic that they need to be on. I have spoken with Mr O'Brien about this as well and he was to try and do these but did advise me that he didn't have enough admin time to address all of these issues. I have also raised this with Mr Young.

Should I now escalate this to Mr Brown/Mr Mackle for them to address with Mr O'Brien?

Would welcome you advice.

Many thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: [REDACTED] (Direct Dial)
Mobile: [REDACTED]
Email: [REDACTED]

From: Glenny, Sharon
Sent: 08 October 2013 15:12
To: Corrigan, Martina
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

Hi Martina

Can we discuss below? Is there anything I can do here to help??

Sharon

From: Browne, Leanne
Sent: 08 October 2013 13:50
To: Glenny, Sharon
Cc: Robinson, Katherine; Rankin, Christine
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

Sharon,

Update of untriaged Urology referrals.

[REDACTED] – [REDACTED] (op reg: 29.07.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 07.08.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 05.08.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 21.08.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg 6.8.13 – Mr O’Brien to triage – email to Monica 10.9.13 – email to Andrea 18.9.13)
Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 4.7.13 – Mr O’Brien to triage – email to Monica 10.9.13 & 28.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 4.7.13 – Mr O’Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 3.7.13 – Mr O’Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg 1.7.13 – Mr O’Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (Op reg 4.7.13 – Mr O’Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 4.7.13 – AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 1.7.13 – AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg 2.7.13 – AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 3.7.13 - AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 29.6.13 - AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 2.7.13 AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 3.7.13 – AOB to triage - email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 2.7.13 – AOB to triage email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg 28.6.13 – AOB to triage - email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg 5.8.13 – AOB to triage – email to Monica 10.9.13, email to Andrea 18.9.13, email to Sharon 25.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 22.7.13 – AOB to triage – email to Monica 13.8.13, 29.8.13, 10.9.13 – email to Andrea 15.8.13 & Lucia 15.8.13, email to Sharon 18.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 5.8.13 – JHL to triage – email to Noleen 10.9.13, email to Andrea 18.9.13, email to Sharon 25.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 5.8.13 – JHL to triage - email to Noleen 10.9.13, email to Andrea 18.9.13, email to Sharon 25.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 3.8.13 – Haematology to Urology referral – NO REFERRAL RECEIVED, email to Andrea 25.9.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (OP REG 16.8.13 – MY to triage , email to Paulette 18.9.13, email to Andrea 25.9.13)

Sharon can we have these returned as soon as possible.

Thanks

Leanne

From: Coleman, Alana
Sent: 08 October 2013 12:25
To: Browne, Leanne
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

From: Coleman, Alana
Sent: 25 September 2013 17:38
To: Glenny, Sharon
Cc: Browne, Leanne; Robinson, Katherine
Subject: OUTSTANDING TRIAGE - UROLOGY

Hi Sharon,

Current outstanding triage:

Personal Information redacted by the USI – Personal Information redacted by the USI (op reg: 27.06.13 – Originally sent to Mr Young who then referred onto Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham emailed 18.09.13)attended BPU1 7.10.13

Personal Information redacted by the USI – Personal Information redacted by the USI (op reg: 15.07.13 – Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)has appointment 15.10.13 CU2

Personal Information redacted by the USI – Personal Information redacted by the USI (op reg: 29.07.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 07.08.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 05.08.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI - (op reg: 21.08.13 - Mr O’Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI – (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by the USI – Personal Information redacted by the USI - (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Kind Regards
Alana Coleman
Registration and Booking Clerk
Central Booking Centre
Ramone Building
CAH

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

Glenny, Sharon

From: Glenny, Sharon [Personal Information redacted by USI]
Sent: 25 November 2013 15:59
To: Corrigan, Martina
Subject: FW: untriaged referrals - UROLOGY

Importance: High

Hi Martina

I know this has already been escalated to you, but do you think we are at the point where we need to permit RBC to send for these patients despite not being triaged? May mean we have some consultant clinics with LUTS and Andrology patients, but rather than lose any more reasonableness of offer do we need to consider this?

Sharon

From: Browne, Leanne
Sent: 25 November 2013 15:54
To: Glenny, Sharon
Cc: Coleman, Alana
Subject: FW: untriaged referrals

Hi Sharon

Attached is a list of untriaged Urology referrals, emailed to secretaries 11th November and Andrea 19th November.

Thanks

Leanne

From: Browne, Leanne
Sent: 19 November 2013 14:33
To: Cunningham, Andrea
Cc: Coleman, Alana
Subject: untriaged referrals

Hi Andrea

Below is a list of untraiged Urology referrals,can you please arrange for these to be triaged and returned as soon as possible.

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ROUTINE

26/09/2013

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27/09/2013

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30/09/2013

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02/10/2013

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09/10/2013

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11/10/2013

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11/10/2013

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11/10/2013

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11/10/2013

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11/10/2013

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11/10/2013

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11/10/2013

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14/10/2013

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14/10/2013

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ROUTINE

14/10/2013

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Thanks

Leanne

Leanne Browne
Acting Supervisor
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

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Glenny, Sharon

From: Corrigan, Martina <[REDACTED]>
Sent: 26 November 2013 08:02
To: Robinson, Katherine; Glenny, Sharon
Cc: Trouton, Heather
Subject: FW: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE
Attachments: image001.png

Dear both

Please see below – Katherine can you advise if you receive these?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: [REDACTED] (Direct Dial)
Mobile: [REDACTED]
Email: [REDACTED]

From: O'Brien, Aidan
Sent: 26 November 2013 02:08
To: Corrigan, Martina
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Martina,
I really am so sorry that I have fallen so behind in triaging.
However, whilst on leave, I have arranged all outstanding letters of referral in chronological order, so that I can pass them to CAO via Monica in that order, beginning tomorrow.
I know that I have fallen behind particularly badly (except for red flag referrals which are up to date) and I do appreciate that this causes many staff inconvenience and frustration, and that all have been patient with me!
I can assure you that I will catch up, but am determined to do so in a chronologically ordered fashion,

Aidan

From: Corrigan, Martina
Sent: 24 November 2013 17:28
To: O'Brien, Aidan
Cc: McCorry, Monica; Robinson, Katherine; Glenny, Sharon
Subject: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE
Importance: High

Dear Aidan,

Please advise, this is holding up picking patients for all clinics as these letters have not been triaged and I know that this will need to be escalated early this week if not resolved.

I would be grateful for your action/update

Thanks

Martina

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

Telephone: [Redacted] (Direct Dial)

Mobile: [Redacted]

Email: [Redacted]

From: Robinson, Katherine
Sent: 21 November 2013 14:31
To: Corrigan, Martina
Subject: FW: MISSING TRIAGE

Mrs Katherine Robinson
Booking & Contact Centre Manager
Southern Trust Referral & Booking Centre Ramone Building Craigavon Area Hospital

t: [Redacted]
e: [Redacted]

From: Browne, Leanne
Sent: 21 November 2013 14:12
To: McCorry, Monica
Cc: Cunningham, Andrea; Robinson, Katherine
Subject: MISSING TRIAGE

Monica

Here is list of missing triage as requested.

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Leanne

Leanne Browne
Acting Supervisor
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

T:

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E:

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Glenny, Sharon

From: Glenny, Sharon <[REDACTED]>
Sent: 19 December 2013 16:33
To: Corrigan, Martina
Subject: FW: untriaged referrals
Attachments: untriaged referrals.pdf

Hi Martina

I know you already know about this, but just as an update on position.

Thanks

Sharon

From: Browne, Leanne
Sent: 19 December 2013 16:24
To: Glenny, Sharon
Subject: untriaged referrals

Hi Sharon

Attached is a list of untriaged referrals, emails were sent to Monica and Andrea

Thanks

Leanne

Leanne Browne
Acting Supervisor
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

T: [REDACTED]
E: [REDACTED]

Urology

WIT-82109

[illegible]

Glenny, Sharon

From: Glenny, Sharon <[Personal Information redacted by the USI]>
Sent: 14 September 2015 09:22
To: Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Suresh, Ram; Young, Michael
Cc: Corrigan, Martina
Subject: FW: Urology Triaging
Importance: High

Morning Everyone

Could you please see below from Vicki and the Cancer Team regarding triage of referral letters.

I know Martina would likely have raised this at the specialty meeting, but in her absence, do you have any thoughts/suggestions on the matter?

Thanks

Sharon

From: Graham, Vicki
Sent: 11 September 2015 16:04
To: Glenny, Sharon
Cc: Clayton, Wendy
Subject: Urology Triaging
Importance: High

Hi Sharon,

Following on from our conversation please see below issues that have risen recently with triage.

1 – Mr Suresh is triaging referrals and appears to be ticking what investigations patients are requiring so they can be booked into correct clinic but he is requesting that the RF Office to request GP surgery to arrange U&E's to be performed, this is required prior to a CT U investigation being performed.

2 – Not all the Consultants are ticking the boxes fully, they maybe tick that it is a RF ok but do not tick TRUS, Flexi, C/U which means appointment staff are having to decide what is the relevant clinic to book patients into, although this might not always be the case and could delay patient's pathway and mean the loss of a RF slot if patient is seen at an inappropriate clinic.

3 –Mr Suresh can sometimes request CT scanning to be performed and that referral is to be re-triaged with results, which can again delay pathways due to the delay in referral and results being triaged x 2.

I am happy to discuss if you have any queries.

Many thanks,

Vicki

Vicki Graham
Cancer Services Co-ordinator

Mandeville Unit

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the USI

Email -

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Glenny, Sharon

From: Glenny, Sharon <[Personal Information redacted by the USI]>
Sent: 27 November 2015 16:38
To: Corrigan, Martina
Subject: [Personal information redacted by USI]
Attachments: UROLOGY UNTRIAGED REFERRAL LETTERS - 27.11.15.xls

You need to close down for a while!!

I normally run report 1 – total waiting list for out-patients, filter patients with no date, then patients “blanks” under WL Code – this normally refers to anyone who hasn’t been returned from triage.

I’ve attached it for you!! It doesn’t make good reading!

Sharon

From: Corrigan, Martina
Sent: 27 November 2015 16:31
To: Glenny, Sharon
Subject: [Personal information redacted by USI]

[Personal information redacted by USI]

What report can I run in outpatients to see what isn’t triaged?? Need to see which letters AOB hasn’t triaged although they may all be allocated now cos I told them to be added to the WL as per GP category!!

ta

Martina

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

Telephone: [Personal Information redacted by the USI]
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

OUTPATIENT PTL - CURRENT DATE LESS THAN: 27/11/2015 00:00:00

WAITING LIST EFFECTIVE DATE: 27/11/2015

Specialty
Description
(R):

UROLOGY

Sub-Specialty:

ACCIDENT AND EMERGENCY(C);AFF AUDIOLOGY CLINIC(T);AFF NORMALITY SCAN(A);AFF OPTOMETRY CLINIC(A);ALL ICATS SPECIALTIES(ICATS);ANAESTHETICS(C);ANTI-POCOAGULANT(C);ANTI-POCOAGULANT-VIRTUAL(C);BREAST FAMILY HISTORY(C);BREAST SURGERY (IS);BREAST SURGERY(C);BREAST SURGERY-SUSPECTED CA(C);CAH CDC MULTI DISC TEAM(MDT);CANCER HAEMAT TREATMENT(C);CARDIAC INVESTIGATIONS(T);CARDIOLOGY (ICATS);CARDIOLOGY MEDICINE(C);CERVICAL CYTOLOGY(C);CHEMICAL PATHOLOGY(C);CHILD & ADOLESCENT PSYC(C);CHILD DEVELOPMENT(C);COLORECTAL(C);COLPOSCOPY (IS);COLPOSCOPY(C);COMMUNITY PAEDIATRICS-ADHD(C);DERMATOLOGY (ICATS);DERMATOLOGY TRANSFERS(C);DERMATOLOGY(C);DIABETIC(C);DIABETOLOGY(C);DIETETICS(A);DUAL DIAGNOSIS(MDT);EAR NOSE & THROAT (IS);EAR NOSE AND THROAT (ICATS);EAR NOSE AND THROAT(C);EEG (T);ENDOCRINOLOGY (WLI);ENDOCRINOLOGY(C);ENT CAWT (C);ENT TELEPHONE CLINICS(C);EVOKED POTENTIAL (T);FAMILY PLANNING(G);FERTILITY (GYNAE)(C);FRACTURE(C);GASTRO - NON SCOPES (C);GASTRO - SCOPES (WLIO);GASTRO - SCOPES (C);GASTRO - SCOPES (IS);GASTRO-ENTEROLOGY(C);GASTROENTEROLOGY (WLI);GASTROENTEROLOGY(C);GENERAL MEDICINE(C);GENERAL SURGERY (IS);GENERAL SURGERY SCOPES(C);GENERAL SURGERY SCOPES(IS);GENERAL SURGERY(C);GER ASSESSMENT/REHAB(C);GERIATRIC ACUTE(C);GERIATRIC ASSESSMENT(C);GERIATRIC MEDICINE(C);GERIATRIC STROKE PATIENTS(C);GLAUCOMA NURSE LED(N);GYNAECOLOGY (IS);GYNAECOLOGY (WLIO);GYNAECOLOGY(C);HAEMATOLOGY(C);HAEMATOLOGY- VIRTUAL(C);HAEMATURIA(C);HEART FAILURE(C);INTENSIVE CARE(C);LEARNING DISABILITY(C);MEDICAL ONCOLOGY (C);MEMORY CLINIC (C);MENOPAUSE(C);MIDWIFE LED CLINICS(M);MIDWIFE LED EARLY PREGNANCY(M);MIDWIFERY LED CARE (M);MINOR OPS. - GEN SURGERY (C);NEPHROLOGY(C);NERVE COND.STUDIES (DIAG)(T);NEUROLOGY(C);NEUROLOGY- VIRTUAL(C);NEWBORN BABY(C);NL PAIN MGMT VIRTUAL (N);NLED PAED IMMUNISATION (N);NLED PAED RESP AND ALLERGY (N);NLED PRE PREG DIA CAWT (N);NURSE (CONTINENCE)(N);NURSE CONTINENCE CLINIC(N);NURSE ENDOSCOPIST (N);NURSE LED ADDICTION CLINICS(N);NURSE LED ASTHMA CLINICS(N);NURSE LED ATOPIC ECZEMA(N);NURSE LED BREAST CARE(N);NURSE LED CARDIOLOGY(N);NURSE LED COLPOSCOPY(N);NURSE LED CONTINENCE CL(N);NURSE LED CRYOTHERAPY(N);NURSE LED DERMATOLOGY TREAT(N);NURSE LED DIABETIC CLINICS(N);NURSE LED DMT CLINIC(N);NURSE LED ENT CLINIC(N);NURSE LED EPILEPSY CLINIC(N);NURSE LED FIELDS CLINIC(N);NURSE LED GYNAECOLOGY (N);NURSE LED HAEMATOLOGY(N);NURSE LED INTRA-OCULAR CL(N);NURSE LED LEG ULCER CLINIC(N);NURSE LED LUNG CANCER (N);NURSE LED MEMORY (N);NURSE LED NEUROLOGY(N);NURSE LED NEUROVASCULAR(N);NURSE LED ONCOLOGY(N);NURSE LED PAEDIATRIC BOWEL(N);NURSE LED PAEDIATRICS (N);NURSE LED PAIN MANAGEMENT(N);NURSE LED PALLIATIVE MED(N);NURSE LED PARENTCRAFT(M);NURSE LED PRE OP ASSESSMENT(N);NURSE LED PREADM OPHT(N);NURSE LED PREADMISSION(N);NURSE LED RESPIRATORY(N);NURSE LED RHEUMATOLOGY(N);NURSE LED ROACCUTANE CLINIC(N);NURSE LED UROLOGY(N);NURSE SURGERY(N);NURSE VARICOSE ULCER(N);NURSELED CANCER HAEM TREAT(N);NURSELED MULTIPLE SCLEROSIS(N);OBSTETRICS ANTE-NATAL(O.P.)(C);OBSTETRICS POST-NATAL (O.P)(C);OBSTETRICS(C);OLD AGE PSY/CON-LED MEMORY(C);OLD AGE PSYC/NUR-LED MEMORY(N);OLD AGE PSYCHIATRY(C);ONCOLOGY(C);OPHTHALMOLOGY (IS);OPHTHALMOLOGY(C);OPIATE SUBSTITUTION TEAM (N);ORAL SURGERY (IS);ORAL SURGERY(C);ORTHODONTICS(C);ORTHOPAEDIC GERIATRICS(C);ORTHOPAEDICS (ICATS);ORTHOPAEDICS (IS);ORTHOPAEDICS (WLIO);ORTHOPAEDICS (WLIO)(ICATS);ORTHOPAEDICS(C);ORTHOPTIC(A);ORTHOTIC (T);PAED COMMUNICATION (COMMTY)(C);PAEDIATRIC ALLERGY(C);PAEDIATRIC ASTHMA(C);PAEDIATRIC CARDIOLOGY(C);PAEDIATRIC DENTISTRY(C);PAEDIATRIC ENT(C);PAEDIATRIC EPILEPSY(C);PAEDIATRIC NEUROLOGY(C);PAEDIATRIC SURGERY(C);PAEDIATRIC UROLOGY(C);PAEDIATRIC(C);PAEDIATRICS - COMMUNITY(C);PAEDS ADHD (COMMUNITY)(C);PAEDS BEHAVIOURAL(COMMU) (N);PAEDS COMMUNITY - VIRTUAL (C);PAEDS DEVELOPMENT (COMMTY)(C);PAIN MANAGEMENT (IS);PAIN MANAGEMENT (WLIO);PAIN MANAGEMENT(C);PALLIATIVE MEDICINE(C);PHYSIOTHERAPY FOR FRACTURE (A);PLASTIC SURGERY(C);PRIMARY MENTALHEALTH CARE(MDT);PROTHROMBIN(C);PSY HOME TREAT/CRISIS

Includes Hospital CAH;LGH;SLH;IND;MHK;STH;MULL;RTH;DHH;BBH;CPU;ACH;LSH

* The Outpatient PTL has been sorted in order by Site, Specialty (R), Sub-Specialty,Consultant, Priority and Current Date.

* In addition the following regional specialty codes are excluded: 501(Obs and Gyn(Obstetrics), 510 (Obstetrics for Ante-Natal Patients), 520 (Obstetrics Post-Natal (O.P), 700 (Learning Disability), 710 (Mental Illness) and 711 (Child and Adolescent Psychiatry)

* The Outpatient PTL is based on 'Consultant - Led' specialties and excludes specialties with a suffix of '(N)' Nurse-Led, '(M)' Mid-Wifery-Led, '(A)' Allied Health Professionals-Led,'(T)' Technician-Led, '(ICATS)' Integrated Clinical Assessment and Treatment Services-Led and '(GP)' General Practioner-Led.

UROLOGY

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Telephone Mobile	Spec Code	Cons Code	Priority	Referral Source	Reason for Referral	Referral Date Only	Current Date	Date Booked (Y/N)	Appt Date	Non Clinical Comments	Clinic Identifier/Code	WL Code	WL Cnc Code	Weeks Waiting
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CAH									URO	GURO	ROUTINE	AE	ADV	20/10/2014	20/10/2014	N						58
CAH									URO	GURO	ROUTINE	OC	ADV	24/10/2014	24/10/2014	N						57
CAH									URO	GURO	ROUTINE	GPR	ADV	27/10/2014	27/10/2014	N						57
CAH									URO	MY	ROUTINE	OC	ADV	27/10/2014	27/10/2014	N						57
CAH									URO	GURO	ROUTINE	GPR	ADV	28/10/2014	28/10/2014	N						56
CAH									URO	GURO	ROUTINE	GPR	ADV	28/10/2014	28/10/2014	N						56
CAH									URO	GURO	ROUTINE	GPR	ADV	28/10/2014	28/10/2014	N						56
CAH									URO	GURO	ROUTINE	GPR	ADV	28/10/2014	28/10/2014	N						56
CAH									URO	GURO	ROUTINE	GPR	ADV	28/10/2014	28/10/2014	N						56
CAH									URO	GURO	ROUTINE	GPU	ADV	28/10/2014	28/10/2014	N						56

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	28/10/2014	28/10/2014	N						56
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CAH						URO	GURO	ROUTINE	GPR	ADV	29/10/2014	29/10/2014	N						56
CAH						URO	GURO	ROUTINE	GPR	ADV	29/10/2014	29/10/2014	N						56
CAH						URO	GURO	ROUTINE	GPR	ADV	29/10/2014	29/10/2014	N						56
CAH						URO	GURO	ROUTINE	GPR	ADV	30/10/2014	30/10/2014	N						56
CAH						URO	GURO	ROUTINE	GPR	ADV	30/10/2014	30/10/2014	N						56
CAH						URO	GURO	ROUTINE	GPR	ADV	30/10/2014	30/10/2014	N						56
CAH						URO	GURO	ROUTINE	GPR	ADV	17/11/2014	17/11/2014	N						54
CAH						URO	GURO	ROUTINE	OC	ADV	24/11/2014	24/11/2014	N						53
CAH						URO	GURO	ROUTINE	OTH	ADV	26/11/2014	26/11/2014	N						52
CAH						URO	GURO	ROUTINE	OC	ADV	27/11/2014	27/11/2014	N						52
CAH						URO	GURO	ROUTINE	GPR	ADV	01/12/2014	01/12/2014	N						52

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CAH						URO	GURO	ROUTINE	GPR	ADV	03/12/2014	03/12/2014	N						51
CAH						URO	GURO	ROUTINE	GPR	ADV	03/12/2014	03/12/2014	N						51
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CAH						URO	GURO	ROUTINE	GPR	ADV	04/12/2014	04/12/2014	N						51
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CAH						URO	GURO	ROUTINE	GPR	ADV	05/12/2014	05/12/2014	N						51
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CAH						URO	GURO	ROUTINE	GPR	ADV	08/12/2014	08/12/2014	N						51
CAH						URO	GURO	ROUTINE	AE	ADV	08/12/2014	08/12/2014	N						51
CAH						URO	GURO	ROUTINE	GPR	ADV	08/12/2014	08/12/2014	N						51
CAH						URO	GURO	ROUTINE	OC	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	09/12/2014	09/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPE	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	GURO	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50

CAH	Personal Information redacted by the USI					URO	MDH	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	MY	ROUTINE	GPR	ADV	10/12/2014	10/12/2014	N						50
CAH						URO	AJG	ROUTINE	OC	ADV	15/12/2014	15/12/2014	N						50
CAH						URO	AOB	ROUTINE	OC	ADV	17/12/2014	17/12/2014	N						49
CAH						URO	AOB	ROUTINE	OC	ADV	17/12/2014	17/12/2014	N						49
CAH						URO	GURO	ROUTINE	GPR	ADV	19/12/2014	19/12/2014	N						49
CAH						URO	GURO	ROUTINE	GPR	ADV	19/12/2014	19/12/2014	N						49
CAH						URO	GURO	ROUTINE	GPR	ADV	22/12/2014	22/12/2014	N						49
CAH						URO	GURO	ROUTINE	GPR	ADV	22/12/2014	22/12/2014	N						49
CAH						URO	GURO	ROUTINE	AE	ADV	22/12/2014	22/12/2014	N						49
CAH						URO	GURO	ROUTINE	GPR	ADV	22/12/2014	22/12/2014	N						49
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	GURO	ROUTINE	OC	ADV	23/12/2014	23/12/2014	N						48
CAH						URO	AOB	ROUTINE	OC	ADV	24/12/2014	24/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	24/12/2014	24/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	24/12/2014	24/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	24/12/2014	24/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	24/12/2014	24/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	29/12/2014	29/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	29/12/2014	29/12/2014	N						48

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	OC	ADV	29/12/2014	29/12/2014	N						48
CAH						URO	GURO	ROUTINE	GPR	ADV	31/12/2014	31/12/2014	N						47
CAH						URO	AOB	ROUTINE	OC	ADV	06/01/2015	06/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	08/01/2015	08/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	08/01/2015	08/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	08/01/2015	08/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	08/01/2015	08/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	08/01/2015	08/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	08/01/2015	08/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	09/01/2015	09/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	09/01/2015	09/01/2015	N						46
CAH						URO	GURO	ROUTINE	GPR	ADV	19/01/2015	19/01/2015	N						45
CAH						URO	GURO	ROUTINE	GPR	ADV	19/01/2015	19/01/2015	N						45
CAH						URO	GURO	ROUTINE	OC	ADV	20/01/2015	20/01/2015	N						44

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	20/01/2015	20/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	20/01/2015	20/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	20/01/2015	20/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	20/01/2015	20/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	21/01/2015	21/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	21/01/2015	21/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	21/01/2015	21/01/2015	N						44
CAH						URO	GURO	ROUTINE	GPR	ADV	21/01/2015	21/01/2015	N						44
CAH						URO	MY	ROUTINE	GPR	ADV	21/01/2015	21/01/2015	N						44
CAH						URO	GURO	ROUTINE	OC	ADV	19/03/2015	19/03/2015	N						36
CAH						URO	GURO	ROUTINE	AE	ADV	24/03/2015	24/03/2015	N						35
CAH						URO	GURO	ROUTINE	GPR	ADV	25/03/2015	25/03/2015	N						35
CAH						URO	AOB	ROUTINE	OC	ADV	26/03/2015	26/03/2015	N						35
CAH						URO	MY	ROUTINE	OC	ADV	27/03/2015	27/03/2015	N						35

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	AE	ADV	29/03/2015	29/03/2015	N						35
CAH						URO	GURO	ROUTINE	AE	ADV	30/03/2015	30/03/2015	N						35
CAH						URO	GURO	ROUTINE	GPR	ADV	31/03/2015	31/03/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	01/04/2015	01/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	01/04/2015	01/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	01/04/2015	01/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	01/04/2015	01/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	01/04/2015	01/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	OC	ADV	02/04/2015	02/04/2015	N						34

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	02/04/2015	02/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	03/04/2015	03/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	06/04/2015	06/04/2015	N						34
CAH						URO	GURO	ROUTINE	GPR	ADV	16/04/2015	16/04/2015	N						32
CAH						URO	GURO	ROUTINE	OC	ADV	23/04/2015	23/04/2015	N						31

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	OC	ADV	27/04/2015	27/04/2015	N						31
CAH						URO	GURO	ROUTINE	OC	ADV	30/04/2015	30/04/2015	N						30
CAH						URO	MY	ROUTINE	OC	ADV	06/05/2015	06/05/2015	N						29
CAH						URO	AOB	ROUTINE	OC	ADV	08/05/2015	08/05/2015	N						29
CAH						URO	GURO	ROUTINE	GPR	ADV	08/05/2015	08/05/2015	N						29
CAH						URO	GURO	ROUTINE	AE	ADV	13/05/2015	13/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	13/05/2015	13/05/2015	N						28
CAH						URO	GURO	ROUTINE	AE	ADV	13/05/2015	13/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	13/05/2015	13/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	13/05/2015	13/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	14/05/2015	14/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	14/05/2015	14/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	14/05/2015	14/05/2015	N						28

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	14/05/2015	14/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	15/05/2015	15/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	15/05/2015	15/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	15/05/2015	15/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	15/05/2015	15/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	15/05/2015	15/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPU	ADV	15/05/2015	15/05/2015	N						28
CAH						URO	AOB	ROUTINE	GPU	ADV	13/06/2014	18/05/2015	N		(NR)PB2D 15/5/15 PB1D 30/4/15 CAJGTDU OR CAJGREG *MAY*	CJODTDU		CU2N	28
CAH						URO	GURO	ROUTINE	GPR	ADV	18/05/2015	18/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	18/05/2015	18/05/2015	N						28
CAH						URO	GURO	ROUTINE	GPR	ADV	18/05/2015	18/05/2015	N						28
CAH						URO	MY	ROUTINE	GPR	ADV	02/12/2013	18/05/2015	N		sfa pat cancelled no dates available	CAJGREG		CURMYN	28
CAH						URO	AOB	ROUTINE	AE	ADV	19/05/2015	19/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	19/05/2015	19/05/2015	N						27

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	19/05/2015	19/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	19/05/2015	19/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	19/05/2015	19/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	19/05/2015	19/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	20/05/2015	20/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	20/05/2015	20/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	20/05/2015	20/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	20/05/2015	20/05/2015	N						27
CAH						URO	GURO	ROUTINE	GPR	ADV	20/05/2015	20/05/2015	N						27
CAH						URO	GURO	ROUTINE	AE	ADV	03/06/2015	03/06/2015	N						25
CAH						URO	AOB	ROUTINE	OC	ADV	17/06/2015	17/06/2015	N						23
CAH						URO	GURO	ROUTINE	GPR	ADV	17/06/2015	17/06/2015	N						23
CAH						URO	AOB	ROUTINE	OC	ADV	18/06/2015	18/06/2015	N						23

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	18/06/2015	18/06/2015	N						23
CAH						URO	GURO	ROUTINE	AE	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	URGENT	GPU	ADV	24/06/2015	24/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	25/06/2015	25/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	25/06/2015	25/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	25/06/2015	25/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	25/06/2015	25/06/2015	N						22
CAH						URO	GURO	ROUTINE	AE	ADV	25/06/2015	25/06/2015	N						22
CAH						URO	GURO	URGENT	GPU	ADV	25/06/2015	25/06/2015	N						22

CAH	Personal Information redacted by the USI					URO	GURO	URGENT	GPU	ADV	25/06/2015	25/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	GURO	URGENT	GPU	ADV	26/06/2015	26/06/2015	N						22
CAH						URO	AOB	ROUTINE	OC	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	OC	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	OC	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	URGENT	GPU	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	URGENT	GPU	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	URGENT	GPU	ADV	29/06/2015	29/06/2015	N						22
CAH						URO	GURO	ROUTINE	GPR	ADV	30/06/2015	30/06/2015	N						21
CAH						URO	GURO	ROUTINE	AE	ADV	30/06/2015	30/06/2015	N						21
CAH						URO	GURO	ROUTINE	GPR	ADV	30/06/2015	30/06/2015	N						21

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	30/06/2015	30/06/2015	N						21
CAH						URO	GURO	ROUTINE	AE	ADV	30/06/2015	30/06/2015	N						21
CAH						URO	GURO	URGENT	GPU	ADV	30/06/2015	30/06/2015	N						21
CAH						URO	GURO	URGENT	GPU	ADV	30/06/2015	30/06/2015	N						21
CAH						URO	MY	ROUTINE	AE	ADV	14/07/2015	14/07/2015	N						19
CAH						URO	AOB	ROUTINE	OC	ADV	17/07/2015	17/07/2015	N						19
CAH						URO	AOB	ROUTINE	OC	ADV	28/07/2015	28/07/2015	N						17
DHH						URO	AOB	ROUTINE	OC	ADV	29/07/2015	29/07/2015	N						17
CAH						URO	GURO	URGENT	GPR	ADV	31/07/2015	31/07/2015	N						17
CAH						URO	MY	ROUTINE	GPR	ADV	04/08/2015	04/08/2015	N						16
CAH						URO	AOB	ROUTINE	OC	ADV	07/08/2015	07/08/2015	N						16
CAH						URO	MY	ROUTINE	GPR	ADV	10/08/2015	10/08/2015	N						16
CAH						URO	GURO	ROUTINE	AE	ADV	16/08/2015	16/08/2015	N						15

CAH	Personal Information redacted by the USI					URO	GURO	URGENT	GPU	ADV	21/08/2015	21/08/2015	N						14
CAH						URO	AOB	URGENT	GPU	ADV	25/08/2015	25/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	26/08/2015	26/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	OC	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	URGENT	GPU	ADV	27/08/2015	27/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13

CAH	Personal information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	URGENT	GPU	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	URGENT	AE	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	URGENT	GPU	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	URGENT	GPU	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	URGENT	GPU	ADV	28/08/2015	28/08/2015	N						13
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	URGENT	GPR	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	URGENT	GPU	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	URGENT	GPU	ADV	01/09/2015	01/09/2015	N						12

CAH	Personal Information redacted by the USI					URO	GURO	URGENT	GPU	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	URGENT	GPU	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	URGENT	GPU	ADV	01/09/2015	01/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	02/09/2015	02/09/2015	N						12
CAH						URO	GURO	URGENT	GPU	ADV	02/09/2015	02/09/2015	N						12
CAH						URO	MY	ROUTINE	OC	ADV	02/09/2015	02/09/2015	N						12
CAH						URO	GURO	ROUTINE	GPR	ADV	04/09/2015	04/09/2015	N						12
CAH						URO	AOB	ROUTINE	OC	ADV	10/09/2015	10/09/2015	N						11
CAH						URO	GURO	ROUTINE	GPR	ADV	10/09/2015	10/09/2015	N						11
CAH						URO	AOB	ROUTINE	OC	ADV	11/09/2015	11/09/2015	N						11
CAH						URO	GURO	ROUTINE	GPR	ADV	15/09/2015	15/09/2015	N						10
CAH						URO	GURO	ROUTINE	GPR	ADV	16/09/2015	16/09/2015	N						10
CAH						URO	GURO	ROUTINE	GPR	ADV	16/09/2015	16/09/2015	N						10

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	16/09/2015	16/09/2015	N						10
CAH						URO	GURO	ROUTINE	GPR	ADV	17/09/2015	17/09/2015	N						10
CAH						URO	JOD	ROUTINE	OC	ADV	22/09/2015	22/09/2015	N						9
CAH						URO	GURO	ROUTINE	OC	ADV	23/09/2015	23/09/2015	N						9
CAH						URO	MDH	ROUTINE	OC	ADV	23/09/2015	23/09/2015	N						9
CAH						URO	GURO	URGENT	GPU	ADV	28/09/2015	28/09/2015	N						9
CAH						URO	GURO	ROUTINE	AE	ADV	29/09/2015	29/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	29/09/2015	29/09/2015	N						8
CAH						URO	JOD	URGENT	OC	ADV	29/09/2015	29/09/2015	N						8
CAH						URO	AOB	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	AE	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	30/09/2015	30/09/2015	N						8
CAH						URO	AOB	ROUTINE	OC	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	AOB	ROUTINE	GPR	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	GURO	ROUTINE	AE	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	01/10/2015	01/10/2015	N						8

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	MY	ROUTINE	OC	ADV	01/10/2015	01/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	AE	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	02/10/2015	02/10/2015	N						8

CAH	Personal Information redacted by the USI					URO	GURO	URGENT	GPU	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	KS	ROUTINE	GPR	ADV	02/10/2015	02/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	05/10/2015	05/10/2015	N						8
CAH						URO	GURO	ROUTINE	AE	ADV	05/10/2015	05/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	05/10/2015	05/10/2015	N						8
CAH						URO	GURO	URGENT	GPU	ADV	05/10/2015	05/10/2015	N						8
CAH						URO	GURO	ROUTINE	GPR	ADV	06/10/2015	06/10/2015	N						7
CAH						URO	GURO	ROUTINE	GPR	ADV	06/10/2015	06/10/2015	N						7
CAH						URO	GURO	ROUTINE	GPR	ADV	06/10/2015	06/10/2015	N						7
CAH						URO	GURO	ROUTINE	GPR	ADV	06/10/2015	06/10/2015	N						7
CAH						URO	GURO	URGENT	GPU	ADV	06/10/2015	06/10/2015	N						7

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	07/10/2015	07/10/2015	N						7
CAH						URO	GURO	ROUTINE	OC	ADV	07/10/2015	07/10/2015	N						7
CAH						URO	MY	ROUTINE	OC	ADV	13/10/2015	13/10/2015	N						6
CAH						URO	MY	URGENT	OC	ADV	13/10/2015	13/10/2015	N						6
CAH						URO	GURO	ROUTINE	GPR	ADV	15/10/2015	15/10/2015	N						6
CAH						URO	AOB	ROUTINE	GPR	ADV	19/10/2015	19/10/2015	N						6
CAH						URO	GURO	URGENT	GPU	ADV	21/10/2015	21/10/2015	N						5
CAH						URO	GURO	ROUTINE	OC	ADV	22/10/2015	22/10/2015	N						5
CAH						URO	KS	ROUTINE	GPR	ADV	22/10/2015	22/10/2015	N						5
CAH						URO	AOB	ROUTINE	OC	ADV	23/10/2015	23/10/2015	N						5
CAH						URO	GURO	ROUTINE	GPR	ADV	23/10/2015	23/10/2015	N						5
CAH						URO	GURO	URGENT	GPU	ADV	23/10/2015	23/10/2015	N						5
CAH						URO	GURO	ROUTINE	GPR	ADV	29/10/2015	29/10/2015	N						4

CAH	Personal Information redacted by the USI					JRO	MY	ROUTINE	OC	ADV	29/10/2015	29/10/2015	N						4
CAH						JRO	GURO	ROUTINE	OC	ADV	30/10/2015	30/10/2015	N						4
CAH						JRO	RJB	ROUTINE	OC	ADV	30/10/2015	30/10/2015	N						4
CAH						JRO	GURO	ROUTINE	GPR	ADV	02/11/2015	02/11/2015	N						4
CAH						JRO	AOB	URGENT	GPU	ADV	04/11/2015	04/11/2015	N						3
CAH						JRO	GURO	ROUTINE	OC	ADV	04/11/2015	04/11/2015	N						3
CAH						JRO	KS	ROUTINE	OC	ADV	04/11/2015	04/11/2015	N						3
CAH						JRO	MY	URGENT	GPU	ADV	04/11/2015	04/11/2015	N						3
CAH						JRO	GURO	ROUTINE	OC	ADV	05/11/2015	05/11/2015	N						3
CAH						JRO	GURO	ROUTINE	OC	ADV	06/11/2015	06/11/2015	N						3
CAH						JRO	MY	URGENT	OC	ADV	06/11/2015	06/11/2015	N						3
CAH						JRO	GURO	ROUTINE	GPR	ADV	09/11/2015	09/11/2015	N						3
CAH						JRO	GURO	ROUTINE	GPR	ADV	09/11/2015	09/11/2015	N						3

CAH	Personal Information redacted by the USI					URO	GURO	URGENT	GPU	ADV	09/11/2015	09/11/2015	N						3
DHH						URO	MY	ROUTINE	OC	ADV	10/11/2015	10/11/2015	N						2
CAH						URO	AOB	URGENT	OC	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	MDH	ROUTINE	OC	ADV	11/11/2015	11/11/2015	N						2
CAH						URO	AOB	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	OC	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	OC	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	AE	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	12/11/2015	12/11/2015	N						2

CAH	Personal Information redacted by the USI					URO	GURO	URGENT	GPU	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	12/11/2015	12/11/2015	N						2
CAH						URO	AJG	ROUTINE	OC	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	URGENT	GPU	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	JOD	URGENT	OC	ADV	13/11/2015	13/11/2015	N						2

DHH	Personal Information redacted by the USI					URO	KS	ROUTINE	OC	ADV	13/11/2015	13/11/2015	N						2
CAH						URO	GURO	ROUTINE	OC	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	KS	ROUTINE	OTH	ADV	16/11/2015	16/11/2015	N						2
CAH						URO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N						1

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	URGENT	GPU	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	URGENT	GPU	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	URGENT	GPU	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	URGENT	GPU	ADV	17/11/2015	17/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	18/11/2015	18/11/2015	N						1
CAH						URO	JOD	ROUTINE	OC	ADV	19/11/2015	19/11/2015	N						1
CAH						URO	JOD	ROUTINE	OC	ADV	19/11/2015	19/11/2015	N						1
CAH						URO	MY	ROUTINE	OC	ADV	19/11/2015	19/11/2015	N						1
CAH						URO	AOB	URGENT	GPU	ADV	20/11/2015	20/11/2015	N						1
CAH						URO	GURO	ROUTINE	OC	ADV	20/11/2015	20/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	20/11/2015	20/11/2015	N						1
CAH						URO	GURO	ROUTINE	GPR	ADV	20/11/2015	20/11/2015	N						1
CAH						URO	GURO	URGENT	OC	URC	20/11/2015	20/11/2015	N						1
CAH						URO	GUROL	URGENT	OC	URC	20/11/2015	20/11/2015	N						1
CAH						URO	JOD	ROUTINE	OC	ADV	20/11/2015	20/11/2015	N						1

CAH	Personal Information redacted by the USI					URO	MDH	URGENT	OC	URC	20/11/2015	20/11/2015	N						1
CAH						URO	MDH	ROUTINE	OC	ADV	22/11/2015	22/11/2015	N						1
CAH						URO	GURO	ROUTINE	AE	ADV	23/11/2015	23/11/2015	N						1
CAH						URO	AOB	URGENT	OC	URC	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	ROUTINE	OC	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	ROUTINE	OC	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	ROUTINE	OC	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPU	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPR	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	24/11/2015	24/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPR	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPR	ADV	25/11/2015	25/11/2015	N						0

CAH	Personal Information redacted by the USI					URO	GURO	ROUTINE	GPR	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPR	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPR	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	ROUTINE	GPR	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GURO	URGENT	GPU	ADV	25/11/2015	25/11/2015	N						0
CAH						URO	GUROL	URGENT	GPC	URC	25/11/2015	25/11/2015	N						0
CAH						URO	GUROL	URGENT	GPC	URC	25/11/2015	25/11/2015	N						0
CAH						URO	GUROL	URGENT	GPC	URC	25/11/2015	25/11/2015	N						0
CAH						URO	GUROL	URGENT	GPC	URC	25/11/2015	25/11/2015	N						0
CAH						URO	GUROL	URGENT	GPC	URC	25/11/2015	25/11/2015	N						0