CAH	Personal Information redacted by the USI	URO	GUROL	URGENT	GPC	URC	25/11/2015	25/11/2015	N						0
CAH		URO	MDH	URGENT	GPC	URC	13/11/2015	25/11/2015	N			CMDHTDU			0
CAH		URO	CCHAEI	URGENT	OC	URC	04/11/2015	26/11/2015	N			CCHAEM			0
CAH		URO	GURO	ROUTINE	GPR	ADV	26/11/2015	26/11/2015	N						0
CAH		URO	GURO	ROUTINE	GPR	ADV	26/11/2015	26/11/2015	N						0
CAH		URO	GURO	ROUTINE	GPR	ADV	26/11/2015	26/11/2015	N						0
CAH		URO	GUROL	URGENT	GPC	URC	26/11/2015	26/11/2015	N						0
CAH		URO	GUROL	URGENT	GPC	URC	26/11/2015	26/11/2015	N						0

Glenny, Sharon

From: Muldrew, Angela
Sent: 09 September 2022 09:27
To: Clayton, Wendy; Carroll, Ronan; Scott, Jane M
Cc: Conway, Barry; Quin, Clair; Glenny, Sharon; McVeigh, Shauna
Subject: Urology escalations

Importance: High

Hi

Please see below urology escalations. Are there any TP slots in Trust to be able to pull 2 of the below patients forward

Personal Information redacted by the USI D239 Personal Information redacted by the USI 1st OP D62, added to WL for TURBT (CAT 2D)

Personal Information redacted by the USI D219 Personal Information redacted by the USI 1ST OP D69 (352 patient) MRI D105, Chased up date with 352 for TP biopsies / advised they were unable to contact patient TP biopsy booked for 24.10.22 (D264).

Personal Information redacted by the D203 Personal Information redacted by the USI 1st OP D53 MRI D108, added to WL for TP biopsy (sent to 352 – TP booked for 24.10.22) D248.

Thanks

Angela Muldrew
MDM Administrator & Projects Officer
Office 2
Mandeville Annex
Macmillan Building
Tel. No. Personal Information redacted by the USI

Sharon Glenny

SHSCT Adverse Incident Reporting (IR2) Form -December 2020

The new Regional CCS2 codes which will replace 'Type', 'Category', 'Subcategory', and 'Detail' have been updated.

A full list of these codes can be found here for review.

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	11/10/2022
Time (hh:mm)	14:33
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	No
Does this incident involve a Staff Member?	No
Description Enter facts, not opinions. Do not enter names of people	This incident involves a 27D delay in a red flag referral being typed and sent to the red flag team. 15.09.22 - Letter dictated by Consultant 11.10.22 - Letter typed by secretary/audio typist 11.10.22 - Letter recieved via email in RF Office
Action taken Enter action taken at the time of the incident	I have forwarded the email to HOS/OSL to investigate why this referral was typed 26 days after the clinic. Was the referral letter not flagged on G2 as urgent?
Learning Initial	The Red Flag team have actioned appropriately and i have raised a Datix so know learning needed from our end. Learning will be assessed after we find out why it took so long for the letter to be typed
Reported (dd/MM/yyyy)	12/10/2022
Reporter's full name	Sinead Lee
Reporter's SHSCT Email Address	Personal Information redacted by the USI
Opened date (dd/MM/yyyy)	27/10/2022
Were restrictive practices used?	No
Does this incident involve a safeguarding concern which is alleged/confirmed?	No
Has safeguarding been considered?	
Has an APP1 been completed?	
Last updated	
Name This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.	Personal Information redacted by the USI

Sharon Glenny

SHSCT Adverse Incident Reporting (IR2) Form -December 2020

The new Regional CCS2 codes which will replace 'Type', 'Category', 'Subcategory', and 'Detail' have been updated.

A full list of these codes can be found here for review.

Incident IR1 details

Notification email ID number	Personal Information redacted by the USI
Incident date (dd/MM/yyyy)	19/09/2022
Time (hh:mm)	23:02
Does this incident involve a patient under the age of 16 within a Hospital setting (inpatient or ED)	No
Does this incident involve a Staff Member?	No
Description Enter facts, not opinions. Do not enter names of people	RF referral letter delayed patient in gettgin triaged and appointed 01.07.22 - Date dictated 04.07.22 – Date typed 05.07.22 - Letter sent for signing Within 20 days the Nurse Specialist had signed and returned it. There was a further 9 day delay as it sat in an envelope in the Mandeville Unit until I found it. I was off on annual leave for a few of these days. 04.08.22 – Sent to RF Team 04.08.22 – RF Team sent to triage 04.08.22 – Triaged by Consultant for RF OPD, added to RF WL 30.08.22 – RF Team booked to RF OPD 12.09.22 – RF OPD with Consultant – awaiting outcome
Action taken Enter action taken at the time of the incident	Once i was notified my staff member was staying off sick i checked for any post and found the letters. I then actioned immediately and got them sent to RF Team. I advised RF Team to send for triage urgently and patient was booked for next available RF slot in chronological order.
Learning Initial	My learning from this is to be sure to check sooner if a staff member is off sick and needs work covered. The turnaround time for letters to be signed could be quicker and RF referrals need to be flagged by Nurse on G2 and when signing
Reported (dd/MM/yyyy)	21/09/2022
Reporter's full name	Sinead Lee
Reporter's SHSCT Email Address	Personal Information redacted by the USI
Opened date (dd/MM/yyyy)	11/10/2022
Were restrictive practices used?	No
Does this incident involve a safeguarding concern which is alleged/confirmed?	No
Has safeguarding been considered?	
Has an APP1 been completed?	
Last updated	Ms Sinead Lee 10/11/2022 10:32:17

Name
This will auto-populate with the patient/client's name if the person-affected details have been entered for this incident.

Personal Information redacted by the USI

NEW REFERRAL PATHWAY UROLOGY SERVICES

OUTPATIENT REFERRAL SOURCE — NOTE

ED

Other Consultant

Other Hospital — NOTE

CCG e.g. Primary Care — NOTE

Referral Date Stamped and Registered on PAS and Priority Status Recorded
(1 Day)
On occasions it could be longer as clarification on referral is required

Referral Appears in NIECR automatically registers on PAS

NOTE: Additional steps may be requried for children, adults at risk, those with physical/learning difficulties and those who require assistance with language

NOTE NOTE

Consultant of Week for Triage
(Triaged within 3 days and Red flag daily during week)

Accept Referral — NOTE

No

Discharged back to Referer
Consultant Dictate letter or email Referer

OUTPATIENT

DIAGNOSTIC PATHWAY

RED FLAG TEAM
Should be seen first apt in pathway 14 days

NEW Urgent

NEW Routine

Once Referral has been Triaged PAS to be updated and Patient Added to WL as per Triage.
Acknowledgement letter sent to Patients/ within 1 Working Day
(most of the time) - electronic triage has helped this

Inappropriate Referrals returned to Referrer/Source immediately and Referral closed on PAS with reason for decline of referral recorded.

Validation reports (Triage Escallation Report) run weekly (*Most Weeks depending on capacity*) to pick up any outstanding referrals sitting over 3 working day period. This report is escalated to Operational Services Lead/HOS .

This report is escalated to Operational Services Lead/HOS .

This report is escalated to Operational Services Lead/HOS .

New Urgent WL
General List
+ Each Doctor has WL

(6 weeks)
HOS/OSL will give this information

New Routine WL
General WL
+ Each Doctor has WL

(9 Weeks)
HOS/OSL will give this information

Urgent Review WL
Each Doctor has WL

Routine Review WL
Each Doctor has WL

Out Patient
Stone Clinic/Treatment WL
Mr Young

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

PB1 apt letter sent out in first instance - Patients should receive minimum of 3 weeks (6 weeks indicated in IEAP) notice and 2 appointment dates (within NI)
Patients are asked to contact Booking Centre to book a time slot

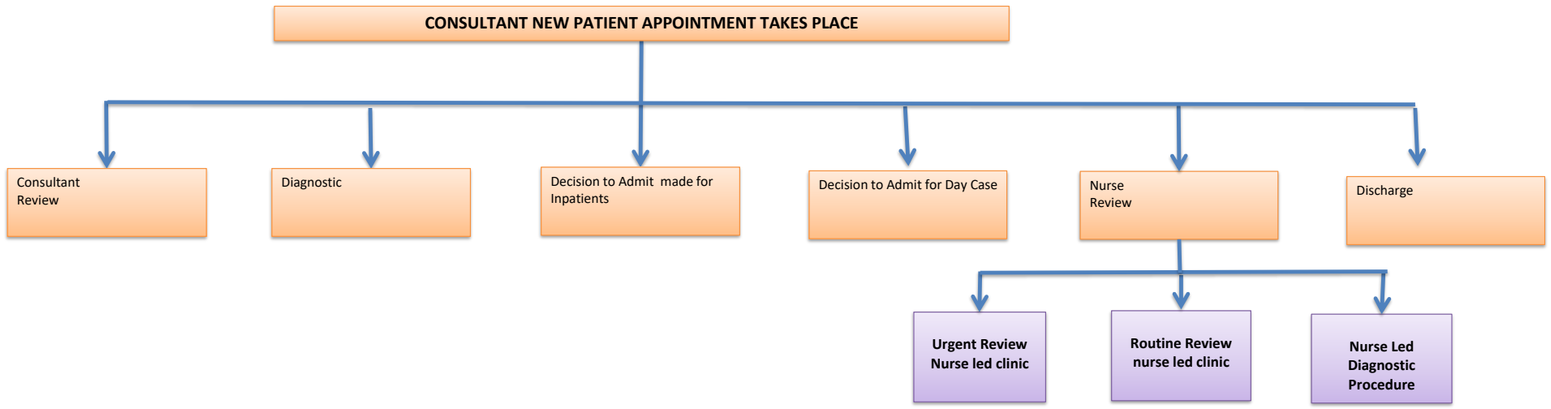
After 1 week PB2 sent out to patient. If there is no response following this appointment a letter to patient and referrer regarding Discharge from this clinic waiting list.

If patient refuses an appointment after being given a minimum 3 weeks notice - waiting time is cancelled.

As there is a delay with Clinic Templates - PB1 and PB2 letters are not always viable to use as in order to fill slots phone calls to patients have been happening to arrange appointments and 3 weeks notice is not given which means that after 2 appointment offered with less than 3 weeks notice means these patients remain on the WL and are unable to be discharged.

NOTE

NOTE



Terms of Reference- Agreed by Group 11 October 2021

Trust's Task and Finish Group into Urology SAI Recommendations

Terms of Reference of Task and Finish Group

The Task and Finish group is charged with implementing all the recommendations and providing assurance/evidence to the Urology Oversight Group

Membership of Task and Finish Group

Consultant	Nurse	Manager/Admin
Philip Murphy, Deputy Med Director Shahid Tariq, Deputy Med Director Mark Haynes – Deputy Med Director David McCaul Clinical Director Ted McNaboe Clinical Director Manos Epanomeritakis, Gen Surgery Kevin McElvanna General Surgery Art OHagan Dermatology Geoff McCracken, Gynae Helen Mathers Breast Rory Convery Lung Christina Bradford;, Hematology Anthony Glackin,; Urology Marian Korda, ENT	Clair, Quin, Cancer Lead Tracey McGuigan, Lead Nurse Kate O'Neil, Clinical Nurse Specialist Leanne McCourt Clinical Nurse Specialist Patricia Thompson, Clinical Nurse Specialist Sarah Walker, Clinical Nurse Specialist Catherine English, Clinical Nurse Specialist Fiona Keegan, Clinical Nurse Specialist Matthew Kelly, Clinical Nurse Specialist Nicola Shannon, Clinical Nurse Specialist Stephanie Reid, Clinical Nurse Specialist Janet Johnstone, Family Liaison Officer Lisa Polland-O'Hare, Service User Officer	Ronan Carroll Assistant Director Martina Corrigan, Assistant Director Anne McVey, Assistant Director Barry Conway Assistant Director Helen Walker, Assistant Director Stephen Wallace, Assistant Director Mary Haughey, Service Improvement Lead Sharon Glenny, performance manager Jane Scott performance manager Wendy Clarke, Head of Service Amie Nelson Head of Service Wendy Clayton, Head of Service Patricia Loughan, Head of Service Chris Wamsley, Head of Service Kay Carroll, Head of Service Sarah Ward, Head of Service Clinical Assurance

Role of Task and Finish Group

The Task and Finish Group will bring together a breadth of experience, expertise and perspective from across all cancer Multi-disciplinary teams to enable the recommendations to be achieved within the given time frames through

1. overseeing the delivery of all the recommendations
2. ensuring sustainable delivery of all the recommendations;
3. oversee and action quality, safety and governance risks as a result of implementing all, the recommendations

Life span of Task and Finish Group

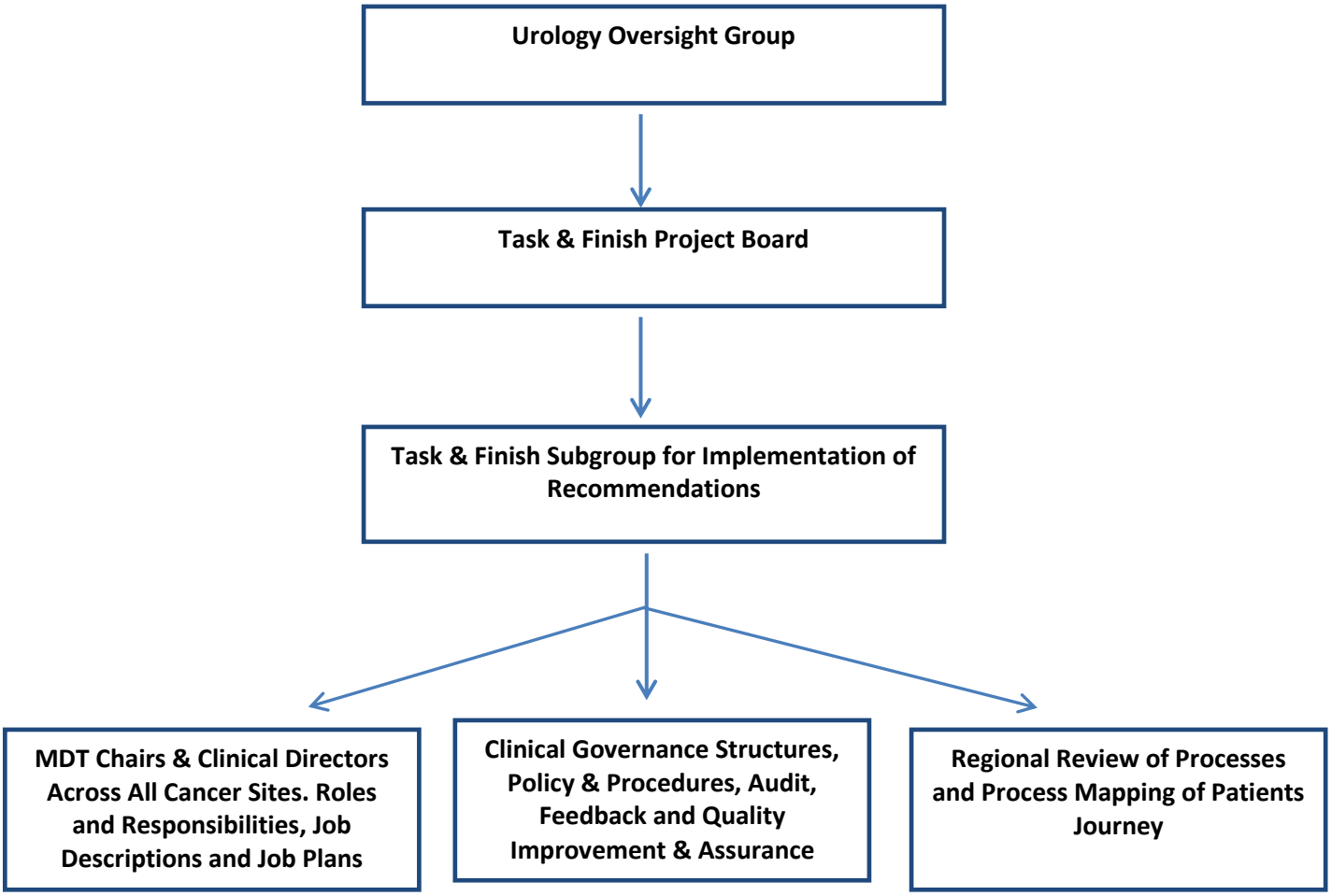
The group is a task and finish group and the anticipated timescales for completion and this work will be 12 months

Reporting and Communications

1. Task and Finish Group meeting minutes (decisions & actions) from each meeting will be prepared and circulated to members and once agreed the notes can be shared with other parties as directed by the Chairs.

2. Task and Finish Group will report to the Urology Oversight Group Meeting and regular updates will be provided to the HSCB, DoH and families involved in the SAI's.

Governance and Accountability



Frequency of Meetings

Monthly

Glenny, Sharon

From: Corrigan, Martina [redacted]
Sent: 14 October 2013 13:56
To: Glenny, Sharon
Cc: Scott, Jane M
Subject: RE: Urology Review Backlog

Yep albeit a convoluted one J

Thanks
M

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: 14 October 2013 13:38
To: Corrigan, Martina
Cc: Scott, Jane M
Subject: RE: Urology Review Backlog

That's a plan.

From: Corrigan, Martina
Sent: 14 October 2013 13:28
To: Glenny, Sharon
Cc: Scott, Jane M
Subject: RE: Urology Review Backlog

Thanks to both J

The ones for Mr Young yes they can be given to him and he normally writes on the front what he wants done with these and then gives them back for sorting but this won't be done until I am back but he can be working on them while I am away as he said he would do a few at a time……

Aidan hasn't totally agreed to doing his – I was waiting on confirmation of funding so if these can be left until I come back and I will talk to him on what the best way is to do it as he did make great inroads when he did this previously.

Mr Akhtar's – Tony and Ajay had agreed to these but again I will have to wait for funding……. So as long as they are printed then I can discuss with them when I am back.

So at the end of all of the above – Jane if you could concentrate on Mr Young's for the longest and then after that Mr O'Brien's in preparation for me coming back.

Many thanks again

Martina

Martina Corrigan

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

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

From: Glenny, Sharon
Sent: 14 October 2013 12:59
To: Corrigan, Martina
Cc: Scott, Jane M
Subject: RE: Urology Review Backlog

Hi Martina

Yes – Jane is going to start working on this tomorrow. With you heading off on your happy holidays, do you want me to leave these with the guys? Is there a format they normally follow so that you know what has happened with the letters once triaged?

S

From: Corrigan, Martina
Sent: 13 October 2013 14:01
To: Glenny, Sharon
Subject: Urology Review Backlog

Hi Sharon

Debbie has raised this with me again and I had advised her that I am getting the patient-centre letters pulled for the 'oldest' waiters. I know everyone is up to their eyes but would you have anyone that could print the longest waiters letters so I can get these triaged?

Many thanks

Martina

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

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

Glenny, Sharon

From: Corrigan, Martina <[redacted]>
Sent: 24 November 2013 16:15
To: Glenny, Sharon
Cc: Clayton, Wendy
Subject: RE: UROLOGY RED FLAGS - GA CYSTOSCOPY PATIENTS

Hi Sharon

I will of course automatically let you know if I hear anything back but to date I've heard nothing!! Tony had rang me late on Friday evening and he was obviously going through it…….

If I hear nothing back I plan to bring this with us to scheduling on Thursday and not allow them to leave unless we have dates.

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: 22 November 2013 16:28
To: Corrigan, Martina
Cc: Clayton, Wendy
Subject: UROLOGY RED FLAGS - GA CYSTOSCOPY PATIENTS

Hi Martina

Wendy has been asking me about the GA cystoscopy patients which were discussed at yesterday's cancer meeting. I had emailed the consultants out the one which was the longest waiter, but I recall you saying that you had sent the whole PTL to the consultant body. Have you had any update from the consultants regarding these patients? Wendy just concerned that some are waiting 10 weeks for surgery and was wondering if they are maybe not true red flags.

Lynn called into the office today following the HSCB meeting and they have said that they want all of the urology 85+ days cleared asap.

If you have had any communication, could you let either Wendy or I know – Wendy is very anxious!

Many thanks.

Sharon

Mrs Sharon Glenny

Operational Support Lead
Surgery & Elective Care

Direct dial – Personal Information redacted by the USI
Mobile – Personal Information redacted by the USI

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 16 December 2013 23:21
To: Trouton, Heather; Young, Michael; O'Brien, Aidan; Glackin, Anthony; Pahuja, Ajay
Cc: Corrigan, Martina; Hanvey, Leanne; Troughton, Elizabeth; Dignam, Paulette; McCorry, Monica
Subject: RE: scheduling
Attachments: URO 44 WEEK PTL MARCH 2014 AS AT 16.12.13.xls; URO 50 WEEK PTL JANUARY AS AT 16.12.13.xls

Hi Everyone

Further to Heather's email below, I have attached both the 50 week PTL which we are working towards for January 2014 and also the 44 week PTL for March (this also includes the January patients at this stage).

Hope this is helpful.

Thanks

Sharon

From: Trouton, Heather
Sent: 16 December 2013 17:52
To: Young, Michael; O'Brien, Aidan; Glackin, Anthony; Pahuja, Ajay
Cc: Corrigan, Martina; Hanvey, Leanne; Troughton, Elizabeth; Dignam, Paulette; McCorry, Monica; Glenny, Sharon
Subject: scheduling

Dear All

First of all thank you for all your work in all aspects of the Urology service .

We last met and scheduled in mid October to meet 58 weeks by the end of December and we are still on schedule to meet that which is great.

Martina has advised that the plan is to get to 44 weeks by the end of March and on the way to get to 50 weeks by the end of January which I am reliably informed is doable.

With Christmas fast approaching and scheduling needing to be done for January, can you please advise the best way of looking at the January scheduling / ptl to ensure that all patients needing to be done to meet 50 weeks before end of January have a date? Would a similar approach as October be best ?

We will facilitate in any way most suitable if you can advise

Thanks
And best regards
Heather

UROLOGY 44 WEEKS -MARCH 2014 - IN-PATIENTS

	IN-PATIENTS		
	BOOKED	NOT BOOKED	TOTAL
AJG	2	1	3
AOB	1	71	72
APA	1	3	4
HLJ	0	1	1
MY	2	24	26
RJB	0	3	3
TOTAL	6	103	
	109		

Casenote	Forename	Surname	Date of B rth	Age	Specia ty	Or g na Date	Current Date	Date Booked Y/N	Date Booked	Currenty Suspended (Y/N)	Current Suspension End Date	Consu tant	Expected Method of Adm.	Urgency Code	Intended Manageme nt	Adm ssion Reason	Intended Pr mary Procedure Code	Operat on Descr pt on	Expected Ward	Remarks	Weeks wa t ng
Personal Information redacted by the USI					URO	20/06/2012	20/06/2012	N		Y	01/01/2014	MY	WL	2	N	9-12/12 CHANGE OF STENT PACEMAKER/PLAVIX/MS	M29.8	9-12/12 CHANGE OF STENT MARCH/JUNE 2013		PER WARD DISCHARGE	62
					URO	25/07/2012	25/07/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP B6 DIARY 281113 HOLD(27.11.13)CD			61
					URO	27/09/2012	27/09/2012	N		Y	01/01/2014	MY	WL	4	N	TURP - NEW LTR GP 13.02.13-CANC 281013 RECENT CARDIAC STENT	M65.3	TURP HOLD(21.10.13)CD ON CLOPIDROGEL (HSQ JACQUI QUERY FILE)		PER WARD DISCHARGE	59
					UROO	02/11/2012	02/11/2012	N	14/12/2013	N		APA	WL	4	N	BLADDER NECK INCISION/TURP	M65.3	BLADDER NECK INCISION/TURP	ELECTIVE ADMISSIONS WARD		58
					URO	05/11/2012	05/11/2012	Y	27/12/2013	N		MY	WL	2	N	LEFT PCNL DIET CONT DIABETIC	M09.9	LEFT PCNL DIET CONT DIABETIC ACE INHIBITORS/ASTHMA MEDS FIT(17.05.13)CD NIDDM DIET	ELECTIVE ADMISSIONS WARD	PD - PER STC CLINIC 05.11.12	58
					URO	09/11/2012	09/11/2012	Y	21/12/2013	N		AJG	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER FIT(14.12.12)CD ASTHMA MEDS UPDATE 19.11.13 KK	ELECTIVE ADMISSIONS WARD	SC URODYNAMICS 091112 TCI PER AOB	57
					URO	09/11/2012	09/11/2012	Y	27/12/2013	N		MY	WL	4	N	OPEN SUPRAPUBIC CATHETER INSERTION	M38.2	OPEN SUPRAPUBIC CATHETER INSERTION MAIN CAH THEATRE ONLY FIT(15.11.13 KK) BMI 48.3	ELECTIVE ADMISSIONS WARD	PD - PER MR YOUNG AT URODYNAMICS 09.11.12	57
					URO	07/07/2012	07/07/2012	N		Y	01/01/2014	MY	WL	4	N	URETEROGRAM (LETTER IN B/F)	M30.1	URETEROGRAM HOLD(28.02.13)CD		PD - PER MR YOUNG RE: REF LTR GP 05.07.12	56
					URO	21/11/2012	21/11/2012	N		N		MY	WL	2	N	PCNL Persona INTERPRETER	M09.9	PCNL Persona INTERPRETER FIT(24.04.13)CD		PER X-RAY MEETING 21.11.12	56
					URO	27/11/2012	27/11/2012	N		N		AOB	WL	2	N	TURP	M65.3	TURP Personal INTERPRETER FIT(20.02.13)CD		PLA OPD 271112 WL PER REG	55
					URO	27/11/2012	27/11/2012	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY AND INTRADETRUSOR IN	M14.1	INJECTION OF BOTULINUM TOXIN FIT (2.10.13 KK)			55
					URO	28/11/2012	28/11/2012	N		N		MY	WL	2	N	PCNL (JANUARY 13)	M09.9	PCNL (JANUARY 13)		PER MR CONNOLLY AT DISCHARGE	55
					URO	03/12/2012	03/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP PLAVIX 2 STENTS INSITU FIT (30.9.13 KK)		SC OPD 031212 TCI PER AOB	54
					URO	03/12/2012	03/12/2012	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			54
					UROO	13/11/2012	13/11/2012	Y		Y	01/02/2014	AJG	WL	2	N	CYSTOSCOPY/HYDRODISTENSION/BOTOX GA	M45.9	CYSTOSCOPY/HYDRODISTENSIO N/BOTOX		PLA OPD 131112 WL PER REG	54
					URO	04/12/2012	04/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP		PLA DSU 041212 WL PER AOB	54
					URO	05/12/2012	05/12/2012	N		N		AOB	WL	2	N	TURP (ON TICAGRELOR)	M65.3	TURP (ON TICAGRELOR) HSQ IN AWAITING RETURN OF MEDICAL NOTES. FMC			54
					URO	05/12/2012	05/12/2012	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 13/03/12 EM)		PER GREEN PROFORMA	54
					URO	05/12/2012	05/12/2012	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 13/03/12 EM)		PER GREEN PROFORMA	54
					URO	10/12/2012	10/12/2012	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER			53
					URO	10/12/2012	10/12/2012	N		N		AOB	WL	2	N	DRAINAGE OF LEFT RENAL CYST	M13.3	DRAINAGE OF LEFT RENAL CYST TO ONLY UNDERGO LAPAROSCOPIC MARSUPIALIZATION			53
					URO	10/12/2012	10/12/2012	N		N		AOB	WL	2	N	LEFT URETEROSCOPIC LITHOTRIPSY	M14.1	LEFT URETEROSCOPIC LITHOTRIPSY			53
					URO	11/12/2012	11/12/2012	N		N		AOB	WL	2	N	BILATERAL EPIDIYMAL CYSTECTOMY	M34.3	BILATERAL EPIDIYMAL CYSTECTOMY NIDDM TABLET8 LATEX ALLERGY (HSQ LINDA'S DESK)			53
					URO	11/12/2012	11/12/2012	N		N		AOB	WL	2	N	TRANSLOCATION OF ILEAL CONDUIT	M19.1	DR B ADAMS FROM GYNAE TO BE CONTACTED WHEN DATE DECIDED TO HAVE REPEAT FBP AND U&E ON ADMISSION (FIT 17.06.13)			53
					URO	13/12/2012	13/12/2012	N		N		MY	WL	2	N	FLEXIBLE CYSTOSCOPY & INSERTION SUPRAPUBIC CATHETER LA	M45.9	FLEXIBLE CYSTOSCOPY & INSERTION SUPRPAUBIC CATHETER LA RECENT MI, ON WARFARIN		PER MR Personal LOCAL ANAESTHETIC	52
					URO	17/09/2012	17/09/2012	N		Y	01/01/2014	MY	WL	4	N	TUR PROSTATE DIABETIC & WARFARIN	M65.3	TUR PROSTATE DIABETIC & WARFARIN HOLD(19.12.12)CD IDDM/ACE INHIBITORS		PER MR YOUNG BURM1 17/09/12	52

Personal Information redacted by the USI

URO	14/12/2012	14/12/2012	N		N		HLJ	WL	4	N	NESBITTS PROCEDURE MR CONNOLLY LIST Persona INTERPRETER REQ	N32.8	NESBITTS PROCEDURE Persona INTERPRETER REQUIRED B6 QT 190813		MR CONNOLLY LIST PER MR H Personal	52
URO	21/12/2012	21/12/2012	N		N		MY	WL	4	N	TURP	M65.3	TURP B6 QT160313 HOLD(24.04.13)CD ON WARFARIN/SSRI NA(MAY 2013)		PD - PER MR YOUNG AT URODYNAMICS 21.12.12	51
URO	27/12/2012	27/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP		PER DISCHARGE	51
URO	24/01/2012	28/11/2012	N		N		AOB	WL	2	N	CORRECTION OF PEYRONIE'S CURVATURE & CIRCUMCISION nesbitt	N28.8	CORRECTION OF PEYRONIE'S CURVATURE & CIRCUMCISION nesbitt INSULIN DEPENDANT DIABETIC(FIT 16/05/12 EM)AWAIT LUTS 15/04		PER GREEN PROFORMA	49
URO	04/01/2013	04/01/2013	N		N		MY	WL	2	N	LEFT PARTIAL NEPHRECTOMY pt phon ? date/pt phon?date 180913	M02.5	LEFT PARTIAL NEPHRECTOMY ON SSRI NEEDS 4 WEEKS NOTICE FIT(20.02.13)CD		PD - PER MATTHEW AT CLINIC 04.01.13	49
URO	04/01/2013	04/01/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP		SC URODYNAMICS 040113 TCI PER AOB	49
URO	07/01/2013	07/01/2013	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC OPD 070113 TCI PER AOB	49
URO	08/01/2013	08/01/2013	N		N		AOB	WL	2	N	CYSTOLITHOPAXY	M44.1	CYSTOLITHOPAXY		SC OPD 080113 TCI PER REG	49
URO	09/01/2013	09/01/2013	N		N		AOB	WL	2	N	CHANGE OF RIGHT URETERIC STENT	M27.5	CHANGE OF RIGHT URETERIC STENT			49
URO	16/01/2013	16/01/2013	N		N		AOB	WL	2	N	TURP	M65.3	TURP ON HOLS [redacted] (FIT 16.03.13)		PER MR H Personal	48
URO	18/01/2013	18/01/2013	N		N		MY	WL	2	N	RIGHT NEPHRECTOMY	M02.5	RIGHT NEPHRECTOMY FIT(01.03.13) - CHANGED TO R NX 04.10.13		PD - PER MR YOUNG 05.02.13	47
URO	22/01/2013	22/01/2013	N		N		AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			47
URO	22/01/2013	22/01/2013	N		N		AOB	WL	2	N	LEFT URETEROSCOPIC LASER LITHOTRIPSY	M31.1	LEFT URETEROSCOPIC LASER LITHOTRIPSY (NEEDS 4 DAYS NOTICE) ACE INHIBITORS (FIT 29.03.13)		PLA OPD 220113 WL PER REG	47
URO	28/01/2013	28/01/2013	N		N		AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	X27.8	CORRECTION OF PENILE ERECTILE DEFORMITY			46
URO	29/01/2013	29/01/2013	N		N		AOB	WL	4	N	BILATERAL TESTICULAR FIXATION GA	N13.2	BILATERAL TESTICULAR FIXATION (FIT 15.02.13)		PLA OPD 290113 WL PER REG	46
URO	29/01/2013	29/01/2013	N		N		AOB	WL	2	N	CT URINARY TRACT ? LEFT URETEROSCOPIC LITHOTRIPSY	M14.1	(0N ASPIRIN AND PLAVIX)			46
URO	01/02/2013	01/02/2013	N		N		MY	WL	4	N	MEATAL V-Y PLASTY - NEW LTR CONT SERV 18.11.13	M81.2	MEATAL V-Y PLASTY FIT(07.04.13)CD - pt phon ? date 12.11.13		PD - PER MR YOUNG AT CLINIC 01.02.13	45
URO	01/02/2013	01/02/2013	N		N		MY	WL	2	N	MARSUPIALISATION OF RENAL CYST	M04.1	MARSUPIALISATION OF RENAL CYST NA(MONTH OF AUGUST 2013) FIT(05.05.13)PT PHON 040913?DATE		PD - PER MR YOUNG AT CLINIC 01.02.13	45
URO	04/02/2013	04/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 040213 TCI PER AOB	45
URO	04/02/2013	04/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP FIT(21.02.13)CD		SC OPD 040213 TCI PER AOB	45
URO	19/11/2012	19/11/2012	Y	21/12/2013	N		AJG	WL	4	N	VASECTOMY UNDER LA BMI 47.5	N17.1	VASECTOMY UNDER LA HSQ JACQUI BMI SHELF BMI 47.5 REFERRED TO BMI CLINIC HOLD	ELECTIVE ADMISSIONS WARD	PER MR CONNOLLY NOT SUITABLE FOR DHH	45
URO	04/02/2013	04/02/2013	N		N		MY	WL	4	N	TURP NEEDS NUBULISER ON ADMISSION BEFORE THEATRE	M65.3	TURP FIT (30.9.13 KK)-PT PHON 17.10.13 ? DATE ON ASTHMA MEDS NEBULISER PRESURGERY ON ADMISSION		PER MR Personal	45
URO	05/02/2013	05/02/2013	N		N		AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		PLA OPD 050213 WL PER AOB	45
URO	05/02/2013	05/02/2013	N		N		AOB	WL	2	N	LEFT URETEROSCOPY	M30.8	LEFT URETEROSCOPY		PLA OPD 050213 WL PER AOB	45
URO	11/02/2013	11/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP B6 QUERY TRAY 300313 HOLD(28.03.13)CD		PER MR HENNESSEY	44
URO	12/02/2013	12/02/2013	N		N		AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			44
URO	14/02/2013	14/02/2013	N		N		MY	WL	2	N	PCNL AOB PATIENT	M09.9	PCNL AOB PATIENT		PER MR YOUNG 14.02.13	43
URO	15/02/2013	15/02/2013	N		N		RJB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION FIT(19.09.13)CD		PER CLINIC 15 FEB M&G DHH	43
URO	22/02/2013	22/02/2013	Y	18/12/2013	N		AOB	WL	2	N	CT URINARY TRACT, REMOVAL OF STENT URETEROSCOPIC LITHOTRIPSY	M27.5	CT URINARY TRACT, REMOVAL OF STENT URETEROSCOPIC LITHOTRIPSY	ELECTIVE ADMISSIONS WARD		42
URO	26/02/2013	26/02/2013	N		N		AOB	WL	2	N	CT URINARY TRACT CYSTOSCOPY SUPRAPUBIC CATHETERISATION	M45.9	CT URINARY TRACT CYSTOSOCPY SUPRAPUBIC CAHTERERISATION (insulin-dependent diabetic)			42
URO	27/02/2013	27/02/2013	N		N		AOB	WL	2	N	FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	FLEXIBLE URETEROSCOPIC LITHOTRIPSY			42
URO	27/02/2013	27/02/2013	N		N		MY	WL	2	N	TURP	M65.3	TURP		PD - PER MR YOUNG AT HPC 27.02.13	42
URO	27/07/2012	28/02/2013	N		N		MY	WL	4	N	TURP	M65.1	TURP (FIT 24/9/12 EM)		AOC PER Personal [redacted]	41
URO	01/03/2013	01/03/2013	N		N		AOB	WL	2	N	CYSTOSCOPY, MCUG, ?URETHROTOMY	M45.9	CYSTOSCOPY, MCUG, ?URETHROTOMY		SC URODYNAMICS 010313 TCI PER AOB	41
URO	15/01/2013	15/01/2013	N		N		MY	WL	2	N	TURP PLAVIX CATHETER IN SITU	M65.3	TURP PLAVIX CATHETER IN SITU B6 QT210313 HOLD(20.03.13)CD ACE INHIBITORS		PER WARD DISCHARGE	41
URO	04/03/2013	04/03/2013	N		N		AOB	WL	4	N	LEFT INGUINAL EXPLORATION	M08.3	LEFT INGUINAL EXPLORATION			41
URO	05/03/2013	05/03/2013	N		N		AOB	WL	4	N	URETHRAL DILATATION & HYDRODISTENSION	M76.4	URETHRAL DILATATION & HYDRODISTENSION		PLA OPD 050313 WL PER REG	41
URO	05/03/2013	05/03/2013	N		N		AOB	WL	4	N	RIGHT ORCHIDOPEXY - GA	N09.2	RIGHT ORCHIDOPEXY		PLA OPD 050313 WL PER REG	41
URO	05/03/2013	05/03/2013	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			41
URO	08/03/2013	08/03/2013	N		N		AOB	WL	4	N	TURP AND INTRADETRUSOR INJ OF BOTULINUM TOXIN	M65.3	TURP AND INTRADETRUSOR INJ OF BOTULINUM TOXIN		SC URODYNAMICS 080313 TCI PER AOB	40

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URO	08/03/2013	08/03/2013	N		N		AOB	WL	4	N	CYSTOSCOPY AND HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY AND HYDROSTATIC DILATAIION		SC URODYNAMICS 080313 TCI PER AOB	40
URO	08/03/2013	08/03/2013	N		N		AOB	WL	4	N	CYSTOSCOPY ? TURP ? HYDROSTATIC DIALTATION	M65.3	CYSTOSCOPY ? TURP ? HYDROSTATIC DILATATION		SC URODYNAMICS 080313 TCI PER AOB	40
URO	11/03/2013	11/03/2013	N		N		AOB	WL	2	N	CYSTOSCOPY & CYSTOGRAM	M45.9	CYSTOSCOPY & CYSTOGRAM		SC OPD 110313 TCI PER AOB	40
URO	11/03/2013	11/03/2013	N		N		AOB	WL	2	N	CYSTOSCOPY & SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSCOPY & SUPRAPUBIC CATHETERISATION		SC OPD 110313 TCI PER AOB	40
URO	14/01/2012	11/03/2013	N		N		MY	WL	2	N	LEFT PCNL +/- INSERTION SPC Personal Personal TCI DB4	M09.9	L PCNL+/-INSERT SPC ANAES TO REVIEW ON WARD PRIOR RE CHEST TCI DB4 FOR IVI/IVA & REASSESSMENT (FIT 20/03/13 LN)		WD DIS 140112 TCI PER REG	40
URO	12/03/2013	12/03/2013	N		N		AOB	WL	2	N	FLEXIBLE ENDOSCOPIC EXAMINATION	M19.1	FLEXIBLE ENDOSCOPIC EXAMINATION			40
URO	22/03/2013	22/03/2013	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER		SC URODYNAMICS 220313 TCI PER AOB	38
URO	22/03/2013	22/03/2013	N		N		MY	WL	2	N	AIM MAY/JUNE 13 EXCISION OF URETHRAL CARUNCLE	M81.1	AIM MAY/JUNE 13 EXCISION OF URETHRAL CARUNCLE FIT (26/9/13 KK)		PD - PER MR YOUNG AT CLINIC 22.03.13	38
URO	23/03/2013	23/03/2013	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (from Mr David Connolly's list) (FIT 09.04.13)			38
URO	25/03/2013	25/03/2013	N		N		AOB	WL	2	N	CYSTOSCOPY EXC URETHRAL CARUNCLE ENDOMETRIAL BIOPSY	M45.9	CYSTOSCOPY EXC URETHRAL CARUNCLE ENDOMETRIAL BIOPSY			38
URO	28/03/2013	28/03/2013	N		N		AOB	WL	2	N	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M27.5	REMOVAL OF STNET AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY			38
URO	30/03/2013	30/03/2013	N		N		MY	WL	2	N	6/52 BLADDER WASHOUT	M49.8	6/52 BLADDER WASHOUT wife phon 07.11.13 ? date		PER RAB	37
URO	03/04/2013	03/04/2013	N		N		AOB	WL	4	N	HYDROSTATIC AND ? URETHRAL DILATATION	M43.2	HYDROSTATIC AND ? URETHRAL DILATATON			37
URO	14/01/2013	14/01/2013	N		N		MY	WL	2	N	6-8/52 URETEROSCOPY +/- STENT	M30.9	6-8/52 URETEROSCOPY +/- STENT HOLD(13.06.13)CD(BMI 50) SSRI/ACE INHIBITORS/ANTI-PSYCHOTICS		PER RAB	36
URO	05/04/2013	05/04/2013	N		N		AOB	WL	2	N	RIGID CYSTOSCOPY, BLADDER BIOPSY, DIATHERMY	M45.5	RIGID CYSTOSCOPY, BLADDER BIOPSY, DIATHERMY RED FLAG FIT(20.05.13)		SC FLEXI 050413 TCI RED FLAG PER REG	36
URO	08/04/2013	08/04/2013	N		N		AOB	WL	2	N	CYSTOSCOPY AND LEFT URETEROSCOPY (WARFARIN)	M45.9	CYSTOSCOPY AND LEFT URETEROSCOPY (WARFARIN			36
URO	08/04/2013	08/04/2013	N		N		AOB	WL	4	N	CYSTOSCOPY AND INCISION/RESECTION OF PROSTAIC CYST	M45.9	CYSTOSOCPY AND INCISION/RESECTION OF PROSTATIC CYST			36
URO	08/04/2013	08/04/2013	N		N		AOB	WL	2	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER			36
URO	09/04/2013	09/04/2013	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			36
URO	15/04/2013	15/04/2013	N		N		RJB	WL	2	N	BILATERAL ORCHIDOPEXY	N09.3	BILATERAL ORCHIDOPEXY ASTHMA MEDS FIT(22.07.13)CD		PER MR YOUNG 15.04.13 M&G DHH	35
URO	16/04/2013	16/04/2013	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			35
URO	16/04/2013	16/04/2013	N		N		AOB	WL	2	N	PENILE BIOPSY,MEATAL DILATATION AND CYSTOSOCPY	M45.9	PENILE BIOPSY,MEATAL DILATATION AND CYSTOSCOPY			35
URO	17/04/2013	17/04/2013	N		N		APA	WL	4	N	CORRECTION OF PEYRONIES MR PAHUJA	N28.8	CORRECTION OF PEYRONIES FIT(24.06.13) NIDDM TABLET		MR PAHUJA	35
URO	17/04/2013	17/04/2013	N		N		AOB	WL	2	N	BILATERAL URETEROGRAPHY AND RIGHT URETEROSCOPY	M30.4	BILATERAL URETEROGRAPHY AND RIGHT URETEROSCOPY			35
URO	19/04/2013	19/04/2013	N		N		AOB	WL	2	N	RIGHT URETEROGRAPHY & URETEROSCOPY NA(19.07.13)	M30.1	RIGHT URETEROGRAPHY & URETEROSCOPY FIT(05.0813) IDDM SSRIs ACE INHIBITORS HEARING AID		SC OPD TDU 190413 TCI PER AOB	34
URO	06/03/2013	06/03/2013	N		N		APA	WL	4	N	LEFT HYDROCELE REPAIR MR PAHUJA	N11.1	LEFT HYDROCELE REPAIR ACE INHIBITORS COPD,CKD STAGE 3,HYPERTENSION(HSQ B6QT 25.04.13)HOLD10.06.13		MR PAHUJA	34
URO	22/04/2013	22/04/2013	N		N		AOB	WL	2	N	CYSTOSCOPY ? TURBT ? BIOPSIES	M45.9	CYSTOSCOPY ? TURBT ? BIOPSIES			34
URO	23/04/2013	23/04/2013	N		N		RJB	WL	4	N	CIRCUMCISION CLOPIDOGREL Personal Pers	N30.3	CIRCUMCISION REPEAT U&E ON ADMISSION IDDM NEEDS Pers INTERPRETER RPT U&E O/A (FIT 07.06.13)		PER CLINIC 230413 M&G DHH	34
URO	26/04/2013	26/04/2013	N		N		MY	WL	4	N	NESBITTS PROCEDURE	N28.8	NESBITTS PROCEDURE FIT(16.07.13)CD		PD - PER MR YOUNG AT CLINIC 26.04.13	33
URO	29/04/2013	29/04/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP FIT(21.08.13)CD		PER CLINIC 29.04.13	33
URO	29/04/2013	29/04/2013	N		N		AOB	WL	4	N	DIVISION OF ADHESIONS ? CIRCUMCISION	N30.3	DIVISION OF ADHESIONS ? CIRCUMCISION			33
URO	30/04/2013	30/04/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP			33
URO	03/05/2013	03/05/2013	N		N		AOB	SD	2	N	RED FLAG GA RIGHT URETEROSCOPY	M30.9	RED FLAG GA RIGHT URETEROSCOPY		SC FLEXI 030513 TCI RED FLAG PER REG	32
URO	07/05/2013	07/05/2013	N		N		AOB	WL	4	N	AUGMENTATION ILEOCYSTOPLASTY	M36.2	AUGMENTATION ILEOCYSTOPLASTY			32
URO	09/05/2013	09/05/2013	N		N		MY	WL	2	N	CYSTOSCOPY & RETROGRADE STUDIES +/- LEFT URETEROSCOPY	M45.9	CYSTOSCOPY & RETROGRADE STUDIES +/- LEFT URETEROSCOPY		PD - PER MATTHEW RE: D/C LTR 09.05.13 CONS ANAES ONLY	32
URO	13/05/2013	13/05/2013	N		N		MY	WL	2	N	CONDUITOSCOPY & RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M85.1	CONDUITOSCOPY & RIGHT FELXIBLE URETEROSCOPIC LASERTRIPSY FIT(24.06.13)CD - TCI DB4 PER ANAESTHETIST		PD - PER STC CLINIC 13.05.13	31
URO	14/05/2013	14/05/2013	N		N		AOB	WL	2	N	CIRCUMCISION AND FLEXIBLE CYSTOSOCPY	N30.3	CIRCUMCISION AND FLEXIBLE CYSTOSCOPY BMI 41.3-REF TO BMI CLINIC FIT(05.08.13)CD			31

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	URO	14/05/2013	14/05/2013	N		N		AOB	WL	4	N	ILEAL CONDUIT URINARY DIVERSION	M19.1	ILEAL CONDUIT URINARY DIVERSION			31
	URO	14/05/2013	14/05/2013	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION FIT(28.06.13)CD		SC OPD 140513 TCI PER REG	31
	URO	15/05/2013	15/05/2013	N		N		APA	WL	4	N	RIGHT HYDROCELE REPAIR MR PAHUJA	N11.1	RIGHT HYDROCELE REPAIR ACE INHIBITORS B6 QT 060813 HISTORY OF ANGINA&MI ASPIRIN 75MG TRICYCLIC ANTIDEPRESSANT		MR PAHUJA PER DEREK	31
	URO	16/05/2013	16/05/2013	N		N		AOB	WL	2	N	LEFT INGUINAL HERNIORRHAPHY	T19.8	LEFT INGUINAL HERNIORRHAPHY CHRONIC PAIN MEDS FIT (13.10.13 KK)			31
	URO	24/05/2013	24/05/2013	N		N		AOB	WL	2	N	TURP AND BOTULINUM TOXIN INJECTION	M65.3	TURP AND BOTULINUM TOXIN INJECTION FIT(16.10.13)CD NIDDM METFORMIN. ACE INHIBITOR.PLAVIX DISCONTINUED BY GP			29
	URO	24/05/2013	24/05/2013	N		N		AOB	WL	2	N	TURP AND INTRADETRUSOR INJECTION OF BOTULINUM TOXIN	M65.3	TURP AND INTRADETRUSOR INJECTION OF BOTULINUM TOXIN FIT (10.10.13 KK)			29

UROLOGY 44 WEEKS - MARCH 2014 - DAY CASES

	DAY CASES		
	BOOKED	NOT BOOKED	TOTAL
AJG	1	1	2
AOB	0	6	6
HLJ	2	5	7
MY	5	20	25
RJB	5	14	19
TOTAL	13	46	
	59		

Casenote	Forename	Surname	Date of Birth	Age	Specialty	Original Date	Current Date	Date Booked Y/N	Date Booked	Currently Suspended (Y/N)	Current Suspension End Date	Consultant	Expected Method of Adm.	Urgency Code	Intended Management	Admission Reason	Intended Primary Procedure Code	Operation Description	Expected Ward	Remarks	Weeks waiting
Personal Information redacted by the USI					URO	14/01/2013	14/01/2013	N		N		RJB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 28.03.13) NIDDM DIET		PD - PER MR YOUNG AT ERNE CLINIC 14.01.13 M&G DHH	48
					URO	15/01/2013	15/01/2013	N		N		RJB	WL	4	D	GA VASECTOMY	N17.1	GA VASECTOMY FIT(29.03.13)CD(WANTS DATE IN JANUARY 2014)		PER MR M[redacted] M&G DHH	48
					URO	19/02/2013	19/02/2013	N		N		RJB	WL	4	D	VASECTOMY UNDER GA	N17.1	VASECTOMY UNDER GA FIT(14.06.13)CD		PER MR[redacted]	43
					URO	19/02/2013	19/02/2013	N		N		RJB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION FIT(11.11.13)KK LATEX ALLERGY VARIOUS MEDS		PER MR[redacted]	43
					URO	22/02/2013	22/02/2013	N		N		RJB	WL	4	D	CIRCUMCISION (AT CAH)	N30.3	CIRCUMCISION (AT CAH) (FIT 20.07.13/LG)		PD - PER MR YOUNG AT CLINIC 22.02.13 M&G DHH	42
					URO	20/11/2012	11/01/2013	N		N		RJB	WL	4	D	VASECTOMY UNDER GA	N17.1	VASECTOMY UNDER GA (B6 QUERY PUT IN DIARY 29.03.13) HOLD(25.03.13)CD		PER MR CONNOLLY M&G DHH	42
					URO	25/02/2013	25/02/2013	N		N		RJB	WL	4	D	EXCISION OF RIGHT HEMISCROTAL CYST	N01.2	EXCISION OF RIGHT HEMISCROTAL CYST			42
					URO	28/02/2013	28/02/2013	N		N		RJB	WL	4	D	LA VASECTOMY	N17.1	LA VASECTOMY		MR M[redacted] M&G DHH	42
					URO	13/03/2013	13/03/2013	N		N		RJB	WL	4	D	REPAIR RIGHT SIDED HYDROCELE [redacted] INTERPRETER	N11.1	REPAIR RIGHT SIDED HYDROCELE (FIT 19/03/13 LN)		PER MR[redacted]	40
					URO	24/04/2013	24/04/2013	N		N		RJB	WL	4	D	GA VASECTOMY	N17.1	GA VASECTOMY (FIT 26.04.13)		PER CLINIC 24.04.13 M&G DHH	34
					URO	01/05/2013	01/05/2013	N		N		RJB	WL	4	D	LA BILATERAL VASECOMY	N17.1	LA BILATERAL VASECTOMY		PER MR[redacted] CLINIC 01.05.13 M&G DHH	33
					URO	07/05/2013	07/05/2013	N		N		RJB	WL	2	D	RIGHT EPIDIDYMAL CYST EXCISION	N15.3	RIGHT EPIDIDYMAL CYST EXCISION		SC OPD 070513 TCI DSU PER REG	32
					URO	21/05/2013	21/05/2013	N		N		RJB	WL	4	D	DRAINAGE OF HYDROCELE	N11.4	DRAINAGE OF HYDROCELE		PLA OPD 210513 WL PER REG	30
					URO	24/05/2013	24/05/2013	N		N		RJB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION FIT(17.07.13)CD		PER MR JATHAR CLINIC 24.05.13 M&G DHH	29

UROLOGY 50 WEEKS - JANUARY - IN-PATIENTS

	IN-PATIENTS		
	BOOKED	NOT BOOKED	TOTAL
AJG	2	0	**2**
AOB	0	32	**32**
APA	1	0	**1**
HLJ	0	1	**1**
MY	2	14	**16**
TOTAL	**5**	**47**	
	52		

Casenote	Forename	Surname	Date of B rth	Age	Specia ty	Or g na Date	Current Date	Date Booked Y/N	Date Booked	Current y Suspended (Y/N)	Current Suspension End Date	Consu tant	Expected Method of Adm.	Urgency Code	Intended Manageme nt	Adm ssion Reason	Intended Pr mary Procedure Code	Operat on Descr pt on	Expected Ward	Remarks	Weeks wa t ng
[redacted]	Personal Information redacted by the USI				URO	20/06/2012	20/06/2012	N		Y	01/01/2014	MY	WL	2	N	9-12/12 CHANGE OF STENT PACEMAKER/PLAVIX/MS	M29.8	9-12/12 CHANGE OF STENT MARCH/JUNE 2013		PER WARD DISCHARGE	62
					URO	25/07/2012	25/07/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP B6 DIARY 281113 HOLD(27.11.13)CD			61
					URO	27/09/2012	27/09/2012	N		Y	01/01/2014	MY	WL	4	N	TURP - NEW LTR GP 13.02.13-CANC 281013 RECENT CARDIAC STENT	M65.3	TURP HOLD(21.10.13)CD ON CLOPIDROGEL (HSQ JACQUI QUERY FILE)		PER WARD DISCHARGE	59
					UROO	02/11/2012	02/11/2012	N	14/12/2013	N		APA	WL	4	N	BLADDER NECK INCISION/TURP	M65.3	BLADDER NECK INCISION/TURP	ELECTIVE ADMISSIONS WARD		58
					URO	05/11/2012	05/11/2012	Y	27/12/2013	N		MY	WL	2	N	LEFT PCNL DIET CONT DIABETIC	M09.9	LEFT PCNL DIET CONT DIABETIC ACE INHIBITORS/ASTHMA MEDS FIT(17.05.13)CD NIDDM DIET	ELECTIVE ADMISSIONS WARD	PD - PER STC CLINIC 05.11.12	58
					URO	09/11/2012	09/11/2012	Y	21/12/2013	N		AJG	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER FIT(14.12.12)CD ASTHMA MEDS UPDATE 19.11.13 KK	ELECTIVE ADMISSIONS WARD	SC URODYNAMICS 091112 TCI PER AOB	57
					URO	09/11/2012	09/11/2012	Y	27/12/2013	N		MY	WL	4	N	OPEN SUPRAPUBIC CATHETER INSERTION	M38.2	OPEN SUPRAPUBIC CATHETER INSERTION MAIN CAH THEATRE ONLY FIT(15.11.13 KK) BMI 48.3	ELECTIVE ADMISSIONS WARD	PD - PER MR YOUNG AT URODYNAMICS 09.11.12	57
					URO	07/07/2012	07/07/2012	N		Y	01/01/2014	MY	WL	4	N	URETEROGRAM (LETTER IN B/F)	M30.1	URETEROGRAM HOLD(28.02.13)CD		PD - PER MR YOUNG RE: REF LTR GP 05.07.12	56
					URO	21/11/2012	21/11/2012	N		N		MY	WL	2	N	PCNL Persona INTERPRETER	M09.9	PCNL Personal NTERPRETER FIT(24.04.13)CD		PER X-RAY MEETING 21.11.12	56
					URO	27/11/2012	27/11/2012	N		N		AOB	WL	2	N	TURP	M65.3	TURP Personal INTERPRETER FIT(20.02.13)CD		PLA OPD 271112 WL PER REG	55
					URO	27/11/2012	27/11/2012	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY AND INTRADETRUSOR IN	M14.1	INJECTION OF BOTULINUM TOXIN FIT (2.10.13 KK)			55
					URO	28/11/2012	28/11/2012	N		N		MY	WL	2	N	PCNL (JANUARY 13)	M09.9	PCNL (JANUARY 13)		PER MR CONNOLLY AT DISCHARGE	55
					URO	03/12/2012	03/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP PLAVIX 2 STENTS INSITU FIT (30.9.13 KK)		SC OPD 031212 TCI PER AOB	54
					URO	03/12/2012	03/12/2012	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			54
					URO	04/12/2012	04/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP		PLA DSU 041212 WL PER AOB	54
					URO	05/12/2012	05/12/2012	N		N		AOB	WL	2	N	TURP (ON TICAGRELOR)	M65.3	TURP (ON TICAGRELOR) HSQ IN AWAITING RETURN OF MEDICAL NOTES. FMC			54
					URO	05/12/2012	05/12/2012	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 13/03/12 EM)		PER GREEN PROFORMA	54
					URO	05/12/2012	05/12/2012	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 13/03/12 EM)		PER GREEN PROFORMA	54
					URO	10/12/2012	10/12/2012	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER			53
					URO	10/12/2012	10/12/2012	N		N		AOB	WL	2	N	DRAINAGE OF LEFT RENAL CYST	M13.3	DRAINAGE OF LEFT RENAL CYST TO ONLY UNDERGO LAPAROSCOPIC MARSUPIALIZATION			53
					URO	10/12/2012	10/12/2012	N		N		AOB	WL	2	N	LEFT URETEROSCOPIC LITHOTRIPSY	M14.1	LEFT URETEROSCOPIC LITHOTRIPSY			53
					URO	11/12/2012	11/12/2012	N		N		AOB	WL	2	N	BILATERAL EPIDIYMAL CYSTECTOMY	M34.3	BILATERAL EPIDIYMAL CYSTECTOMY NIDDM TABLET8 LATEX ALLERGY (HSQ LINDA'S DESK)			53
					URO	11/12/2012	11/12/2012	N		N		AOB	WL	2	N	TRANSLOCATION OF ILEAL CONDUIT	M19.1	DR B ADAMS FROM GYNAE TO BE CONTACTED WHEN DATE DECIDED TO HAVE REPEAT FBP AND U&E ON ADMISSION (FIT 17.06.13)			53
					URO	13/12/2012	13/12/2012	N		N		MY	WL	2	N	FLEXIBLE CYSTOSCOPY & INSERTION SUPRAPUBIC CATHETER LA	M45.9	FLEXIBLE CYSTOSCOPY & INSERTION SUPRPAUBIC CATHETER LA RECENT MI, ON WARFARIN		PER MR Personal LOCAL ANAESTHETIC	52
					URO	17/09/2012	17/09/2012	N		Y	01/01/2014	MY	WL	4	N	TUR PROSTATE DIABETIC & WARFARIN	M65.3	TUR PROSTATE DIABETIC & WARFARIN HOLD(19.12.12)CD IDDM/ACE INHIBITORS		PER MR YOUNG BURM1 17/09/12	52
					URO	14/12/2012	14/12/2012	N		N		HLJ	WL	4	N	NESBITTS PROCEDURE MR CONNOLLY LIST Persona INTERPRETER REQ	N32.8	NESBITTS PROCEDURE Persona INTERPRETER REQUIRED B6 QT 190813		MR CONNOLLY LIST PER MR Personal	52
					URO	21/12/2012	21/12/2012	N		N		MY	WL	4	N	TURP	M65.3	TURP B6 QT160313 HOLD(24.04.13)CD ON WARFARIN/SSRI NA(MAY 2013)		PD - PER MR YOUNG AT URODYNAMICS 21.12.12	51
					URO	27/12/2012	27/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP		PER DISCHARGE	51
					URO	24/01/2012	28/11/2012	N		N		AOB	WL	2	N	CORRECTION OF PEYRONIE'S CURVATURE & CIRCUMCISION nesbitt	N28.8	CORRECTION OF PEYRONIE'S CURVATURE & CIRCUMCISION nesbitt INSULIN DEPENDANT DIABETIC(FIT 16/05/12 EM)AWAIT LUTS 15/04		PER GREEN PROFORMA	49
					URO	04/01/2013	04/01/2013	N		N		MY	WL	2	N	LEFT PARTIAL NEPHRECTOMY pt phon ? date/pt phon?date 180913	M02.5	LEFT PARTIAL NEPHRECTOMY ON SSRI NEEDS 4 WEEKS NOTICE FIT(20.02.13)CD		PD - PER MATTHEW AT CLINIC 04.01.13	49
					URO	04/01/2013	04/01/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP		SC URODYNAMICS 040113 TCI PER AOB	49
					URO	07/01/2013	07/01/2013	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC OPD 070113 TCI PER AOB	49
					URO	08/01/2013	08/01/2013	N		N		AOB	WL	2	N	CYSTOLITHOPAXY	M44.1	CYSTOLITHOPAXY		SC OPD 080113 TCI PER REG	49
					URO	09/01/2013	09/01/2013	N		N		AOB	WL	2	N	CHANGE OF RIGHT URETERIC STENT	M27.5	CHANGE OF RIGHT URETERIC STENT			49
					URO	16/01/2013	16/01/2013	N		N		AOB	WL	2	N	TURP	M65.3	TURP ON HOLS 15-30 MARCH 13 (FIT 16.03.13)		PER MR [redacted]	48
					URO	18/01/2013	18/01/2013	N		N		MY	WL	2	N	RIGHT NEPHRECTOMY	M02.5	RIGHT NEPHRECTOMY FIT(01.03.13) - CHANGED TO R NX 04.10.13		PD - PER MR YOUNG 05.02.13	47

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URO	22/01/2013	22/01/2013	N		N		AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			47
URO	22/01/2013	22/01/2013	N		N		AOB	WL	2	N	LEFT URETEROSCOPIC LASER LITHOTRIPSY	M31.1	LEFT URETEROSCOPIC LASER LITHOTRIPSY (NEEDS 4 DAYS NOTICE) ACE INHIBITORS (FIT 29.03.13)		PLA OPD 220113 WL PER REG	47
URO	28/01/2013	28/01/2013	N		N		AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	X27.8	CORRECTION OF PENILE ERECTILE DEFORMITY			46
URO	29/01/2013	29/01/2013	N		N		AOB	WL	4	N	BILATERAL TESTICULAR FIXATION GA	N13.2	BILATERAL TESTICULAR FIXATION (FIT 15.02.13)		PLA OPD 290113 WL PER REG	46
URO	29/01/2013	29/01/2013	N		N		AOB	WL	2	N	CT URINARY TRACT ? LEFT URETEROSCOPIC LITHOTRIPSY	M14.1	(0N ASPIRIN AND PLAVIX)			46
URO	01/02/2013	01/02/2013	N		N		MY	WL	4	N	MEATAL V-Y PLASTY - NEW LTR CONT SERV 18.11.13	M81.2	MEATAL V-Y PLASTY FIT(07.04.13)CD - pt phon ? date 12.11.13		PD - PER MR YOUNG AT CLINIC 01.02.13	45
URO	01/02/2013	01/02/2013	N		N		MY	WL	2	N	MARSUPIALISATION OF RENAL CYST	M04.1	MARSUPIALISATION OF RENAL CYST NA(MONTH OF AUGUST 2013) FIT(05.05.13)PT PHON 040913?DATE		PD - PER MR YOUNG AT CLINIC 01.02.13	45
URO	04/02/2013	04/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 040213 TCI PER AOB	45
URO	04/02/2013	04/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP FIT(21.02.13)CD		SC OPD 040213 TCI PER AOB	45
URO	19/11/2012	19/11/2012	Y	21/12/2013	N		AJG	WL	4	N	VASECTOMY UNDER LA BMI 47.5	N17.1	VASECTOMY UNDER LA HSQ JACQUI BMI SHELF BMI 47.5 REFERRED TO BMI CLINIC HOLD	ELECTIVE ADMISSIONS WARD	PER MR CONNOLLY NOT SUITABLE FOR DHH	45
URO	04/02/2013	04/02/2013	N		N		MY	WL	4	N	TURP NEEDS NUBULISER ON ADMISSION BEFORE THEATRE	M65.3	TURP FIT (30.9.13 KK)-PT PHON 17.10.13 ? DATE ON ASTHMA MEDS NEBULISER PRESURGERY ON ADMISSION		PER MR Personal	45
URO	05/02/2013	05/02/2013	N		N		AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		PLA OPD 050213 WL PER AOB	45
URO	05/02/2013	05/02/2013	N		N		AOB	WL	2	N	LEFT URETEROSCOPY	M30.8	LEFT URETEROSCOPY		PLA OPD 050213 WL PER AOB	45
URO	11/02/2013	11/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP B6 QUERY TRAY 300313 HOLD(28.03.13)CD		PER MR HENNESSEY	44
URO	12/02/2013	12/02/2013	N		N		AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			44
URO	14/02/2013	14/02/2013	N		N		MY	WL	2	N	PCNL AOB PATIENT	M09.9	PCNL AOB PATIENT		PER MR YOUNG 14.02.13	43

UROLOGY 50 WEEKS - JANUARY - DAY CASES

	DAY CASES		
	BOOKED	NOT BOOKED	TOTAL
AJG	1	1	2
AOB	0	1	1
HLJ	0	2	2
MY	1	9	10
TOTAL	2	13	
	15		

Casenote	Forename	Surname	Date of Birth	Age	Specialty	Original Date	Current Date	Date Booked Y/N	Date Booked	Currently Suspended (Y/N)	Current Suspension End Date	Consultant	Expected Method of Adm.	Urgency Code	Intended Management	Admission Reason	Intended Primary Procedure Code	Operation Description	Expected Ward	Remarks	Weeks waiting
Personal Information redacted by the USI					URO	20/11/2012	20/11/2012	N		N		MY	WL	4	D	CIRCUMCISION UNDER GA Personal INTERPRETER	N30.3	CIRCUMCISION UNDER GA		PER Personal informa	56
					URO	10/12/2012	10/12/2012	N		N		MY	WL	2	D	RIGHT URETEROSCOPIC LASERTRIPSY & ROS Personal INTERPRETER	M30.9	RIGHT URETEROSCOPIC LASERTRIPSY & ROS Personal INTERPRETER Personal INTERPRETER FIT(27.02.13)CD		PD - PER STC CLINIC 10.12.12	53
					URO	13/12/2012	13/12/2012	N		N		MY	WL	2	D	CYSTOSCOPY & BIOPSY Personal INTERPRETER	M45.9	CYSTOSCOPY & BIOPSY Personal INTERPRETER (FIT 02.05.13/LG)		PD - PER MR YOUNG RE: RESULTS FROM GP 13.12.12	52
					URO	14/12/2012	14/12/2012	N		N		MY	WL	4	D	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL (FIT 17.12.12)		PD - PER MR YOUNG AT CLINIC 14.12.12	52
					URO	06/04/2012	18/09/2012	N		N		MY	WL	4	D	URODYNAMIC CATHETER INSERTION UNDER GA	M47.4	URODYNAMIC CATHETER INSERTION UNDER GA ON BLACK BOX TROLLEY (HOLD 12/9/12 EM) BONE MARROW CONDITION		PD - PER MR YOUNG AT URODYNAMICS 06.04.12	51
					URO	09/01/2013	09/01/2013	N		N		MY	WL	4	D	CYSTOSCOPY +/- INTERNAL VISUAL URETHROTOMY (LETTER IN B/F)	M45.9	CYSTOSCOPY +/- INTERNAL VISUAL URETHROTOMY (LETTER IN B/F) FIT(07.04.13)CD		PD - PER MR YOUNG AT HPC 09.01.13	49
					URO	21/01/2013	21/01/2013	N		N		MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PD - PER STC CLINIC 21.01.13	47
					URO	21/01/2013	21/01/2013	N		N		MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY		PD - PER STC CLINIC 21.01.13	47
					URO	22/01/2013	22/01/2013	Y	31/12/2013	N		MY	WL	4	D	GA CYSTOSCOPY & BLADDER WASHOUT	M45.9	GA CYSTOSCOPY & BLADDER WASHOUT B6 QT 230813	DAY SURGERY UNIT	PER MR YOUNG 22.07.13 - TAKEN OF AJG WL (MY PATIENT)	47
					URO	25/11/2011	29/01/2013	N		N		MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER/NEEDS INPT	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER BMI FILE BMI 56.9 CITALOPRAM (FIT 19/04/12 EM)		AC/PER KJ @ BACKLOG CL 25.11.11	46

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 19 December 2013 16:44
To: Glackin, Anthony; Young, Michael; O'Brien, Aidan
Cc: Elliott, Noleen; Dignam, Paulette; McCorry, Monica; Hanvey, Leanne; Troughton, Elizabeth; Corrigan, Martina
Subject: TOTAL PLANNED CYSTOCOPY WAITING LIST DEC 2013 AS AT 19.12.13.xlsx
Attachments: TOTAL PLANNED WAITING LIST DEC 2013 AS AT 19.12.13.xlsx

Hi Everyone

I have attached a report which details planned cystoscopy patients where the expected date of admission is December or less. There are a few going back a while which you may wish to schedule. I have already filtered out any patients who have dates for surgery.

The expected admission date is in bold for each patient.

Kind regards

Sharon

UROLOGY PLANNED WAITING LIST AS AT 19.12.13 - EXPECTED ADMISSION DATE LESS THAN 1ST JANUARY 2014

Hospital	Casenote	Forename	Surname	Age	Specialty	Consultant	Expected Admission Date	Urgency Code	Date Booked	Date Booked Y/N	Original Date	Current Date	Intended Management	Admission Reason	Intended Primary Procedure Code	Operation Description	Remarks	Weeks waiting
Personal Information redacted by the USI					URO	AOB	01/04/2013	4		N	01/03/2013	01/03/2013	D	MARCH 2014 FLEXIBLE CYSTOSCOPY	M45.9	MARCH 2014 FLEXIBLE CYSTOSCOPY	TL FLEXI 010313 CHECK FLEXI 12 MONTHS PER REG	42
					URO	MY	01/07/2013	2		N	20/04/2013	20/04/2013	D	JULY 2013 FLEXIBLE CYSTOSCOPY & URETEROSCOPY	M45.9	JULY 2013 FLEXIBLE CYSTOSCOPY & URETEROSCOPY	PER RAB	35
					URO	AOB	01/08/2013	2		N	09/05/2013	09/05/2013	N	CYSTOSCOPY AND CHANGE OF SUPRAPUBIC CATHETER JULY 13	M45.9	CYSTOSCOPY AND CHANGE OF SUPRAPUBIC CAHTETER JULY 13		32
					URO	AOB	01/08/2013	2		N	05/04/2013	05/04/2013	N	CYSTOSCOPY ? URETHROTOMY AND BLADDER BIOPSIES JULY 13	M45.9	CYSTOSCOPY ? URETHROTOMY AND BLADDER BIOPSIES JULY 13		37
					URO	AOB	01/08/2013	2		N	29/03/2013	29/03/2013	N	AUGUST 2013- CYSTOSCOPY +/- TURBT	M45.9	AUGUST 2013- CYSTOSCOPY +/- TURBT	AUGUST 2013-PER WARD DIS 2.7.13	38
					URO	MY	01/08/2013	2		N	15/04/2013	15/04/2013	D	(AUGUST 13) GA CYSTOSCOPY AND BLADDER BIOPSY	M45.9	(AUGUST 13) GA CYSTOSCOPY AND BLADDER BIOPSY		35
					URO	HLJ	01/09/2013	2		N	12/03/2013	09/12/2013	D	(SEPT 13) CHECK FLEXIBLE CYSTOSCOPY	M45.9	(SEPT 13) CHECK FLEXIBLE CYSTOSCOPY	PER MR CONNOLLY	1
					URO	MY	01/09/2013	2		N	21/03/2013	21/03/2013	N	SEPTEMBER 2013 GA CYSTOSCOPY & RANDOM BLADDER BIOPSIES	M45.9	SEPTEMBER 2013 GA CYSTOSCOPY & RANDOM BLADDER BIOPSIES	PD - PER MDT 21.03.13	39
					URO	HLJ	30/09/2013	4		N	11/02/2013	19/09/2013	D	(SEPT 13) FLEXIBLE CYSTOSCOPY	M45.9	(SEPT 13) FLEXIBLE CYSTOSCOPY LEAVE TO LATE SEPT - RECOVERING FROM SURGERY IN AUGUST	PER MR CONNOLLY	11
					URO	AOB	01/10/2013	2		N	13/06/2013	13/06/2013	N	OCT 2013-CYSTOSCOPY ? TURBT	M45.9	OCT 2013-CYSTSOCOPY ? TURBT	OCT 2013-PER AOB 13.6.13	27
					URO	AOB	01/10/2013	2		N	13/06/2013	13/06/2013	N	OCT 2013 - GA CYSTOSCOPY +/- TURBT	M45.9	OCT 2013 - GA CYSTOSCOPY +/- TURBT	MDM 13.6.13 TCI OCT 2013 PER AOB	27
					URO	AOB	01/10/2013	2		N	10/06/2013	10/06/2013	N	SEPT 2013 GA CYSTOSCOPY	M45.9	SEPT 2013 GA CYSTOSCOPY	SC HISTO CL 100613 TCI SEPT 2013 PER CON	27
					URO	MY	01/10/2013	4		N	20/08/2012	20/09/2013	D	AIM OCTOBER 2013 GA CYSTOSCOPY	M45.9	AIM OCTOBER 2013 GA CYSTOSCOPY CANC 20.09.13 AS HAS ENT PROC 07.10.13	PD - PER MATTHEW AT HISTO CLINIC 20.08.12	13
					GSCO	RJB	01/11/2013	4		N	07/05/2013	31/10/2013	D	TCC	M45.9	FLEXIBLE CYSTOSCOPY NOVEMBER 2013		7
					GSCO	RJB	01/11/2013	4		N	14/11/2012	23/10/2013	D	TCC	M45.9	FLEXIBLE CYSTOSCOPY NOVEMBER 2013 (CANT COME ON A THURS-CAN COME ON MON,TUE,WED	CANT COME ON A THUR/ATT BCH/MON,TUES,WED SUITS	8
					URO	AOB	01/11/2013	2		N	13/06/2013	13/06/2013	N	OCT 13 - CYSTOSCOPY ? TURBT	M45.9	OCT 13 - CYSTOSCOPY ?TURBT	MDM 130613 TCI OCT 2013 PER AOB	27
					URO	AOB	01/11/2013	2		N	06/04/2013	06/04/2013	N	CYSTOSCOPY - SETP 2013	M45.9	CYSTOSCOPY - SEPT 2013		37
					URO	MY	01/11/2013	2		N	06/09/2013	06/11/2013	D	MUST GET NOVEMBER 13 CHECK FLEXIBLE CYSTOSCOPY	M45.9	MUST GET NOVEMBER 13 CHECK FLEXIBLE CYSTOSCOPY	PD - PER MR YOUNG AT TDU CLINIC 06.09.13	6

Personal Information redacted by the USI															
	GSCO	RJB	**01/12/2013**	4		N	18/10/2013	18/10/2013	D	DIFFICULTY WITH MICTURITION	M45.9	CYST SCOPY (GA) DECEMBER 2013 - MR BROWN TO DO	DECEMBER 2013 - MR BROWN TO DO	9
	GSCO	RJB	**01/12/2013**	4		N	04/10/2013	04/10/2013	D	TCC	M45.9	FLEXIBLE CYSTOSCOPY DECEMBER 2013		11
	GSCO	RJB	**01/12/2013**	4		N	03/10/2013	03/10/2013	D	BLADDER TUMOUR	M45.9	FLEXIBLE CYSTOSCOPY DECEMBER 2013		11
	URO	AOB	**01/12/2013**	2		N	08/11/2013	08/11/2013	D	DEC 2013 FLEXIBLE CYSTOSCOPY	M45.9	DEC 2013 FLEXIBLE CYSTOSCOPY	PLA DSU 081113 READMIT FLEXI 3WKS	6
	URO	AOB	**01/12/2013**	2		N	09/09/2013	09/09/2013	N	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION -NOV 13	M45.9	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION -NOV 13		14
	URO	AOB	**01/12/2013**	4		N	10/05/2013	10/05/2013	D	NOV 2013 FLEXIBLE CYSTOSCOPY	M45.9	NOV 2013 FLEXIBLE CYSTOSCOPY	SC FLEXI 100513 CHECK FLEXI 6/12 PER REG	32
	URO	MY	**01/12/2013**	4		N	15/03/2013	11/12/2013	D	CHECK FLEXIBLE CYSTOSCOPY DEC 13	M45.9	CHECK FLEXIBLE CYSTOSCOPY DEC 13	PER CDSU 15.03.13	1
	URO	MY	**01/12/2013**	4		N	20/09/2013	20/09/2013	D	DECEMBER 2013 CHECK FLEXIBLE CYSTOSCOPY	M45.9	DECEMBER 2013 CHECK FLEXIBLE CYSTOSCOPY	PD - PER GEMMA AT DSU 20.09.13	13
	URO	AJG	**13/12/2013**	2		N	28/10/2013	28/10/2013	D	RIGID CYSTOSCOPY +/- INSERTION OF SUPRA PUBIC CATHETER	M45.9	RIGID CYSTOSCOPY +/- INSERTION OF SUPRA PUBIC CATHETER CAH ONLY PER AJG BMI38.1/VERY DIFFICULT AIRWAY/MORPHINE ALLE	PER MR GLACKIN CLINIC LETTER	7

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 30 December 2013 16:19
To: O'Brien, Aidan
Cc: McCorry, Monica; Corrigan, Martina
Subject: URODYNAMICS 52 WEEK JANUARY PTL AS AT 30.12.13.xls
Attachments: URODYNAMICS 52 WEEK JANUARY PTL AS AT 30.12.13.xls

Hi Aidan

Please see the attached report which details the patients who would require dates in January to hold a 52 week maximum waiting time for urodynamics for that month.

There are 7 patients in total, 3 of which already have January dates, so only 4 to be appointed.

Kind regards

Sharon

Urodynamics - 52 weeks January 2014 - as at 30.12.13

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Spec Code	Cons Code	Priority	Referral Source	Referral Source Description	Referral Date Only	Current Date	9 Week Target Date	Date Booked (Y/N)	Appt Date	Non Clinical Comments	WL Code	WL Cnc Code	Weeks Waiting
CAH	Personal Information redacted by the USI							NURU	C9964	URGENT	CON	CONSULTANT (R)	14/01/2013	14/01/2013	18/03/2013	Y	03/01/2014			CNURUA	50
CAH								NURU	NURSE	ROUTINE	CON	CONSULTANT (R)	08/01/2013	08/01/2013	12/03/2013	N			CNURUA	CNURUA	51
CAH								NURU	NURSE	ROUTINE	CON	CONSULTANT (R)	25/01/2013	25/01/2013	29/03/2013	N			CNURUA	CNURUA	48
CAH								NURU	NURSE	ROUTINE	CON	CONSULTANT (R)	29/01/2013	29/01/2013	02/04/2013	Y	03/01/2014			CNURUA	48
CAH								NURU	NURSE	ROUTINE	CON	CONSULTANT (R)	29/01/2013	29/01/2013	02/04/2013	Y	03/01/2014			CNURUA	48
CAH								NURU	NURSE	ROUTINE	CON	CONSULTANT (R)	30/01/2013	30/01/2013	03/04/2013	N			CNURUA	CNURUA	48
CAH								NURU	NURSE	ROUTINE	CON	CONSULTANT (R)	31/01/2013	31/01/2013	04/04/2013	N			CNURUA	CNURUA	48

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 30 December 2013 12:47
To: O'Brien, Aidan; Glackin, Anthony; Young, Michael; Suresh, Ram
Cc: Elliott, Noleen; Troughton, Elizabeth; Dignam, Paulette; McCorry, Monica; Hanvey, Leanne; Corrigan, Martina; Conway, Maria; McCrum, Gillian
Subject: URO 50 WEEK PTL JANUARY AS AT 30.12.13.xls
Attachments: URO 50 WEEK PTL JANUARY AS AT 30.12.13.xls

Good morning

Please see attached urology 50 week PTL which we are hoping to achieve by end of January.

At present, there is just one patient on the report with a date (highlighted in green).

Kind regards

Sharon

UROLOGY - 50 WEEK PTL JANUARY 2014 - AS AT 30.12.13

Hosp ta	Casenote	Forename	Surname	Date of Birth	Age	Speci alty	Original Date	Current Date	Date Booked Y/N	Date Booked	Currently Suspended (Y/N)	Current Suspension End Date	Consultant	Expected Method of Adm.	Urgency Code	Intended Manageme nt	Adm ss on Reason	Intended Pr mary Procedure Code	Operat on Descr pt on	Remarks	Weeks wa t ng
Personal information redacted by the USI						URO	20/06/2012	20/06/2012	N		Y	01/01/2014	MY	WL	2	N	9-12/12 CHANGE OF STENT PACEMAKER/PLAVIX/MS	M29.8	9-12/12 CHANGE OF STENT MARCH/JUNE 2013	PER WARD DISCHARGE	62
						URO	27/09/2012	27/09/2012	N		Y	01/01/2014	MY	WL	4	N	TURP - NEW LTR GP 13.02.13-CANC 281013 RECENT CARDIAC STENT	M65.3	TURP HOLD(21.10.13)CD ON CLOPIDROGEL (HSQ JACQUI QUERY FILE)	PER WARD DISCHARGE	59
						URO	20/11/2012	20/11/2012	N		N		MY	WL	4	D	CIRCUMCISION UNDER GA Personal INTERPRETER	N30.3	CIRCUMCISION UNDER GA	PER Personal information	58
						URO	20/11/2012	20/11/2012	N		N		HLJ	WL	4	D	CIRCUMCISION UNDER LA	N30.3	CIRCUMCISION UNDER LA	PER MR CONNOLLY	58
						URO	21/11/2012	21/11/2012	N		N		MY	WL	2	N	PCNL Personal INTERPRETER	M09.9	PCNL Personal INTERPRETER FIT(24.04.13)CD	PER X-RAY MEETING 21.11.12	58
						URO	27/11/2012	27/11/2012	N		N		AOB	WL	2	N	TURP	M65.3	TURP Personal INTERPRETER FIT(20.02.13)CD	PLA OPD 271112 WL PER REG	57
						URO	27/11/2012	27/11/2012	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY AND INTRADETRUSOR IN	M14.1	INJECTION OF BOTULINUM TOXIN FIT (2.10.13 KK)		57
						URO	28/11/2012	28/11/2012	N		N		MY	WL	2	N	PCNL (JANUARY 13)	M09.9	PCNL (JANUARY 13)	PER MR CONNOLLY AT DISCHARGE	57
						URO	03/12/2012	03/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP PLAVIX 2 STENTS INSITU FIT (30.9.13 KK)	SC OPD 031212 TCI PER AOB	56
						URO	03/12/2012	03/12/2012	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER		56
						URO	07/07/2012	07/07/2012	N		Y	01/01/2014	MY	WL	4	N	URETEROGRAM (LETTER IN B/F)	M30.1	URETEROGRAM HOLD(28.02.13)CD	PD - PER MR YOUNG RE: REF LTR GP 05.07.12	56
						URO	04/12/2012	04/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP	PLA DSU 041212 WL PER AOB	56
						URO	05/12/2012	05/12/2012	N		N		AOB	WL	2	N	TURP (ON TICAGRELOR)	M65.3	TURP (ON TICAGRELOR) HSQ IN AWAITING RETURN OF MEDICAL NOTES. FMC		56
						URO	05/12/2012	05/12/2012	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 13/03/12 EM)	PER GREEN PROFORMA	56
						URO	05/12/2012	05/12/2012	N		N		AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 13/03/12 EM)	PER GREEN PROFORMA	56
						URO	10/12/2012	10/12/2012	N		N		MY	WL	2	D	RIGHT URETEROSCOPIC LASERTRIPSY & ROS Personal NTERPRETER	M30.9	LASERTRIPSY & ROS Persona INTERPRETER Persona INTERPRETER FIT(27.02.13)CD	PD - PER STC CLINIC 10.12.12	55
						URO	10/12/2012	10/12/2012	N		N		AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER		55
						URO	10/12/2012	10/12/2012	N		N		AOB	WL	2	N	DRAINAGE OF LEFT RENAL CYST	M13.3	DRAINAGE OF LEFT RENAL CYST TO ONLY UNDERGO LAPAROSCOPIC MARSUPIALIZATION		55
						URO	10/12/2012	10/12/2012	N		N		AOB	WL	2	N	LEFT URETEROSCOPIC LITHOTRIPSY	M14.1	LEFT URETEROSCOPIC LITHOTRIPSY		55
						URO	11/12/2012	11/12/2012	N		N		AOB	WL	2	N	BILATERAL EPIDIYMAL CYSTECTOMY	M34.3	BILATERAL EPIDIYMAL CYSTECTOMY NIDDM TABLET8 LATEX ALLERGY (HSQ LINDA'S DESK)		55
						URO	11/12/2012	11/12/2012	N		N		AOB	WL	2	N	TRANSLOCATION OF ILEAL CONDUIT	M19.1	DR B ADAMS FROM GYNAE TO BE CONTACTED WHEN DATE DECIDED TO HAVE REPEAT FBP AND U&E ON ADMISSION (FIT 17.06.13)		55
						URO	12/12/2012	12/12/2012	N		N		AJG	WL	2	D	CIRCUMCISION TABLET DIABETIC	N30.3	CIRCUMCISION FIT(20.03.13)	PER MR Personal	55
						URO	13/12/2012	13/12/2012	N		N		MY	WL	2	N	FLEXIBLE CYSTOSCOPY & INSERTION SUPRAPUBIC CATHETER LA	M45.9	FLEXIBLE CYSTOSCOPY & INSERTION SUPRPAUBIC CATHETER LA RECENT MI, ON WARFARIN	PER MR Personal LOCAL ANAESTHETIC	54
						URO	13/12/2012	13/12/2012	N		N		MY	WL	2	D	CYSTOSCOPY & BIOPSY Personal INTERPRETER	M45.9	CYSTOSCOPY & BIOPSY Personal INTERPRETER (FIT 02.05.13/LG)	PD - PER MR YOUNG RE: RESULTS FROM GP 13.12.12	54
						URO	14/12/2012	14/12/2012	N		N		HLJ	WL	4	N	NESBITTS PROCEDURE MR CONNOLLY LIST Personal INTERPRETER REQ	N32.8	NESBITTS PROCEDURE Personal INTERPRETER REQUIRED B6 QT 190813	MR CONNOLLY LIST PER MR Personal	54
						URO	14/12/2012	14/12/2012	N		N		MY	WL	4	D	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL (FIT 17.12.12)	PD - PER MR YOUNG AT CLINIC 14.12.12	54
						URO	21/12/2012	21/12/2012	N		N		MY	WL	4	N	TURP	M65.3	TURP B6 QT160313 HOLD(24.04.13)CD ON WARFARIN/SSRI NA(MAY 2013)	PD - PER MR YOUNG AT URODYNAMICS 21.12.12	53
						URO	06/04/2012	18/09/2012	N		N		MY	WL	4	D	URODYNAMIC CATHETER INSERTION UNDER GA	M47.4	URODYNAMIC CATHETER INSERTION UNDER GA ON BLACK BOX TROLLEY (HOLD 12/9/12 EM) BONE MARROW CONDITION	PD - PER MR YOUNG AT URODYNAMICS 06.04.12	53
						URO	27/12/2012	27/12/2012	N		N		AOB	WL	4	N	TURP	M65.3	TURP	PER DISCHARGE	53
						URO	17/09/2012	17/09/2012	N		Y	01/01/2014	MY	WL	4	N	TUR PROSTATE DIABETIC & WARFARIN	M65.3	TUR PROSTATE DIABETIC & WARFARIN HOLD(19.12.12)CD IDDM/ACE INHIBITORS	PER MR YOUNG BURM1 17/09/12	52
						URO	29/12/2012	29/12/2012	N		N		HLJ	WL	2	D	FLEXIBLE CYSTOURETHROSCOPY & INSERTION SUPRAPUBIC CATHETER	M49.8	FLEX CYSTOURETHROSCOPY & INSERTION OF SUPRAPUBIC CATHERTER TO BE DONE UNDER LA - TETRAPLEGIA PATIENT	PER MR CONNOLLY AT DISCHARGE	52
						URO	24/01/2012	28/11/2012	N		N		AOB	WL	2	N	CORRECTION OF PEYRONIE'S CURVATURE & CIRCUMCISION nesbitt	N28.8	CORRECTION OF PEYRONIE'S CURVATURE & CIRCUMCISION nesbitt INSULIN DEPENDANT DIABETIC(FIT 16/05/12 EM)AWAIT LUTS 15/04	PER GREEN PROFORMA	51
						URO	04/01/2013	04/01/2013	N		N		MY	WL	2	N	LEFT PARTIAL NEPHRECTOMY pt phon ? date/pt phon?date 180913	M02.5	LEFT PARTIAL NEPHRECTOMY ON SSRI NEEDS 4 WEEKS NOTICE FIT(20.02.13)CD	PD - PER MATTHEW AT CLINIC 04.01.13	51
						URO	04/01/2013	04/01/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP	SC URODYNAMICS 040113 TCI PER AOB	51
						URO	07/01/2013	07/01/2013	N		N		AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	SC OPD 070113 TCI PER AOB	51
						URO	08/01/2013	08/01/2013	N		N		AOB	WL	2	N	CYSTOLITHOPAXY	M44.1	CYSTOLITHOPAXY	SC OPD 080113 TCI PER REG	51

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URO	09/01/2013	09/01/2013	N		N		AOB	WL	2	N	CHANGE OF RIGHT URETERIC STENT	M27.5	CHANGE OF RIGHT URETERIC STENT			51
URO	09/01/2013	09/01/2013	N		N		MY	WL	4	D	CYSTOSCOPY +/- INTERNAL VISUAL URETHROTOMY (LETTER IN B/F)	M45.9	CYSTOSCOPY +/- INTERNAL VISUAL URETHROTOMY (LETTER IN B/F) FIT(07.04.13)CD	PD - PER MR YOUNG AT HPC 09.01.13		51
URO	14/01/2013	14/01/2013	N		N		RJB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION (FIT 28.03.13) NIDDM DIET	PD - PER MR YOUNG AT ERNE CLINIC 14.01.13 M&G DHH		50
URO	15/01/2013	15/01/2013	Y	23/01/2014	N		RJB	WL	4	D	GA VASECTOMY	N17.1	GA VASECTOMY FIT(29.03.13)CD(WANTS DATE IN JANUARY 2014)	PER MR M FERNANDO M&G DHH		50
URO	16/01/2013	16/01/2013	N		N		AOB	WL	2	N	TURP	M65.3	TURP ON HOLS 15-30 MARCH 13 (FIT 16.03.13)	PER MR H FERNANDO		50
URO	18/01/2013	18/01/2013	N		N		MY	WL	2	N	RIGHT NEPHRECTOMY	M02.5	RIGHT NEPHRECTOMY FIT(01.03.13) - CHANGED TO R NX 04.10.13	PD - PER MR YOUNG 05.02.13		49
URO	21/01/2013	21/01/2013	N		N		MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	PD - PER STC CLINIC 21.01.13		49
URO	21/01/2013	21/01/2013	N		N		MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	PD - PER STC CLINIC 21.01.13		49
URO	22/01/2013	22/01/2013	N		N		AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			49
URO	22/01/2013	22/01/2013	N		N		AOB	WL	2	N	LEFT URETEROSCOPIC LASER LITHOTRIPSY	M31.1	LEFT URETEROSCOPIC LASER LITHOTRIPSY (NEEDS 4 DAYS NOTICE) ACE INHIBITORS (FIT 29.03.13)	PLA OPD 220113 WL PER REG		49
URO	28/01/2013	28/01/2013	N		N		AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	X27.8	CORRECTION OF PENILE ERECTILE DEFORMITY			48
URO	29/01/2013	29/01/2013	N		N		AOB	WL	4	N	BILATERAL TESTICULAR FIXATION GA	N13.2	BILATERAL TESTICULAR FIXATION (FIT 15.02.13)	PLA OPD 290113 WL PER REG		48
URO	25/11/2011	29/01/2013	N		N		MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER/NEEDS INPT	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER BMI FILE BMI 56.9 CITALOPRAM (FIT 19/04/12 EM)	AC/PER KJ @ BACKLOG CL 25.11.11		48
URO	29/01/2013	29/01/2013	N		N		AOB	WL	2	N	CT URINARY TRACT ? LEFT URETEROSCOPIC LITHOTRIPSY	M14.1	(0N ASPIRIN AND PLAVIX)			48
URO	01/02/2013	01/02/2013	N		N		MY	WL	4	N	MEATAL V-Y PLASTY - NEW LTR CONT SERV 18.11.13	M81.2	MEATAL V-Y PLASTY FIT(07.04.13)CD - pt phon ? date 12.11.13	PD - PER MR YOUNG AT CLINIC 01.02.13		47
URO	01/02/2013	01/02/2013	N		N		MY	WL	2	N	MARSUPIALISATION OF RENAL CYST	M04.1	MARSUPIALISATION OF RENAL CYST NA(MONTH OF AUGUST 2013) FIT(05.05.13)PT PHON 040913?DATE	PD - PER MR YOUNG AT CLINIC 01.02.13		47
URO	04/02/2013	04/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP	SC OPD 040213 TCI PER AOB		47
URO	04/02/2013	04/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP FIT(21.02.13)CD	SC OPD 040213 TCI PER AOB		47
URO	04/02/2013	04/02/2013	N		N		MY	WL	4	N	TURP NEEDS NUBULISER ON ADMISSION BEFORE THEATRE	M65.3	TURP FIT (30.9.13 KK)-PT PHON 17.10.13 ? DATE ON ASTHMA MEDS NEBULISER PRESURGERY ON ADMISSION	PER MR Personal		47
URO	05/02/2013	05/02/2013	N		N		AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M14.1	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	PLA OPD 050213 WL PER AOB		47
URO	05/02/2013	05/02/2013	N		N		AOB	WL	2	N	LEFT URETEROSCOPY	M30.8	LEFT URETEROSCOPY	PLA OPD 050213 WL PER AOB		47
URO	11/02/2013	11/02/2013	N		N		AOB	WL	4	N	TURP	M65.3	TURP B6 QUERY TRAY 300313 HOLD(28.03.13)CD	PER MR HENNESSEY		46
URO	11/02/2013	11/02/2013	N		N		AOB	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			46
URO	12/02/2013	12/02/2013	N		N		AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			46
URO	14/02/2013	14/02/2013	N		N		MY	WL	2	N	PCNL AOB PATIENT	M09.9	PCNL AOB PATIENT	PER MR YOUNG 14.02.13		45

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 30 December 2013 14:19
To: Corrigan, Martina
Subject: FW: URO ICATS 22 WEEK OP PTL JAN AS AT 30.12.13.xls

Hi Martina

What do you think of below potential option?

I have been speaking with Jenny who has already checked with secretaries and Mr Suresh would appear to be free on the days below on his schedule, but we would obviously need to check with him if he is willing to do these. Also, this may be additional to him? Jenny has advised that they could see 6 NOP on each session, which would still leave us short 13 LUTS patients.

Thanks

Sharon

From: McMahon, Jenny
Sent: 30 December 2013 14:16
To: Glenny, Sharon; ONeill, Kate
Cc: Corrigan, Martina
Subject: RE: URO ICATS 22 WEEK OP PTL JAN AS AT 30.12.13.xls

Hi Sharon,
We need a registrar / medic to be available for new LUTS patients. As Funsho is on AL the last two weeks of January and we are losing 2 x registrar sessions due to Audit and a training day, this probably explains the shortfall. We check each week to ensure that all clinics are booked to full capacity and will continue to do so. The only suggestion I have is to check if all of Mr Suresh's clinical sessions have been booked as if he had any free sessions perhaps they could be used for LUTS patients?

Potential dates: -
Monday 20th 6 new LUTS patients in AM
Friday 31st 6 new LUTS patients in AM

Jenny

From: Glenny, Sharon
Sent: 30 December 2013 13:02
To: ONeill, Kate; McMahon, Jenny
Cc: Corrigan, Martina
Subject: URO ICATS 22 WEEK OP PTL JAN AS AT 30.12.13.xls
Importance: High

Hi Kate/Jenny

Please see attached 22 week PTL for ICATS in January.

There are 36 patients in total on the PTL – 10 have dates, 26 have no dates (1 is still in PB cycle).

It would appear that we still require capacity for 25 LUTS patients in January – any thoughts??

Thanks

Sharon

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	URO ICATS WL & WL CANC CODE	Spec Code	Cons Code	Priority	Referral Source	Referral Date Only	Current Date	Date Booked (Y/N)	Appt Date	Non Clinical Comments	WL Code	WL Cnc Code	Weeks Waiting
CAH	Personal Information redacted by the USI							LUTS	IURO	ICATS	URGENT	CIC	05/07/2013	05/07/2013	Y	30/12/2013	ICU - PB1D 201113 - ICSNULUP DEC 23.12 OR 30.12		CLUTSNU	25
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	19/07/2013	19/07/2013	Y	30/12/2013	(ICN)PB1D 17/12/13 - ICSNULUP *DECEMBER*		CLUTSN	23
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	22/07/2013	22/07/2013	Y	13/01/2014	(ICN)PB2D 19/12/13 - ICSNULUP *DECEMBER*		CLUTSN	23
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	23/07/2013	23/07/2013	Y	30/12/2013	ICN - PB1D 171213 - ICSNULUP JAN		CLUTSN	23
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	23/07/2013	23/07/2013	Y	06/01/2014	ICN - PB1D 171213 - ICSNULUP JAN		CLUTSN	23
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	26/07/2013	26/07/2013	Y	30/12/2013	ICN - PB1D 171213 - ICSNULUP JAN		CLUTSN	22
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	26/07/2013	26/07/2013	Y	30/12/2013	AC 310713		CLUTSN	22
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	29/07/2013	29/07/2013	Y	06/01/2014	AC 310713		CLUTSN	22
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	31/07/2013	31/07/2013	N		LB 9/8/13 OPD	CLUTSN	CLUTSN	22
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	31/07/2013	31/07/2013	N		LB 9/8/13 OPD	CLUTSN	CLUTSN	22
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	02/08/2013	02/08/2013	N		AC 120813	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	02/08/2013	02/08/2013	N		AC 120813	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	05/08/2013	05/08/2013	N		AC 250913	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	URGENT	OC	14/03/2013	06/08/2013	N		ICN - PB1D 171213 - ICSNULUP JAN ONLY	CLUTSNU		21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	06/08/2013	06/08/2013	N		AC 250913	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	06/08/2013	06/08/2013	N		AC 130913	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	06/08/2013	06/08/2013	N		AC 210813	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	07/08/2013	07/08/2013	N		AC 200813	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	07/08/2013	07/08/2013	N		AC 210813	CLUTSN	CLUTSN	21
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	09/08/2013	09/08/2013	N		AC 200813	CLUTSN	CLUTSN	20
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	09/08/2013	09/08/2013	N		AC 200813	CLUTSN	CLUTSN	20
CAH								LUTS	IURO	ICATS	ROUTINE	CIC	12/08/2013	12/08/2013	N		AC 210813	CLUTSN	CLUTSN	20

CAH	Personal Information redacted by the USI	LUTS	IURO	ICATS	ROUTINE	CIC	12/08/2013	12/08/2013	N		AC 250913	CLUTSN	CLUTSN	20
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	13/08/2013	13/08/2013	Y	06/01/2014	ICN - PB1D 171213 - ICSNULUP JAN ONLY		CLUTSNU	20
CAH		LUTS	IURO	ICATS	URGENT	CIC	14/08/2013	14/08/2013	Y	20/01/2014	ICN - PB1D 171213 - ICSNULUP JAN ONLY		CLUTSNU	20
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	15/08/2013	15/08/2013	N		AC 210813	CLUTSN	CLUTSN	20
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	16/08/2013	16/08/2013	N		AC 060913	CLUTSN	CLUTSN	19
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	19/08/2013	19/08/2013	N		AC 270813	CLUTSN	CLUTSN	19
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	12/03/2013	19/08/2013	N		CNA 19/8/13 - SFA	CLUTSN		19
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	20/08/2013	20/08/2013	N		AC 270813	CLUTSN	CLUTSN	19
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	20/08/2013	20/08/2013	N		LB 5/9/13 OPD	CLUTSN	CLUTSN	19
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	23/08/2013	23/08/2013	N		AC 130913	CLUTSN	CLUTSN	18
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	23/08/2013	23/08/2013	N		LB 3/12/13 OPD	CLUTSN	CLUTSN	18
CAH		LUTS	IURO	ICATS	ROUTINE	CIC	23/08/2013	23/08/2013	N		AC 270813	CLUTSN	CLUTSN	18
CAH		LUTS	IURO	ICATS	ROUTINE	OC	27/08/2013	27/08/2013	N		AC 130913	CLUTSN	CLUTSN	18
CAH		LUTS	IURO	ICATS	ROUTINE	OC	28/08/2013	28/08/2013	N		AC 040913	CLUTSN	CLUTSN	18

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 07 September 2015 11:02
To: Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Suresh, Ram; Young, Michael
Cc: Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Robinson, NicolaJ; Troughton, Elizabeth; Corrigan, Martina
Subject: Urology - Total Elective Waiting list - As at 07.09.15
Attachments: URO TOTAL WAITING LIST - AS AT 07.09.15.xls

Hi Everyone

I have attached a total elective waiting list for urology as of today.

Please see table below for summary of position:

885

Patients in Total on Waiting List

8

Dates in the past - to be updated on PAS by secretaries

113

Patients with dates for surgery

764

Patients without dates for surgery

369

Of which are Urgent - longest waiter 85 weeks

395

Of which are Routine - longest waiter 107 weeks

At the end of September - projected to have 170 patients waiting greater than one year for surgery

The report has been saved into the shared scheduling drive for urology, under September folder.

Thanks

Sharon

Mrs Sharon Glenny
Operational Support Lead
Surgery & Elective Care

Direct dial – Personal Information redacted by the USI
Mobile - Personal Information redacted by the USI

TOTAL UROLOGY WAITING LIST - AS AT 07.09.15

885	Patients in Total on Waiting List
8	Dates in the past - to be updated on PAS by secretaries
113	Patients with dates for surgery
764	Patients without dates for surgery
369	Of which are Urgent - longest waiter 85 weeks
395	Of which are Routine - longest waiter 107 weeks

At the end of September - projected to have 170 patients waiting greater than one year for surgery

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Hosp a	H&C No	Caseno e	Forename	Surname	Date of Birth	Age	Specia ty	Orig na Date	Current Date	Date Booked	Current Suspension End Date	Consu tant	Expected Me hod o Adm.	Urgency Code	n ended Managem en	Admission Reason	n ended Primary Procedure Code	Opera on Descrip on	Expected Ward	Remarks	Weeks wa ng
							URO	19/08/2013	19/08/2013			AOB	WL	4	D	PREPUTIOLYSIS	N32.9	PREPUTIOLYSIS TRANSFER TO AOB WL PER MR O'BRIEN FIT(04.02.15)CD/FT		PER MR YOUNG AT BB CLINIC	107
							URO	20/08/2013	20/08/2013			AOB	WL	4	N	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION FIT(20.01.15)UD 21.5.15 KK			107
							URO	11/06/2013	11/06/2013		01/11/2015	JOD	WL	4	N	URETHROPLASTY	M73.6	URETHROPLASTY		JOINT PROCEDURE WITH BRIAN DOGAN, SET CONSULTANT	100
							URO	25/11/2013	25/11/2013			JOD	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY			93
							URO	29/11/2013	29/11/2013			JOD	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER FIT 18.5.15 KK			92
							URO	06/12/2013	06/12/2013			JOD	WL	4	D	GA RIGID CYSTOSCOPY, URETHRAL DILATATION +/- OPT URETHROTOMY	M45.5	GA RIGID CYSTOSCOPY, URETHRAL DILATATION +/- OPT URETHROTOMY ON GARLIC CAPSULES-NEED STOP 2/52 BEFORE DATE FIT 10.8.15		SC FLEXI 061213 TCI PER REG	91
							URO	31/08/2013	31/08/2013			JOD	WL	4	D	NESBITTS PROCEDURE TRANSFER TO MR O'DONAGHUE	N28.8	NESBITTS PROCEDURE SEE IN CLINIC FIRST CORONARY STENTS NIDDM TABLET ON PRASUGREL HOLD(02.12.14)		PER MR PAHUJA	91
							URO	13/12/2013	13/12/2013			MY	WL	4	N	BOTOX	M43.4	BOTOX FIT (5.3.14 UD 15.5.15 KK)		PD - PER MR YOUNG AT URODYNAMICS 13.12.13	90
							URO	20/12/2013	20/12/2013			JOD	WL	4	N	BOTULINUM TOXIN ? TURP	M13.4	BOTULINUM TOXIN ? TURP			89
							URO	12/08/2013	12/08/2013			JOD	WL	4	N	TURP DIABETIC	M65.3	TURP DIABETIC FIT 23.1.14 IDDM/NIDDM TAB/DIET ON IRBESARTAN		PER MR YOUNG CLINIC 12.08.13	89
							URO	24/12/2013	24/12/2013	05/10/2015		MY	WL	2	N	FLEXIBLE URETEROSCOPY - N/HOME PT	M30.9	FLEXIBLE URETEROSCOPY	3 SOUTH ELECTIVE WARD	PER RAB	89
							URO	03/01/2014	03/01/2014			MY	WL	4	D	Perso CIRCUMCISION	N30.3	Perso CIRCUMCISION fit (8.1.14 KK)		PD - PER MR YOUNG AT CLINIC 03.01.14	87
							URO	23/10/2013	23/10/2013			AOB	WL	4	N	RIGHT HYDROCOELECTOMY (WARFARIN PATIENT)	N11.1	RIGHT HYDROCOELECTOMY (WARFARIN PATIENT) B6QT 060214 HOLS 16TH JULY - 30TH JULY `14			86
							URO	14/01/2014	14/01/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			86
							URO	17/01/2014	17/01/2014			MY	WL	4	N	TURP INPATIENT ONLY - NOT SUITABLE DSU	M65.3	TURP (CHANGE OF PROC PER MR YOUNG AT CL 08.08.14) FIT 1.8.14 ASTHMA MEDS/CORTICOSTEROIDS		PER MR YOUNG CLINIC 17.01.14	85
							URO	20/01/2014	20/01/2014			MY	WL	4	N	BOTOX AS INPATIENT - FOR I.C.	M43.4	BOTOX AS INPATIENT - FOR I.C. ON TRAMADOL (FIT 12.5.14 KK)		PD - PER MR YOUNG AT BBPC 20.01.14	85
							URO	21/01/2014	21/01/2014			MY	WL	2	N	LEFT PCNL	M09.9	LEFT PCNL		PD - PER STC CLINIC 20.01.14	85
							URO	28/01/2014	28/01/2014			JOD	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY			84
							URO	17/09/2012	29/01/2014			MY	WL	4	N	TUR PROSTATE DIABETIC & WARFARIN	M65.3	TUR PROSTATE DIABETIC & WARFARIN HOLD(19.12.12)CD IDDM/ACE INHIBITORS TCI DAY BEFORE PER MY		PER MR YOUNG BURM1 17/09/12	84
							URO	03/02/2014	03/02/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY AND URETEROSCOPY	M30.4	RIGHT URETEROGRAPHY AND URETEROSCOPY FIT(27.06.14)ACE INHIBITORS UPDATED 24.06.15			83
							URO	03/02/2014	03/02/2014			AOB	WL	2	N	RIGHT ORCHIDOPEXY	N08.3	RIGHT ORCHIDOPEXY			83
							URO	25/11/2011	05/02/2014			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER/NEEDS INPT	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER BMI FILE BMI 56.9 CITALOPRAM (FIT 19/04/12 EM)		AC/PER KJ @ BACKLOG CL 25.11.11	83
							URO	07/02/2014	07/02/2014			MY	WL	4	N	TURP	M65.3	TURP - PT PHON ? DATE 12.05.14 & 11.12.14 & 14.05.15 FIT 29.8.14 ANGIOTENSION 11 RECEPTOR ANTAONISTS		PD - PER MR YOUNG AT URODYNAMICS 07.02.14	82
							URO	07/02/2014	07/02/2014			AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER			82
							URO	15/02/2014	15/02/2014			AOB	WL	4	N	TURP	M65.3	TURP			81
							URO	18/02/2014	18/02/2014			AOB	WL	4	D	LEFT HYDROCOELECTOMY	N11.1	LEFT HYDROCOELECTOMY FIT 2.7.14 KK Not available until 18/11/14			81
							URO	18/02/2014	18/02/2014			MY	DA	2	N	LITHOLAPAXY & PROSTATE STONE (LETTER IN B/F)	M44.1	LITHOLAPAXY & PROSTATE STONE B6QT 140414 ANTI-PSYCHOTICS		PD - PER MR YOUNG RE: REFERRAL MR BROWN DHH 17.02.14	81
							URO	20/02/2014	20/02/2014			AOB	WL	2	N	URETEROSCOPY AND LASER	M30.4	URETEROSCOPY AND LASER			80
							URO	24/02/2014	24/02/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY AND URETEROSCOPY	M30.4	RIGHT URETEROGRAPHY AND URETEROSCOPY NOT AVAILABLE 13/11/14 - 18/11/14 (ON HOLIDAY)			80
							URO	25/02/2014	25/02/2014			AOB	WL	2	N	TURP	M65.3	TURP FIT 12.5.14 KK			80
							URO	20/12/2013	20/12/2013			MY	WL	2	N	GA CYSTOSCOPY & CYSTOLITHOLAPAXY	M45.9	GA CYSTOSCOPY & CYSTOLITHOLAPAXY FIT(18.11.14)CD		PD - PER GEMMA AT DSU 20.12.13	79
							URO	03/03/2014	03/03/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION NIDDM DIET (FIT 16/05/14)			79
							URO	03/03/2014	03/03/2014			AOB	WL	2	N	MARSUPIALISATION OF RIGHT RENAL CYST AND	M04.1	RIGHT URETERIC REIMPLANTATION RANG 20.05.14 ? DATE FIT 3.7.14 MILD LATEX ALLERGY			79
							URO	04/03/2014	04/03/2014			AOB	WL	4	N	TURP NOT AVAILBLE 18/5/15 - 25/5/15	M65.3	TURP NOT AVAILBLE 18/5/15 - 25/5/15 FIT(06.05.14)CD			79
							URO	07/03/2014	07/03/2014			AOB	WL	4	N	CYSTOSCOPY ? TURP AND INJECTION OF BOTULINUM TOXIN	M45.9	CYSTOSCOPY ? TURP AND INJECTION OF BOTULINUM TOXIN FIT 30.5.14 KK			78
							URO	21/02/2014	21/02/2014			JOD	WL	4	N	BLADDER NECK INCISION +/- TURP WARFARIN	M66.2	BLADDER NECK INCISION +/- TURP WARFARIN ON SINEMET/ON CORTICOSTEROIDS FIT(28.05.14)CD/FMCC		PD - PER MR YOUNG AT DSU 21.02.14	78
							URO	14/03/2014	14/03/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPY & URETEROGRAPHY	M30.9	LEFT FLEXIBLE URETEROSCOPY & URETEROGRAPHY B6QT 210514 RESPIRTARY ARREST		SC URODYNAMICS 140314 TCI PER ABO	77
							URO	06/01/2014	06/01/2014			AOB	WL	2	N	LEFT URETEROGRAPHY AND URETEROSCOPY	M30.4	LEFT URETEROGRAPHY AND URETEROSCOPY (FIT/UPDATED 21/05/15 Perso INTERPR FIT 8/1/14KK) NOT AVAILIBLE 5/8/15 - 10/9/15			77
							URO	18/03/2014	18/03/2014			AOB	WL	2	N	RESECTION OF ANTERIOR VAGINA LESION	M42.1	RESECTION OF ANTERIOR Vagina lesion (HAS YOUNG BABY) FIT 30.5.14 KK ON SSRI (NEED AS MUCH NOTICE AS POSSIBLE)			77
							URO	27/03/2014	27/03/2014			MY	WL	2	N	PCNL MR GLACKIN PATIENT	M09.9	PCNL MR GLACKIN PATIENT pt phon?date 04.08.15 FIT 31.7.14 KK-PT PHON ?DATE 19&22/09/14,30/01/15,16/07/15		PD - PER STC CLINIC 27.03.14	75
							URO	27/03/2014	27/03/2014			MY	WL	2	D	LEFT URETEROSCOPY - pt phoned ?date 09.01.15	M30.9	LEFT URETEROSCOPY NA(AUG & SEPT 2014) FIT 23.7.14 KK PAIN MEDS		PD - PER STC CLINIC 27.03.14	75
							URO	31/03/2014	31/03/2014			AOB	WL	2	N	CYSTOSCOPY AND PERIPROSTATIC INJECTION	M45.9	CYSTOSCOPY AND PERIPROSTATIC INJECTION			75
							URO	01/04/2014	01/04/2014			AOB	WL	4	N	REPAIR OF RIGHT PPV	N11.1	REPAIR OF RIGHT PPV			75
							URO	07/04/2014	07/04/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 13.8.14 KK		PER LUTS CLINIC	74
							URO	07/04/2014	07/04/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 070414 TCI PER AOB	74
							URO	18/10/2013	18/10/2013			AJG	WL	4	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN AND CYSTOSCOPY	M13.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN AND CYSTOSCOPY WARFARIN BMI 40+ PENICILLEN ALLERGY ON SSRI (B6D 03.09.15			74
							URO	11/04/2014	11/04/2014			AOB	WL	2	N	CYSTOSCOPY, URETHRAL AND HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY, URETHRAL AND HYDROSTATIC DILATATION FIT 17.6.14 KK		MMCC	73
							URO	11/04/2014	11/04/2014			AOB	WL	4	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M13.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN			73

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URO	14/04/2014	14/04/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 2.7.14 KK		SC OPD 140414 TCI PER		73
URO	14/04/2014	14/04/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 30.9.14 NA(31.08.14-05.09.14)		SC OPD 140414 TCI PER AOB		73
URO	14/04/2014	14/04/2014			AOB	WL	4	D	RIGHT HYDROCOELECTOMY	N11.1	RIGHT HYDROCOELECTOMY FIT 16.4.14 KK NEED Perso INTERPRER-WILL TAKE CANCELLATION		SC OPD 140414 TCI PER AOB		73
URO	14/04/2014	14/04/2014			AOB	WL	2	N	TROC,USS & CYSTOSCOPY ?TURP	M47.3	TROC,USS & CYSTOSCOPY ?TURP		PLA PER MR O'BRIEN		73
URO	14/04/2014	14/04/2014			AOB	WL	2	N	TURP HIGH BP NEEDS 24HR MONITORING BEFORE SURGERY	M65.3	TURP HIGH BP NEEDS 24HR MONITORING BEFORE SURGERY FIT 3.7.14 ENSURE BP HAS BEEN CHECKED BY GP BEFORE SURG		PER FUNSHO		73
URO	18/04/2014	18/04/2014			MY	WL	2	N	URETHRAL DILATATION & CHOLECYSTECTOMY TAB DIABETIC	M76.4	URETHRAL DILATATION & CHOLECYSTECTOMY TAB DIABETIC BMI 51.2 ON CANDESARTAN FIT(02.04.15)CD		PD - PER MR YOUNG 18.04.14		72
URO	24/04/2014	24/04/2014			AOB	WL	4	N	DIVISION OF ADHESION ? CIRCUMCISION	N30.3	DIVISION OF ADHESION ? CIRCUMCISION				72
URO	25/04/2014	25/04/2014			MY	WL	2	D	EXCISION GROIN SKIN LESION Perso	N01.2	EXCISION GROIN SKIN LESION Perso		PD - PER MR YOUNG AT CLINIC 25.04.14		71
URO	28/04/2014	28/04/2014			AOB	WL	2	N	TURP	M65.3	TURP				71
URO	28/04/2014	28/04/2014			AOB	WL	2	N	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION				71
URO	29/04/2014	29/04/2014			AOB	WL	2	N	TURP 85CC PROSTATE	M65.3	TURP 85CC PROSTATE FIT 12.8.14 NIDDM TABLET		PER MR SURESH HAEMATURIA CLINIC		71
URO	29/04/2014	29/04/2014			AOB	WL	4	N	BILATERAL ORCHIDECTOMY	N06.3	BILATERAL ORCHIDECTOMY				71
URO	29/04/2014	29/04/2014			AOB	WL	4	N	RIGHT HYDROCOELECTOMY AND LEFT SCROTAL EXPLORATION	N11.1	RIGHT HYDROCOELECTOMY AND LEFT SCROTAL EXPLORATION FIT 25.9.14 IDDM				71
URO	30/04/2014	30/04/2014			MY	WL	4	D	PREPULOPLASTY (AVAILABLE AT SHORT NOTICE) MY TO DO	N30.1	PREPULOPLASTY (AVAILABLE AT SHORT NOTICE) MY TO DO LETTER IN B/F FIT 7.7.14 NIDDM DIET		PD - PER MR YOUNG AT HPC 30.04.14		71
URO	30/04/2014	30/04/2014			AOB	WL	4	D	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M13.4	INTRAMURAL INEJCTION OF BOTULINUM TOXIN FIT(06.05.14)CD				71
URO	30/04/2014	30/04/2014			AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER FIT(06.05.14)CD				71
URO	02/05/2014	02/05/2014			MY	WL	2	D	IVU	M30.1	IVU FIT 24.7.14 KK ACE INHIBITORS		PD - PER MR YOUNG AT CLINIC 02.05.14		70
URO	02/05/2014	02/05/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY B6QT 010714, SINGLE KIDNEY		SC URODYNAMICS 020514 TCI JULY '14 PER AOB		70
URO	06/05/2014	06/05/2014			AOB	WL	2	N	TURP	M65.3	TURP FIT 20.5.1 PER PATIENT START OF JANUARY 2015 WOULD BE IDEAL				70
URO	09/05/2014	09/05/2014			AOB	WL	2	N	CYSTOSCOPY ? BIOPSIES AND HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY ? BIOPSIES AND HYDROSTATIC DILATATION FIT 18.7.14 ACE INHIBITORS/ANTI-PSYCHOTICS				69
URO	12/05/2014	12/05/2014			AOB	WL	4	N	RIGHT ORCHIOPEXY	N09.2	RIGHT ORCHIOPEXY FIT 15.5.14 KK				69
URO	12/05/2014	12/05/2014			AOB	WL	4	N	TURP ON HOLIDAY Personal	M65.3	TURP ON HOLIDAY Personal ACE INHIBITORS/ANTI-PARKINSON DRUGS FIT(05.11.14)CD				69
URO	14/05/2014	14/05/2014			AOB	WL	2	N	TURP	M65.3	TURP FIT 24.11. WITHHOLD UNTIL SEEN BY ANAESTHETIST (BARIATIC CL				69
URO	15/05/2014	15/05/2014			MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPY - CHANGE CAT 2 PER MRY 19.01.15	M30.9	LEFT FLEXIBLE URETEROSCOPY FIT 30.9.14 KK W/C BMI 55.6 ACE INHIBITORS SSRI TO STAY ON WARFARIN/CONS		SC CESWL 150514 TCI PER MY		68
URO	16/05/2014	16/05/2014			MY	WL	4	D	RIGHT EPIDIDYMAL CYST EXCISION & PENILE SKIN BIOPSY	N15.3	RIGHT EPIDIDYMAL CYST EXCISION & PENILE SKIN BIOPSY FIT 1.10.14 KK - NEW LTR 04.03.15		PER MR YOUNG CLINIC		68
URO	19/05/2014	19/05/2014			MY	WL	2	N	FEB 2015 INTERNAL VISUAL URETHROTOMY	M79.4	FEB 2015 INTERNAL VISUAL URETHROTOMY FIT(09.03.15)CD/FMCC ON CLOPIDOGREL		PER MR YOUNG-TCI FEB 2015 PER CARDIOLOGY DEPT		68
URO	27/05/2014	27/05/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT(06.08.14)				67
URO	30/05/2014	30/05/2014			MY	WL	2	N	TURP - NEW LTR SWAH 21.07.14	M65.3	TURP change cat2 - recent sepsis per Gemma 21.07.14		PER RAB		66
URO	30/05/2014	30/05/2014			AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER B6QT 220914				66
URO	31/05/2014	31/05/2014			AOB	WL	2	N	CIRCUMCISION AND FLEXIBLE CYSTOSCOPY	N30.3	CIRCUMCISION AND FLEXIBLE CYSTOSCOPY FIT 18.8.14 ANGIOTENSION 11 RECEPTOR ANTAGONISTS				66
URO	07/04/2014	07/04/2014			MY	WL	4	N	TURP WARFARIN (AF) & TAB DIABETIC	M65.3	TURP WARFARIN (AF) & TAB DIABETIC FIT 1.8.14 KK/FMCC NEEDS TO STOP WARFARIN 5 DAYS BEFORE SURGERY/NEEDS INJECTION		PD - PER GEMMA AT HISTO CLINIC 07.04.14		66
URO	03/06/2014	03/06/2014			MY	WL	2	D	SEPT 14 REPEAT RIGHT FLEXIBLE URETEROSCOPY +/- ROS	M30.9	SEPT 14 REPEAT RIGHT FLEXIBLE URETEROSCOPY +/- ROS		PER RAB		66
URO	06/06/2014	06/06/2014			AOB	WL	4	N	TURP (PACEMAKER INSITU)	M65.3	TURP (PACEMAKER INSITU) FIT 8.12.14 NEEDS 7 DAYS NOTICE ON WARFARIN		SC FLEXI 060614 TCI PER REG		65
URO	06/06/2014	06/06/2014			AOB	WL	4	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M13.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN FIT 12.6.14 KK				65
URO	09/06/2014	09/06/2014			MDH	WL	4	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION ASPIRIN ALLERGY FIT 26.8.14 KK		PER MR HAYNES		65
URO	10/06/2014	10/06/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 1.9.14 KK				65
URO	23/10/2013	11/06/2014			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION (LETTER IN B/F) BMI48.5	M45.9	CYSTSOCOPY & URETHRAL DILATATION (LETTER IN B/F) BMI48.5		PD - PER MR YOUNG RE: REFERRAL MR BROWN 23.10.13		65
URO	11/06/2014	11/06/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 30.9.14 KK				65
URO	13/06/2014	13/06/2014			AOB	WL	4	N	HYDROSTATIC DILATATION & INJECTION BOTULINUM TOXIN (150 UNIT	M43.2	HYDROSTATIC DILATATION & INJECTION BOTULINUM TOXIN FIT 4.11.14 H/O MRSA TO BE DONE IN MAIN THEATRE		PER MR OBRIEN		64
URO	13/06/2014	13/06/2014			AOB	WL	2	N	CYSTOSCOPY ?TURP ?INTRAMURAL INJECTION BOTULINUM TOXIN	M45.8	CYSTOSCOPY ?TURP ?INTRAMURAL INJECTION BOTULINUM TOXIN		PER MR OBRIEN		64
URO	16/06/2014	16/06/2014			AOB	WL	2	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION FIT 29.8.14 KK		PER LUTS CLINIC		64
URO	20/06/2014	20/06/2014			MY	WL	2	N	AIM JUNECYSTOSCOPY & REMOVAL OF STONES AT PROSTATE +/- TURP	M45.9	AIM JUNE CYTOSCOPY & REMOVAL OF STONES AT PROSTATE +/- TURP FIT 29.10.14 KK - AIM JUNE 15		PD - PER GEMMA AT DSU 20.06.14		63
URO	20/06/2014	20/06/2014			MY	WL	4	N	TURP	M65.3	TURP FIT 30.9.14 KK		PD - PER MR YOUNG AT CLINIC 20.06.14		63
URO	20/06/2014	20/06/2014			MY	WL	4	N	BOTOX - NOT SUITALBE FOR DSU PER ANAESTHETIST - TCI 1WEA	M43.4	BOTOX COAG ON ADMISSION FIT 23.6.14 KK-PT PHON ? DATE23.09.14 BMI42 ORANGES ALLERG		PD - PER MR YOUNG AT CLINIC 20.06.14		63
URO	20/06/2014	20/06/2014			AOB	WL	4	N	BLADDER NECK INCISION/RESECTION	M66.2	BLADDER NECK INCISION/RESECTION FIT 25.9.14 ACE INHIBITORS		PER MR OBRIEN		63
URO	20/06/2014	20/06/2014			AOB	SA	2	N	RED FLAG LEFT HYDROCOELECTOMY AND LEFT TESTICULAR BIOPSY	N11.1	RED FLAG LEFT HYDROCOELECTOMY AND LEFT TESTICULAR BIOPSY ON WARFARIN FIT 22.7.14 KK BMI39.5 ON LOSARTAN				63
URO	27/06/2014	27/06/2014			MY	WL	2	N	TURP CATHETER IN SITU	M65.3	TURP CATHETER IN SITU (FIT 08/09/14)		PD - PER MR YOUNG AT CLINIC 27.06.14		62
URO	27/06/2014	27/06/2014			AOB	WL	4	N	TURP & INJECTION BOTULINUM TOXIN	M65.3	TURP & INJECTION BOTULINUM TOXIN FIT 25.9.14 KK		PER MR OBRIEN		62
URO	28/06/2014	28/06/2014			AOB	WL	2	N	TURP NOVEMBER 2014	M65.3	TURP NOVEMBER 2014		PER MR OBRIEN		62
URO	01/07/2014	01/07/2014			AOB	WL	4	D	RIGHT ORCHIDOPEXY	N09.3	RIGHT ORCHIDOPEXY FIT(07.07.14)CD		PER MR OBRIEN		62
URO	01/07/2014	01/07/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY & URETEROSCOPY	M30.1	RIGHT URETEROGRAPHY & URETEROSCOPY B6QT 020914 TYPE II - TAB CONTROLLED ON HOLIDAY - Pers		PER MR OBRIEN		62
URO	02/07/2014	02/07/2014			MY	WL	4	N	TURP	M65.3	TURP (FIT(09.10.14)CD		PD - PER MR YOUNG RE: LTR FROM GP		62
URO	02/07/2014	02/07/2014			AOB	WL	4	N	RIGHT PYELOPLASTY	M10.2	RIGHT PYELOPLASTY		PER MR OBRIEN		62
URO	04/07/2014	04/07/2014			MY	WL	4	N	REDO TURP - PLAVIX - ON HOLS 16-30 AUG 15 (INCLUSIVE)	M65.3	REDO TURP FIT 7.10.14 NIDDM TABLET VARIOUS MEDS		PD - PER MR YOUNG AT URODYNAMICS 04.07.14		61
URO	04/07/2014	04/07/2014	06/10/2015		MY	WL	2	N	BOTOX & INSERTION OF SPC (?JOD) PLAVIX (NFSN)-will tk canc	M43.4	BOTOX & INSERTION OF SPC (?JOD) (NFSN) - NEW LTR PROF MORRISON VIA PT 23.09.14 FIT(20.10.14)CD/FMCC	1 WEST ELECTIVE ADMISSION WARD	PD - PER MR YOUNG AT URODYNAMICS 04.07.14		61
URO	07/07/2014	07/07/2014			AOB	WL	4	D	DIVISION PREPUTIAL ADHESIONS	N30.2	DIVISION PREPUTIAL ADHESIONS		SC OPD 070714 TCI PER AOB		61
URO	07/07/2014	07/07/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 25.9.14 CHRONIC PAIN MEDS		SC OPD 070714 TCI PER AOB		61
URO	08/07/2014	08/07/2014			AOB	WL	2	N	TURP	M65.3	TURP FIT 23.9.14 ACE INHIBITORS (NFSN) PLAVIX (TO STOP 7DAY)		SC OPD 080714 TCI PER AOB		61
URO	11/07/2014	11/07/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 17.9.14 PAIN MEDS		SC URODYNAMICS 110714 TCI PER AOB		60
URO	11/07/2014	11/07/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 24.9.14 ACE INHIBITORS		SC URODYNAMICS 110714 TCI PER AOB		60
URO	16/07/2014	16/07/2014			MY	WL	4	N	TURP (LETTER IN B/F)	M65.3	TURP ACE INHIBITORS FIT(09.10.14)CD		PER MR YOUNG 11.08.14 - PT SEEN AT HPC 16.07.14		60
URO	17/07/2014	17/07/2014			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY	M30.9	LEFT FLEXIBLE URETEROSCOPY		PD - PER MR YOUNG AT STC CLINIC 17.07.14		59

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URO	18/07/2014	18/07/2014			MY	WL	4	D	VASECTOMY REVERSAL & INSERTION LEFT TESTICULAR PROSTHESIS	N18.1	VASECTOMY REVERSAL & INSERTION LEFT TESTICULAR PROSTHESIS			PER MR HAYNES - AWAY AUGUST 2015	59
URO	18/07/2014	18/07/2014			AOB	WL	2	N	RIGHT EPIDIDYMECTOMY	N15.2	RIGHT EPIDIDYMECTOMY			PLA PER PREOPERATIVE ASSESSMENT DEPT	59
URO	22/07/2014	22/07/2014			AOB	WL	4	D	TUPR	M65.3	TURP			PER MR O'BRIEN DISCHARGE LETTER	59
URO	25/07/2014	25/07/2014			AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			SC OPD 250714 WL TCI PER AOB	58
URO	28/07/2014	28/07/2014			MDH	WL	2	N	TURP WARFARIN	M65.3	TURP WARFARIN FIT 10.8.15 KK			PER MR HAYNES	58
URO	28/07/2014	28/07/2014			AOB	WL	2	N	REMOVAL OF STENT, RIGHT URETEROSCOPIC LASER LITHOTRIPSY	M27.1	REMOVAL OF STENT, RIGHT URETEROSCOPIC LASER LITHOTRIPSY			PER MR OBRIEN	58
URO	13/11/2012	12/05/2014			MDH	WL	4	D	CIRCUMCISION MR PAHUJA BMI 50 NEEDS INPATIENT	N30.3	CIRCUMCISION LOCAL ANAESTHESIA FIT(25.01.13)			PER MR PAHUJA	57
URO	01/08/2014	01/08/2014			AOB	WL	2	N	GA CYSTOSCOPY & DIATHERMY	M45.9	GA CYSTOSCOPY & DIATHERMY			SC FLEXI 010814 TCI PER REG	57
URO	01/08/2014	01/08/2014			AOB	SA	2	D	GA CYSTOSCOPY & BIOPSY	M45.9	GA CYSTOSCOPY & BIOPSY ACE INHIBITORS FIT(03.04.15)CD			PER GEMMA CDSU 010814	57
URO	02/08/2014	02/08/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT FELXIBLE URETEROSCOPIC LITHOTRIPSY				57
URO	03/08/2014	03/08/2014			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY				57
URO	04/08/2014	04/08/2014			AOB	WL	4	N	RESECTION OF VAGINAL CYST	Y06.2	RESECTION OF VAGINAL CYST FIT 8.10.14 KK				57
URO	04/08/2014	04/08/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 8.10.14 ASTHMA MEDS				57
URO	05/08/2014	05/08/2014			MY	WL	2	N	TURP WARFARIN (LETTER IN B/F)	M65.3	TURP (NFSN-WARFARIN) (FIT 05/11/14)			PER MR YOUNG RE: REFERRAL GP	57
URO	05/08/2014	05/08/2014			AOB	WL	2	N	LEFT NEPHROURETERECTOMY AND RIGHT URETERIC REIMPLANTATION	M20.2	LEFT NEPHROURETERECTOMY AND RIGHT URETERIC REIMPLANTATION FIT 30.9.14 ASTHMA MEDS			PLA OPD 050814 WL PER MR O'BRIEN	57
URO	05/08/2014	05/08/2014			AOB	WL	4	N	CYSTOSCOPY / ? URETHROTOMY	M45.9	CYSTOSCOPY / ? URETHROTOMY			PLA OPD 050814 WL PER MR O'BRIEN	57
URO	05/08/2014	05/08/2014			AOB	WL	4	N	RIGHT ORCHIOPEXY ? ORCHIECTOMY	N09.3	RIGHT ORCHIOPEXY ? ORCHIECTOMY FIT 7.10.14 KK			PLA OPD 050814 WL PER MR O'BRIEN	57
URO	05/08/2014	05/08/2014			AOB	WL	4	D	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN	M13.4	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN FIT 13.1.15 KK			PLA OPD 050814 WL PER MR O'BRIEN	57
URO	05/08/2014	05/08/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 1.12.14 KK			PLA OPD 050814 WL PER MR O'BRIEN	57
URO	05/08/2014	05/08/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION FIT 25.9.14 KK BMI 35 - TYPE II DIABETIC			PLA OPD 050814 WL PER MR O'BRIEN	57
URO	06/08/2014	06/08/2014			AOB	WL	2	N	ILEAL CONDUIT URINARY DIVERSION	M19.1	ILEAL CONDUIT URINARY DIVERSION			PER AOB EMAIL	57
URO	07/08/2014	07/08/2014			MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY			PER STC	56
URO	08/08/2014	08/08/2014			MY	WL	4	N	NESBITT'S PROCEDURE	N28.8	NESBITT'S PROCEDURE			PER MR YOUNG AT CLINIC 08.08.14	56
URO	08/08/2014	08/08/2014			AOB	WL	2	N	BLADDER BIOPSIES & INTRAMURAL INJECTION OF BOTULINUM TOXIN	M45.1	BLADDER BIOPSIES & INTRAMURAL INJECTION OF(500U) BOTOX GOING TO NEW YORK 23/9/15 - 14/10/15-SURGERY AFTER THIS DATE				56
URO	11/08/2014	11/08/2014			MY	WL	4	D	FLEXIBLE URETEROSCOPY/LASER STONE ABLATION/URETERIC STENTING	M30.9	FLEXIBLE URETEROSCOPY/LASER STONE ABLATION/URETERIC STENTING			PER KS STC	56
URO	11/08/2014	11/08/2014			MY	WL	2	D	URETHRAL DILATATION +/- OPTICAL URETHROTOMY DIFFICULT	M76.4	URETHRAL DILATATION +/- OPTICAL URETHROTOMY FIT 4.11.14 IDDM			PD - PER MR YOUNG AT SWAH 11.08.14	56
URO	12/08/2014	12/08/2014			MY	WL	2	N	IVU/URETHRAL DILATATION (LETTER IN B/F)	M30.1	IVU/URETHRAL DILATATION FIT 23.3.15 Personal EAR ACE INHIBITORS			PD - PER MR YOUNG RE: LTR K TRAVERS	56
URO	13/08/2014	13/08/2014			AOB	WL	4	N	TURP	M65.1	TURP			per aob email	56
URO	15/08/2014	15/08/2014			AOB	WL	2	N	CYSTOSCOPY ? URETHROTOMY & HYDROSTATIC DILATATION OF BLADDER	M45.9	CYSTOSCOPY ? URETHROTOMY & HYDROSTATIC DILATATION OF BLADDER FIT 4.11.14 NIDDM TABLET ASTHMA MEDS				55
URO	15/08/2014	15/08/2014			AOB	WL	4	N	TURP AND BOTULINUM TOXIN	M65.3	TURP AND BOTULINUM TOXIN FIT 4.11.14 NIDDM TABLET				55
URO	15/08/2014	15/08/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 6.1.15 ON SSRI/ASTHMA MEDS				55
URO	30/04/2014	30/04/2014			AOB	WL	4	N	TURP - (SUSPEND UNTIL OCTOBER 15 PER AOB (E-MAIL)	M65.5	TURP - (SUSPEND UNTIL OCTOBER 15 PER AOB (E-MAIL) B6QT 240614 NIDDM TABLET ACE INHIBITORS/ASTHMA MEDS				55
URO	04/08/2014	04/08/2014			AOB	WL	4	D	CORRECTION OF ERECTILE DEFORMITY	N28.8	CORRECTION OF ERECTILE DEFORMITY DIABETIC NIDDM TABLET B6QT 071014				55
URO	26/08/2014	26/08/2014			AOB	WL	4	N	TURP	M65.3	TURP HOLS Personal ON LOSARSTAN FIT (21.11.14)CD				54
URO	26/08/2014	26/08/2014			AOB	WL	2	N	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION FIT 5.9.14 KK				54
URO	29/08/2014	29/08/2014			MDH	WL	4	N	CYSTOSCOPY, RETROGRADE & URETEROSCOPY	M45.8	CYSTOSCOPY, RETROGRADE & URETEROSCOPY			PER MR HAYNES	53
URO	29/08/2014	29/08/2014			AOB	WL	4	D	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN				53
URO	01/09/2014	01/09/2014			AOB	WL	4	N	TURP	M65.3	TURP NIDDM TABLET8 NA(29.12.14-04.02.15) FIT(21.11.14)CD			SC OPD 010914 TCI PER AOB	53
URO	08/09/2014	08/09/2014			MY	WL	2	D	LEFT URETEROSCOPY, LASERTRIPSY +/- STENT NIDDM	M30.9	LEFT URETEROSCOPY, LASERTRIPSY +/- STENT NIDDM FIT 19.12.14NIDDM TAB ON SSRI/ANXIOLYTICS			PER STC CLINIC 08.09.14	52
URO	09/09/2014	09/09/2014			AOB	WL	2	N	ILEAL CONDUIT URINARY DIVERSION	M19.8	ILEAL CONDUIT URINARY DIVERSION FIT(30.10.14) ON SSRI/ANXIOLYTICS				52
URO	09/09/2014	09/09/2014			AOB	WL	4	N	CYSTOSCOPY AND URETHRAL DILATATION/URETHROTOMY	M45.9	CYSTOSCOPY AND URETHRAL DILATATION/URETHROTOMY FIT 4.2.15 KK				52
URO	11/09/2014	11/09/2014			MY	WL	2	D	LEFT RIGID URETEROSCOPY	M30.9	LEFT RIGID URETEROSCOPY			PER STC CLINIC 11.09.14	52
URO	12/09/2014	12/09/2014			AOB	WL	2	N	AUGMENTATION ILEOCYSTOPLASTY	M36.8	AUGMENTATION ILEOCYSTOPLASTY				51
URO	12/09/2014	12/09/2014			AOB	WL	2	N	GA CYSTOSCOPY AND URETHRAL STONE FRAGMENTATION	M45.9	GA CYSTOSCOPY AND URETHRAL STONE FRAGMENTATION				51
URO	12/09/2014	12/09/2014			MY	WL	4	N	TURP PLAVIX - RES REC'D GP 27.04.15	M65.3	TURP PLAVIX ON IRBESARTAN/ELIQUIS APRIXABAN FIT(12.11.14)CD/FMCC			PD - PER MR YOUNG AT CLINIC 12.09.14	51
URO	15/09/2014	15/09/2014			MDH	WL	4	D	EXCISION EPIDIDYMAL CYST WARFARIN & DIABETIC	N15.3	EXCISION EPIDIDYMAL CYST WARFARIN & DIABETIC			PER MR HAYNES	51
URO	17/09/2014	17/09/2014			AJG	WL	4	D	NESBITT'S PROCEDURE & CIRCUMCISION CAH ONLY PER AJG	N30.3	NESBITT'S PROCEDURE & CIRCUMCISION CAH ONLY PER AJG FIT 17.12.14 KK ON HOLIDAYS 29/08/2015-05/09/2015			PER GREEN PROFRMA	51
URO	19/09/2014	19/09/2014			MY	WL	2	N	OPTICAL URETHROTOMY & CYSTOSCOPY +/- GLANS BIOPSY	M76.3	OPTICAL URETHROTOMY & CYSTOSCOPY +/- GLANS BIOPSY Son phoned 231014 arrange pt TCI after 10/11/14 if possible			PER KAREN AT DSU 19.09.14	50
URO	19/09/2014	19/09/2014			MY	WL	4	N	TURP	M65.3	TURP FIT 12.12.14 KK			PD - PER MR YOUNG AT URODYNAMICS 19.09.14	50
URO	19/09/2014	19/09/2014			AOB	WL	2	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN				50
URO	22/09/2014	22/09/2014			MY	WL	4	N	TURP	M65.3	TURP FIT 5.12.14 NIDDM TABLET - wife phon 20.07.15 ? date			PER LUTS CLINIC	50
URO	23/09/2014	23/09/2014			AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY FIT 2.2.15 NA(UNTIL AFTER 1 FEB 15)				50
URO	23/09/2014	23/09/2014			AOB	WL	2	N	LEFT URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT URETEROSCOPIC LITHOTRIPSY FIT(21.11.14)CD/FMCC				50
URO	23/09/2014	23/09/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 9.12.14 KK				50
URO	24/09/2014	24/09/2014			MDH	WL	4	N	TURP	M65.3	TURP			PER MR HAYNES	50
URO	26/09/2014	26/09/2014			MY	WL	4	D	CYSTOSCOPY & INSERTION OF URODYNAMIC CATHETERS	M45.9	CYSTOSCOPY & INSERTION OF URODYNAMIC CATHETERS FIT 3.12.14 KK			PD - PER MR YOUNG AT CLINIC 26.09.14	49
URO	26/09/2014	26/09/2014			MY	WL	2	N	TURP CATHETER IN SITU	M65.3	TURP CATHETER IN SITU B6D 181214			PD - PER MR YOUNG AT CLINIC 26.09.14	49
URO	29/09/2014	29/09/2014			MY	WL	2	N	LEFT URETEROSCOPY +/- LASERTRIPSY +/- STENT IDDM	M30.9	LEFT URETEROSCOPY +/- LASERTRIPSY +/- STENT IDDM			PER STC CLINIC 29.09.14	49
URO	30/09/2014	30/09/2014			AOB	WL	2	N	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN				49
URO	01/10/2014	01/10/2014			MY	WL	4	D	BLADDER STONE REMOVAL (PATIENT TO CONTACT WHEN FREE)	M39.1	BLADDER STONE REMOVAL			PER WARD DISCHARGE	49
URO	03/10/2014	03/10/2014			MY	WL	4	N	BLADDER NECK INCISION METHOTREXATE	M66.2	BLADDER NECK INCISION METHOTREXATE FIT 3.12.14 KK			PD - PER MR YOUNG AT URODYNAMICS 03.10.14	48
URO	03/02/2014	03/02/2014		01/01/2016	AOB	WL	4	N	TURP	M65.3	TURP B6QT 100414 ON RAMIPRIL				48
URO	06/10/2014	06/10/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 24.12.14 KK ACE INHIBITORS				48
URO	06/10/2014	06/10/2014			MDH	WL	4	D	CIRCUMCISION LOCAL ANAESTHETIC INPATIENT	N30.3	CIRCUMCISION LOCAL ANAESTHETIC INPATIENT			PER MR HAYNES	48
URO	06/10/2014	06/10/2014			MY	WL	4	N	TURP	M65.3	TURP PT PHON?DATE 21.01.15-SYMPTOMS WORSE-ADVISED SEE GP			PER RACHAEL	48

URO	07/10/2014	07/10/2014			AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY				48
URO	14/10/2014	14/10/2014			MY	WL	4	D	EXCISION OF PENILE SKIN TAG +/- CIRCUMCISION	N27.1	EXCISION OF PENILE SKIN TAG +/- CIRCUMCISION FIT 13.2.15 KK			PER MR YOUNG RE: NEW LTR GP	47
URO	14/10/2014	14/10/2014			AOB	WL	4	N	TURP	M65.3	TURP				47
URO	14/10/2014	14/10/2014			AOB	WL	2	N	TROC, ULTRASOUND SCAN ?TURP (ON NO ORAL ANTICOAGULANTS)	M47.3	TROC ULTRASOUND SCAN ?TURP (ON NO ORAL ANTICOAGULANTS) FIT 15.12.14 KK TCI DAY BEFORE SURGERY FOR CLEXANE - H/O AF				47
URO	14/10/2014	14/10/2014			AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION FIT 15.10.14 KK				47
URO	05/09/2014	14/10/2014			AOB	WL	2	N	INTRAMURAL BOTULINUM TOXIN AND PERIPROSTATIC INJECTION	M43.4	INTRAMURAL BOTULINUM TOXIN AND PERIPROSTATIC INJECTION GIVE DATE IN 2 MONTHS TIME DUE TO TOOTH ABSCESS 14/10/14				47
URO	03/02/2014	03/02/2014			AJG	WL	2	N	LEFT LAP NEPHRECTOMY (AWAIT INFO FROM NEPHROLOGY)	M02.5	LEFT LAP NEPHRECTOMY (AWAIT INFO FROM NEPHROLOGY)			PER MR GLACKIN	46
URO	13/10/2014	13/10/2014		01/12/2015	MY	WL	4	N	HYDROCELE REPAIR PLAVIX CARDIAC STENTS/SLEEP APNOEA	N11.8	HYDROCELE REPAIR B6QT 090215 ON BISOPROLOL/CANDESARTAN NEEDS INPT PR PREOP			PLA WL PER MR YOUNG	46
URO	20/10/2014	20/10/2014			AOB	WL	2	N	CYSTOSCOPY AND CYSTOGRAM	M45.9	CYSTOSCOPY AND CYSTOGRAM FIT 22.10.14 KK				46
URO	20/10/2014	20/10/2014			AOB	WL	4	N	CIRCUMCISION (DEPENDENT UPON PUBLIC TRANSPORT)	N30.3	CIRCUMCISION (DEPENDENT UPON PUBLIC TRANSPORT) ADHD AND DEPENDENT ON PUBLIC TRANSPORT - TO HAVE SIDE ROOM				46
URO	23/10/2014	23/10/2014			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY-CHANGE TO CAT2 PER MRY 19.01.15	M30.9	RIGHT FLEXIBLE URETEROSCOPY FIT 25.3.15 KK			SC CESWL 231014 TCI PER MY	45
URO	24/10/2014	24/10/2014			MY	WL	2	N	ORCHIDOPEXY	N09.3	ORCHIDOPEXY FIT 29.10.14 KK			PER MY GREEN PROFORMA	45
URO	24/10/2014	24/10/2014			MY	WL	2	N	OPTICAL URETHROTOMY - URGENT	M76.3	OPTICAL URETHROTOMY - URGENT FIT 3.12.14 KK			PER REG CDSU DISCHARGE LETTER	45
URO	24/10/2014	24/10/2014			MDH	WL	4	N	TURP	M65.3	TURP			PER MR HAYNES	45
URO	26/10/2014	26/10/2014			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY				45
URO	27/10/2014	27/10/2014			MY	WL	2	N	FLEXIBLE URETEROSCOPY & LASERTRIPSY Personal NTERP	M30.9	FLEXIBLE URETEROSCOPY & LASERTRIPSY Personal NTERP FIT			PD - PER MR YOUNG AT SWAH CLINIC 27.10.14	45
URO	27/10/2014	27/10/2014			AOB	WL	4	N	TURP	M65.3	TURP			per rachael	45
URO	30/10/2014	30/10/2014			MY	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M09.2	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY PT PHON 091214&060115 210115&130215&260315 ?TCI WLL TAKE CNC			SC CESWL 301014 TCI PER MY	44
URO	30/10/2014	30/10/2014			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY			SC CESWL 301014 TCI PER MY	44
URO	31/10/2014	31/10/2014			MY	WL	2	N	TURP CATHETER IN SITU - PT PHON 20.07.15 ? DATE	M65.3	TURP CATHETER IN SITU CERT 2 ON GREEN PROFORMA FIT 12.1.15 KK			PER GREEN PROFORMA	44
URO	10/11/2014	10/11/2014			MY	WL	2	N	TURP PLAVIX	M65.3	TURP CAN TAKE CANCELLATION AT SHORT NOTICE FIT 9.2.15 KK			PER OUTCOME SHEET	43
URO	10/11/2014	10/11/2014			MY	WL	4	N	TURP	M65.3	TURP FIT 9.2.15 KK ASTHMA MEDS			PER OUTCOME SHEET 101114	43
URO	10/11/2014	10/11/2014			AOB	WL	2	N	UROSTOMY REFASHIONING OF STOMA	M19.5	UROSTOMY REFASHIONING OF STOMA			PER DISCHARGE SUMMARY	43
URO	10/11/2014	10/11/2014			MY	WL	2	D	CHANGE OF NEPHROSTOMY (XRAY TO CONTACT)	M06.4	CHANGE OF NEPHROSTOMY (XRAY TO CONTACT)			PD - PER RACHAEL AT CLINIC 10.11.14	43
URO	10/11/2014	10/11/2014			AOB	WL	2	N	CYSTOSCOPY AND (OPEN?) SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSCOPY AND (OPEN?) SUPRAPUBIC CATHETERISATION				43
URO	10/11/2014	10/11/2014			AOB	WL	2	N	MITROFANOFF CONDUIT URINARY DIVERSION	M19.2	MITROFANOFF CONDUIT URINARY DIVERSION				43
URO	11/11/2014	11/11/2014			AOB	WL	2	N	TURP	M65.3	TURP				43
URO	11/11/2014	11/11/2014			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU) FIT(02.01.15)				43
URO	13/11/2014	13/11/2014			MY	WL	2	N	LEFT URETEROSCOPY, RETROGRADE, +/- STONE OBLATION CYSTOSCOPY	M30.9	LEFT URETEROSCOPY, RETROGRADE, +/- STONE OBLATION CYSTOSCOPY FIT 24.4.15 KK			PER STC REV CLINIC	43
URO	14/11/2014	14/11/2014			AOB	WL	2	N	TURP (WARFARIN AND PACEMAKER)	M65.3	TURP (WARFARIN AND PACEMAKER) ON IRBESARTAN FIT(04.02.15)CD/FMCC				42
URO	14/11/2014	14/11/2014			MY	WL	4	N	NESBITT'S PROCEDURE	M28.8	NESBITT'S PROCEDURE WIFE PHON ? DATE 24.06.15			PER MR YOUNG CLINIC	42
URO	14/11/2014	14/11/2014			MY	WL	2	N	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- URETHROTOMY	M45.9	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- URETHROTOMY			PER MR YOUNG CLINIC	42
URO	14/11/2014	14/11/2014			AOB	WL	2	N	TROC,U/S AND CYSTOSCOPY ?TURP	M47.3	TROC, U/S AND CYSTOSCOPY /TURP				42
URO	17/11/2014	17/11/2014			MY	WL	4	D	URETEROSCOPY & ABLATION	M30.9	URETEROSCOPY & ABLATION			PER STC 171114	42
URO	17/11/2014	17/11/2014			MY	WL	4	D	URETEROSCOPY +/- STENTING & ABLATION	M30.9	URETEROSCOPY +/- STENTING & ABLATION			PER STC 171114	42
URO	17/11/2014	17/11/2014			MDH	WL	2	N	LEFT PYELOPLASTY	M05.1	LEFT PYELOPLASTY FIT 3.12.14 KK - MOTHER PHON ? DATE 23.06.15			PD - PER MR YOUNG AT CLINIC 19.09.14	42
URO	17/11/2014	17/11/2014			AOB	WL	2	N	TURP	M65.3	TURP FIT 27.1.15 KK				42
URO	18/11/2014	18/11/2014			AOB	WL	2	N	TROC, USS ?TURP - ECHO REQUESTED PRIOR TO SURGERY 17/12/14	M47.3	TROC, USS ?TURP NIDDM TABLET/IDDM NEEDS TO BE BROUGHT IN DAY BEFORE - INSULIN DIABETIC FIT				42
URO	18/11/2014	18/11/2014			AOB	WL	2	N	BLADDER LITH0TRIPSY ?TURP	M09.2	BLADDER LITHOTRIPSY ?TURP FIT 3.2.15 NIDDM TABLET ON PREDNISDONE MAIN THEATRES ONLY				42
URO	18/11/2014	18/11/2014			JOD	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			PER MR ODONOGHUE	42
URO	19/11/2014	19/11/2014			AOB	WL	2	N	GA CYSTOSCOPY & PROSTATIC MASSAGE	M45.9	GA CYSTOSCOPY & PROSTATIC MASSAGE B6QT 160115 Personal CD ACE INHIBITORS CAH MAIN THEAT			PER MR SURESH CLINIC	42
URO	20/11/2014	20/11/2014			JOD	WL	4	N	RIGHT FLEXIBLE URETEROSCOPY + LASER LITHOTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPY + LASER LITHOTRIPSY STOP CLOPIDOGREL 10 DAYS PRIOR AND BRIDING CLEXANE				42
URO	23/11/2014	23/11/2014			MY	WL	2	D	6/52 FLEXIBLE URETEROSCOPY	M30.9	6/52 FLEXIBLE URETEROSCOPY			PER WARD DISCHARGE	41
URO	25/11/2014	25/11/2014			AOB	WL	2	N	LEFT RIGID AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT RIDID AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY FIT(26.11.14)CD/KH 31/8/15-12/9/15 ON HOLIDAY				41
URO	25/11/2014	25/11/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 26.1.15 BMI 34.7 IDDM				41
URO	28/11/2014	28/11/2014			MY	WL	4	N	TURP DIABETIC	M65.3	TURP DIABETIC NA(26.06-10.07.15 & 16.09-01.10.15) FIT 10.2.15 NIDDM TAB ON SSRI/ACE INHIBITORS			PER JENNY AT DSU 28.11.14	40
URO	28/11/2014	28/11/2014			MY	WL	4	D	LEFT HYDROCELE	N11.1	LEFT HYDROCELE FIT 10.2.15 BMI 38 ON LISINOPRIL			PD - PER MR YOUNG AT CLINIC 28.11.14	40
URO	28/11/2014	28/11/2014			MY	WL	4	N	CYSTOLITHOTRIPSY +/- TURP	M44.1	CYSTOLITHOTRIPSY +/- TURP FIT 5.2.15 KK			PER JENNY AT DSU 28.11.14	40
URO	02/12/2014	02/12/2014			AOB	WL	2	N	TURP	M65.3	TURP B6QT 060215 ON CLOPIDOGREL				40
URO	02/12/2014	02/12/2014			MY	WL	4	N	INSERTION OF SPC (LETTER IN B/F)	M49.8	INSERTION OF SPC (LETTER IN B/F)			PER MR YOUNG RE: RE-REFERRAL GP 01.12.14	40
URO	04/12/2014	04/12/2014			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY FIT 10.2.15 ON SSRI/ANXIOLYTICS			SC CESWL 041214 TCI PER MY	39
URO	04/12/2014	04/12/2014			MY	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY FIT 3.2.15 KK			SC CESWL 041214 TCI PER MY	39
URO	05/12/2014	05/12/2014			AOB	SA	2	N	RED FLAG CYSTODIATHERMY	M42.2	RED FLAG CYSTODIATHERMY				39
URO	08/12/2014	08/12/2014			KS	WL	2	N	LEFT FLEXIBLE URS & LASER STONE ABLATION WILLING CANCELLATI	M30.9	LEFT FLEXIBLE URS & LASER STONE ABLATION WILLING CANCELLATI URGENT DATE			PER KS STC CLINIC	39
URO	15/12/2014	15/12/2014			AOB	WL	2	N	REFASHIONING OF UROSTOMY	M19.5	REFASHIONING OF UROSTOMY FIT 3.3.15 NA(19.06-27.06.15)				38
URO	15/12/2014	15/12/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 10.3.15 KK				38
URO	17/12/2014	17/12/2014			AOB	WL	2	N	RIGHT RIGID AND ? FLEXIBLE URETEROSCOPY	M30.9	RIGHT RIGID AND ? FLEXIBLE URETEROSCOPY				38
URO	19/12/2014	19/12/2014			AOB	WL	2	N	MESH INCISIONAL HERNIORRHAPHY	T25.2	MESH INCISIONAL HERNIORRHAPHY FIT 19.3.15 KK				37
URO	19/12/2014	19/12/2014			MY	WL	4	D	VASECTOMY	N17.1	VASECTOMY FIT 18.2.15 KK			PD - PER MR YOUNG AT CLINIC 19.12.14	37
URO	20/08/2014	20/08/2014		01/10/2015	JOD	WL	2	N	TURP	M65.3	TURP B6QT 201114 NEEDS OK FROM MEDICS AND ASSESSED BY ANAESTHETIST FIRST JOD			PER MR O'DONOGHUE CLINIC LETTER	37
URO	22/12/2014	22/12/2014			MY	WL	4	D	LEFT URETEROSCOPY & LASERTRIPSY	M30.9	LEFT URETEROSCOPY & LASERTRIPSY			PER STC CLINIC 22.12.14	37
URO	29/12/2014	29/12/2014			MDH	WL	4	D	OPTICAL URETHROTOMY	M76.3	OPTICAL URETHROTOMY FIT 25.9.14 ACE INHIBITORS HERBAL MEDS STOP 2/52 B4			PER MR HAYNES	36
URO	29/12/2014	29/12/2014			AOB	WL	4	N	TURP	M65.3	TURP FIT 13.1.15 KK NOT AVAILABLE FROM 4/5/15 - 18/5/15				36
URO	29/12/2014	29/12/2014			MY	WL	4	D	BILATERAL VASECTOMY (AVAILABLE AT SHORT NOTICE)	N17.1	BILATERAL VASECTOMY (AVAILABLE AT SHORT NOTICE) FIT(09.04.15)CD			PD - PER KAREN AT DSU 29.12.14	36
URO	30/12/2014	30/12/2014			AOB	WL	2	N	OPEN BLADDER DIVERTICULECTOMY	M35.1	OPEN BLADDER DIVERTICULECTOMY			PER DISCHARGE LETTER	36
URO	02/01/2015	02/01/2015			AOB	WL	2	N	ILEAL CONDUIT URINARY DIVERSION	M19.8	ILEAL CONDUIT URINARY DIVERSION				35

URO	24/10/2014	24/10/2014			MDH	WL	2	N	BIPOLAR TURP PACEMAKER	M65.3	BIPOLAR TURP (PACEMAKER) WARFARIN FIT(29.05.15)CD/FMCC		PER MR HAYNES	35
URO	05/01/2015	05/01/2015			AOB	WL	4	N	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN FIT 15.6.15 W/C			35
URO	05/01/2015	05/01/2015			AOB	WL	4	N	TURP	M65.3	TURP FIT 26.3.15 KK			35
URO	05/01/2015	05/01/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	35
URO	01/10/2014	01/10/2014		01/12/2015	JOD	WL	2	N	TURP	M65.3	TURP ON RAMIPRIL/INHALERS FIT(18.08.15)CD		PER CONSULTANT	35
URO	06/01/2015	06/01/2015			AOB	WL	4	N	TURP - (ON WARFARIN NEEDS CLEXANE)	M65.3	TURP - (ON WARFARIN NEEDS CLEXANE) B6QT 030315 NIDDM TABLET			35
URO	07/01/2015	07/01/2015			MY	WL	4	N	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- BNI	M45.8	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- BNI TYPE 2 DIABETIC & ASPIRIN 75MGS		PER KAREN	35
URO	07/01/2015	07/01/2015			MY	WL	4	D	EXCISION OF EPIDIDYMAL CYSTS (LETTER IN B/F)-will take canc	N15.3	EXCISION OF EPIDIDYMAL CYSTS (LETTER IN B/F) n/a 02.03.15 FIT 6.3.15 KK		PD - PER MR YOUNG RE: NEW LTR GP 05.01.15	35
URO	08/01/2015	08/01/2015			MY	WL	4	D	COMPLETITION CIRCUMCISION	N30.3	COMPLETITION CIRCUMCISION FIT 26.3.15 KK (MAIN THEATRES CAH ONLY)		PER MR YOUNG AT CLINIC 08.01.15	34
URO	09/01/2015	09/01/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY BMI 37.5 FIT(02.04.15)CD - PT PHON ? DATE 04.08.15		SC CESWL 090115 TCI PER MY	34
URO	09/01/2015	09/01/2015			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU)		PER E-MAIL VIA AOB	34
URO	11/01/2015	11/01/2015			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	MAR 15 ROS & LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY EPILEPIC PATIENT		PER E-MAIL VIA AOB	34
URO	13/01/2015	13/01/2015			AOB	WL	4	N	TURP	M65.3	TURP HOLD(02.03.15)CD			34
URO	14/01/2015	14/01/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	34
URO	16/01/2015	16/01/2015			JOD	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER JOD	33
URO	21/01/2015	21/01/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY (TO HAVE ESWL 1ST)	M30.9	LEFT FLEXIBLE URETEROSCOPY (TO HAVE ESWL 1ST) FIT 29.4.15 NA(05.06-07.06.15)		PD - PER MR YOUNG RE: RESULTS 21.01.15	33
URO	22/01/2015	22/01/2015			AOB	WL	2	N	TROC, ULTRASOUND SCAN ?TURP	M47.3	TROC, ULTRASOUND SCAN ?TURP			33
URO	22/01/2015	22/01/2015			AOB	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			33
URO	23/01/2015	23/01/2015			MY	WL	4	D	RIGHT HYDROCELE (LETTER IN B/F)	N11.1	RIGHT HYDROCELE (LETTER IN B/F) FIT 23.3.15 KK		PER MR YOUNG AT HPC 23.01.15	32
URO	26/01/2015	26/01/2015			MY	WL	4	N	TURP	M65.3	TURP FIT(13.04.15)CD		PD - PER MR YOUNG AT SWAH CLINIC 26.01.15	32
URO	26/01/2015	26/01/2015			MY	WL	4	D	URETHROSCOPY & PREPULOPLASTY	M17.9	URETHROSCOPY & PREPULOPLASTY		PD - PER MR YOUNG AT SWAH CLINIC 26.01.15	32
URO	26/01/2015	26/01/2015			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY FIT(12.03.15)CD		PER KAREN RE: X-RAY CONFERENCE 26.01.15	32
URO	27/01/2015	27/01/2015			AOB	WL	2	N	TURP	M65.3	TURP FIT 7.7.15 KK			32
URO	28/01/2015	28/01/2015			MDH	WL	4	N	TURP CLOPIDOGREL	M65.3	TURP CLOPIDOGREL B6QT 120315 NIDDM DIET BMI 35.79		PER MR HAYNES	32
URO	28/01/2015	28/01/2015			MY	WL	4	N	TURP	M65.3	TURP FIT 30.3.15 KK		PER MR YOUNG AT CLINIC 28.01.15	32
URO	29/01/2015	29/01/2015			AOB	WL	2	D	EXCISION OF RIGHT EPIDIDYMAL CYST Personal INTERPRETER	N15.3	EXCISION OF RIGHT EPIDIDYMAL CYST Personal INTERPRETER TO HAVE USS SCROTUM FIRST FIT 4.2.15 KK		PER MR SURESH CLINIC	31
URO	30/01/2015	30/01/2015			AOB	WL	2	N	LEFT URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT URETEROSCOPIC LITHOTRIPSY			31
URO	30/01/2015	30/01/2015			MDH	WL	2	N	ILEAL CONDUIT URINARY DIVERSION	M19.1	ILEAL CONDUIT URINARY DIVERSION		PER MR HAYNES	31
URO	30/01/2015	30/01/2015			MDH	WL	4	N	TURP	M65.3	TURP ALLERGIC TO PENICILLIN FIT 14.4.15 KK		PER MR HAYNES	31
URO	06/11/2013	06/11/2014			MDH	WL	4	D	CYSTOSCOPY & HYDRODISTENSION OF BLADDER	M45.8	CYSTOSCOPY & HYDRODISTENSION OF BLADDER FIT (24.12.14 KK) NA W/C 13TH OCT AND 27TH OCT 2014.		PER MR PAHUJA	31
URO	02/02/2015	02/02/2015			MY	WL	4	D	CYSTOSCOPY & HYDRODISTENSION	M45.9	CYSTOSCOPY & HYDRODISTENSION FIT 15.4.15 KK		PER MR YOUNG AT EXTRA CLINIC 02.02.15	31
URO	02/02/2015	02/02/2015			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION ON RAMIPRIL FIT(14.04.15)CD		PER MR YOUNG AT EXTRA CLINIC 02.02.15	31
URO	04/02/2015	04/02/2015			MDH	WL	4	D	CIRCUMCISION INPATIENT	N30.3	CIRCUMCISION INPATIENT CARDIAC & SLIGHTLY OVERWEIGHT		PER MR HAYNES	31
URO	09/02/2015	09/02/2015			KS	WL	2	D	CYSTOSCOPY, CYSTODISTENSION & BOTOX DABIGATRAN DIABETIC	M45.9	CYSTOSCOPY, CYSTODISTENSION & BOTOX DABIGATRAN DIABETIC NOT AVAIL 9TH - 19TH OCTOBER 2015		PER KS UDS CLINIC	30
URO	09/02/2015	09/02/2015			KS	WL	2	N	TURP DIABETIC UDS FIRST	M65.3	TURP DIABETIC UDS FIRST		PER KAREN CLINIC	30
URO	09/02/2015	09/02/2015			MY	WL	4	D	VASECTOMY REVERSAL CAN COME AT SHORT NOTICE NA 280815-0309	N18.1	VASECTOMY REVERSAL CAN COME AT SHORT NOTICE FIT(02.04.15)CD		PD - PER MR YOUNG AT SWAH 09.02.15	30
URO	09/02/2015	09/02/2015			AOB	WL	4	N	TURP	M65.3	TURP FIT 20.4.15 KK			30
URO	11/02/2015	11/02/2015			MDH	WL	4	N	BIPOLAR TURP	M65.3	BIPOLAR TURP WARFARIN		PER MR HAYNES	30
URO	12/02/2015	12/02/2015			MY	WL	2	D	OPTICAL URETHROTOMY - ON WRONG WL CHANGED TO INPT PER MRY	M76.3	OPTICAL URETHROTOMY ALLERGIC TO PENICILLIN FIT 20.4.15 NA(04.08-11.08.15)		PER RACHAEL	30
URO	17/02/2015	17/02/2015			AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY FIT 14.4.15 PENICILLIN ALLERGY			29
URO	17/02/2015	17/02/2015			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			29
URO	17/02/2015	17/02/2015			AOB	WL	4	N	DIVISION OF PREPUTIAL ADHESIONS +/- CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS +/- CIRCUMCISION			29
URO	17/02/2015	17/02/2015			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			29
URO	19/02/2015	19/02/2015			MY	WL	4	N	TURP	M65.3	TURP - pt phon 12.08.15 ? date ON SSRI/APIXIBAN FIT(21.08.15)CD		PD - PER MR YOUNG AT CLINIC 19.02.15	29
URO	19/02/2015	19/02/2015			MY	WL	4	D	CYSTOSCOPY & HYDRODISTENSION BLADDER	M43.2	CYSTOSCOPY & HYDRODISTENSION BLADDER FIT 27.4.15 KK		PER JENNY REG	28
URO	20/02/2015	20/02/2015			MY	WL	4	N	TURP PLAVIX & ASPIRIN	M65.3	TURP FIT 30.4.15 KK		PD - PER MR YOUNG AT CLINIC 20.02.15	28
URO	20/02/2015	20/02/2015			MY	WL	2	D	RIGHT URETEROSCOPY & LASERTRIPSY AOB PATIENT	M30.9	RIGHT URETEROSCOPY & LASERTRIPSY AOB PATIENT		PER MR YOUNG AT STC CLINIC 20.02.15	28
URO	20/02/2015	20/02/2015			MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY		PER STC CLINIC 20.02.15	28
URO	20/02/2015	20/02/2015			AOB	WL	2	N	BILATERAL URETERIC REIMPLANTATION AND MITROFANOFF CONDUIT	M20.2	BILATERAL URETERIC REIMPLANTATION AND MIRTOFANOFF CONDUIT RANG REGARDING DATE 14/5/15			28
URO	23/02/2015	23/02/2015			MY	WL	2	N	LITHROTRIPSY	M14.1	LITHROTRIPSY		AS PER JOD	28
URO	23/02/2015	23/02/2015			KS	WL	2	N	FLEXIBLE URETEROSCOPY & LASER STONE ABLATION	M30.9	FLEXIBLE URETEROSCOPY & LASER STONE ABLATION		PER KS STC CLINIC	28
URO	24/02/2015	24/02/2015			AOB	WL	4	N	TURP	M65.3	TURP B6QT 280415			28
URO	24/02/2015	24/02/2015			MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPY	M30.9	LEFT FLEXIBLE URETEROSCOPY		PD - PER MR YOUNG IN THEATRE 24.02.15	28
URO	24/02/2015	24/02/2015			KS	WL	4	D	CIRCUMCISION UNDER GA PATIENT ON HOLS JULY/AUG	N30.3	CIRCUMCISION UNDER GA PATIENT ON HOLS JULY/AUG		PER JENNY CLINIC	28
URO	24/02/2015	24/02/2015			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION ON WARFARIN - NEEDS TO STOP 5 DAYS PRIOR TO PROCEDURE			28
URO	25/02/2015	25/02/2015			MY	WL	4	D	FRENULOPLASTY LETTER IN B/F	N28.4	FRENULOPLASTY LETTER IN B/F		PD - PER MR YOUNG AT HPC 25.02.15	28
URO	12/12/2014	26/02/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	28
URO	03/03/2015	03/03/2015			MDH	WL	4	D	DORSAL SLIT UNDER LA	N30.4	DORSAL SLIT UNDER LA		PER MR HAYNES	27
URO	17/11/2014	04/03/2015			MDH	WL	4	D	VASECTOMY UNDER LA	N17.1	VASECTOMY UNDER LA		PER MR HAYNES	27
URO	05/03/2015	05/03/2015			MY	WL	2	N	TURP	M65.3	TURP		PER MR YOUNG CLINIC	27
URO	05/03/2015	05/03/2015			MY	WL	4	D	CIRCUMCISION LA	N30.3	CIRCUMCISION LA		PER JENNY MARTIN	27
URO	05/03/2015	05/03/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION FIT 27.4.15 KK		PD - PER MR YOUNG AT URODYNAMICS 05.03.15	27
URO	05/03/2015	05/03/2015			MY	WL	4	N	CYSTOLITHOPAXY & TURP PLAVIX/ASPIRIN ALLERGY-TYPE II DIAB	M44.1	CYSTOLITHOPAXY & TURP PLAVIX/ASPIRIN ALLERGY-TYPE II DIAB B6QT 290415 NIDDM TABLET/ACE INHIBITORS/CORTICOSTEROIDS		SC OPD 050315 TCI PER REG	26
URO	05/03/2015	05/03/2015			MY	WL	4	D	HYDRODISTENSION OF BLADDER STH LIST	M43.2	HYDRODISTENSION OF BLADDER		SC OPD 050315 TCI STH PER REG	26
URO	06/03/2015	06/03/2015			MY	WL	2	D	INSERTION OF NEPHROSTOMY TUBE	M16.2	INSERTION OF NEPHROSTOMY TUBE		PER RED ESWL BOOK	26
URO	06/03/2015	06/03/2015			MY	WL	2	N	PCNL & INSERTION OF SPC AFTER NEPHROSTOMY	M09.9	PCNL & INSERTION OF SPC AFTER NEPHROSTOMY		PER RED ESWL BOOK	26
URO	06/03/2015	06/03/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY FIT 9.6.15 KK		PER RED ESWL BOOK	26
URO	07/03/2015	07/03/2015			AOB	WL	4	N	TURP AFTER CARDIOLOGY ASSESSMENT	M65.3	TURP AFTER CARDIOLOGY ASSESSMENT		PER MR OBRIEN	26
URO	30/01/2015	30/01/2015		01/12/2015	KS	WL	2	N	CYSTOLITHOPAXY +/- FLEXI & LASER ABLATION HIGH RISK	M44.1	CYSTOLITHOPAXY +/- FLEXI & LASER ABLATION HIGH RISK B6QT 200315 BMI 38 ON DOSULEPIN/INHALERS CANCELLATION		PER RACHAEL DISCHARGE	26

URO	09/03/2015	09/03/2015			KS	WL	2	N	TURP DIABETIC	M65.3	TURP DIABETIC FIT 27.4.15 NIDDM DIET ACE INHIBITORS			PER JENNY CLINIC	26
URO	09/03/2015	09/03/2015			KS	WL	4	D	FRENULOPLASTY UNDER LA	N28.4	FRENULOPLASTY UNDER LA			PER JENNY CLINIC	26
URO	10/03/2015	10/03/2015			MDH	WL	2	N	CYSTOLITHOLAPAXY (JOD)	M44.1	CYSTOLITHOLAPAXY (JOD)			PER JOD REFERRAL LTR	26
URO	10/03/2015	10/03/2015			AOB	WL	2	N	TURP	M65.3	TURP				26
URO	10/03/2015	10/03/2015			AOB	WL	2	N	RIGHT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY & STENTING	M09.2	RIGHT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY & STENTING FIT 5.5.15 KK				26
URO	11/03/2015	11/03/2015			MDH	WL	4	N	TURP	M65.3	TURP			PER MR HAYNES	26
URO	11/03/2015	11/03/2015			AJG	WL	4	N	TURP	M65.1	TURP			PER CLINIC	26
URO	12/03/2015	12/03/2015			MDH	WL	2	N	TURP	M65.3	TURP			PER MR HAYNES	26
URO	16/03/2015	16/03/2015			MY	WL	2	D	DYSPORT BLADDER WALL INJECTION	M49.4	DYSPORT BLADDER WALL INJECTION FIT 18.5.15 BMI 38.6			PER MR YOUNG CLINIC	25
URO	16/03/2015	16/03/2015			AOB	WL	4	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER FIT 20.7.15 KK ON SSRI				25
URO	16/03/2015	16/03/2015			AOB	WL	2	N	LEFT NEPHRECTOMY (STENT INSITU)	M02.5	LEFT NEPHRECTOMY (STENT INSITU) FIT 29.4.15 KK				25
URO	20/03/2015	20/03/2015			MY	WL	2	N	TURP WARFARIN/CATHETER IN SITU	M65.3	TURP WARFARIN/CATHETER IN SITU FIT 18.5.15 KK ON WARFARIN			PER MR YOUNG AT CLINIC 20.03.15	24
URO	20/03/2015	20/03/2015			MY	WL	2	N	RED FLAG LEFT NEPHROURETERECTOMY IDDM	M02.2	RED FLAG LEFT NEPHROURETERECTOMY IDDM FIT 10.6.15 KK			PD - PER MR YOUNG AT CLINIC 20.03.15	24
URO	20/03/2015	20/03/2015			MDH	WL	2	N	LAPAROSCOPIC EXCISION CYST, CYSTOSCOPY & BOTOX	M10.8	LAPAROSCOPIC EXCISION CYST, CYSTOSCOPY & BOTOX FIT 12.5.15 KK BMI 42			PER MR HAYNES	24
URO	26/07/2014	20/03/2015			MDH	WL	4	N	BLADDER NECK INCISION +/- TURP	M66.2	BLADDER NECK INCISION +/- TURP			PER MR HAYNES	24
URO	20/03/2015	20/03/2015			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY FIT 1.7.15 KK MAIN THEATRES ONLY			SC CESWL 200315 TCI PER MY	24
URO	20/03/2015	20/03/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY-WILL TAKE CANC	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY FIT 20.7.15 - PT PHON ? DATE 20.05.15 WILL TAKE CANC			SC CESWL 200315 TCI PER MY	24
URO	20/03/2015	20/03/2015			MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			SC CESWL 200315 TCI PER MY	24
URO	21/03/2015	21/03/2015			KS	WL	4	D	FLEXIBLE CYSTOSCOPY +/- URETHRAL DILATATION	M45.9	FLEXIBLE CYSTOSCOPY +/- URETHRAL DILATATION			PER KS CLINIC	24
URO	21/03/2015	21/03/2015			KS	WL	2	D	OPTICAL URETHROTOMY	M76.3	OPTICAL URETHROTOMY HSQ WITH FIONA			PER KS CLINIC	24
URO	23/03/2015	23/03/2015			MY	WL	2	D	NESBIT'S PROCEDURE - PT PHON?DATE 13.08.15	N28.8	NESBIT'S PROCEDURE SARA ADDED TO WRONG DIAG GROUP (CHANGE TO INPT 30.06.15)			SC OPD 230315 TCI PER MY	24
URO	23/03/2015	23/03/2015			KS	WL	4	N	RIGHT URETEROSCOPY, LASER STONE ABLATION & STENTING	M30.9	RIGHT URETEROSCOPY, LASER STONE ABLATION & STENTING			PER CKSSTC	24
URO	23/03/2015	23/03/2015			MDH	WL	4	N	TURP	M65.3	TURP FIT 24.2.15 ON RAMIPRIL			PER JENNY MARTIN	24
URO	23/03/2015	23/03/2015			AOB	WL	2	N	RECONSTRUCTION OF MITROFANOFF CONDUIT	M19.5	RECONSTRUCTION OF MITROFANOFF CONDUIT BMI 35 NA(01.07-04.07.15/17.09-20.09.15) VARIOUS MEDS B6Q				24
URO	23/03/2015	23/03/2015			AOB	WL	2	N	REFASHIONING OF STOMA	M19.5	REFASHIONING OF STOMA FIT(24.06.15)CD				24
URO	24/03/2015	24/03/2015			MDH	WL	4	N	TURP	M65.3	TURP (NFSN ANTIBODIES) 160615 - 260615 ON HOLS FIT 9.7.15 KK (NFSN ANTIBODIES)			PER MR HAYNES	24
URO	19/11/2014	19/11/2014			MDH	WL	2	D	GA CYSTOSCOPY +/- BLADDER BIOPSIES	M45.8	GA CYSTOSCOPY +/- BLADDER BIOPSIES B6QT 040215			PER MR HAYNES	24
URO	24/03/2015	24/03/2015			AOB	WL	4	N	TURP	M65.3	TURP FIT 17.6.15 KK NIDDM TABLET ASTHMA MEDS U&E ON ADM				24
URO	24/03/2015	24/03/2015			AOB	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY (HSQ WITH FIONA)				24
URO	25/03/2015	25/03/2015			MDH	WL	2	N	CYSTOSCOPY & MEATAL DILATATION	M45.8	CYSTOSCOPY & MEATAL DILATATION			PER MR HAYNES	24
URO	25/03/2015	25/03/2015			MY	WL	4	D	CIRCUMCISION & VASECTOMY LETTER IN B/F	N30.3	CIRCUMCISION & VASECTOMY LETTER IN B/F PENICILLIN ALLERGY FIT 20.7.15 KK BMI 36.2			SC PER MY @ HPC 25.03.15	24
URO	27/03/2015	27/03/2015			AOB	WL	2	D	INTRAMURAL INJECTION OF 250 UNITS BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 250 UNITS BOTULINUM TOXIN FIT 17.6.15 KK ON ANTI-PARKINSON DRUGS				23
URO	27/03/2015	27/03/2015			AOB	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY				23
URO	27/03/2015	27/03/2015			MY	DA	2	D	GA CYSTOSCOPY - LETTER IN B/F	M45.9	GA CYSTOSCOPY - LETTER IN B/F FIT(24.06.15)CD			SC WL TCI PER MY	23
URO	28/03/2015	28/03/2015			KS	WL	2	N	EMBOLISATION OF VARICOCELE EPILEPSY	N19.2	EMBOLISATION OF VARICOCELE EPILEPSY			PER KS CLINIC	23
URO	28/03/2015	28/03/2015			KS	WL	4	D	GA CYSTOSCOPY & INTRAVESICAL BOTOX RECOVERING FROM OP	M45.9	GA CYSTOSCOPY & INTRAVESICAL BOTOX RECOVERING FROM OP FIT 20.4.15 KK			PER KS CLINIC	23
URO	30/12/2014	30/12/2014			AOB	WL	2	N	EXCISION OF LARGE EPIDIDYMAL CYST - BMI 43	N15.3	EXCISION OF LARGE EPIDIDYMAL CYST - BMI 43 HOLD(26.03.15)CD ON SSRI/ANTI-PSYCHOTICS BMI 43				23
URO	30/03/2015	30/03/2015			MY	WL	2	N	LEFT RIGID DIAGNOSTIC URETEROSCOPY HOLS 11TH-28TH JULY	M30.9	LEFT RIGID DIAGNOSTIC URETEROSCOPY HOLS 11TH-28TH JULY			PER MR YOUNG RE: RESULTS 30.03.15	23
URO	30/03/2015	30/03/2015			AOB	WL	2	N	TURP	M65.3	TURP HOLD(29.05.15)CD IDDM				23
UROR	09/03/2015	30/03/2015			AOB	WL	2	D	CIRCUMCISION	N30.3	CIRCUMCISION AWAIT PROCEDURE,NEXT AVAIL W/C 200415				23
URO	31/03/2015	31/03/2015			KS	WL	2	N	BNI/TURP	M66.2	BNI/TURP FIT 19.6.15 ANGIOTENSION 11 RECEPTOR ANTAGONISTS			PER KS CLINIC	23
URO	31/03/2015	31/03/2015			KS	WL	4	N	BNI/TURP Personal @ XMAS & NEW YEAR	M66.2	BNI/TURP Personal @ XMAS & NEW YEAR FIT 12.6.15 KK			PER KS CLINIC	23
URO	31/03/2015	31/03/2015			AOB	WL	4	N	TURP	M65.3	TURP FIT 17.6.15 KK				23
URO	31/03/2015	31/03/2015			AOB	WL	2	N	TURP	M65.3	TURP FIT(24.06.15)CD ? VARIOUS ALLERGIES				23
URO	31/03/2015	31/03/2015			AOB	WL	4	N	TURP	M65.3	TURP NEEDS 1 MONTHS NOTICE FIT 30.6.15 KK VARIOUS ALLERGIES ANTI-PARKINSON DRUGS				23
URO	31/03/2015	31/03/2015			AOB	WL	2	N	URETHRAL DILATATION (ON ABATACEPT-TO BE STOPPED 2 WKS PRIOR)	M76.4	URETHRAL DILATATION (ON ABATACEPT-TO BE STOPPED 2 WKS PRIOR) MS PATIENT FIT 18.5.15 CHRONIC PAIN MEDS				23
URO	01/04/2015	01/04/2015			AJG	WL	4	D	FLEXIBLE CYSTOSCOPY STH AJG ONLY	M45.9	FLEXIBLE CYSTOSCOPY STH AJG ONLY			per results	23
URO	02/04/2015	02/04/2015			JOD	WL	4	D	LEFT TESTICULAR PROSTHESIS	N10.1	LEFT TESTICULAR PROSTHESIS			PER JOD	22
URO	02/04/2015	02/04/2015			JOD	WL	4	D	OPTICAL URETHROTOMY & CYSTOSCOPY	M76.3	OPTICAL URETHROTOMY & CYSTOSCOPY			PER JOD	22
URO	02/04/2015	02/04/2015			JOD	WL	2	N	LEFT FLEXIBLE URETEROSCOPY & LASER	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASER FIT 15.5.15 KK ON SSRI			PER JOD	22
URO	02/04/2015	02/04/2015			MY	WL	4	D	CIRCUMCISION, CYSTOSCOPY & HYDROSTATIC DILATATION	N30.3	CIRCUMCISION, CYSTOSCOPY & HYDROSTATIC DILATATION FIT(22.06.15)CD			PER MR YOUNG AT CLINIC 02.04.15	22
URO	22/01/2015	22/01/2015		01/12/2015	AJG	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION				22
URO	03/04/2015	03/04/2015			AOB	WL	4	D	CYSTOSCOPY & HYDROSTATIC	M45.9	CYSTOSCOPY & HYDROSTATIC FIT(21.07.15)CD			PER URODYNAMICS 03.04.15	22
URO	03/04/2015	03/04/2015			MDH	WL	4	N	TURP	M65.3	TURP HEPARIN 28 DAYS BEFOREHAND SEE OPC LTR			PER MR HAYNES	22
URO	03/04/2015	03/04/2015			AOB	WL	2	N	CYSTOSCOPY, BLADDER BIOPSIES, PROSTATE BIOPSIES +/- TUR	M45.9	CYSTOSCOPY, BLADDER BIOPSIES, PROSTATE BIOPSIES +/- TUR				22
URO	03/04/2015	03/04/2015			MY	WL	4	D	RIGHT FLEXIBLE URETEROSCOPY & LASER	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASER HOLD(28.07.15)CD (B6D 03.08.15)			PER STC CLINIC 03.04.15	22
URO	08/04/2015	08/04/2015			MDH	WL	4	N	TURP	M65.3	TURP FIT 29.5.15 KK WILL TAKE CANCELLATION ANGIOTENSION 11 RECEPTOR ANTAGONISTS			PER JENNY MARTIN	22
URO	08/04/2015	08/04/2015			MDH	WL	4	D	CIRCUMCISION NEEDS 4 WEEKS NOTICE	N30.3	CIRCUMCISION TYPE 1 DIABETIC (FIT 03/04/15)			PER MR HAYNES	22
URO	24/02/2015	24/02/2015			AOB	WL	4	N	TURP (TO BE REVIEWED BY CARDIOLOGY PRIOR TO DATE - 13.8/15)	M65.3	TURP (TO BE REVIEWED BY CARDIOLOGY PRIOR TO DATE - 13.8.15) B6QT 150415 NIDDM TABLET				22
URO	09/04/2015	09/04/2015			AOB	WL	4	N	TURP	M65.3	TURP FIT 11.6.15 KK NIDDM TAB VARIOUS MEDS			PER LUTS CLINIC	22
URO	09/04/2015	09/04/2015			MY	WL	2	N	CIRCUMCISION & BLADDER NECK INCISION +/- TURP	N30.3	CIRCUMCISION & BLADDER NECK INCISION +/- TURP NEEDS A/B 1/12 BEFORE SURGERY			PD - PER MR YOUNG AT URODYNAMICS 09.04.15	21
URO	10/04/2015	10/04/2015			MY	WL	4	N	TURP	M65.3	TURP FIT 1.7.15 KK			PD - PER MR YOUNG AT CLINIC 10.04.15	21
URO	10/04/2015	10/04/2015			MY	WL	4	D	RIGHT URETEROSCOPY & LASERTRIPSY (HOLIDAY TIMES ONLY)	M30.9	RIGHT URETEROSCOPY & LASERTRIPSY FIT 10.4.15 KK			PER STC CLINIC 10.04.15	21
URO	10/04/2015	10/04/2015			AOB	WL	2	N	ROS AND LEFT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	ROS AND LEFT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY				21
URO	10/04/2015	10/04/2015			AOB	SA	2	N	TURBT AND BLADDER BIOPSIES	M42.1	TURBT AND BLADDER BIOPSIES FIT 17.4.15 KK PACEMAKER				21
URO	10/04/2015	10/04/2015			AOB	WL	2	N	GA CYSTOSCOPY +/- OPTICAL URETHROTOMY	M45.9	GA CYSTOSCOPY +/- OPTICAL URETHROTOMY ACE INHIBITORS NA 6TH-12TH JULY & 27TH JULY FIT 10.7.15 KK				21
URO	13/04/2015	13/04/2015			AJG	WL	2	D	RIGID CYSTOSCOPY +/- RETROGRADE STUDIES	M45.9	RIGID CYSTOSCOPY +/- RETROGRADE STUDIES			PER CLINIC	21

URO	14/04/2015	14/04/2015			MY	WL	2	D	JULY 2015 RIGHT FLEXIBLE URETEROSCOPY	M30.9	JULY 2015 RIGHT FLEXIBLE URETEROSCOPY			PER PT MR YOUNG IN THEATRE 14.04.15	21
URO	14/04/2015	14/04/2015			AOB	WL	2	N	TURP (ON WARFARIN - NEEDS CLEXANE)	M65.3	TURP (ON WARFARIN - NEEDS CLEXANE) SSRIs FIT 10.7.15 KK				21
URO	15/04/2015	15/04/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU			PER MR HAYNES	21
URO	16/04/2015	16/04/2015			JOD	WL	2	N	ORCHIDECTOMY	N06.3	ORCHIDECTOMY FIT 18.5.15 KK				21
URO	16/04/2015	16/04/2015			MY	WL	4	D	VARICOCELE EMBOLISATION WITH DR MCCONVILLE (XRAY TO CONTACT)	N19.2	VARICOCELE EMBOLISATION WITH DR MCCONVILLE (XRAY TO CONTACT)			PD - PER MR YOUNG AT CLINIC 16.04.15	20
URO	16/04/2015	16/04/2015			MY	WL	4	D	AFTER AUGUST 10TH 2015 BILATERAL ORCHIDOPEXY Perso	N09.3	AFTER AUGUST 10TH 2015 BILATERAL ORCHIDOPEXY Perso FIT(25.08.15)CD			PD - PER JENNY AT CLINIC 16.04.15	20
URO	17/04/2015	17/04/2015			MDH	WL	2	N	LAPAROSCOPIC DEROOFING RENAL CYST	M04.1	LAPAROSCOPIC DEROOFING RENAL CYST ON METHOTREXATE			PER MR HAYNES	20
URO	17/04/2015	17/04/2015			MDH	WL	2	N	TURP	M65.3	TURP CHANGE TO URGENT PER MDH			PER MR HAYNES & GP	20
URO	17/04/2015	17/04/2015			AOB	WL	4	N	INTRAMURAL INJECTION OF 400 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 400 UNITS OF BOTULINUM TOXIN FIT 30.7.15 KK ASTHMA MEDS				20
URO	20/04/2015	20/04/2015			MY	WL	4	N	TURP REQUIRES F2F ANAESTHETIC ASSESSMENT- BAD CHEST PLAVIX	M65.3	TURP REQUIRES F2F ANAESTHETIC ASSESSMENT- BAD CHEST PLAVIX ASTHMA MEDS/PAIN MEDS (B6D 280715) ON APIXABAN			PD - PER MR YOUNG AT BURM1 20.04.15	20
URO	20/04/2015	20/04/2015			MY	WL	4	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION HOLD(24.07.15)CD BMI 37.9 MULTIPLE ALLERGIES/MEDS			PD - PER MR YOUNG AT CLINIC 20.04.15	20
URO	21/04/2015	21/04/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER			PER MR HAYNES	20
URO	21/04/2015	21/04/2015			MDH	WL	4	N	TURP	M65.3	TURP Personal			PER MR HAYNES	20
URO	23/04/2015	23/04/2015			MY	WL	2	D	CIRCUMCISION AUTISTIC	N30.3	CIRCUMCISION AUTISTIC FIT 7.5.15 KK			PD - PER MR YOUNG AT CLINIC 23.04.15	20
URO	23/04/2015	23/04/2015			JOD	WL	2	D	GA CYSTOSCOPY	M45.8	GA CYSTOSCOPY			PER OUTCOME SHEET	19
URO	24/04/2015	24/04/2015			MY	WL	2	D	LEFT URETEROSCOPY & LASERTRIPSY	M30.9	LEFT URETEROSCOPY & LASERTRIPSY FIT 31.7.15 KK			PD - PER MR YOUNG AT CLINIC 24.04.15	19
URO	27/04/2015	27/04/2015			MY	WL	4	D	GA CYSTOSCOPY	M45.9	GA CYSTOSCOPY - NEW LTR GP 03.08.15 BMI 36.7 CAH MAIN THEATRES ONLY FIT(28.05.15)			PD - PER MR YOUNG AT SWAH 27.04.15	19
URO	30/10/2014	27/04/2015			MY	WL	2	D	ESWL UNDER GA - PAEDIATRICS LIST	M14.1	ESWL UNDER GA - PAEDIATRICS LIST			RE: EMAIL REFERRAL MR BAILIE 30.10.14	19
URO	29/12/2014	27/04/2015			MY	WL	4	D	RIGHT ESWL - TO SEE RHEUMATOLOGY 1ST PER PATIENT	M14.1	RIGHT ESWL			PER STC CLINIC 29.12.14	19
URO	02/03/2015	02/03/2015			MDH	WL	4	N	TURP	M65.3	TURP B6QT 280415			PER MR HAYNES	19
URO	27/04/2015	27/04/2015			MY	WL	4	D	FLEXIBLE CYSTOSCOPY & BLADDER LAVAGE STH UNDER LA	M45.9	FLEXIBLE CYSTOSCOPY & BLADDER LAVAGE			PER MR YOUNG AT SWAH 27.04.15	19
URO	20/01/2015	27/04/2015			MY	WL	2	D	ESWL PAEDIATRIC LIST (LETTER POSTED TO STC)	M14.1	ESWL PAEDIATRIC LIST			PER MR YOUNG RE: REFERRAL MR BAILIE 20.01.15	19
URO	10/10/2014	27/04/2015			MY	WL	2	D	FLEXIBLE CYSTOSCOPY WARFARIN	M45.9	FLEXIBLE CYSTOSCOPY			per clinic 10/10/2014	19
URO	27/04/2015	27/04/2015			JOD	WL	4	D	URODYNAMICS/FLEXIBLE CYSTOSCOPY (DOUBLE URODYNAMIC SLOT)	M45.9	URODYNAMICS/FLEXIBLE CYSTOSCOPY (DOUBLE URODYNAMIC SLOT)			PER CLINIC OUTCOME SHEETS	19
URO	27/04/2015	27/04/2015			JOD	WL	2	D	CYSTOSCOPY & INSERTION OF URODYNAMIC CATHETERS	M45.9	CYSTOSCOPY & INSERTION OF URODYNAMIC CATHETERS B6QT 010615			URODYNAMICS TO BE COMPLETED AFTER INSERTION OF CATHETERS	19
URO	29/12/2014	27/04/2015			MY	WL	4	D	RIGHT ESWL PAEDIATRIC LIST	M14.1	RIGHT ESWL PAEDIATRIC LIST UTA 13.05.15 GOING TO BALMORAL SHOW - WISHES SFA			PER STC CLINIC 29.12.14	19
URO	27/04/2015	27/04/2015			AOB	WL	4	D	LEFT EPIDIDYMAL CYSTECTOMY	N15.3	LEFT EPIDIDYMAL CYSTECTOMY FIT 30.4.15 KK				19
URO	27/04/2015	27/04/2015			AOB	WL	2	N	TURP	M65.3	TURP				19
URO	28/04/2015	28/04/2015			MY	WL	2	N	LEFT URETEROSCOPY STENT IN SITU	M30.9	LEFT URETEROSCOPY			PD - PER MR YOUNG IN THEATRE 28.04.15	19
URO	28/04/2015	28/04/2015			MDH	WL	4	N	TURP ON HOLS SEPTEMBER 2015	M65.3	TURP ON HOLS Personal Information INTERPRETER REQUIRED			PER MR HAYNES	19
URO	28/04/2015	28/04/2015			AOB	WL	4	N	RIGID CYSTOSCOPY AND HYDRODISTENSION	M45.9	RIGID CYSTOSCOPY AND HYDRODISTENSION				19
URO	28/04/2015	28/04/2015			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU) FIT(10.08.15)CD NOT AVAIL 30/5-8/6,8/8-22/8.20/9-30/9 PLEASE ?NIDDM DIET				19
URO	29/04/2015	29/04/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU TAKE CANCELLATION FIT 24.7.15 KK NIDDM TAB			PER JENNY MARTIN	19
URO	29/04/2015	29/04/2015			JOD	WL	2	N	TURP	M65.3	TURP			PER DISCHARGE	19
URO	29/04/2015	29/04/2015			KS	WL	4	D	INTRAVESICAL BOTOX INJECTIONS	M43.4	INTRAVESICAL BOTOX INJECTIONS FIT 17.6.15 KK CAH ONLY			PER KS UDS CLINIC	19
URO	30/04/2015	30/04/2015			MY	WL	2	N	GA CYSTOSCOPY & BOTOX (INPATIENT) - TCI DAY BEFORE	M45.9	GA CYSTOSCOPY & BOTOX (INPATIENT) - TCI DAY BEFORE pre-op to be notified of date ASAP			PER MR O'DONOGHUE AT CMYUDS 30.04.15	18
URO	01/05/2015	01/05/2015			MDH	WL	4	D	INSERTION RIGHT TESTICULAR PROSTHESIS	N10.1	INSERTION RIGHT TESTICULAR PROSTHESIS END JUNE/START JULY 2015 ON Personal Pa			PER MR HAYNES	18
URO	01/05/2015	01/05/2015			AOB	WL	2	D	INTRAMURAL INJECTION OF 400 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 400 UNITS OF BOTULINUM TOXIN FIT 15.5.15 KK				18
URO	01/05/2015	01/05/2015			AOB	WL	2	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER Q CORONETTE'S TOP TRAY)				18
URO	01/05/2015	01/05/2015			AOB	WL	4	N	CYSTOSCOPY ?TURP	M45.9	CYSTOSCOPY ?TURP				18
URO	01/05/2015	01/05/2015			AOB	WL	4	N	DIVISION OF ADHESIONS ?CIRCUMCISION	N30.2	DIVISION OF ADHESIONS ?CIRCUMCISION				18
URO	01/05/2015	01/05/2015			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION			PER MR HAYNES & PT	18
URO	01/05/2015	01/05/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER			PER MR HAYNES & PT	18
URO	01/05/2015	01/05/2015			MY	WL	2	D	MEATAL DILATATION (AS INPATIENT PER MR YOUNG)	M81.4	MEATAL DILATATION (AS INPATIENT PER MR YOUNG) HOLD(22.07.15)CD(B6D 29.07.15)			PD - PER MR YOUNG AT CLINIC 01.05.15	18
URO	01/05/2015	01/05/2015			MY	WL	4	N	PREPULOPLASTY/CIRCUMCISION & TURP TAB DIABETIC	N30.1	PREPULOPLASTY/CIRCUMCISION & TURP TAB DIABETIC CHANGE CAI TO TURP PER MR YOUNG 05.06.15 NIDDM FIT(02.09.15)			PD - PER MR YOUNG AT CLINIC 01.05.15	18
URO	01/05/2015	01/05/2015			MY	WL	2	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION FIT 22.7.15 KK			PD - PER MR YOUNG AT CLINIC 01.05.15	18
URO	01/05/2015	01/05/2015			AOB	SA	2	N	TURBT - AUGUST 2015	M42.1	TURBT - AUGUST 2015				18
URO	01/05/2015	01/05/2015			AOB	WL	4	D	INTRAMURAL INJ OF 500U BOTULINUM TOXIN & URETHRAL DILATATION	M43.4	INTRAMURAL INJ OF 500U BOTULINUM TOXIN & URETHRAL DILATATION				18
URO	01/05/2015	01/05/2015			AOB	WL	2	N	TURP	M65.3	TURP FIT 6.8.15 KK				18
URO	28/03/2015	28/03/2015			KS	WL	2	N	TURP OBESITY 112KGS	M65.3	TURP OBESITY 112KGS HOLD(22.05.15)CD			PER KS CLINIC	18
URO	05/05/2015	05/05/2015			MDH	WL	4	D	CIRCUMCISION GA	N30.3	CIRCUMCISION GA			PER PT & MDH	18
URO	05/05/2015	05/05/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX INJECTION TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX INJECTION TO BLADDER			PER MR HAYNES	18
URO	05/05/2015	05/05/2015			KS	WL	2	N	RE-DO TURP	M65.3	RE-DO TURP FIT 2.7.15 KK			PER KS CLINIC	18
URO	05/05/2015	05/05/2015			KS	WL	4	D	CIRCUMCISION UNDER LA	N30.3	CIRCUMCISION UNDER LA			PER KS CLINIC	18
URO	05/05/2015	05/05/2015			AOB	WL	4	N	TURP	M65.3	TURP FIT(25.08.15)CD				18
URO	07/05/2015	07/05/2015			JOD	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.8	CYSTOSCOPY & URETHRAL DILATATION FIT(11.08.15)			PER OUTCOME SHEET JOD	17
URO	07/05/2015	07/05/2015			JOD	WL	2	N	CIRCUMCISION & HYDROCELE REPAIR USS TESTES BEFORE	N30.3	CIRCUMCISION & HYDROCELE REPAIR USS TESTES BEFORE FIT 10.8.15 KK ACE INHIBITORS			PER OUTCOME SHEET JOD	17
URO	11/05/2015	11/05/2015			JOD	WL	4	N	LITHOTRIPSY	M09.2	LITHOTRIPSY				17
URO	11/05/2015	11/05/2015			JOD	WL	4	D	GA CYSTOSCOPY/INSERTION OF URODYNAMIC CATHETERS & URODYNAMIC	M45.9	GA CYSTOSCOPY/INSERTION OF URODYNAMIC CATHETERS & URODYNAMIC AM LIST & URODYNAMICS PM IN TDU			URODYNAMICS TO BE COMPLETED SAME DAY IN TDU	17
URO	11/05/2015	11/05/2015			JOD	WL	4	N	LITHOTRIPSY	M09.2	LITHOTRIPSY				17
URO	08/04/2015	11/05/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA			PER MR HAYNES	17
URO	11/05/2015	11/05/2015			JOD	WL	2	N	CYSTOSCOPY & URETHRAL DILATATION +/- OPTICAL URETHROTOMY	M45.8	CYSTOSCOPY & URETHRAL DILATATION +/- OPTICAL URETHROTOMY FIT(22.06.15)CD			PER OUTCOME SHEET JOD	17
URO	11/05/2015	11/05/2015			KS	WL	2	D	CIRCUMCISION	N30.3	CIRCUMCISION GA			per ajg	17
URO	11/05/2015	11/05/2015			AOB	WL	2	N	LEFT ORCHIDOPEXY	N09.3	LEFT ORCHIDOPEXY				17
URO	24/03/2015	12/05/2015			MY	WL	2	D	ESWL PAEDIATRIC LIST	M14.1	ESWL PAEDIATRIC LIST			PER MR YOUNG	17
URO	12/05/2015	12/05/2015			KS	WL	4	N	BNI/TURP LATEX ALLERGY	M66.2	BNI/TURP LATEX ALLERGY FIT(24.07.15)CD RUBBER GLOVE ALLERGY			PER KS CLINIC	17
URO	12/05/2015	12/05/2015			AJG	WL	4	D	DYSPORT 500 UNITS - CYSTOSCOPY	M45.9	DYSPORT 500 UNITS - CYSTOSCOPY FIT901.09.15)CD			PER GREEN PROFORMA	17
URO	22/04/2015	22/04/2015		01/12/2015	MY	WL	2	D	CYSTOSCOPY & HYDROSTATIC DILATATION LETTER IN B/F	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION LETTER IN B/F FIT(19.08.15)CD			PER MR YOUNG AT HPC 22.04.15	17
URO	12/05/2015	12/05/2015			AOB	WL	4	N	TURP	M65.3	TURP WOULD TAKE CANCELLATION B6D 240815 ACE INHIBITORS/CORTOCOSTEROIDS				17

URO	13/05/2015	13/05/2015			MY	WL	4	D	CIRCUMCISION - CAN COME AT SHORT NOTICE LTR IN B/F	N30.3	CIRCUMCISION - CAN COME AT SHORT NOTICE LTR IN B/F FIT 29.6.15 KK		PD - PER MR YOUNG AT HPC 13.05.15	17
URO	19/02/2015	19/02/2015			JOD	WL	4	N	CIRCUMCISION & LEFT HYDROCELE REPAIR	N30.3	CIRCUMCISION & LEFT HYDROCELE REPAIR BMI 42.8		PER JENNY MARTIN	17
URO	14/05/2015	14/05/2015			AOB	WL	2	N	TURP AND REMOVAL OF CATHETER	M65.3	TURP AND REMOVAL OF CATHETER			16
URO	14/05/2015	14/05/2015			MY	WL	4	N	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL FIT(19.08.15)CD (TABLET HSQ)		PD - PER MR YOUNG AT CLINIC 14.05.15	16
URO	15/05/2015	15/05/2015			MY	WL	4	D	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY		PER STC CLINIC 15.05.15	16
URO	16/02/2015	16/02/2015			JOD	WL	2	N	TURP	M65.3	TURP B6QT 020415 NIDDM DIET/TABLET			16
URO	20/03/2015	20/03/2015			MDH	WL	4	D	MEATAL DILATATION DIABETIC	M81.4	MEATAL DILATATION FIT(21.08.15)CD		PER MR HAYNES	16
URO	09/04/2015	09/04/2015			MY	WL	2	N	AIM AUG/SEPT 15 BLADDER LITHOLAPAXY & CHANGE OF SPC	M44.1	AIM AUG/SEPT 15 BLADDER LITHOLAPAXY & CHANGE OF SPC HOLD(16.06.15)CD		PER MR YOUNG AT CLINIC 09.04.15	16
URO	18/05/2015	18/05/2015			JOD	WL	2	N	TURP	M65.3	TURP FIT 1.7.15 KK		PER JOD 180515	16
URO	19/05/2015	19/05/2015			MY	WL	2	N	LEFT PCNL NEEDS PRE-OP NEPH TUBE	M09.9	LEFT PCNL NEEDS PRE-OP NEPH TUBE		PD - PER MR YOUNG IN THEATRE 19.05.15	16
URO	29/12/2014	19/05/2015			MY	WL	2	D	RED FLAG URETHRAL DILATATION +/- OPTICAL URETHROTOMY & C/U	M76.4	RED FLAG URETHRAL DILATATION +/- OPTICAL URETHROTOMY & C/U FIT 30.1.15 KK		PD - PER KAREN AT CLINIC 29.12.14	16
URO	19/05/2015	19/05/2015			MY	WL	2	N	PAEDS RIGHT ESWL Personal - NEEDS PRE-OP ASSESSMENT	M14.1	PAEDS RIGHT ESWL Personal - NEEDS PRE-OP ASSESSMENT LTR POSTED TO STC - PEG TUBE/VP SHUNT		PER MR YOUNG RE: REFERRAL MR BAILIE, RBHSC	16
URO	19/05/2015	19/05/2015			MY	WL	2	D	PAEDS LIST LEFT ESWL - LTR POSTED TO STC	M14.1	PAEDS LIST LEFT ESWL - LTR POSTED TO STC		PER MR YOUNG RE: REFERRAL MR BAILIE RBHSC	16
URO	19/05/2015	19/05/2015			AJG	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		per results	16
URO	05/05/2015	20/05/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES & PT	16
URO	20/05/2015	20/05/2015			AOB	WL	2	N	CYSTOSCOPY & INTRAMURAL INJECTION 1000 UNITS BOTULINUM TOXIN	M45.9	CYSTOSCOPY & INTRAMURAL INJECTION 1000 UNITS BOTULINUM TOXIN			16
URO	20/05/2015	20/05/2015			MDH	WL	2	N	TURP	M65.3	TURP		PER MR HAYNES	16
URO	20/05/2015	20/05/2015			AJG	WL	2	N	LAPAROSCOPIC PYELOPLASTY	M10.2	LAPAROSCOPIC PYELOPLASTY TO BE SEEN IN CLINIC 15/09/2015		PER MR SURESH REQUEST	16
URO	20/05/2015	20/05/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION LETTER IN B/F	M45.9	CYSTOSCOPY & URETHRAL DILATATION LETTER IN B/F FIT(25.08.15)CD		PD - PER MR YOUNG AT HPC 20.05.15	16
URO	20/05/2015	20/05/2015			KS	WL	2	N	LEFT URETEROSCOPY, LASER ABLATION & STENTING	M30.9	LEFT URETEROSCOPY, LASER ABLATION & STENTING FIT(19.08.15) BMI 35.9 ANGIOTENSION11 RECEPTOR ANTAGONISTS		PER KS CLINIC	16
URO	20/05/2015	20/05/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION LTR IN B/F	M45.9	CYSTOSCOPY & URETHRAL DILATATION LTR IN B/F FAX REC'D CONT TEAM 05.08.15 IDDM MULTIPLE MEDS FIT(010915)		PD - PER MR YOUNG AT HPC 20.05.15	16
URO	21/05/2015	21/05/2015			AOB	WL	2	N	REMOVAL OF STENT AND LEFT URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND LEFT URETEROSCOPIC LITHOTRIPSY			16
URO	26/02/2015	22/05/2015			KS	WL	4	D	VASECTOMY UNDER LA	N17.1	VASECTOMY UNDER LA		PER KAREN	15
URO	22/05/2015	22/05/2015			MY	WL	4	D	CYSTOSCOPY	M45.9	CYSTOSCOPY FIT 29.7.15 KK (NEEDS 1 WEEKS NOTICE)		PD - PER MR YOUNG AT CLINIC 22.05.15	15
URO	22/05/2015	22/05/2015			AOB	WL	2	N	TURP	M65.3	TURP			15
URO	13/04/2015	13/04/2015		01/10/2015	AJG	WL	4	D	LEFT HYDROCELE REPAIR	N11.8	LEFT HYDROCELE REPAIR ON DABIGATRAN FIT(17.08.15) ON SSRI/ACE INHIBITORS		per ajg	15
URO	26/05/2015	26/05/2015			KS	WL	2	D	REDO CIRCUMCISION, MEATAL DILATATION & CYSTOSCOPY	N30.3	REDO CIRCUMCISION, MEATAL DILATATION & CYSTOSCOPY FIT 22.7.15 KK		PER MR SURESH CLINIC	15
URO	26/05/2015	26/05/2015			JOD	WL	4	N	RIGHT FLEXIBLE URETEROSCOPY + LASER	M30.9	RIGHT FLEXIBLE URETEROSCOPY + LASER			15
URO	26/05/2015	26/05/2015			AJG	WL	4	N	TURP	M65.1	TURP		PER PT CHOICE	15
URO	27/05/2015	27/05/2015			AJG	WL	2	N	TURP	M65.3	TURP FIT 24.7.15 KK IDDM ACE INHIB/ASTHMA MEDS &COPD		PER AJG	15
URO	17/09/2014	27/05/2015			JOD	WL	4	D	VASECTOMY & LEFT VARICOCELE LIGATION	N17.1	VASECTOMY & LEFT VARICOCELE LIGATION		PER CONSULTANT	15
URO	27/05/2015	27/05/2015			MDH	WL	2	N	URETEROSCOPY & LASER FRAGMENTATION B4 END JUNE	M30.9	URETEROSCOPY & LASER FRAGMENTATION KUB PRIOR TO ANAESTHETIC XRAY B4 OP PER MDH		PER MR HAYNES	15
URO	28/05/2015	28/05/2015			MY	WL	2	N	URETEROSCOPY & RETROGRADE STUDIES	M30.9	URETEROSCOPY & RETROGRADE STUDIES		PER JENNY MARTIN CLINIC LETTER	15
URO	28/05/2015	28/05/2015			MY	WL	4	N	RIGHT PARTIAL EPIDIDYMECTOMY MY ONLY TO DO	N15.2	RIGHT PARTIAL EPIDIDYMECTOMY MR YOUNG ONLY TO DO (TRIAGE 27.07.15)		PLA PER MR YOUNG	14
URO	29/05/2015	29/05/2015			AOB	WL	4	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER FIT(03.09.15)CD			14
URO	29/05/2015	29/05/2015			JOD	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER JOD PP 290515	14
URO	29/05/2015	29/05/2015			KS	WL	4	N	CYSTOSCOPY & BOTOX MRSA Personal Pers Person	M45.9	CYSTOSCOPY & BOTOX MRSA Personal HIGLY ALLERGIC TO TEGRETOL Pers Person & EPILIM		PER JENNY/MR SURESH	14
URO	29/05/2015	29/05/2015			AOB	WL	4	N	TURP AND INTRAMURAL INJECTION OF 500 UNITS BOTULINUM TOXIN	M65.3	TURP AND INTRAMURAL INJECTION OF 500 UNITS BOTULINUM TOXIN			14
URO	29/05/2015	29/05/2015			MY	WL	2	N	TURP CATHETER IN SITU (FAILED TROC)	M65.3	TURP CATHETER IN SITU (FAILED TROC) URGENT PER MY - NEW LTR FROM PT 26.08.15		PLA PER MR YOUNG	14
URO	29/05/2015	29/05/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY CODEINE ALLERGY		SC CESWL 290515 TCI PER MY	14
URO	12/03/2015	12/03/2015			KS	WL	4	N	TURP ANAEMIA	M65.3	TURP ANAEMIA B6QT 010515		PER RACHAEL	14
URO	01/06/2015	01/06/2015			JOD	WL	2	N	URETHRAL DILATATION +/- OPTICAL URETHROTOMY +/- TURP	M76.4	URETHRAL DILATATION +/- OPTICAL URETHROTOMY +/- TURP FIT 10.7.15 KK			14
URO	10/12/2014	02/03/2015			MDH	WL	4	D	CIRCUMCISION UNDER LA	N30.3	CIRCUMCISION UNDER LA		PER MDH CLINIC	14
URO	21/12/2014	31/03/2015			JOD	WL	2	N	INSERTION OF CATHETER, FLEXIBLE CYSTOSCOPY & URODYNAMICS	M45.9	INSERTION OF CATHETER, FLEXIBLE CYSTOSCOPY & URODYNAMICS (POA CK ECG ON ADMISSION)			14
URO	01/06/2015	01/06/2015			JOD	WL	2	N	BLADDER NECK INCISION +/- TURP	M66.2	BLADDER NECK INCISION +/- TURP			14
URO	02/06/2015	02/06/2015			JOD	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION FIT(20.08.15)CD			14
URO	02/06/2015	02/06/2015			JOD	WL	2	N	TURP	M65.3	TURP FIT 22.7.15 KK			14
URO	02/06/2015	02/06/2015			JOD	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY FIT 7.7.15 KK			14
URO	02/06/2015	02/06/2015			MDH	WL	4	D	FLEXIBLE CYSTOSOCPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER AFTER TEACHING ISC		PER MR HAYNES	14
URO	03/06/2015	03/06/2015			JOD	WL	2	N	RIGHT URETEROSCOPY +/- URETHRAL DILATATION	M30.9	RIGHT URETEROSCOPY +/- URETHRAL DILATATION			14
URO	03/06/2015	03/06/2015			MDH	WL	4	D	CIRCUMCISION GA	N30.3	CIRCUMCISION GA ON HOLD Personal		PER MR HAYNES	14
URO	04/06/2015	04/06/2015			MY	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION FIT 31.7.15 KK		PLA PER MR YOUNG	13
URO	04/06/2015	04/06/2015			MY	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION (TRIAGE 17.07.15)		PLA PER MR YOUNG	13
URO	05/06/2015	05/06/2015			MDH	WL	4	N	TURP	M65.3	TURP IF GOES INTO RETENTION CHANGE TO URGENT		PER MR HAYNES	13
URO	05/06/2015	05/06/2015			MY	WL	2	D	URETEROSCOPY	M30.9	URETEROSCOPY		PER STC CLINIC 05.06.15	13
URO	05/06/2015	05/06/2015			MY	WL	2	N	LEFT PCNL	M09.9	LEFT PCNL		PER STC CLINIC 05.06.15	13
URO	05/06/2015	05/06/2015			MY	WL	2	N	LEFT URETEROSCOPY LEARNING DISABILITY	M30.9	LEFT URETEROSCOPY LEARNING DISABILITY W/C - NEEDS SIDE WARD PER PRE-OP FIT(02.09.15)CD		PER STC CLINIC 05.06.15	13
URO	05/06/2015	05/06/2015			KS	WL	2	D	LEFT FLEXIBLE URETEROSCOPY	M30.9	LEFT FLEXIBLE URETEROSCOPY		PER STONE CLINIC	13
URO	05/06/2015	05/06/2015			MY	WL	2	D	BOTOX AVAILABLE AT SHORT NOTICE	M43.4	BOTOX AVAILABLE AT SHORT NOTICE FIT(01.09.15)CD		PD - PER MR YOUNG AT URODYNAMICS 05.06.15	13
URO	23/03/2015	23/03/2015			AOB	WL	4	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER HOLD(28.05.15)CD			13
URO	30/01/2015	08/06/2015			MY	WL	4	D	ESWL (BOTH SIDES) ? PATIENT PHONING TO CONFIRM DATE	M14.1	ESWL (BOTH SIDES) ? PATIENT PHONING TO CONFIRM DATE UTA 12.06.15 - WANTS SFA JULY 15 (4 WKS TIME)		PER STC CLINIC 30.01.15	13
URO	10/06/2015	10/06/2015			MDH	WL	4	D	CIRCUMCISION, CYSTOSCOPY & BOTOX	N30.3	CIRCUMCISION, CYSTOSCOPY & BOTOX NEEDS ISC FIRST BEFORE DATE FOR PROCEDURE		PER MR HAYNES	13
URO	10/06/2015	10/06/2015			MDH	WL	2	N	RF CYSTOSCOPY +/- TURBT +/- TURP CATHETER INSITU	M65.3	RF CYSTOSCOPY +/- TURBT +/- TURP CATHETER INSITU UPGRADED TO RED FLAG 2760815		PER MR HAYNES	13
URO	11/06/2015	11/06/2015			MY	WL	4	D	ESWL	M14.1	ESWL		PER MR YOUNG DISCHARGE LETTER	12
URO	12/06/2015	12/06/2015			MY	WL	2	D	URETEROSCOPY SEVERE EPILEPSY	M30.9	URETEROSCOPY SEVERE EPILEPSY		PER STC 12.06.15	12
URO	13/06/2015	13/06/2015			JOD	WL	4	D	CYSTOSCOPY AND URETHRAL DILATATION	M45.9	CYSTOSCOPY AND URETHRAL DILATATION BMI 36.5/ NIDDM TAB PERINDOPRIL/QUETIAPINE/EPILEPTIC			12
URO	02/06/2015	02/06/2015		01/12/2015	JOD	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY B6D 190815 HOLD(18.08.15)CD BMI >40			12

URO	15/06/2015	15/06/2015			MY	WL	2	D	RIGHT ESWL MR SURESH STC PATIENT NEEDS 2 SESSIONS	M31.1	RIGHT ESWL MR SURESH STC PATIENT NEEDS 2 SESSIONS AFTER SEPT 2015		PER KS STC CLINIC	12
URO	15/06/2015	15/06/2015			KS	WL	4	D	VASECTOMY & CIRC +/- MEATAL DILATATION DIABETIC 105KGS	N17.1	VASECTOMY & CIRC +/- MEATAL DILATATION DIABETIC 105KGS BMI 38.1 IDDM (MAIN THEATRES ONLY) FIT(02.09.15)CD		PER KS CLINIC	12
URO	15/06/2015	15/06/2015			MY	WL	4	N	TURP PLAVIX / TAB DIABETIC	M65.3	TURP PLAVIX / TAB DIABETIC (TRIAGE 17.07.15)		PD - PER MR YOUNG AT CLINIC 15.06.15	12
URO	16/06/2015	16/06/2015			MDH	WL	2	N	LAPAROSCOPIC NEPHRECTOMY	M02.5	LAPAROSCOPIC NEPHRECTOMY ON HOLS 6TH SEPT - 14TH SEPT		PER MR HAYNES	12
URO	15/04/2015	15/04/2015		01/10/2015	AJG	WL	2	D	FLEXIBLE CYSTOSCOPY ONLY AFTER CHEMO WITH DR CARSER COMPLETE	M45.9	FLEXIBLE CYSTOSCOPY ONLY AFTER CHEMO WITH DR CARSER COMPLETE		PER AJG	12
URO	19/06/2015	19/06/2015			AOB	WL	2	N	CYSTOSCOPY ?TURBT - SEPT 2015	M45.9	CYSTOSCOPY ?TURBT - SEPT 2015			11
URO	19/06/2015	19/06/2015			MY	DA	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION LTR IN B/F	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION LTR IN B/F (Q POSTED 07.07.15)		RE: REFERRAL FROM GP 18.06.15	11
URO	19/06/2015	19/06/2015			MY	WL	2	N	BLADDER NECK INCISION CATHETER IN SITU	M66.2	BLADDER NECK INCISION CATHETER IN SITU FIT(01.09.15) ON DONEPEZIL		PER RACHAEL AT DSU 19.06.15	11
URO	22/06/2015	22/06/2015			MY	DA	2	N	CYSTOLITHOLAPAXY LETTER IN B/F	M44.1	CYSTOLITHOLAPAXY (B6D 270815) HOLD(26.08.15)CD		PER MR YOUNG RE: NEW LTR GP 19.06.15	11
URO	22/06/2015	22/06/2015			JOD	WL	2	N	HYDRODISTENTION & PERIPROSTATIC INJECTION	M43.4	HYDRODISTENTION & PERIPROSTATIC INJECTION FIT 29.7.15 KK			11
URO	22/06/2015	22/06/2015			JOD	WL	2	N	CYSTOSCOPY +/- BLADDER NECK INCISION +/- URETHRAL DILATATION	M45.9	CYSTOSCOPY +/- BLADDER NECK INCISION +/- URETHRAL DILATATION FIT(25.08.15)CD ASTHMA MEDS			11
URO	22/06/2015	22/06/2015			JOD	WL	2	D	RIGHT TESTICLE FIXATION	N13.2	RIGHT TESTICLE FIXATION TEL REV TRAY 290715			11
URO	22/06/2015	22/06/2015			JOD	WL	2	N	CYSTOSCOPY +/- BLADDER NECK INCISION +/- TURP	M45.9	CYSTOSCOPY +/- BLADDER NECK INCISION +/- TURP FIT(25.08.15)CD			11
URO	22/06/2015	22/06/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU HOLD(01.09.15)CD ON APIXABAN (B6D 04.09.15)		PER MR HAYNES	11
URO	23/06/2015	23/06/2015			JOD	WL	2	D	CYSTODISTENTION	M43.8	CYSTODISTENTION (B6D 27.07.15)			11
URO	23/06/2015	23/06/2015			AJG	WL	2	N	LEFT FLEXIBLE URETEROSCOPY	M30.9	LEFT FLEXIBLE URETEROSCOPY without contrast		PER CLINIC OUTCOME	11
URO	23/06/2015	23/06/2015			MDH	WL	2	N	OPTICAL URETHROTOMY +/- URETHRAL BIOPSY	M76.3	OPTICAL URETHROTOMY +/- URETHRAL BIOPSY FIT 29.7.15 KK		PER JENNY MCM	11
URO	23/06/2015	23/06/2015			AJG	WL	2	N	RIGHT URETEROSCOPY AND LASER	M30.9	RIGHT URETEROSCOPY AND LASER 90 MINS		per clinic	11
URO	23/06/2015	23/06/2015			AOB	WL	4	D	FRENULOPLASTY	N28.4	FRENULOPLASTY (Q FOR TRIAGE 27.07.15)			11
URO	23/06/2015	23/06/2015			AOB	WL	2	N	TURP WILL TAKE DATE AT SHORT NOTICE	M65.3	TURP (WILL TAKE DATE AT SHORT NOTICE)			11
URO	23/06/2015	23/06/2015			AOB	WL	4	N	RIGHT ORCHIDOPEXY AND LEFT PPV	N09.3	RIGHT ORCHIDOPEXY AND LEFT PPV FIT(24.08.15)CD			11
URO	23/06/2015	23/06/2015			AOB	WL	4	N	LEFT ORCHIDOPEXY	N09.3	LEFT ORCHIDOPEXY			11
URO	24/06/2015	24/06/2015			KS	WL	4	N	BNI/TURP	M65.3	BNI/TURP (TRIAGE 27.07.15)		PER KS CLINIC	11
URO	24/06/2015	24/06/2015			MY	WL	4	N	TURP	M65.3	TURP		PER WARD DISCHARGE	11
URO	24/06/2015	24/06/2015			MY	WL	2	N	TURP	M65.3	TURP CANC 14.08.15 PER DR R-JONES - TO HAVE 24HR BP MONITOR		PER EMAIL FROM JILL ON WARD	11
URO	24/06/2015	24/06/2015			KS	WL	2	D	FLEXIBLE CYSTOSCOPY +/- URETHRAL DILATATION	M45.9	FLEXIBLE CYSTOSCOPY +/- URETHRAL DILATATION		PER KS E-DISCHARGE	11
URO	24/06/2015	24/06/2015			AJG	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PER CLINIC OUTCOME JENNY	11
URO	24/06/2015	24/06/2015			MY	WL	2	D	? BILATERAL URETEROSCOPY	M30.9	? BILATERAL URETEROSCOPY		PER MR YOUNG 20.07.15	11
URO	25/06/2015	25/06/2015			MY	WL	4	D	EXCISION OF RIGHT EPIDIDYMAL CYST	N15.3	EXCISION OF RIGHT EPIDIDYMAL CYST (TRIAGE 17.07.15)		PD - PER JENNY AT CLINIC 25.06.15	11
URO	25/06/2015	25/06/2015			KS	WL	4	N	TURP	M65.3	TURP (Q FOR TRIAGE 07.07.15)		PER RACHAEL CLINIC	11
URO	25/06/2015	25/06/2015			MY	DA	4	D	FLEXIBLE CYSTOSCOPY (AT TIME OF URODYNAMICS)	M45.9	FLEXIBLE CYSTOSCOPY (AT TIME OF URODYNAMICS)		PER MR YOUNG RE: REFERRAL GP 24.06.15	10
URO	26/06/2015	26/06/2015			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION INPAT-PER IPWL FORM NIDDM TABLET MULTIPLE MEDS TRIAGE2907		PD - PER MR YOUNG AT URODYNAMICS 26.06.15	10
URO	26/06/2015	26/06/2015			KS	WL	4	N	LEFT URETEROSCOPY, LASER ABLATION +/- STENTING	M30.9	LEFT URETEROSCOPY, LASER ABLATION +/- STENTING (TRIAGE 27.07.15)		PER KS CLINIC	10
URO	26/06/2015	26/06/2015			KS	WL	2	D	GA CYSTOSCOPY +/- URETHRAL DILATATION AFTER CT	M45.9	GA CYSTOSCOPY +/- URETHRAL DILATATION AFTER CT (TRIAGE 27.07.15)		PER MR SURESH CLINIC	10
URO	26/06/2015	26/06/2015			AJG	WL	4	N	LEFT RENAL CYST MARSUPIALISATION	M04.1	LEFT RENAL CYST MARSUPIALISATION (TRIAGE 27.07.15)		PER MR YOUNG/MR GLACKIN 26.06.15	10
URO	29/06/2015	29/06/2015			AOB	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU (B6D 27.07.15)		PER MR OBRIEN	10
URO	22/01/2015	29/06/2015			JOD	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			10
URO	30/06/2015	30/06/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER MR HAYNES	10
URO	30/06/2015	30/06/2015			MDH	WL	2	N	LAPAROSCOPIC PYELOPLASTY	M10.2	LAPAROSCOPIC PYELOPLASTY (B6D 02.09.15) CHECK:DISSERTATION DATES B4 OR AFTER AUG/SEPT (B6D 28.07.15)		PER MR HAYNES	10
URO	02/02/2015	30/06/2015			MY	WL	4	D	LEFT ESWL MR SURESH STC PATIENT Perso INTERPRETER	M14.1	LEFT ESWL MR SURESH STC PATIENT Personal INTERPRETER IN Perso FOR FOR NEXT FEW WEEKS -WISHES AUG 15 PT TO PHONE		PER KS STC CLINIC	10
URO	01/07/2015	01/07/2015			MY	WL	2	D	STH LIST SEPT 15 LA CIRCUMCISION & REPEAT CYSTOSCOPY	N30.3	STH LIST SEPT 15 LA CIRCUMCISION & REPEAT CYSTOSCOPY		PD - PER MR YOUNG RE: LTR JENNY MARTIN 01.07.15	10
URO	01/07/2015	01/07/2015			MY	WL	4	D	FLEXIBLE CYSTOSCOPY TO EXCLUDE STRICTURE	M45.9	FLEXIBLE CYSTOSCOPY TO EXCLUDE STRICTURE		PER MR YOUNG 01.07.15	10
URO	01/07/2015	01/07/2015			MY	WL	4	D	FLEXIBLE CYSTOSCOPY LETTER IN B/F	M45.9	FLEXIBLE CYSTOSCOPY LETTER IN B/F PT PHON ? DATE 24.07.15 & 06.08.15		PD - PER MR YOUNG AT UIC 01.07.15	10
URO	01/07/2015	01/07/2015			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	10
URO	01/07/2015	01/07/2015			AJG	WL	4	D	RIGID CYSTOSCOPY AND EUA BMI 40+	M45.9	RIGID CYSTOSCOPY AND EUA BMI 40+ needs bladder diary before date issued		PER JENNY CLINIC LETTER	10
URO	01/07/2015	01/07/2015			AJG	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			10
URO	03/07/2015	03/07/2015			AOB	WL	2	N	REMOVAL LT URETERIC STENT & FLEXI URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL LT URETERIC STENT & FLEXI URETEROSCOPIC LITHOTRIOSY			9
URO	03/07/2015	03/07/2015			AOB	SA	2	N	URETHRAL DILATATION CYSTOSOCPY BLADDER BIOPSIES DIATHERMY	M76.4	URETHRAL DILATATION CYSTOSCOPY BLADDER BIOPSIES DIATHERMY RED FLAG FIT 10.7.15 KK			9
URO	04/07/2015	04/07/2015			AOB	WL	2	N	TURP	M65.3	TURP			9
URO	16/04/2015	16/04/2015		01/10/2015	JOD	WL	4	D	FRENULOPLASTY	N28.4	FRENULOPLASTY		PER CLINIC OUTCOME SHEET	9
URO	07/07/2015	07/07/2015			MDH	WL	4	D	HYDROCELE REPAIR	N11.1	HYDROCELE REPAIR AFTER PROSTATE SGY (IF NOT DONE AT TIME OF SGY)		PER MR HAYNES	9
URO	07/07/2015	07/07/2015			AOB	WL	2	N	ROS & LEFT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	ROS & LEFT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY			9
URO	07/07/2015	07/07/2015			AOB	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			9
URO	07/07/2015	07/07/2015			AOB	WL	2	N	TURP (CATHETER) (PACEMAKER)	M65.3	TURP (CATHETER) (PACEMAKER) (B6D 27.07.15)			9
URO	24/05/2013	28/05/2015			JOD	WL	2	N	TURP AND BOTULINUM TOXIN INJECTION	M65.3	TURP AND BOTULINUM TOXIN INJECTION FIT(16.10.13)CD NIDDM METFORMIN. ACE INHIBITOR.PLAVIX DISCONTINUED BY GP			9
URO	10/07/2015	10/07/2015			AOB	WL	4	D	INTRAMURAL INJECTION OF 300 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 300 UNITS OF BOTULINUM TOXIN (TRIAGE 27.07.15)			8
URO	05/03/2015	14/07/2015			JOD	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION (HSQ POSTED 20/07/15)			8
URO	15/07/2015	15/07/2015			MY	WL	4	D	RIGHT HYDROCELE LTR IN B/F - REC'D 28.07.15	N11.1	RIGHT HYDROCELE LTR IN B/F - REC'D 28.07.15 TRIAGE 100815 - MOTHER PHON 01.09.15 ? DATE		PD - PER MR YOUNG AT HPC 15.07.15	8
URO	15/07/2015	15/07/2015			MDH	WL	4	D	EXCISION OF HYDROCELE	N11.1	EXCISION OF HYDROCELE (TRIAGE 05.08.15) AWAY 21ST TO 27TH OCTOBER		PER MR HAYNES	8
URO	16/07/2015	16/07/2015			AOB	WL	2	N	INTERNAL VISUAL URETHROTOMY	M79.4	INTERNAL VISUAL URETHROTOMY DIABETES		PER JENNY LUTS	8
URO	07/05/2015	07/05/2015			JOD	WL	2	N	TURP WARFARIN - NEEDS CLEXANE COVER ASPIRIN DIABETIC	M65.1	TURP WARFARIN - NEEDS CLEXANE COVER ASPIRIN DIABETIC POA FIT CPX TESTED HSQ IN MFR WARFARIN FILE		PER CLINIC OUTCOME	7
URO	17/07/2015	17/07/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC 17.07.15	7
URO	17/07/2015	17/07/2015			MDH	WL	4	D	EXCISION OF HYDROCELE INPATIENT PER MDH RIVAROXABAN	N11.1	EXCISION OF HYDROCELE INPATIENT PER MDH RIVAROXABAN ON HOLS AVAILABLE 12TH OCTOBER ONWARDS (TRIAGE 05.08.15)		PER PT & MDH	7
URO	17/07/2015	17/07/2015			AOB	WL	2	N	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN (B6D 27.07.15) HOLD(03.09.15)CD NIDDM DIET			7

URO	24/06/2015	24/06/2015		01/11/2015	AJG	WL	2	N	TURP	M65.1	TURP (B6D 27.07.15)			PER STC CLINIC	7
URO	20/07/2015	20/07/2015			MY	WL	4	D	ESWL	M14.1	ESWL			PER STC 20.07.15	7
URO	20/07/2015	20/07/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC CLINIC 20.07.15	7
URO	20/07/2015	20/07/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC CLINIC 20.07.15	7
URO	20/07/2015	20/07/2015			KS	WL	4	D	FLEXIBLE CYSTOSCOPY & SPC INSERTION MRSA HOISTING	M45.9	FLEXIBLE CYSTOSCOPY & SPC INSERTION MRSA HOISITNG			PER KS CLINIC	7
URO	20/07/2015	20/07/2015			KS	WL	4	D	CIRCUMCISION & MEATAL DILATATION +/- CYSTOSCOPY	M45.9	CIRCUMCISION & MEATAL DILATATION +/- CYSTOSCOPY (TRIAGE 27.07.15)			PER KS CLINIC	7
URO	20/07/2015	20/07/2015			KS	WL	4	D	CIRCUMCISION UNDER LA	N30.3	CIRCUMCISION UNDER LA			PER KS CLINIC	7
URO	20/07/2015	20/07/2015			JOD	WL	2	N	RIGHT URETEROSCOPY AND LASER	M30.9	RIGHT URETEROSCOPY AND LASER				7
URO	20/07/2015	20/07/2015			JOD	WL	2	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION				7
URO	02/08/2013	20/07/2015			AJG	WL	4	N	TURP	M65.3	TURP FIT(26.02.14)CD ON AMITRIPTYLINE				7
URO	20/07/2015	20/07/2015			JOD	WL	2	D	HYDRODISTENSION AND BOTOX	M43.2	HYDRODISTENSION AND BOTOX (B6D 27.07.15)				7
URO	20/07/2015	20/07/2015			JOD	WL	2	D	LEFT HYDROCELE EXCISION	N11.1	LEFT HYDROCELE EXCISION TEL REV TRAY 290715				7
URO	20/07/2015	20/07/2015			JOD	WL	2	N	TURP	M65.3	TURP (B6D 03.08.15) NIDDM DIET ACE INHIBITORS				7
URO	20/07/2015	20/07/2015			JOD	WL	2	N	CYSTOSCOPY AND URETHRAL DILATATION	M45.9	CYSCOSCOPY AND URETHRAL DILATATION (B6D 27.07.15)				7
URO	20/07/2015	20/07/2015			JOD	WL	2	D	CIRCUMCISION AND CYSTOSCOPY	N30.3	CIRCUMCISION AND CYSTOSCOPY (B6D 27.07.15)				7
URO	20/07/2015	20/07/2015			MY	WL	2	D	NESBITT'S PROCEDURE - WILL TAKE CANCELLATION	N28.8	NESBITT'S PROCEDURE FIT(03.09.15)CD			PD - PER MR YOUNG AT CLINIC 20.07.15	7
URO	20/07/2015	20/07/2015			AOB	WL	2	N	INTERNAL URETHROTOMY	M79.4	INTERNAL URETHROTOMY				7
URO	21/07/2015	21/07/2015			JOD	WL	2	D	CIRCUMCISION	N30.3	CIRCUMCISION (B6D 27.07.15) HOLD(25.08.15)CD				7
URO	21/07/2015	21/07/2015			MY	WL	4	D	LEFT ESWL (LETTER POSTED TO STC)	M14.1	LEFT ESWL (LETTER POSTED TO STC)			RE: REFERRAL MR MCKNIGHT, ULSTER HOSPITAL	7
URO	21/07/2015	21/07/2015			MDH	WL	2	N	LAPAROSCOPIC PYELOPLASTY REDO	M10.2	LAPAROSCOPIC PYELOPLASTY REDO (B6D 14.08.15) HOLD(03.09.15)CD			PER MR HAYNES	7
URO	21/07/2015	21/07/2015			AOB	WL	4	N	TURP	M65.3	TURP				7
URO	21/07/2015	21/07/2015			AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION				7
URO	22/07/2015	22/07/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC 22.07.15	7
URO	22/07/2015	22/07/2015			MY	WL	4	D	RIGHT HYDROCELE REPAIR CAH SITE AUTISM/EPILEPSY LTR B/F	N11.1	RIGHT HYDROCELE REPAIR CAH SITE AUTISM/EPILEPSY SPECIAL NEEDS - REQUIRES ANAESTHETIC ASSESSMENT			PD - PER MR YOUNG AT HPC 22.07.15	7
URO	22/07/2015	22/07/2015			KS	WL	4	N	TURP	M65.3	TURP (TRIAGE 28.07.15)			PER KS UDS CLINIC	7
URO	22/07/2015	22/07/2015			AJG	SA	2	D	RED FLAG FLEXIBLE CYSTOSCOPY[Personal] INTERPRETER REQ	M45.9	RED FLAG FLEXIBLE CYSTOSCOPY[Personal] INTERPRETER REQ			PER WARD ATTENDANCE	7
URO	23/07/2015	23/07/2015			JOD	WL	2	N	CYSTOLITHOLAPAXY & TURP	M44.1	CYSTOLITHOLAPAXY & TURP FIT 30.7.15 KK			PER KAREN	7
URO	29/10/2014	13/04/2015			JOD	WL	2	D	GA CYSTOSCOPY	M45.9	GA CYSTOSCOPY FIT 19.3.15 KK				7
URO	23/07/2015	23/07/2015			MY	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION (Q POSTED 31.07.15)			PD - PER JENNY AT CLINIC 23.07.15	7
URO	23/07/2015	23/07/2015			MY	WL	2	D	FLEXIBLE CYSTOSCOPY PT WISHES FEMALE DOCTOR	M45.9	FLEXIBLE CYSTOSCOPY PT WISHES FEMALE DOCTOR			PD - PER JENNY AT CLINIC 23.07.15	7
URO	23/07/2015	23/07/2015			MY	WL	4	D	RIGHT ESWL APIXABAN	M14.1	RIGHT ESWL APIXABAN			PER STC 23.07.15	6
URO	24/07/2015	24/07/2015			MY	WL	4	N	TURP & NESBITT'S TAB DIABETIC	M65.3	TURP & NESBITT'S TAB DIABETIC (TRIAGE 14.08.15)			PD - PER MR YOUNG AT CLINIC 24.07.15	6
URO	24/07/2015	24/07/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA			PER MDH	6
URO	24/07/2015	24/07/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL			PER STC 24.07.15	6
URO	24/07/2015	24/07/2015			MY	WL	4	D	LEFT ESWL - AWAY 2-18 SEPT 15 (INCLUSIVE)	M14.1	LEFT ESWL			PER STC 24.07.15	6
URO	24/07/2015	24/07/2015			KS	WL	4	N	LEFT URETEROSCOPY & LASER STONE ABLATION	M30.9	LEFT URETEROSCOPY & LASER STONE ABLATION			PER KS DISCHARGE LTR	6
URO	25/07/2015	25/07/2015			JOD	WL	2	D	ASAP PER 250715 SUPRA PUBIC CATHETER INSERTION	M49.8	ASAP PER 250715 SUPRA PUBIC CATHETER INSERTION				6
URO	27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION AFTER JANUARY 2016	M45.9	CYSTOSCOPY & URETHRAL DILATATION (Q POSTED 31.07.15)			PD - PER MR YOUNG AT CLINIC 27.07.15	6
URO	27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION (TRIAGE 14.08.15)			PD - PER MR YOUNG AT CLINIC 27.07.15	6
URO	27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION TRIAGE 100815			PD - PER MR YOUNG AT CLINIC 27.07.15	6
URO	27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION (TRIAGE 14.08.15)			PD - PER MR YOUNG AT CLINIC 27.07.15	6
URO	27/07/2015	27/07/2015			MY	WL	4	D	PREPULOPLASTY	N30.1	PREPULOPLASTY (TRIAGE 17.08.15)			PD - PER MR YOUNG AT CLINIC 27.07.15	6
URO	27/07/2015	27/07/2015			AJG	WL	2	D	URETHRAL DILATATION +/- CYSTOSCOPY	M76.4	URETHRAL DILATATION +/- CYSTOSCOPY 20 MINS HOLD(02.09.15)CD MULTIPLE MEDS (B6D 04.09.15)			PER GREEN PROFORMA	6
URO	27/07/2015	27/07/2015			MY	WL	4	D	RIGHT ESWL MR SURESH PATIENT	M14.1	RIGHT ESWL MR SURESH PATIENT			PER STC 27.07.15	6
URO	27/07/2015	27/07/2015			AJG	WL	2	N	RIGHT URETEROSCOPY	M30.9	RIGHT URETEROSCOPY not available 21/09 due to other hospital appointment			PER AJG HOPEFULLY SEPT	6
URO	29/07/2015	29/07/2015			JOD	WL	2	N	URETEROSCOPY AND LASER, REMOVAL OF STENT	M30.9	URETEROSCOPY AND LASER, REMOVAL OF STENT				6
URO	26/03/2015	06/07/2015			JOD	WL	2	D	CYSTOSCOPY + URETHRAL DILATATION	M45.9	CYSTOSCOPY + URETHRAL DILATATION				6
URO	23/04/2015	29/07/2015			JOD	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			PER OUTCOME SHEET JOD	6
URO	30/07/2015	30/07/2015			MY	WL	2	D	RIGID CYSTOSCOPY & PELVIC EXAMINATION	M45.9	RIGID CYSTOSCOPY & PELVIC EXAMINATION			PD - PER JENNY AT CLINIC 30.07.15	6
URO	30/07/2015	30/07/2015			JOD	WL	2	N	TURP	M65.3	TURP HOLD(28.08.15)CD (B6D 02.09.15)				6
URO	30/07/2015	30/07/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC 30.07.15	5
URO	31/07/2015	31/07/2015			KS	WL	2	N	OPTICAL URETHROTOMY +/- TURP DIABETIC WARFARIN	M76.3	OPTICAL URETHROTOMY +/- TURP DIABETIC WARFARIN NEEDS FORMAL ASSESSMENT FIRST			PER JENNY FLEXI LIST	5
URO	31/07/2015	31/07/2015			AJG	WL	2	N	URETHRAL DILATATION +/- URETHROTOMY	M76.4	URETHRAL DILATATION +/- URETHROTOMY			PER JENNY MARTIN	5
URO	31/07/2015	31/07/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC CLINIC 31.07.15	5
URO	31/07/2015	31/07/2015			AOB	WL	4	D	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN	M43.4	INTERMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN				5
URO	14/10/2014	15/06/2015			KS	WL	2	N	TURP	M65.3	TURP FIT 8.12.14 KK			PER MR SURESH CLINIC	5
URO	03/08/2015	03/08/2015			AJG	WL	2	N	TURP	M65.3	TURP			PER MR GLACKIN	5
URO	03/08/2015	03/08/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC 03.08.15	5
URO	03/08/2015	03/08/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC 03.08.15	5
URO	03/08/2015	03/08/2015			JOD	WL	2	D	GA CYSTOSCOPY AND URETHRAL DILATATION	M45.9	GA CYSTOSCOPY AND URETHRAL DILATATION				5
URO	05/12/2014	03/08/2015			JOD	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY				5
URO	04/08/2015	04/08/2015			AJG	WL	2	N	RIGHT FLEXI URETEROSCOPY, LASERTRIPSY +/- STENT INSERTION	M30.9	RIGHT FLEXI URETEROSCOPY, LASERTRIPSY +/- STENT INSERTION OP TIME 2 HRS [Person] INTERPRETER NEEDED)			PER MR GLACKIN	5
URO	07/05/2015	04/08/2015			JOD	WL	2	D	FLEXIBLE CYSTOSCOPY NEXT AVAIL APPT	M45.9	FLEXIBLE CYSTOSCOPY NEXT AVAIL APPT			PER CLINIC OUTCOMES	5
URO	04/08/2015	04/08/2015			JOD	WL	2	N	CYSTOSCOPY AND URETHRAL DILATATION +/- BLADDER BIOPSIES	M45.9	CYSTOSCOPY AND URETHRAL DILATATION +/- BLADDER BIOPSIES ON CLOPIDOGREL				5
URO	05/08/2015	05/08/2015			MY	WL	4	D	ESWL	M14.1	ESWL			PER STC 05.08.15	5
URO	05/08/2015	05/08/2015			MY	WL	4	D	ESWL	M14.1	ESWL			PER STC 05.08.15	5
URO	05/08/2015	05/08/2015			KS	WL	2	D	GA CYSTOSCOPY ? RF	M45.8	GA CYSTOSCOPY ? RF			PER MR GLACKIN	5
URO	05/08/2015	05/08/2015			AJG	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION AVAILABLE AT SHORT NOTICE			PER MR GLACKIN	5
URO	05/08/2015	05/08/2015			AOB	SA	2	N	RF LEFT PARTIAL NEPHRECTOMY	M02.5	RF LEFT PARTIAL NEPHRECTOMY B6D 280815 ACE INHIBITORS/PAIN MEDS			PER MR O'BRIEN LETTER	5
URO	05/08/2015	05/08/2015			AJG	WL	2	D	CYSTOSCOPY, LEFT RETROGRADE +/- LEFT FLEXI URETERORENOSCOPY	M45.8	CYSTOSCOPY, LEFT RETROGRADE +/- LEFT FLEXI URETERORENOSCOPY			PER MR GLACKIN	5
URO	06/08/2015	06/08/2015			MY	WL	4	D	VASECTOMY	N17.1	VASECTOMY			PER BASH AT CLINIC 06.08.15	4
URO	06/08/2015	06/08/2015			MY	WL	4	D	VASECTOMY (PT TO CONTACT RE DATE THAT SUITS)	N17.1	VASECTOMY (PT TO CONTACT RE DATE THAT SUITS)			PD - PER MR YOUNG AT CLINIC 06.08.15	4
URO	06/08/2015	06/08/2015			MY	WL	4	D	ESWL	M14.1	ESWL			PER WARD DISCHARGE	4
URO	06/08/2015	06/08/2015			AOB	WL	2	N	REMOVAL OF URETERIC STENT - OCTOBER 2015	M29.8	REMOVAL OF URETERIC STENT - OCTOBER 2015				4
URO	07/08/2015	07/08/2015			AJG	WL	2	N	TURP	M65.1	TURP			PER READMISSION BOOK	4
URO	07/08/2015	07/08/2015			MY	WL	4	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY			PER STC CLINIC 07.08.15	4
URO	07/08/2015	07/08/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC CLINIC 07.08.15	4
URO	07/08/2015	07/08/2015			MY	WL	2	D	END OCT 2015 BLADDER LITHOLAPAXY & LEFT FLEX URETEROSCOPY	M44.1	END OCT 2015 BLADDER LITHOLAPAXY & LEFT FLEX URETEROSCOPY			PER STC CLINIC 07.08.15	4
URO	07/08/2015	07/08/2015			MY	WL	2	N	SEPT 15 RIGHT URETEROSCOPY & LASERTRIPSY	M30.9	SEPT 15 RIGHT URETEROSCOPY & LASERTRIPSY			PER STC CLINIC 07.08.15	4
URO	07/08/2015	07/08/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL			PER STC CLINIC 07.08.15	4
URO	07/08/2015	07/08/2015			MY	WL	4	D	ESWL	M14.1	ESWL			PER STC CLINIC 07.08.15	4

URO	07/08/2015	07/08/2015			JOD	SA	2	D	RF TURBT IN ENGLAND FIRST 2 WEEKS IN SEPT	M42.1	RF TURBT IN ENGLAND FIRST 2 WEEKS IN SEPT		PER CONSULTANT EXIT	4
URO	15/09/2014	07/08/2015			JOD	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER CONSULTANT	4
URO	10/08/2015	10/08/2015			MY	WL	2	N	BLADDER LITHOPAXY & RIGHT URETEROGRAM (1ST ON LIST)	M44.1	BLADDER LITHOPAXY & RIGHT URETEROGRAM (1ST ON LIST)		PD - PER MR YOUNG AT SWAH 10.08.15	4
URO	10/08/2015	10/08/2015			MY	WL	4	N	NESBITT'S	N28.8	NESBITT'S		PD - PER MR YOUNG AT SWAH 10.08.15	4
URO	10/08/2015	10/08/2015			MY	WL	4	D	RIGHT ESWL MR GLACKIN PATIENT	M14.1	RIGHT ESWL MR GLACKIN PATIENT		PER STC 10.08.15	4
URO	10/08/2015	10/08/2015			JOD	WL	2	D	FLEXIBLE CYSTOSCOPY AND RENAL STENT REMOVAL RIGHT SIDE	M45.9	FLEXIBLE CYSTOSCOPY AND RENAL STENT REMOVAL RIGHT SIDE ASPIRIN DIET CONTROLLED DIABETIC			4
URO	10/08/2015	10/08/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT SWAH 10.08.15	4
URO	10/08/2015	10/08/2015			MY	WL	2	N	REPEAT TURP CATHETER IN SITU (REGISTERED BLIND)	M65.3	REPEAT TURP CATHETER IN SITU NEW LTR GP 20.08.15		PD - PER MR YOUNG AT SWAH 10.08.15	4
URO	18/03/2015	11/08/2015			MDH	WL	4	D	CIRCUMCISION GA diabetic	N30.3	CIRCUMCISION GA diabetic FIT 17.6.15 KK NIDDM TABLET CHRONIC PAIN MEDS		PER RACHAEL	4
URO	05/02/2015	11/08/2015			JOD	WL	2	N	GA CYSTOSCOPY AND INSERTION OF R JJ STENT	M45.9	GA CYSTOSCOPY AND INSERTION OF R JJ STENT		AS PER X-RAY MEETING	4
URO	11/08/2015	11/08/2015			JOD	SA	2	D	RED FLAG FLEXIBLE CYSTOSCOPY	M45.9	RED FLAG FLEXIBLE CYSTOSCOPY			4
URO	12/08/2015	12/08/2015			AJG	WL	4	N	TURP	M65.1	TURP needs cardiology response first		PER DISCHARGE SUMMARY	4
URO	12/08/2015	12/08/2015			AJG	WL	2	D	TROC	M47.3	TROC 8/52, OCT 2015 MAY BE SEEN 15 SEPT TDU		PER READMISSION BOOK	4
URO	12/08/2015	12/08/2015			MY	WL	4	D	URETHRAL DILATATION LETTER IN B/F	M76.4	URETHRAL DILATATION LETTER IN B/F		PER MR YOUNG RE: REFERRAL GP	4
URO	12/08/2015	12/08/2015			MY	WL	4	D	PROC CHANGED TO VARICOCELE LIGATION 120815 - LETTER IN B/F	N19.1	PROC CHANGED TO VARICOCELE LIGATION 120815 - LETTER IN B/F		PER MR YOUNG AT HPC 18.03.15	4
URO	12/08/2015	12/08/2015			AJG	WL	2	D	FLEXIBLE CYSTSOCOPY SEPT/OCT	M45.9	SEPT/OCT FLEXIBLE CYSTOSCOPY		PER AJG SEPT/OCT	4
URO	03/04/2015	12/08/2015			MDH	WL	4	D	CYSTOSCOPY & CYSTODISTENSION	M43.2	CYSTOSCOPY & CYSTODISTENSION FIT 7.8.15 KK		PER MR HAYNES	4
URO	12/08/2015	12/08/2015			MY	WL	2	D	FLEXIBLE CYSTOSCOPY LETTER IN B/F	M45.9	FLEXIBLE CYSTOSCOPY LETTER IN B/F		PD - PER MR YOUNG AT HPC 12.08.15	4
URO	12/08/2015	12/08/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	4
URO	12/08/2015	12/08/2015			MY	WL	2	D	GA CYSTOSCOPY LETTER IN B/F	M45.9	GA CYSTOSCOPY LETTER IN B/F		PD - PER MR YOUNG AT HPC 12.08.15	4
URO	13/08/2015	13/08/2015			MY	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER LUTS CLINIC	4
URO	13/08/2015	13/08/2015			MY	WL	4	D	PREPULOPLASTY (? INTERP REQ'D - REFUSED AT OPC)	N30.1	PREPULOPLASTY		PD - PER MR YOUNG AT CLINIC 13.08.15	4
URO	13/08/2015	13/08/2015			MY	WL	4	N	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL		PD - PER MR YOUNG AT CLINIC 13.08.15	4
URO	14/10/2013	13/08/2015			MY	WL	2	N	RIGHT PCNL DIABETIC NIDDM	M09.9	RIGHT PCNL NIDDM broken arm 13.02.15 (needs 6/52 to heal) APRIL 15 FIT 17.2.		PER STC	3
URO	14/08/2015	14/08/2015			MDH	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER MR HAYNES	3
URO	14/08/2015	14/08/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	4	D	LEFT ESWL AOB PATIENT	M14.1	LEFT ESWL AOB PATIENT		PER MR SURESH STC CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M14.1	LEFT ESWL MR SURESH PATIENT		PER STC CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	4	D	LEFT ESWL PACEMAKER (MY TO BE PRESENT)	M14.1	LEFT ESWL PACEMAKER (MY TO BE PRESENT)		PER MR YOUNG (ATT STC CLINIC 14.08.15)	3
URO	12/06/2015	12/06/2015			AJG	WL	2	N	GA OPTICAL URETHROTOMY (pre-op needs date of surgery)	M76.3	OPTICAL URETHROTOMY very urgent per AJG NIDDM TABLET PACEMAKER HOH HOLD(12.06.15)CD		PER GREEN PERFORMA	3
URO	14/08/2015	14/08/2015	06/10/2015		MY	SO	2	N	RED FLAG DIAGNOSTIC FLEXIBLE URETEROSCOPY	M30.9	RED FLAG DIAGNOSTIC FLEXIBLE URETEROSCOPY	1 WEST ELECTIVE ADMISSION WARD	PD - PER MR YOUNG AT CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	2	N	OCTOBER 15 TURP	M65.3	OCTOBER 15 TURP		PD - PER MR YOUNG AT CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			MY	WL	2	D	FLEXIBLE CYSTOSCOPY (HAEM)	M45.9	FLEXIBLE CYSTOSCOPY		PD - PER MR YOUNG AT CLINIC 14.08.15	3
URO	14/08/2015	14/08/2015			AOB	WL	2	N	TURBT	M42.1	TURBT (B6D 04.09.15) NIDDM DIET PENICILLEN ALLERGY PACEMAKER			3
URO	17/08/2015	17/08/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	3
URO	17/08/2015	17/08/2015			MY	WL	4	D	ESWL	M14.1	ESWL		PER STC 17.08.15	3
URO	17/08/2015	17/08/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 17.08.15	3
URO	17/08/2015	17/08/2015			MY	WL	2	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER MY OUTCOME SHEET	3
URO	17/08/2015	17/08/2015			MY	WL	2	D	ESWL - R PLAVIX - TO STOP 5/7 B4 (PT AWARE)	M14.1	ESWL - R		PER MY OUTCOME SHEET	3
URO	17/08/2015	17/08/2015			MY	WL	2	D	ESWL - R	M14.1	ESWL - R		PER MY CLINIC OUTCOME SHEET	3
URO	17/08/2015	17/08/2015			JOD	WL	2	N	TURP	M65.3	TURP CATHETER IN SITU (B6D 21.08.15)			3
URO	17/08/2015	17/08/2015			JOD	WL	2	D	CYSTOSCOPY AND INSERTION OF URODYNAMICS CATHETER JENNY MCM	M45.9	CYSTOSCOPY AND INSERTION OF URODYNAMICS CATHETER JENNY MCM CHECK JENNY FREE FOR URODYNAMICS			3
URO	17/08/2015	17/08/2015			MY	WL	2	D	LEFT URETEROSCOPY & LASERTRIPSY	M30.9	LEFT URETEROSCOPY & LASERTRIPSY		PER STC 17.08.15	3
URO	18/08/2015	18/08/2015			AOB	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			3
URO	18/08/2015	18/08/2015			JOD	WL	2	N	TURP	M65.3	TURP CLOPIDOGREL (B6D 27.08.15)			3
URO	18/08/2015	18/08/2015			JOD	WL	2	N	TURP	M65.3	TURP (B6D 24.08.15)			3
URO	18/08/2015	18/08/2015			AOB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION			3
URO	19/08/2015	19/08/2015			MDH	WL	4	N	EXCISION OF HYDROCELE APIXABAN	N11.1	EXCISION OF HYDROCELE APIXABAN		PER MR HAYNES	3
URO	19/08/2015	19/08/2015			MY	WL	4	D	RIGHT ESWL MR DUGGAN PATIENT (11AM IF POSSIBLE)	M14.1	RIGHT ESWL		PER STC 19.08.15	3
URO	20/08/2015	20/08/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC 20.08.15	3
URO	20/08/2015	20/08/2015			JOD	WL	2	N	BILATERAL ORCHIDECTOMY	N06.3	BILATERAL ORCHIDECTOMY			3
URO	21/08/2015	21/08/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES & PT	2
URO	21/08/2015	21/08/2015	05/10/2015		MY	WL	2	D	OCTOBER 15 URETHRAL DILATATION (STH)	M76.4	OCTOBER 15 URETHRAL DILATATION	STH DAY PROCEDURE UNIT	PD - PER MR YOUNG AT CLINIC 21.08.15	2
URO	21/08/2015	21/08/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	2
URO	21/08/2015	21/08/2015	05/10/2015		MY	WL	2	D	CYSTODIATHERMY (?STH) - SMALL RECURRENCE TAB DIABETIC	M42.2	CYSTODIATHERMY (?STH) - SMALL RECURRENCE TAB DIABETIC	STH DAY PROCEDURE UNIT	PD - PER JENNY AT DSU 21.08.15	2
URO	23/08/2015	23/08/2015			KS	WL	2	N	URS & LASER +/- STENTING WHEELCHAIR/QUADRIPLEGIA/MRSA	M30.9	URS & LASER +/- STENTING WHEELCHAIR/QUADRIPLEGIA/MRSA		PER KS LETTER	2
URO	24/08/2015	24/08/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER PT & MR HAYNES	2
URO	11/08/2015	24/08/2015			MDH	SA	2	N	RED FLAG LAPAROSCOPIC NEPHRECTOMY	M02.5	RED FLAG LAPAROSCOPIC NEPHRECTOMY		PER MR HAYNES	2
URO	24/08/2015	24/08/2015			MDH	WL	2	D	FLEXIBLE CYSTOSCOPY & BOTOX 1000 UNITS	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX		PER MR HAYNES	2
URO	24/08/2015	24/08/2015			MY	WL	2	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER CLINIC OUTCOME SHET	2
URO	24/08/2015	24/08/2015			MY	WL	2	D	ESWL	M14.1	ESWL		PER CLINIC OUTCOME SHEET	2
URO	24/08/2015	24/08/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER STC 24.08.15	2
URO	24/08/2015	24/08/2015			KS	SA	2	D	RED FLAG FLEXIBLE CYSTOSCOPY	M45.9	RED FLAG FLEXIBLE CYSTOSCOPY			2
URO	24/08/2015	24/08/2015			AOB	WL	2	N	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN			2
URO	24/08/2015	24/08/2015			AOB	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			2
URO	24/08/2015	24/08/2015			AOB	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			2
URO	24/08/2015	24/08/2015			AOB	WL	2	N	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSOCPY AND SUPRAPUBIC CATHETERISATION			2
URO	20/04/2015	24/08/2015			JOD	WL	2	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER OUTCOME SHEET JOD	2
URO	24/08/2015	24/08/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER E-DISCHARGE	2
URO	25/08/2015	25/08/2015			AOB	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			2
URO	25/08/2015	25/08/2015			AOB	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY			2
URO	26/08/2015	26/08/2015			MY	WL	4	D	RIGHT ESWL LETTER POSTED TO STC 01.09.15	M14.1	RIGHT ESWL LETTER POSTED TO STC 01.09.15		PD - PER MR YOUNG AT HPC 26.08.15	2
URO	26/08/2015	26/08/2015			MY	WL	4	D	FLEXIBLE CYSTOSCOPY (AT TIME OF URODYNAMICS)	M45.9	FLEXIBLE CYSTOSCOPY		PD - PER MR YOUNG AT HPC 26.08.15	2
URO	26/08/2015	26/08/2015			MDH	SA	2	N	RED FLAG CYSTOSCOPY & BIOPSY +/- TURBT	M45.2	RED FLAG CYSTOSCOPY & BIOPSY +/= TURBT FIT(01.09.15)CD		PER MR HAYNES	2
URO	26/08/2015	26/08/2015			MDH	SA	2	N	RED FLAG TURBT NEEDS Personal INTERPRETER	M42.1	RED FLAG TURBT NEEDS Personal INTERPRETER B6D 270815 HOLD(26.08.15)CD ACE INHIBITORS		PER M TYSON	2
URO	26/08/2015	26/08/2015			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M14.1	LEFT ESWL MR SURESH PATIENT		PER STC 26.08.15	2
URO	26/08/2015	26/08/2015			MDH	SA	2	N	RED FLAG CYSTOSCOPY, BLADDER BX, CYSTODIATHERMY +/- TURBT	M45.2	RED FLAG CYSTOSCOPY, BLADDER BX, CYSTODIATHERMY +/- TURBT		PER CDSU	2
URO	29/06/2015	26/08/2015			MY	WL	4	D	LEFT ESWL - N/A 30.09.15 & 01.10.15	M14.1	LEFT ESWL ATTENDING A WEDDING 17.09.15 - WISHES SFA		PER STC 29.06.15	2
URO	26/08/2015	26/08/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER PT & MR HAYNES	2
URO	26/08/2015	26/08/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER MR HAYNES	2

Personal Information redacted by the USI

URO	27/08/2015	27/08/2015			AJG	SA	2	N	RED FLAG CYSTOSCOPY, BLADDER WASHOUT +/- BLADDER BX/TURBT	M45.8	RED FLAG CYSTOSCOPY, BLADDER WASHOUT +/- BLADDER BX/TURBT b6d 280815 NEEDS 7 DAYS NOTICE IDDM CLOPIDOGREL		PER BASH	2
URO	27/08/2015	27/08/2015			MY	WL	4	D	LEFT ESWL MR HAYNES PATIENT	M14.1	LEFT ESWL MR HAYNES PATIENT		PER STC 27.08.15	1
URO	27/08/2015	27/08/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC 27.08.15	1
URO	27/08/2015	27/08/2015	05/10/2015		MY	WL	2	N	RED FLAG CYSTOSCOPY +/- URETHRAL BIOPSY	M45.9	RED FLAG CYSTOSCOPY +/- URETHRAL BIOPSY	STH DAY PROCEDURE UNIT	PD - PER BASH AT CLINIC 27.08.15	1
URO	27/08/2015	27/08/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 27.08.15	1
URO	27/08/2015	27/08/2015			AOB	WL	2	D	REMOVAL OF URETERIC STENT	M29.3	REMOVAL OF URETERIC STENT			1
URO	14/05/2015	28/08/2015			MY	WL	4	D	PREFERS END SUMMER/BEG SEPT 15 ESWL	M14.1	PRFERS END SUMMER/BEG SEPT 15 ESWL CANC 03.09.15 - ON HOLS WISHES SFA OCT 15 IF POSS		PER STC 14.05.15	1
URO	28/08/2015	28/08/2015			MDH	WL	4	D	CYSTOSCOPY & DISTENSION OF BLADDER	M45.8	CYSTOSCOPY & DISTENSION OF BLADDER		PER MR HAYNES	1
URO	28/08/2015	28/08/2015			MY	WL	2	D	URGENT ESWL MR SURESH PATIENT	M14.1	URGENT ESWL MR SURESH PATIENT		PER READMISSION/KS	1
URO	28/08/2015	28/08/2015			MDH	WL	2	N	CYSTOSCOPY & RETROGRADE +/- URETEROSCOPY AFTER MAG 3	M45.8	CYSTOSCOPY & RETROGRADE +/- URETEROSCOPY AFTER MAG 3		PER MR HAYNES	1
URO	28/08/2015	28/08/2015			MY	WL	2	D	4-8/52 ESWL	M14.1	4-8/52 ESWL		PER STC 28.08.15	1
URO	28/08/2015	28/08/2015			MY	WL	2	D	BOTOX	M43.4	BOTOX		PD - PER MR YOUNG AT CLINIC 28.08.15	1
URO	28/08/2015	28/08/2015			MDH	SA	2	N	RED FLAG LAPAROSCOPIC NEPHROURETERECTOMY	M02.2	RED FLAG LAPAROSCOPIC NEPHROURETERECTOMY HOLD(28.08.15)CD ACE INHIBITORS (B6D 02.09.15)		PER MR HAYNES	1
URO	21/04/2015	29/06/2015		01/10/2015	MDH	WL	2	N	REVISION CIRCUMCISION/SCROTAL SKIN FLAP	N28.8	REVISION CIRCUMCISION/SCROTAL SKIN FLAP ADVISED NO DATES JULY/AUGUST		PER MR HAYNES	1
URO	31/08/2015	31/08/2015			AOB	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			1
URO	31/08/2015	31/08/2015			AOB	WL	2	N	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY			1
URO	01/09/2015	01/09/2015			AOB	WL	2	N	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPY	M29.3	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPY			1
URO	27/03/2015	16/06/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA LORRY DRIVER NEEDS 2-3 WEEKS NOTICE		PER PT & MDH	1
URO	01/09/2015	01/09/2015			AJG	WL	2	N	URETHRAL DILATATION AND CYSTOSCOPY	M45.9	URETHRAL DILATATION ADN CYSTOSCOPY		PER CLINIC	1
URO	02/09/2015	02/09/2015			MY	WL	2	D	ESWL	M14.1	ESWL (AOB'S PATIENT)			1
URO	02/09/2015	02/09/2015			AOB	WL	2	N	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY			1
URO	02/09/2015	02/09/2015			AJG	WL	4	N	TURP	M65.1	TURP		PER CLINIC OUTCOME	1
URO	02/09/2015	02/09/2015			AJG	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER CLINIC OUTCOME	1
URO	02/09/2015	02/09/2015			AJG	SA	2	N	TURBT	M42.1	TURBT		PER CLINIC OUTCOME	1
URO	02/09/2015	02/09/2015			MY	WL	2	D	RIGHT ESWL [redacted] INTERPRETER	M14.1	RIGHT ESWL [redacted] INTERPRETER		PER KS RESULT	1
URO	02/09/2015	02/09/2015			MY	WL	2	D	ESWL (NOT DONE 02.09.15 DUE TO INFECTION)	M14.1	ESWL		PER STC 02.09.15	1
URO	03/09/2015	03/09/2015			JOD	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY ALLERGY TO PENICILLIN		PER JOD PP PATIENT	1
URO	22/01/2014	03/09/2015			KS	WL	2	D	VASECTOMY REVERSAL - NOVEMBER 2015	N18.1	VASECTOMY REVERSAL - NOVEMBER 2015 NEW LTR GP UPDATED 01.09.15) partner phon?date 200314		PD - PER MR YOUNG RE: LTR FROM PATIENT 22.01.14	0
URO	04/09/2015	04/09/2015			MY	WL	2	D	RIGHT RIGID URETEROSCOPY & LASERTRIPSY (?03/11/15)	M30.9	RIGHT RIGID URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 04.09.15	0
URO	04/09/2015	04/09/2015			AJG	WL	2	D	REMOVAL OF STENT	M29.3	REMOVAL OF STENT		PER STC MY	0

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 15 February 2016 16:18
To: Glackin, Anthony; Haynes, Mark; O'Brien, Aidan; ODonoghue, JohnP; Suresh, Ram; Young, Michael
Cc: Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Robinson, NicolaJ; Troughton, Elizabeth; Corrigan, Martina
Subject: Urology elective and planned waiting lists
Attachments: TOTAL UROLOGY WAITING LIST - AS AT 15.02.16.xls; UROLOGY PLANNED WAITING LIST - EDA MARCH 2016 OR LESS - AS AT 15.02.16.xls

Hi Everyone

Please see attached total elective waiting list for urology, as well as a planned waiting list with expected date of admission March 2016 or less.

Kind regards

Sharon

Mrs Sharon Glenny
Operational Support Lead
Surgery & Elective Care

Direct dial – [redacted]
Mobile - [redacted]

TOTAL UROLOGY WAITING LIST - AS AT 15.02.16

408 Urgent patients with no date for surgery
8 Dates in past - need updated urgently on PAS

Hosp ta	H&C No.	Casenote	Forename	Surname	Date of B rth	Age	Or g na Date	Current Date	Date Booked	Current Suspens on End Date	Consu tant	Expected Method of Adm.	Urgency Code	Intended Manageme nt	Adm ss on Reason	Intended Pr mary Procedure Code	Operat on Descr pt on1	Expected Ward	Remarks	Weeks wa t ng
[redacted]		Personal Information redacted by the USI					19/08/2013	19/08/2013			AOB	WL	4	D	PREPUTIOLYSIS	N32.9	PREPUTIOLYSIS		PER MR YOUNG AT BB CLINIC	130
							20/08/2013	20/08/2013			AOB	WL	4	N	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION			130
							13/12/2013	13/12/2013			MY	WL	4	N	BOTOX	M43.4	BOTOX		PD - PER MR YOUNG AT URODYNAMICS 13.12.13	113
							03/01/2014	03/01/2014			MY	WL	4	D	Perso CIRCUMCISION	N30.3	Perso CIRCUMCISION		PD - PER MR YOUNG AT CLINIC 03.01.14	110
							23/10/2013	23/10/2013			AOB	WL	4	N	RIGHT HYDROCOELECTOMY (WARFARIN PATIENT)	N11.1	RIGHT HYDROCOELECTOMY (WARFARIN PATIENT)			109
							14/01/2014	14/01/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			109
							17/01/2014	17/01/2014			MY	WL	4	N	TURP INPATIENT ONLY - NOT SUITABLE DSU	M65.3	TURP (CHANGE OF PROC PER MR YOUNG AT CL 08.08.14)		PER MR YOUNG CLINIC 17.01.14	108
							20/01/2014	20/01/2014			MY	WL	4	N	BOTOX AS INPATIENT - FOR I.C.	M43.4	BOTOX AS INPATIENT - FOR I.C.		PD - PER MR YOUNG AT BBPC 20.01.14	108
							21/01/2014	21/01/2014			MY	WL	2	N	LEFT PCNL	M09.9	LEFT PCNL		PD - PER STC CLINIC 20.01.14	108
							17/09/2012	29/01/2014			MY	WL	4	N	TUR PROSTATE DIABETIC & WARFARIN	M65.3	TUR PROSTATE DIABETIC & WARFARIN		PER MR YOUNG BURM1 17/09/12	107
							03/02/2014	03/02/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY AND URETEROSCOPY	M30.4	RIGHT URETEROGRAPHY AND URETEROSCOPY			106
							03/02/2014	03/02/2014			AOB	WL	2	N	RIGHT ORCHIDOPEXY	N08.3	RIGHT ORCHIDOPEXY			106
							25/11/2011	05/02/2014			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER/NEEDS INPT	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION OF BLADDER		AC/PER KJ @ BACKLOG CL 25.11.11	106
							07/02/2014	07/02/2014			AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER			105
							15/02/2014	15/02/2014			AOB	WL	4	N	TURP	M65.3	TURP			104
							18/02/2014	18/02/2014			AOB	WL	4	D	LEFT HYDROCOELECTOMY	N11.1	LEFT HYDROCOELECTOMY			104
							20/02/2014	20/02/2014			AOB	WL	2	N	URETEROSCOPY AND LASER	M30.4	URETEROSCOPY AND LASER			103
							24/02/2014	24/02/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY AND URETEROSCOPY	M30.4	RIGHT URETEROGRAPHY AND URETEROSCOPY			103
							03/03/2014	03/03/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			102
							03/03/2014	03/03/2014			AOB	WL	2	N	MARSUPIALISATION OF RIGHT RENAL CYST AND	M04.1	RIGHT URETERIC REIMPLANTATION RANG 20.05.14&11.01.16 DATE			102
							04/03/2014	04/03/2014			AOB	WL	4	N	TURP NOT AVAILBLE 15/6/16 - 30/6/16	M65.3	TURP NOT AVAILBLE 15/6/16 - 30/6/16			102
							07/03/2014	07/03/2014			AOB	WL	4	N	CYSTOSCOPY ? TURP AND INJECTION OF BOTULINUM TOXIN	M45.9	CYSTOSCOPY ? TURP AND INJECTION OF BOTULINUM TOXIN			101
							21/02/2014	21/02/2014			JOD	WL	4	N	BLADDER NECK INCISION +/- TURP WARFARIN	M66.2	BLADDER NECK INCISION +/- TURP WARFARIN		PD - PER MR YOUNG AT DSU 21.02.14	101
							14/03/2014	14/03/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPY & URETEROGRAPHY	M30.9	LEFT FLEXIBLE URETEROSCOPY & URETEROGRAPHY		SC URODYNAMICS 140314 TCI PER ABO	100
							18/03/2014	18/03/2014			AOB	WL	2	N	RESECTION OF ANTERIOR VAGINA LESION	P15.9	RESECTION OF ANTERIOR Vagina lesion (HAS YOUNG BABY)			100
							31/03/2014	31/03/2014			AOB	WL	2	N	CYSTOSCOPY AND PERIPROSTATIC INJECTION	M45.9	CYSTOSCOPY AND PERIPROSTATIC INJECTION			98
							01/04/2014	01/04/2014			AOB	WL	4	N	REPAIR OF RIGHT PPV	N11.1	REPAIR OF RIGHT PPV			98
							07/04/2014	07/04/2014			AOB	WL	4	N	TURP	M65.3	TURP		PER LUTS CLINIC	97
							07/04/2014	07/04/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 070414 TCI PER AOB	97
							11/04/2014	11/04/2014			AOB	WL	2	N	CYSTOSCOPY, URETHRAL AND HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY, URETHRAL AND HYDROSTATIC DILATATION		MMCC	96
							11/04/2014	11/04/2014			AOB	WL	4	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M13.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN			96
							14/04/2014	14/04/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 140414 TCI PER AOB	96
							14/04/2014	14/04/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 140414 TCI PER AOB	96
							14/04/2014	14/04/2014			AOB	WL	4	D	RIGHT HYDROCOELECTOMY	N11.1	RIGHT HYDROCOELECTOMY		SC OPD 140414 TCI PER AOB	96
							14/04/2014	14/04/2014			AOB	WL	2	N	TROC,USS & CYSTOSCOPY ?TURP	M47.3	TROC,USS & CYSTOSCOPY ?TURP		PLA PER MR O'BRIEN	96
							24/04/2014	24/04/2014			AOB	WL	4	N	DIVISION OF ADHESION ? CIRCUMCISION	N30.3	DIVISION OF ADHESION ? CIRCUMCISION			95
							28/04/2014	28/04/2014			AOB	WL	2	N	TURP	M65.3	TURP			94
							28/04/2014	28/04/2014			AOB	WL	2	N	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION			94
							29/04/2014	29/04/2014			AOB	WL	4	N	BILATERAL ORCHIDECTOMY	N06.3	BILATERAL ORCHIDECTOMY			94
							29/04/2014	29/04/2014			AOB	WL	4	N	RIGHT HYDROCOELECTOMY AND LEFT SCROTAL EXPLORATION	N11.1	RIGHT HYDROCOELECTOMY AND LEFT SCROTAL EXPLORATION			94
							30/04/2014	30/04/2014			MY	WL	4	D	PREPULOPLASTY (AVAILABLE AT SHORT NOTICE) MY TO DO	N30.1	PREPULOPLASTY (AVAILABLE AT SHORT NOTICE) MY TO DO		PD - PER MR YOUNG AT HPC 30.04.14	94
							30/04/2014	30/04/2014			AOB	WL	4	D	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M13.4	INTRAMURAL INEJCTION OF BOTULINUM TOXIN			94
							30/04/2014	30/04/2014			AOB	WL	4	N	HYDROSTATIC DILATATION BLADDER	M43.2	HYDROSTATIC DILATATION BLADDER			94
							02/05/2014	02/05/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC URODYNAMICS 020514 TCI JULY '14 PER AOB	93
							06/05/2014	06/05/2014			AOB	WL	2	N	TURP	M65.3	TURP			93
							09/05/2014	09/05/2014			AOB	WL	2	N	CYSTOSCOPY ? BIOPSIES AND HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY ? BIOPSIES AND HYDROSTATIC DILATATION			92
							12/05/2014	12/05/2014			AOB	WL	4	N	RIGHT ORCHIOPEXY	N09.2	RIGHT ORCHIOPEXY			92
							12/05/2014	12/05/2014			AOB	WL	4	N	TURP ON HOLIDAY 24 SEPT - 12 OCT 2015	M65.3	TURP ON HOLIDAY 24 SEPT - 12 OCT 2015			92
							14/05/2014	14/05/2014			AOB	WL	2	N	TURP	M65.3	TURP			92
							16/05/2014	16/05/2014			MY	WL	4	D	RIGHT EPIDIDYMAL CYST EXCISION & PENILE SKIN BIOPSY	N15.3	RIGHT EPIDIDYMAL CYST EXCISION & PENILE SKIN BIOPSY		PER MR YOUNG CLINIC	91

19/05/2014	19/05/2014			MY	WL	2	N	FEB 2015 INTERNAL VISUAL URETHROTOMY	M79.4	FEB 2015 INTERNAL VISUAL URETHROTOMY		PER MR YOUNG TCI FEB 2015 PER CARDIOLOGY DEPT	91
27/05/2014	27/05/2014			AOB	WL	4	N	TURP	M65.3	TURP			90
30/05/2014	30/05/2014			AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			89
07/04/2014	07/04/2014			MY	WL	4	N	TURP WARFARIN (AF) & TAB DIABETIC	M65.3	TURP WARFARIN (AF) & TAB DIABETIC FIT 1.8.14 KK/FMCC		PD - PER GEMMA AT HISTO CLINIC 07.04.14	89
06/06/2014	06/06/2014			AOB	WL	4	N	TURP (PACEMAKER INSITU)	M65.3	TURP (PACEMAKER INSITU)		SC FLEXI 060614 TCI PER REG	88
06/06/2014	06/06/2014			AOB	WL	4	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M13.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN			88
09/06/2014	09/06/2014			MDH	WL	4	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION		PER MR HAYNES	88
10/06/2014	10/06/2014			AOB	WL	4	N	TURP	M65.3	TURP			88
23/10/2013	11/06/2014			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION (LETTER IN B/F) BMI48.5	M45.9	CYSTSOCOPY & URETHRAL DILATATION (LETTER IN B/F) BMI48.5		PD - PER MR YOUNG RE: REFERRAL MR BROWN 23.10.13	88
11/06/2014	11/06/2014			AOB	WL	4	N	TURP	M65.3	TURP			88
13/06/2014	13/06/2014			AOB	WL	2	N	CYSTOSCOPY ?TURP ?INTRAMURAL INJECTION BOTULINUM TOXIN	M45.8	CYSTOSCOPY ?TURP ?INTRAMURAL INJECTION BOTULINUM TOXIN		PER MR OBRIEN	87
25/04/2014	25/04/2014			MY	WL	2	D	EXCISION GROIN SKIN LESION Perso	N01.2	EXCISION GROIN SKIN LESION Perso		PD - PER MR YOUNG AT CLINIC 25.04.14	87
16/06/2014	16/06/2014			AOB	WL	2	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION		PER LUTS CLINIC	87
20/06/2014	20/06/2014			MY	WL	4	N	TURP	M65.3	TURP		PD - PER MR YOUNG AT CLINIC 20.06.14	86
20/06/2014	20/06/2014			MY	WL	4	N	BOTOX - NOT SUITALBE FOR DSU PER ANAESTHETIST - TCI 1WEA	M43.4	BOTOX COAG ON ADMISSION		PD - PER MR YOUNG AT CLINIC 20.06.14	86
20/06/2014	20/06/2014			AOB	WL	4	N	BLADDER NECK INCISION/RESECTION	M66.2	BLADDER NECK INCISION/RESECTION		PER MR OBRIEN	86
20/06/2014	20/06/2014			AOB	SA	2	N	RED FLAG LEFT HYDROCOELECTOMY AND LEFT TESTICULAR BIOPSY	N11.1	RED FLAG LEFT HYDROCOELECTOMY AND LEFT TESTICULAR BIOPSY			86
27/06/2014	27/06/2014			AOB	WL	4	N	TURP & INJECTION BOTULINUM TOXIN	M65.3	TURP & INJECTION BOTULINUM TOXIN		PER MR OBRIEN	85
28/06/2014	28/06/2014			AOB	WL	2	N	TURP NOVEMBER 2014	M65.3	TURP NOVEMBER 2014		PER MR OBRIEN	85
01/07/2014	01/07/2014			AOB	WL	4	D	RIGHT ORCHIDOPEXY	N09.3	RIGHT ORCHIDOPEXY		PER MR OBRIEN	85
01/07/2014	01/07/2014			AOB	WL	2	N	RIGHT URETEROGRAPHY & URETEROSCOPY	M30.1	RIGHT URETEROGRAPHY & URETEROSCOPY		PER MR OBRIEN	85
02/07/2014	02/07/2014			MY	WL	4	N	TURP	M65.3	TURP		PD - PER MR YOUNG RE: LTR FROM GP	85
02/07/2014	02/07/2014			AOB	WL	4	N	RIGHT PYELOPLASTY	M10.2	RIGHT PYELOPLASTY		PER MR OBRIEN	85
04/07/2014	04/07/2014			MY	WL	4	N	REDO TURP - PLAVIX - ON HOLS 16-30 AUG 15 (INCLUSIVE)	M65.3	REDO TURP		PD - PER MR YOUNG AT URODYNAMICS 04.07.14	84
07/07/2014	07/07/2014			AOB	WL	4	D	DIVISION PREPUTIAL ADHESIONS	N30.2	DIVISION PREPUTIAL ADHESIONS		SC OPD 070714 TCI PER AOB	84
07/07/2014	07/07/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 070714 TCI PER AOB	84
08/07/2014	08/07/2014			AOB	WL	2	N	TURP	M65.3	TURP		SC OPD 080714 TCI PER AOB	84
11/07/2014	11/07/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC URODYNAMICS 110714 TCI PER AOB	83
11/07/2014	11/07/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC URODYNAMICS 110714 TCI PER AOB	83
16/07/2014	16/07/2014			MY	WL	4	N	TURP (LETTER IN B/F)	M65.3	TURP		PER MR YOUNG 11.08.14 - PT SEEN AT HPC 16.07.14	83
17/07/2014	17/07/2014			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY	M30.9	LEFT FLEXIBLE URETEROSCOPY		PD - PER MR YOUNG AT STC CLINIC 17.07.14	82
18/07/2014	18/07/2014			MY	WL	4	D	VASECTOMY REVERSAL & INSERTION LEFT TESTICULAR PROSTHESIS	N18.1	VASECTOMY REVERSAL & INSERTION LEFT TESTICULAR PROSTHESIS		PER MR HAYNES - AWAY AUGUST 2015	82
18/07/2014	18/07/2014			AOB	WL	2	N	RIGHT EPIDIDYMECTOMY	N15.2	RIGHT EPIDIDYMECTOMY		PLA PER PREOPERATIVE ASSESSMENT DEPT	82
22/07/2014	22/07/2014			AOB	WL	4	D	TUPR	M65.3	TURP		PER MR O'BRIEN DISCHARGE LETTER	82
25/07/2014	25/07/2014			AOB	WL	4	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER		SC OPD 250714 WL TCI PER AOB	81
01/08/2014	01/08/2014			AOB	SA	2	D	GA CYSTOSCOPY & BIOPSY	M45.9	GA CYSTOSCOPY & BIOPSY		PER GEMMA CDSU 010814	80
02/08/2014	02/08/2014			AOB	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT FELXIBLE URETEROSCOPIC LITHOTRIPSY			80
03/08/2014	03/08/2014			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			80
04/08/2014	04/08/2014			AOB	WL	4	N	RESECTION OF VAGINAL CYST	Y06.2	RESECTION OF VAGINAL CYST			80
04/08/2014	04/08/2014			AOB	WL	4	N	TURP	M65.3	TURP			80
05/08/2014	05/08/2014	16/02/2016		MY	WL	2	N	TURP WARFARIN (LETTER IN B/F)	M65.3	TURP	1 WEST ELECTIVE ADMISSION WARD	PER MR YOUNG RE: REFERRAL GP	80
05/08/2014	05/08/2014			AOB	WL	2	N	LEFT NEPHROURETERECTOMY AND RIGHT URETERIC REIMPLANTATION	M20.2	LEFT NEPHROURETERECTOMY AND RIGHT URETERIC REIMPLANTATION		PLA OPD 050814 WL PER MR O'BRIEN	80
05/08/2014	05/08/2014			AOB	WL	4	N	CYSTOSCOPY / ? URETHROTOMY	M45.9	CYSTOSCOPY / ? URETHROTOMY		PLA OPD 050814 WL PER MR O'BRIEN	80
05/08/2014	05/08/2014			AOB	WL	4	N	RIGHT ORCHIOPEXY ? ORCHIECTOMY	N09.3	RIGHT ORCHIOPEXY ? ORCHIECTOMY		PLA OPD 050814 WL PER MR O'BRIEN	80
05/08/2014	05/08/2014			AOB	WL	4	D	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN	M13.4	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN		PLA OPD 050814 WL PER MR O'BRIEN	80
05/08/2014	05/08/2014			AOB	WL	4	N	TURP	M65.3	TURP		PLA OPD 050814 WL PER MR O'BRIEN	80
05/08/2014	05/08/2014			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION		PLA OPD 050814 WL PER MR O'BRIEN	80
06/08/2014	06/08/2014			AOB	WL	2	N	ILEAL CONDUIT URINARY DIVERSION	M19.1	ILEAL CONDUIT URINARY DIVERSION		PER AOB EMAIL	80
07/08/2014	07/08/2014			MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER STC	79
08/08/2014	08/08/2014			MY	WL	4	N	NESBITT'S PROCEDURE	N28.8	NESBITT'S PROCEDURE		PER MR YOUNG AT CLINIC 08.08.14	79
11/08/2014	11/08/2014			MY	WL	4	D	FLEXIBLE URETEROSCOPY/LASER STONE ABLATION/URETERIC STENTING	M30.9	FLEXIBLE URETEROSCOPY/LASER STONE ABLATION/URETERIC STENTING		PER KS STC	79

11/08/2014	11/08/2014			MY	WL	2	D	URETHRAL DILATATION +/- OPTICAL URETHROTOMY DIFFICULT	M76.4	URETHRAL DILATATION +/- OPTICAL URETHROTOMY		PD - PER MR YOUNG AT SWAH 11.08.14	79
12/08/2014	12/08/2014			MY	WL	2	N	IVU/URETHRAL DILATATION (LETTER IN B/F)	M30.1	IVU/URETHRAL DILATATION		PD - PER MR YOUNG RE: LTR K TRAVERS	79
13/08/2014	13/08/2014			AOB	WL	4	N	TURP	M65.1	TURP		per aob email	79
15/08/2014	15/08/2014			AOB	WL	2	N	CYSTOSCOPY ? URETHROTOMY & HYDROSTATIC DILATATION OF BLADDER	M45.9	CYSTOSOCPY ? URETHROTOMY & HYDROSTATIC DILATATION OF BLADDER			78
15/08/2014	15/08/2014			AOB	WL	4	N	TURP AND BOTULINUM TOXIN	M65.3	TURP AND BOTULINUM TOXIN			78
15/08/2014	15/08/2014			AOB	WL	4	N	TURP	M65.3	TURP			78
30/04/2014	30/04/2014			AOB	WL	4	N	TURP - (SUSPEND UNTIL OCTOBER 15 PER AOB (E-MAIL)	M65.5	TURP - (SUSPEND UNTIL OCTOBER 15 PER AOB (E-MAIL)			78
04/08/2014	04/08/2014			AOB	WL	4	D	CORRECTION OF ERECTILE DEFORMITY	N28.8	CORRECTION OF ERECTILE DEFORMITY			78
26/08/2014	26/08/2014			AOB	WL	4	N	TURP	M65.3	TURP			77
26/08/2014	26/08/2014			AOB	WL	2	N	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION			77
29/08/2014	29/08/2014			MDH	WL	4	N	CYSTOSCOPY, RETROGRADE & URETEROSCOPY	M45.8	CYSTOSCOPY, RETROGRADE & URETEROSCOPY		PER MR HAYNES	76
29/08/2014	29/08/2014			AOB	WL	4	D	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN			76
01/09/2014	01/09/2014			AOB	WL	4	N	TURP	M65.3	TURP		SC OPD 010914 TCI PER AOB	76
08/09/2014	08/09/2014			MY	WL	2	D	LEFT URETEROSCOPY, LASERTRIPSY +/- STENT NIDDM	M30.9	LEFT URETEROSCOPY, LASERTRIPSY +/- STENT NIDDM		PER STC CLINIC 08.09.14	75
09/09/2014	09/09/2014			AOB	WL	4	N	CYSTOSCOPY AND URETHRAL DILATATION/URETHROTOMY	M45.9	CYSTOSCOPY AND URETHRAL DILATATION/URETHROTOMY			75
11/09/2014	11/09/2014			MY	WL	2	D	LEFT RIGID URETEROSCOPY	M30.9	LEFT RIGID URETEROSCOPY		PER STC CLINIC 11.09.14	75
12/09/2014	12/09/2014			AOB	WL	2	N	AUGMENTATION ILEOCYSTOPLASTY	M36.8	AUGMENTATION ILEOCYSTOPLASTY			74
12/09/2014	12/09/2014			AOB	WL	2	N	GA CYSTOSCOPY AND URETHRAL STONE FRAGMENTATION	M45.9	GA CYSTOSCOPY AND URETHRAL STONE FRAGMENTATION			74
12/09/2014	12/09/2014			MY	WL	4	N	TURP PLAVIX - RES REC'D GP 27.04.15	M65.3	TURP PLAVIX		PD - PER MR YOUNG AT CLINIC 12.09.14	74
15/09/2014	15/09/2014			MDH	WL	4	D	EXCISION EPIDIDYMAL CYST WARFARIN & DIABETIC	N15.3	EXCISION EPIDIDYMAL CYST WARFARIN & DIABETIC		PER MR HAYNES	74
19/09/2014	19/09/2014			MY	WL	2	N	OPTICAL URETHROTOMY & CYSTOSCOPY +/- GLANS BIOPSY	M76.3	OPTICAL URETHROTOMY & CYSTOSCOPY +/- GLANS BIOPSY		PER KAREN AT DSU 19.09.14	73
19/09/2014	19/09/2014			MY	WL	4	N	TURP	M65.3	TURP		PD - PER MR YOUNG AT URODYNAMICS 19.09.14	73
19/09/2014	19/09/2014			AOB	WL	2	N	INTRAMURAL INJECTION OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF BOTULINUM TOXIN			73
22/09/2014	22/09/2014			MY	WL	4	N	TURP	M65.3	TURP		PER LUTS CLINIC	73
23/09/2014	23/09/2014			AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY			73
23/09/2014	23/09/2014			AOB	WL	4	N	TURP	M65.3	TURP			73
26/09/2014	26/09/2014			MY	WL	4	D	CYSTOSCOPY & INSERTION OF URODYNAMIC CATHETERS	M45.9	CYSTOSCOPY & INSERTION OF URODYNAMIC CATHETERS		PD - PER MR YOUNG AT CLINIC 26.09.14	72
29/09/2014	29/09/2014			MY	WL	2	N	LEFT URETEROSCOPY +/- LASERTRIPSY +/- STENT IDDM	M30.9	LEFT URETEROSCOPY +/- LASERTRIPSY +/- STENT IDDM		PER STC CLINIC 29.09.14	72
30/09/2014	30/09/2014			AOB	WL	2	N	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN			72
03/10/2014	03/10/2014			MY	WL	4	N	BLADDER NECK INCISION METHOTREXATE	M66.2	BLADDER NECK INCISION METHOTREXATE		PD - PER MR YOUNG AT URODYNAMICS 03.10.14	71
06/10/2014	06/10/2014			AOB	WL	4	N	TURP	M65.3	TURP			71
06/10/2014	06/10/2014			MDH	WL	4	D	CIRCUMCISION LOCAL ANAESTHETIC INPATIENT	N30.3	CIRCUMCISION LOCAL ANAESTHETIC INPATIENT		PER MR HAYNES	71
06/10/2014	06/10/2014			MY	WL	4	N	TURP	M65.3	TURP		PER RACHAEL	71
07/10/2014	07/10/2014			AOB	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			71
14/10/2014	14/10/2014			AOB	WL	4	N	TURP	M65.3	TURP			70
14/10/2014	14/10/2014			AOB	WL	2	N	TROC, ULTRASOUND SCAN ?TURP (ON NO ORAL ANTICOAGULANTS)	M47.3	TROC ULTRASOUND SCAN ?TURP (ON NO ORAL ANTICOAGULANTS)			70
14/10/2014	14/10/2014			AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			70
05/09/2014	14/10/2014			AOB	WL	2	N	INTRAMURAL BOTULINUM TOXIN AND PERIPROSTATIC INJECTION	M43.4	INTRAMURAL BOTULINUM TOXIN AND PERIPROSTATIC INJECTION			70
20/10/2014	20/10/2014			AOB	WL	2	N	CYSTOSCOPY AND CYSTOGRAM	M45.9	CYSTOSCOPY AND CYSTOGRAM			69
20/10/2014	20/10/2014			AOB	WL	4	N	CIRCUMCISION (DEPENDENT UPON PUBLIC TRANSPORT)	N30.3	CIRCUMCISION (DEPENDENT UPON PUBLIC TRANSPORT)			69
23/10/2014	23/10/2014			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY- CHANGE TO CAT2 PER MRY 19.01.15	M30.9	RIGHT FLEXIBLE URETEROSCOPY		SC CESWL 231014 TCI PER MY	68
24/10/2014	24/10/2014			MY	WL	2	N	ORCHIDOPEXY	N09.3	ORCHIDOPEXY		PER MY GREEN PROFORMA	68
24/10/2014	24/10/2014			MY	WL	2	N	OPTICAL URETHROTOMY - URGENT	M76.3	OPTICAL URETHROTOMY - URGENT		PER REG CDSU DISCHARGE LETTER	68
24/10/2014	24/10/2014			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	68
26/10/2014	26/10/2014			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			68
27/10/2014	27/10/2014			MY	WL	2	N	FLEXIBLE URETEROSCOPY & LASERTRIPSY HUNGARIAN INTERP	M30.9	FLEXIBLE URETEROSCOPY & LASERTRIPSY HUNGARIAN INTERP FIT		PD - PER MR YOUNG AT SWAH CLINIC 27.10.14	68
27/10/2014	27/10/2014			AOB	WL	4	N	TURP	M65.3	TURP		per rachael	68
30/10/2014	30/10/2014			MY	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M09.2	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY		SC CESWL 301014 TCI PER MY	67
30/10/2014	30/10/2014			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY		SC CESWL 301014 TCI PER MY	67
10/11/2014	10/11/2014			MY	WL	2	N	TURP PLAVIX	M65.3	TURP		PER OUTCOME SHEET	66
10/11/2014	10/11/2014			MY	WL	4	N	TURP	M65.3	TURP		PER OUTCOME SHEET 101114	66
10/11/2014	10/11/2014			AOB	WL	2	N	CYSTOSCOPY AND (OPEN?) SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSCOPY AND (OPEN?) SUPRAPUBIC CATHETERISATION			66
10/11/2014	10/11/2014			AOB	WL	2	N	MITROFANOFF CONDUIT URINARY DIVERSION	M19.2	MITROFANOFF CONDUIT URINARY DIVERSION			66

13/11/2014	13/11/2014			MY	WL	2	N	LEFT URETEROSCOPY, RETROGRADE, +/- STONE OBLATION CYSTOSCOPY	M30.9	LEFT URETEROSCOPY, RETROGRADE, +/- STONE OBLATION CYSTOSCOPY		PER STC REV CLINIC	66
14/11/2014	14/11/2014			MY	WL	4	N	NESBITT'S PROCEDURE	M28.8	NESBITT'S PROCEDURE		PER MR YOUNG CLINIC	65
14/11/2014	14/11/2014			MY	WL	2	N	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- URETHROTOMY	M45.9	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- URETHROTOMY		PER MR YOUNG CLINIC	65
14/11/2014	14/11/2014			AOB	WL	2	N	TROC,U/S AND CYSTOSCOPY ?TURP	M47.3	TROC, U/S AND CYSTOSCOPY /TURP			65
17/11/2014	17/11/2014			MY	WL	4	D	URETEROSCOPY & ABLATION	M30.9	URETEROSCOPY & ABLATION		PER STC 171114	65
17/11/2014	17/11/2014			MY	WL	4	D	URETEROSCOPY +/- STENTING & ABLATION	M30.9	URETEROSCOPY +/- STENTING & ABLATION		PER STC 171114	65
17/11/2014	17/11/2014			AOB	WL	2	N	TURP	M65.3	TURP			65
18/11/2014	18/11/2014			AOB	WL	2	N	TROC, USS ?TURP - ECHO REQUESTED PRIOR TO SURGERY 17/12/14	M47.3	TROC, USS ?TURP NIDDM TABLET/IDDM			65
18/11/2014	18/11/2014			AOB	WL	2	N	BLADDER LITH0TRIPSY ?TURP	M09.2	BLADDER LITHOTRIPSY ?TURP			65
19/11/2014	19/11/2014			AOB	WL	2	N	GA CYSTOSCOPY & PROSTATIC MASSAGE	M45.9	GA CYSTOSCOPY & PROSTATIC MASSAGE		PER MR SURESH CLINIC	65
23/11/2014	23/11/2014			MY	WL	2	D	6/52 FLEXIBLE URETEROSCOPY	M30.9	6/52 FLEXIBLE URETEROSCOPY		PER WARD DISCHARGE	64
14/10/2014	14/10/2014			MY	WL	4	D	EXCISION OF PENILE SKIN TAG +/- CIRCUMCISION	N27.1	EXCISION OF PENILE SKIN TAG +/- CIRCUMCISION		PER MR YOUNG RE: NEW LTR GP	64
25/11/2014	25/11/2014			AOB	WL	2	N	LEFT RIGID AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT RIDID AND FLEXIBLE URETEROSCOPIC LITHOTRIPSY			64
25/11/2014	25/11/2014			AOB	WL	4	N	TURP	M65.3	TURP			64
28/11/2014	28/11/2014			MY	WL	4	N	TURP DIABETIC	M65.3	TURP DIABETIC NA(26.06-10.07.15 & 16.09-01.10.15)		PER JENNY AT DSU 28.11.14	63
28/11/2014	28/11/2014	16/02/2016		MY	WL	4	N	CYSTOLITHOTRIPSY +/- TURP	M44.1	CYSTOLITHOTRIPSY +/- TURP	1 WEST ELECTIVE ADMISSION WARD	PER JENNY AT DSU 28.11.14	63
02/12/2014	02/12/2014			AOB	WL	2	N	TURP	M65.3	TURP			63
02/12/2014	02/12/2014			MY	WL	4	N	INSERTION OF SPC (LETTER IN B/F)	M49.8	INSERTION OF SPC (LETTER IN B/F)		PER MR YOUNG RE: RE-REFERRAL GP 01.12.14	63
04/12/2014	04/12/2014			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY		SC CESWL 041214 TCI PER MY	62
04/12/2014	04/12/2014			MY	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY		SC CESWL 041214 TCI PER MY	62
15/12/2014	15/12/2014			AOB	WL	2	N	REFASHIONING OF UROSTOMY	M19.5	REFASHIONING OF UROSTOMY			61
15/12/2014	15/12/2014			AOB	WL	4	N	TURP	M65.3	TURP			61
17/12/2014	17/12/2014			AOB	WL	2	N	RIGHT RIGID AND ? FLEXIBLE URETEROSCOPY	M30.9	RIGHT RIGID AND ? FLEXIBLE URETEROSCOPY			61
22/12/2014	22/12/2014			MY	WL	4	D	LEFT URETEROSCOPY & LASERTRIPSY	M30.9	LEFT URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 22.12.14	60
29/12/2014	29/12/2014			MDH	WL	4	D	OPTICAL URETHROTOMY	M76.3	OPTICAL URETHROTOMY		PER MR HAYNES	59
29/12/2014	29/12/2014			AOB	WL	4	N	TURP	M65.3	TURP			59
30/12/2014	30/12/2014			AOB	WL	2	N	OPEN BLADDER DIVERTICULECTOMY	M35.1	OPEN BLADDER DIVERTICULECTOMY		PER DISCHARGE LETTER	59
02/01/2015	02/01/2015			AOB	WL	2	N	ILEAL CONDUIT URINARY DIVERSION	M19.8	ILEAL CONDUIT URINARY DIVERSION			58
17/09/2014	17/09/2014			AJG	WL	4	D	NESBITT'S PROCEDURE & CIRCUMCISION CAH ONLY PER AJG	N30.3	NESBITT'S PROCEDURE & CIRCUMCISION CAH ONLY PER AJG		PER GREEN PROFRMA	58
05/01/2015	05/01/2015			AOB	WL	4	N	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN			58
05/01/2015	05/01/2015			AOB	WL	4	N	TURP	M65.3	TURP			58
05/01/2015	05/01/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	58
06/01/2015	06/01/2015			AOB	WL	4	N	TURP - (ON WARFARIN NEEDS CLEXANE)	M65.3	TURP - (ON WARFARIN NEEDS CLEXANE)			58
07/01/2015	07/01/2015			MY	WL	2	N	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- BNI	M45.8	GA CYSTOSCOPY +/- URETHRAL DILATATION +/- BNI		PER KAREN	58
08/01/2015	08/01/2015			MY	WL	4	D	COMPLETITION CIRCUMCISION	N30.3	COMPLETITION CIRCUMCISION		PER MR YOUNG AT CLINIC 08.01.15	57
09/01/2015	09/01/2015			MDH	WL	4	N	08/15 TURP	M65.3	08/15 TURP		PER MR HAYNES	57
09/01/2015	09/01/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY		SC CESWL 090115 TCI PER MY	57
09/01/2015	09/01/2015			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU)		PER E-MAIL VIA AOB	57
11/01/2015	11/01/2015			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	MAR 15 ROS & LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		PER E-MAIL VIA AOB	57
13/10/2014	13/10/2014			MY	WL	4	N	HYDROCELE REPAIR PLAVIX CARDIAC STENTS/SLEEP APNOEA	N11.8	HYDROCELE REPAIR		PLA WL PER MR YOUNG	57
13/01/2015	13/01/2015			AOB	WL	4	N	TURP	M65.3	TURP			57
14/01/2015	14/01/2015			MDH	WL	4	N	TURP WILL TAKE CANCELLATION	M65.3	TURP WILL TAKE CANCELLATION		PER MR HAYNES	57
21/01/2015	21/01/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY (TO HAVE ESWL 1ST)	M30.9	LEFT FLEXIBLE URETEROSCOPY (TO HAVE ESWL 1ST)		PD - PER MR YOUNG RE: RESULTS 21.01.15	56
22/01/2015	22/01/2015			AOB	WL	2	N	TROC, ULTRASOUND SCAN ?TURP	M47.3	TROC, ULTRASOUND SCAN ?TURP			56
22/01/2015	22/01/2015			AOB	WL	4	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			56
26/01/2015	26/01/2015			MY	WL	4	N	TURP	M65.3	TURP		PD - PER MR YOUNG AT SWAH CLINIC 26.01.15	55
26/01/2015	26/01/2015			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER KAREN RE: X-RAY CONFERENCE 26.01.15	55
27/01/2015	27/01/2015			AOB	WL	2	N	TURP	M65.3	TURP			55
03/02/2014	03/02/2014			AOB	WL	4	N	TURP	M65.3	TURP			55
28/01/2015	28/01/2015			MDH	WL	4	N	TURP CLOPIDOGREL	M65.3	TURP CLOPIDOGREL		PER MR HAYNES	55
28/01/2015	28/01/2015			MY	WL	4	N	TURP	M65.3	TURP		PER MR YOUNG AT CLINIC 28.01.15	55
29/01/2015	29/01/2015			AOB	WL	2	D	EXCISION OF RIGHT EPIDIDYMAL CYST Personal INTERPRETER	N15.3	EXCISION OF RIGHT EPIDIDYMAL CYST Personal INTERPRETER		PER MR SURESH CLINIC	54
30/01/2015	30/01/2015			AOB	WL	2	N	LEFT URETEROSCOPIC LITHOTRIPSY	M09.2	LEFT URETEROSCOPIC LITHOTRIPSY			54
30/01/2015	30/01/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	54

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9/02/2015	09/02/2015			MY	WL	4	D	VASECTOMY REVERSAL CAN COME AT SHORT NOTICE NA 280815-0309	N18.1	VASECTOMY REVERSAL CAN COME AT SHORT NOTICE		PD - PER MR YOUNG AT SWAH 09.02.15	53
9/02/2015	09/02/2015			AOB	WL	4	N	TURP	M65.3	TURP			53
1/02/2015	11/02/2015			MDH	WL	4	N	BIPOLAR TURP	M65.3	BIPOLAR TURP		PER MR HAYNES	53
2/02/2015	12/02/2015			MY	WL	2	D	OPTICAL URETHROTOMY - ON WRONG WL CHANGED TO INPT PER MRY	M76.3	OPTICAL URETHROTOMY		PER RACHAEL	53
7/02/2015	17/02/2015			AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY			52
7/02/2015	17/02/2015			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			52
7/02/2015	17/02/2015			AOB	WL	4	N	DIVISION OF PREPUTIAL ADHESIONS +/- CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS +/- CIRCUMCISION			52
7/02/2015	17/02/2015			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			52
9/02/2015	19/02/2015			MY	WL	4	N	TURP	M65.3	TURP - pt phon 12.08.15 ? date		PD - PER MR YOUNG AT CLINIC 19.02.15	52
0/02/2015	20/02/2015			MY	WL	4	N	TURP PLAVIX & ASPIRIN	M65.3	TURP		PD - PER MR YOUNG AT CLINIC 20.02.15	51
0/02/2015	20/02/2015			MY	WL	2	D	RIGHT URETEROSCOPY & LASERTRIPSY AOB PATIENT	M30.9	RIGHT URETEROSCOPY & LASERTRIPSY AOB PATIENT		PER MR YOUNG AT STC CLINIC 20.02.15	51
0/02/2015	20/02/2015			MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY		PER STC CLINIC 20.02.15	51
4/02/2015	24/02/2015			AOB	WL	4	N	TURP	M65.3	TURP			51
4/02/2015	24/02/2015			AOB	WL	4	N	CIRCUMCISION	N30.3	CIRCUMCISION			51
5/03/2015	05/03/2015			MY	WL	2	N	TURP	M65.3	TURP		PER MR YOUNG CLINIC	50
6/03/2015	06/03/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY		PER RED ESWL BOOK	49
7/03/2015	07/03/2015			AOB	WL	4	N	TURP AFTER CARDIOLOGY ASSESSMENT	M65.3	TURP AFTER CARDIOLOGY ASSESSMENT		PER MR OBRIEN	49
0/03/2015	10/03/2015			AOB	WL	2	N	TURP	M65.3	TURP			49
0/03/2015	10/03/2015			AOB	WL	2	N	RIGHT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY & STENTING	M09.2	RIGHT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY & STENTING			49
1/03/2015	11/03/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	49
6/03/2015	16/03/2015			MY	WL	2	D	DYSPORT BLADDER WALL INJECTION	M49.4	DYSPORT BLADDER WALL INJECTION		PER MR YOUNG CLINIC	48
6/03/2015	16/03/2015			AOB	WL	2	N	LEFT NEPHRECTOMY (STENT INSITU)	M02.5	LEFT NEPHRECTOMY (STENT INSITU)			48
0/03/2015	20/03/2015			MY	WL	2	N	TURP WARFARIN/CATHETER IN SITU	M65.3	TURP WARFARIN/CATHETER IN SITU		PER MR YOUNG AT CLINIC 20.03.15	47
6/07/2014	20/03/2015			MDH	WL	4	N	BLADDER NECK INCISION +/- TURP	M66.2	BLADDER NECK INCISION +/- TURP		PER MR HAYNES	47
0/03/2015	20/03/2015			MY	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC CESWL 200315 TCI PER MY	47
0/03/2015	20/03/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY-WILL TAKE CANC	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC CESWL 200315 TCI PER MY	47
0/03/2015	20/03/2015			MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC CESWL 200315 TCI PER MY	47
3/03/2015	23/03/2015			MY	WL	2	D	NESBIT'S PROCEDURE - PT PHON?DATE 13.08.15	N28.8	NESBIT'S PROCEDURE		SC OPD 230315 TCI PER MY	47
3/03/2015	23/03/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER JENNY MARTIN	47
3/03/2015	23/03/2015			AOB	WL	2	N	REFASHIONING OF STOMA	M19.5	REFASHIONING OF STOMA			47
4/03/2015	24/03/2015			MDH	WL	4	N	TURP	M65.3	TURP (NFSN ANTIBODIES)		PER MR HAYNES	47
4/03/2015	24/03/2015			AOB	WL	4	N	TURP	M65.3	TURP			47
5/03/2015	25/03/2015			AOB	WL	4	D	CIRCUMCISION & VASECTOMY LETTER IN B/F	N30.3	CIRCUMCISION & VASECTOMY LETTER IN B/F		SC PER MY @ HPC 25.03.15	47
6/03/2015	26/03/2015			MDH	WL	4	N	09/15 BLADDER NECK INCISION	M66.2	09/15 BLADDER NECK INCISION		PER MR HAYNES	47
0/12/2014	30/12/2014			AOB	WL	2	N	EXCISION OF LARGE EPIDIDYMAL CYST & FLEXIBLE CYSTOSCOPY	N15.3	EXCISION OF LARGE EPIDIDYMAL CYST & FLEXIBLE CYSTOSCOPY			46
0/03/2015	30/03/2015			AOB	WL	2	N	TURP	M65.3	TURP			46
1/03/2015	31/03/2015			AOB	WL	4	N	TURP	M65.3	TURP			46
1/03/2015	31/03/2015			AOB	WL	2	N	TURP	M65.3	TURP			46
1/03/2015	31/03/2015			AOB	WL	4	N	TURP	M65.3	TURP NEEDS 1 MONTHS NOTICE			46
1/03/2015	31/03/2015			AOB	WL	2	N	URETHRAL DILATATION (ON ABATACEPT-TO BE STOPPED 2 WKS PRIOR)	M76.4	URETHRAL DILATATION (ON ABATACEPT-TO BE STOPPED 2 WKS PRIOR)			46
2/04/2015	02/04/2015			JOD	WL	4	D	LEFT TESTICULAR PROSTHESIS	N10.1	LEFT TESTICULAR PROSTHESIS		PER JOD	45
3/04/2015	03/04/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	45
3/04/2015	03/04/2015			MY	WL	4	D	RIGHT FLEXIBLE URETEROSCOPY & LASER	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASER		PER STC CLINIC 03.04.15	45
4/02/2015	24/02/2015			AOB	WL	4	N	TURP (TO BE REVIEWED BY CARDIOLOGY PRIOR TO DATE - 13.8/15)	M65.3	TURP (TO BE REVIEWED BY CARDIOLOGY PRIOR TO DATE - 13.8.15)			45
9/04/2015	09/04/2015			AOB	WL	4	N	TURP	M65.3	TURP		PER LUTS CLINIC	45
9/04/2015	09/04/2015			MY	WL	2	N	CIRCUMCISION & BLADDER NECK INCISION +/- TURP	N30.3	CIRCUMCISION & BLADDER NECK INCISION +/- TURP		PD - PER MR YOUNG AT URODYNAMICS 09.04.15	44
0/04/2015	10/04/2015			MY	WL	4	N	TURP	M65.3	TURP		PD - PER MR YOUNG AT CLINIC 10.04.15	44
0/04/2015	10/04/2015			MY	WL	4	D	RIGHT URETEROSCOPY & LASERTRIPSY (HOLIDAY TIMES ONLY)	M30.9	RIGHT URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 10.04.15	44
0/04/2015	10/04/2015			AOB	SA	2	N	TURBT AND BLADDER BIOPSIES	M42.1	TURBT AND BLADDER BIOPSIES			44
0/04/2015	10/04/2015			AOB	WL	2	N	GA CYSTOSCOPY +/- OPTICAL URETHROTOMY	M45.9	GA CYSTOSCOPY +/- OPTICAL URETHROTOMY			44
4/04/2015	14/04/2015			AOB	WL	2	N	TURP (ON WARFARIN - NEEDS CLEXANE)	M65.3	TURP (ON WARFARIN - NEEDS CLEXANE)			44
0/03/2015	15/04/2015			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU)			44
7/04/2015	17/04/2015			AOB	WL	4	N	INTRAMURAL INJECTION OF 400 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 400 UNITS OF BOTULINUM TOXIN			43

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20/04/2015	20/04/2015			MY	WL	4	N	TURP REQUIRES F2F ANAESTHETIC ASSESSMENT-BAD CHEST PLAVIX	M65.3	TURP REQUIRES F2F ANAESTHETIC ASSESSMENT-BAD CHEST PLAVIX		PD - PER MR YOUNG AT BURM1 20.04.15	43
24/04/2015	24/04/2015			MY	WL	2	D	LEFT URETEROSCOPY & LASERTRIPSY	M30.9	LEFT URETEROSCOPY & LASERTRIPSY		PD - PER MR YOUNG AT CLINIC 24.04.15	42
27/04/2015	27/04/2015	27/07/2015		MY	WL	4	D	RIGHT ESWL AOB PT - AORTIC ANEURYSM/ASPIRIN	M14.1	RIGHT ESWL AOB PT - AORTIC ANEURYSM/ASPIRIN	STONE TREATMENT CENTRE	PER STC 27.04.15	42
29/12/2014	27/04/2015			MY	WL	4	D	RIGHT ESWL - TO SEE RHEUMATOLOGY 1ST PER PATIENT	M14.1	RIGHT ESWL		PER STC CLINIC 29.12.14	42
02/03/2015	02/03/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	42
27/04/2015	27/04/2015			AOB	WL	2	N	TURP	M65.3	TURP			42
28/04/2015	28/04/2015			AOB	WL	4	N	RIGID CYSTOSCOPY AND HYDRODISTENSION	M45.9	RIGID CYSTOSCOPY AND HYDRODISTENSION			42
28/04/2015	28/04/2015			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU) FIT(10.08.15)CD			42
30/04/2015	30/04/2015			MY	WL	2	N	GA CYSTOSCOPY & BOTOX (INPATIENT) - TCI DAY BEFORE	M45.9	GA CYSTOSCOPY & BOTOX (INPATIENT) - TCI DAY BEFORE		PER MR O'DONOGHUE AT CMYUDS 30.04.15	41
01/05/2015	01/05/2015			AOB	WL	4	N	CYSTOSCOPY ?TURP	M45.9	CYSTOSCOPY ?TURP			41
01/05/2015	01/05/2015			AOB	WL	4	N	DIVISION OF ADHESIONS ?CIRCUMCISION	N30.2	DIVISION OF ADHESIONS ?CIRCUMCISION			41
01/05/2015	01/05/2015			MY	WL	2	D	MEATAL DILATATION (AS INPATIENT PER MR YOUNG)	M81.4	MEATAL DILATATION (AS INPATIENT PER MR YOUNG)		PD - PER MR YOUNG AT CLINIC 01.05.15	41
01/05/2015	01/05/2015			MY	WL	4	N	PREPULOPLASTY/CIRCUMCISION & TURP TAB DIABETIC	N30.1	PREPULOPLASTY/CIRCUMCISION & TURP TAB DIABETIC		PD - PER MR YOUNG AT CLINIC 01.05.15	41
01/05/2015	01/05/2015			AOB	WL	2	N	TURP	M65.3	TURP			41
05/05/2015	05/05/2015			AOB	WL	4	N	TURP	M65.3	TURP			41
11/05/2015	11/05/2015			JOD	WL	4	D	GA CYSTOSCOPY/INSERTION OF URODYNAMIC CATHETERS & URODYNAMIC	M45.9	GA CYSTOSCOPY/INSERTION OF URODYNAMIC CATHETERS & URODYNAMIC		URODYNAMICS TO BE COMPLETED SAME DAY IN TDU	40
11/05/2015	11/05/2015			AOB	WL	2	N	FLEXIBLE CYSTOSCOPY & INTRAMURAL INJECT OF 1000 UNITS BOTOX	M45.9	FLEXIBLE CYSTOSCOPY & INTRAMURAL INJECT OF 1000 UNITS BOTOX			40
11/05/2015	11/05/2015			AOB	WL	2	N	LEFT ORCHIDOPEXY	N09.3	LEFT ORCHIDOPEXY			40
12/05/2015	12/05/2015			AOB	WL	4	N	TURP	M65.3	TURP WOULD TAKE CANCELLATION			40
13/05/2015	13/05/2015			AOB	WL	4	D	CIRCUMCISION - CAN COME AT SHORT NOTICE LTR IN B/F	N30.3	CIRCUMCISION - CAN COME AT SHORT NOTICE LTR IN B/F		PD - PER MR YOUNG AT HPC 13.05.15	40
19/02/2015	19/02/2015			JOD	WL	4	N	CIRCUMCISION & LEFT HYDROCELE REPAIR	N30.3	CIRCUMCISION & LEFT HYDROCELE REPAIR		PER JENNY MARTIN	40
14/05/2015	14/05/2015			AOB	WL	2	N	TURP AND REMOVAL OF CATHETER	M65.3	TURP AND REMOVAL OF CATHETER			39
14/05/2015	14/05/2015			MY	WL	4	N	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL		PD - PER MR YOUNG AT CLINIC 14.05.15	39
15/05/2015	15/05/2015			MY	WL	4	D	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LASERTRIPSY		PER STC CLINIC 15.05.15	39
29/12/2014	19/05/2015			MY	WL	2	D	RED FLAG URETHRAL DILATATION +/- OPTICAL URETHROTOMY & C/U	M76.4	RED FLAG URETHRAL DILATATION +/- OPTICAL URETHROTOMY & C/U		PD - PER KAREN AT CLINIC 29.12.14	39
20/05/2015	20/05/2015	24/02/2016		KS	WL	2	N	LEFT URETEROSCOPY, LASER ABLATION & STENTING	M30.9	LEFT URETEROSCOPY, LASER ABLATION & STENTING	1 WEST ELECTIVE ADMISSION WARD	PER KS CLINIC	39
22/05/2015	22/05/2015			AOB	WL	4	D	CYSTOSCOPY	M45.9	CYSTOSCOPY		PD - PER MR YOUNG AT CLINIC 22.05.15	38
22/05/2015	22/05/2015			AOB	WL	2	N	TURP	M65.3	TURP			38
17/09/2014	27/05/2015			JOD	WL	4	N	VASECTOMY & LEFT VARICOCELE LIGATION	N17.1	VASECTOMY & LEFT VARICOCELE LIGATION		PER CONSULTANT	38
27/05/2015	27/05/2015			MDH	WL	2	N	URETEROSCOPY & LASER FRAGMENTATION B4 END JUNE	M30.9	URETEROSCOPY & LASER FRAGMENTATION		PER MR HAYNES	38
28/05/2015	28/05/2015	22/07/2015		MY	WL	4	D	ESWL	M14.1	ESWL	STONE TREATMENT CENTRE	PER STC 28.05.15	37
28/05/2015	28/05/2015			MY	WL	4	N	RIGHT PARTIAL EPIDIDYMECTOMY MY ONLY TO DO	N15.2	RIGHT PARTIAL EPIDIDYMECTOMY		PLA PER MR YOUNG	37
29/05/2015	29/05/2015			KS	WL	4	N	CYSTOSCOPY & BOTOX MRSA WHEELCHAIR BOUND HOISTING	M45.9	CYSTOSCOPY & BOTOX MRSA WHEELCHAIR BOUND HOISTING		PER JENNY/MR SURESH	37
29/05/2015	29/05/2015			AOB	WL	4	N	TURP AND INTRAMURAL INJECTION OF 500 UNITS BOTULINUM TOXIN	M65.3	TURP AND INTRAMURAL INJECTION OF 500 UNITS BOTULINUM TOXIN			37
29/05/2015	29/05/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY		SC CESWL 290515 TCI PER MY	37
30/01/2015	30/01/2015			KS	WL	2	N	FLEXIBLE CYSTOSCOPY & LASER STONE ABLATION HIGH RISK	M45.9	FLEXIBLE CYSTOSCOPY & LASER STONE ABLATION HIGH RISK		PER RACHAEL DISCHARGE - CHANGED PER KS	37
11/03/2015	11/03/2015			AJG	WL	4	N	TURP	M65.1	TURP		PER CLINIC	37
05/06/2015	05/06/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	36
05/06/2015	05/06/2015			MY	WL	2	D	URETEROSCOPY	M30.9	URETEROSCOPY		PER STC CLINIC 05.06.15	36
05/06/2015	05/06/2015			MY	WL	2	N	LEFT PCNL	M09.9	LEFT PCNL		PER STC CLINIC 05.06.15	36
05/06/2015	05/06/2015			KS	WL	2	D	LEFT FLEXIBLE URETEROSCOPY	M30.9	LEFT FLEXIBLE URETEROSCOPY		PER STONE CLINIC	36
30/01/2015	08/06/2015			MY	WL	4	D	ESWL (BOTH SIDES) ? PATIENT PHONING TO CONFIRM DATE	M14.1	ESWL (BOTH SIDES) ? PATIENT PHONING TO CONFIRM DATE		PER STC CLINIC 30.01.15	36
12/06/2015	12/06/2015			MY	WL	2	D	URETEROSCOPY SEVERE EPILEPSY	M30.9	URETEROSCOPY SEVERE EPILEPSY		PER STC 12.06.15	35
13/06/2015	13/06/2015			JOD	WL	4	N	CYSTOSCOPY AND URETHRAL DILATATION	M45.9	CYSTOSCOPY AND URETHRAL DILATATION			35
15/06/2015	15/06/2015			KS	WL	4	D	VASECTOMY & CIRC +/- MEATAL DILATATION DIABETIC 105KGS	N17.1	VASECTOMY & CIRC +/- MEATAL DILATATION DIABETIC 105KGS		PER KS CLINIC	35
15/06/2015	15/06/2015			MY	WL	4	N	TURP PLAVIX / TAB DIABETIC	M65.3	TURP PLAVIX / TAB DIABETIC		PD - PER MR YOUNG AT CLINIC 15.06.15	35
16/06/2015	16/06/2015			MDH	WL	2	N	LAPAROSCOPIC NEPHRECTOMY	M02.5	LAPAROSCOPIC NEPHRECTOMY		PER MR HAYNES	35
19/06/2015	19/06/2015			MY	WL	2	N	BLADDER NECK INCISION CATHETER IN SITU	M66.2	BLADDER NECK INCISION CATHETER IN SITU		PER RACHAEL AT DSU 19.06.15	34
22/06/2015	22/06/2015			MY	DA	2	N	CYSTOLITHOLAPAXY LETTER IN B/F	M44.1	CYSTOLITHOLAPAXY		PER MR YOUNG RE: NEW LTR GP 19.06.15	34
23/06/2015	23/06/2015			KS	WL	2	N	OPTICAL URETHROTOMY +/- URETHRAL BIOPSY	M76.3	OPTICAL URETHROTOMY +/- URETHRAL BIOPSY		PER JENNY MCM	34

23/06/2015	23/06/2015			AOB	WL	2	N	TURP WILL TAKE DATE AT SHORT NOTICE	M65.3	TURP (WILL TAKE DATE AT SHORT NOTICE)			34
23/06/2015	23/06/2015			AOB	WL	4	N	RIGHT ORCHIDOPEXY AND LEFT PPV	N09.3	RIGHT ORCHIDOPEXY AND LEFT PPV			34
23/06/2015	23/06/2015			AOB	WL	4	N	LEFT ORCHIDOPEXY	N09.3	LEFT ORCHIDOPEXY			34
24/06/2015	24/06/2015			KS	WL	4	N	BNI/TURP	M65.3	BNI/TURP		PER KS CLINIC	34
24/06/2015	24/06/2015			MY	WL	4	N	TURP	M65.3	TURP		PER WARD DISCHARGE	34
24/06/2015	24/06/2015			MY	WL	2	N	TURP CATHETER IN SITU	M65.3	TURP FIT(23.12.15)		PER EMAIL FROM JILL ON WARD	34
24/06/2015	24/06/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER MR YOUNG 20.07.15	34
25/06/2015	25/06/2015			MY	WL	4	D	EXCISION OF RIGHT EPIDIDYMAL CYST	N15.3	EXCISION OF RIGHT EPIDIDYMAL CYST		PD - PER JENNY AT CLINIC 25.06.15	34
25/06/2015	25/06/2015			KS	WL	2	N	TURP CHANGE TO URGENT 070216	M65.3	TURP		PER RACHAEL CLINIC	34
26/06/2015	26/06/2015			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION		PD - PER MR YOUNG AT URODYNAMICS 26.06.15	33
29/06/2015	29/06/2015			AOB	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR OBRIEN	33
03/07/2015	03/07/2015			AOB	SA	2	N	URETHRAL DILATATION CYSTOSOCPY BLADDER BIOPSIES DIATHERMY	M76.4	URETHRAL DILATATION CYSTOSCOPY BLADDER BIOPSIES DIATHERMY			32
07/07/2015	07/07/2015			MDH	WL	4	D	HYDROCELE REPAIR	N11.1	HYDROCELE REPAIR		PER MR HAYNES	32
07/07/2015	07/07/2015			AOB	WL	2	N	ROS & LEFT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	ROS & LEFT RIGID ?FLEXIBLE URETEROSCOPIC LITHOTRIPSY			32
07/07/2015	07/07/2015			AOB	WL	2	N	TURP (CATHETER) (PACEMAKER) (ECHO DONE 1/16 PRIOR TO SURGERY	M65.3	TURP (CATHETER) (PACEMAKER)- ECJO DONE 1/16 PRIOR TO SURGERY			32
10/07/2015	10/07/2015			AOB	WL	4	D	INTRAMURAL INJECTION OF 300 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 300 UNITS OF BOTULINUM TOXIN			31
20/04/2015	20/04/2015			MY	WL	4	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION		PD - PER MR YOUNG AT CLINIC 20.04.15	31
16/07/2015	16/07/2015			AOB	WL	2	N	INTERNAL VISUAL URETHROTOMY	M79.4	INTERNAL VISUAL URETHROTOMY		PER JENNY LUTS	31
17/07/2015	17/07/2015			AOB	WL	2	N	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN			30
20/07/2015	20/07/2015	19/02/2016		KS	WL	4	D	FLEXIBLE CYSTOSCOPY & SPC INSERTION MRSA HOISTING	M45.9	FLEXIBLE CYSTOSCOPY & SPC INSERTION MRSA HOISITNG	1 WEST ELECTIVE ADMISSION WARD	PER KS CLINIC	30
20/07/2015	20/07/2015			KS	WL	2	D	CIRCUMCISION UNDER LA URGENT	N30.3	CIRCUMCISION UNDER LA URGENT		PER KS CLINIC	30
20/07/2015	20/07/2015			MY	WL	2	N	NESBITT'S PROCEDURE - WILL TAKE CANCELLATION	N28.8	NESBITT'S PROCEDURE		PD - PER MR YOUNG AT CLINIC 20.07.15	30
20/07/2015	20/07/2015			AOB	WL	2	N	INTERNAL URETHROTOMY	M79.4	INTERNAL URETHROTOMY			30
21/07/2015	21/07/2015			MDH	WL	2	N	LAPAROSCOPIC PYELOPLASTY REDO	M10.2	LAPAROSCOPIC PYELOPLASTY REDO		PER MR HAYNES	30
21/07/2015	21/07/2015			AOB	WL	4	N	TURP	M65.3	TURP			30
21/07/2015	21/07/2015			AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			30
22/07/2015	22/07/2015			MY	WL	4	D	RIGHT HYDROCELE REPAIR CAH SITE AUTISM/EPILEPSY LTR B/F	N11.1	RIGHT HYDROCELE REPAIR CAH SITE AUTISM/EPILEPSY		PD - PER MR YOUNG AT HPC 22.07.15	30
22/07/2015	22/07/2015			KS	WL	4	N	TURP	M65.3	TURP		PER KS UDS CLINIC	30
23/07/2015	23/07/2015			AOB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PD - PER JENNY AT CLINIC 23.07.15	30
24/07/2015	24/07/2015			MY	WL	4	N	TURP & NESBITT'S TAB DIABETIC	M65.3	TURP & NESBITT'S TAB DIABETIC		PD - PER MR YOUNG AT CLINIC 24.07.15	29
24/07/2015	24/07/2015			KS	WL	4	N	LEFT URETEROSCOPY & LASER STONE ABLATION	M30.9	LEFT URETEROSCOPY & LASER STONE ABLATION		PER KS DISCHARGE LTR	29
27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION AFTER JANUARY 2016	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 27.07.15	29
27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 27.07.15	29
27/07/2015	27/07/2015			AOB	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 27.07.15	29
27/07/2015	27/07/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION N/A AT SHORT NOTICE	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 27.07.15	29
27/07/2015	27/07/2015			AOB	WL	4	D	PREPULOPLASTY	N30.1	PREPULOPLASTY		PD - PER MR YOUNG AT CLINIC 27.07.15	29
31/07/2015	31/07/2015			AOB	WL	4	D	INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN	M43.4	INTERMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN			28
03/08/2015	03/08/2015	16/12/2015		JOD	WL	2	D	GA CYSTOSCOPY AND URETHRAL DILATATION	M45.9	GA CYSTOSCOPY AND URETHRAL DILATATION	DAY SURGERY UNIT		28
06/08/2015	06/08/2015			MY	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PER BASH AT CLINIC 06.08.15	27
06/08/2015	06/08/2015			MY	WL	4	D	VASECTOMY (PT TO CONTACT RE DATE THAT SUITS)	N17.1	VASECTOMY (PT TO CONTACT RE DATE THAT SUITS)		PD - PER MR YOUNG AT CLINIC 06.08.15	27
07/08/2015	07/08/2015			AJG	WL	2	N	TURP	M65.1	TURP		PER READMISSION BOOK	27
07/08/2015	07/08/2015			MY	WL	4	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 07.08.15	27
10/08/2015	10/08/2015			MY	WL	2	N	BLADDER LITHOPAXY & RIGHT URETEROGRAM (1ST ON LIST)	M44.1	BLADDER LITHOPAXY & RIGHT URETEROGRAM (1ST ON LIST)		PD - PER MR YOUNG AT SWAH 10.08.15	27
10/08/2015	10/08/2015			MY	WL	4	N	NESBITT'S	N28.8	NESBITT'S		PD - PER MR YOUNG AT SWAH 10.08.15	27
12/08/2015	12/08/2015			MY	WL	4	D	URETHRAL DILATATION LETTER IN B/F CAH ONLY	M76.4	URETHRAL DILATATION LETTER IN B/F		PER MR YOUNG RE: REFERRAL GP	27
12/08/2015	12/08/2015			MY	WL	4	D	PROC CHANGED TO VARICOCELE LIGATION 120815 - LETTER IN B/F	N19.1	PROC CHANGED TO VARICOCELE LIGATION 120815 - LETTER IN B/F		PER MR YOUNG AT HPC 18.03.15	27
13/08/2015	13/08/2015			MY	WL	4	D	PREPULOPLASTY (? INTERP REQ'D - REFUSED AT OPC)	N30.1	PREPULOPLASTY		PD - PER MR YOUNG AT CLINIC 13.08.15	27
13/08/2015	13/08/2015			MY	WL	4	N	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL		PD - PER MR YOUNG AT CLINIC 13.08.15	27
14/10/2013	13/08/2015			MY	WL	2	N	RIGHT PCNL DIABETIC NIDDM	M09.9	RIGHT PCNL NIDDM		PER STC	26
14/08/2015	14/08/2015			AOB	WL	2	N	TURBT - LEAVE TO APRIL 2016	M42.1	TURBT - WIFE UNWELL AND DAUGHTER WILL BE HOME TO ASSIST			26
17/08/2015	17/08/2015	16/02/2016		JOD	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU	1 WEST ELECTIVE ADMISSION WARD	PER MR HAYNES	26
17/08/2015	17/08/2015			AOB	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 17.08.15	26
17/08/2015	17/08/2015			MY	WL	2	D	LEFT URETEROSCOPY & LASERTRIPSY	M30.9	LEFT URETEROSCOPY & LASERTRIPSY		PER STC 17.08.15	26
19/08/2015	19/08/2015			MDH	WL	4	N	EXCISION OF HYDROCELE APIXABAN	N11.1	EXCISION OF HYDROCELE APIXABAN		PER MR HAYNES	26

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23/08/2015	23/08/2015			KS	WL	2	N	URS & LASER +/- STENTING WHEELCHAIR/QUADRIPLEGIA/MRSA	M30.9	URS & LASER +/- STENTING WHEELCHAIR/QUADRIPLEGIA/MRSA		PER KS LETTER	25
24/08/2015	24/08/2015			AOB	WL	2	N	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 1000 UNITS OF BOTULINUM TOXIN			25
24/08/2015	24/08/2015			AOB	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			25
24/08/2015	24/08/2015			AOB	WL	2	N	CYSTOSCOPY AND SUPRAPUBIC CATHETERISATION	M45.9	CYSTOSOCPY AND SUPRAPUBIC CATHETERISATION			25
25/08/2015	25/08/2015			AOB	WL	4	N	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M09.2	RIGHT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			25
25/08/2015	25/08/2015			AOB	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY			25
26/08/2015	26/08/2015	24/02/2016		MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA	DAY SURGERY UNIT	PER PT & MR HAYNES	25
27/08/2015	27/08/2015			AOB	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 27.08.15	24
28/08/2015	28/08/2015			AJG	WL	2	N	TURP	M65.1	TURP		PER DISCHARGE LETTER	24
28/08/2015	28/08/2015			KS	WL	4	D	CYSTOSCOPY & DISTENSION OF BLADDER	M45.8	CYSTOSCOPY & DISTENSION OF BLADDER		PER MR HAYNES	24
01/09/2015	01/09/2015	23/02/2016		AJG	WL	2	N	URETHRAL DILATATION AND CYSTOSCOPY	M45.9	URETHRAL DILATATION AND CYSTOSCOPY	STH DAY PROCEDURE UNIT	PER CLINIC	24
02/09/2015	02/09/2015			AOB	WL	2	D	REMOVAL OF STENT (AS PER MR YOUNG)	M29.3	REMOVAL OF STENT (AS PER MR YOUNG			24
02/09/2015	02/09/2015			AJG	WL	2	N	TURP	M65.1	TURP		PER AJG CLINIC LETTER	24
03/09/2015	03/09/2015			MY	WL	4	D	VARICOCELE LIGATION AT SCHOOL - AIM FOR SCHOOL HOLS	N19.1	VARICOCELE LIGATION AT SCHOOL - AIM FOR SCHOOL HOLS		PD - PER MR YOUNG AT CLINIC 03.09.15	24
03/09/2015	03/09/2015			MY	WL	4	D	VASECTOMY N/A AT SHORT NOTICE	N17.1	VASECTOMY		PD - PER MR YOUNG AT CLINIC 03.09.15	24
03/09/2015	03/09/2015			MY	WL	4	D	CYSTOSCOPY	M45.9	CYSTOSCOPY		PD - PER MR YOUNG 03.09.15	24
03/09/2015	03/09/2015	16/02/2016		KS	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION	DAY SURGERY UNIT	PD - PER JENNY AT CLINIC 03.09.15	24
03/09/2015	03/09/2015			MY	WL	2	N	URETHRAL DILATATION WARFARIN/IDDM - ? UNDER PENILE BLOCK	M76.4	URETHRAL DILATATION WARFARIN/IDDM ? UNDER PENILE BLOCK		PD - PER MR YOUNG AT CLINIC 03.09.15 needs 1st on list	24
04/09/2015	04/09/2015			AOB	WL	2	N	RIGID CYSTOSCOPY, TURP AND BLADDER BIOPSIES	M65.3	RIGID CYSTOSCOPY, TURP AND BLADDER BIOPSIES		PER READMISSION BOOK	23
04/09/2015	04/09/2015			AOB	WL	2	N	TURP	M65.3	TURP			23
04/09/2015	04/09/2015			AOB	WL	2	N	TURP AND URETHRAL DILATATION	M65.3	TURP AND URETHRAL DILATATION			23
04/09/2015	04/09/2015			AOB	WL	2	N	TURP	M65.3	TURP			23
04/09/2015	04/09/2015			MY	WL	2	N	SOON TURP (PERFORMING ISC)	M65.3	SOON TURP (PERFORMING ISC)		PD - PER MR YOUNG AT CLINIC 04.09.15	23
04/09/2015	04/09/2015			MY	WL	4	N	TURP WARFARIN	M65.3	TURP WARFARIN		PD - PER MR YOUNG AT CLINIC 04.09.15	23
04/09/2015	04/09/2015			MY	WL	2	N	TURP CATHETER IN SITU	M65.3	TURP CATHETER IN SITU		PD - PER MR YOUNG AT CLINIC 04.09.15	23
04/09/2015	04/09/2015			MY	WL	4	N	TURP DIET CONTROLLED DIABETIC	M65.3	TURP		PD - PER MR YOUNG AT CLINIC 04.09.15	23
04/09/2015	04/09/2015			MY	WL	4	N	BLADDER NECK INCISION +/- TURP	M66.2	BLADDER NECK INCISION +/- TURP		PD - PER MR YOUNG AT CLINIC 04.09.15	23
05/09/2015	05/09/2015			AJG	WL	2	D	FLEXIBLE CYSTOSCOPY & URETHRAL DILATATION MAIN THEATRES	M45.9	FLEXIBLE CYSTOSCOPY & URETHRAL DILATATION MAIN THEATRES		PER MR GLACKIN	23
07/09/2015	07/09/2015			AJG	WL	4	N	TURP CLOPIDOGREL	M65.3	TURP		PER JENNY MCM	23
07/09/2015	07/09/2015			MY	WL	2	D	RIGHT FLEX URETEROSCOPY & LASER - URGENT	M30.9	RIGHT FLEX URETEROSCOPY & LASER - URGENT		PER CLINIC OUTCOME SHEET	23
07/09/2015	07/09/2015			AOB	WL	4	N	TURP	M65.3	TURP			23
08/09/2015	08/09/2015			KS	WL	2	N	RIGHT URETEROSCOPY & LASER ABLATION	M30.9	RIGHT URETEROSCOPY & LASER ABLATION		PER KS CLINIC	23
08/09/2015	08/09/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	23
08/09/2015	08/09/2015	16/02/2016		JOD	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU	1 WEST ELECTIVE ADMISSION WARD	PER MR HAYNES	23
08/09/2015	08/09/2015			AOB	WL	4	N	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION	N30.2	DIVISION OF PREPUTIAL ADHESIONS ? CIRCUMCISION			23
09/09/2015	09/09/2015			KS	WL	2	N	CYSTOSCOPY & SUPRAPUBIC CATHETER INSERTION	M45.8	CYSTOSCOPY & SUPRAPUBIC CATHETER INSERTION		PER MR HAYNES	23
24/03/2015	09/09/2015			MY	WL	4	D	ESWL - NOT AVAILABLE AT SHORT NOTICE-NEEDS TO ORGANISE TRANS	M14.1	ESWL - uta 13.08.15 - on hols not back until 15.08.15		PER MR YOUNG RE: RESULTS 24.03.15	23
09/09/2015	09/09/2015			AJG	WL	2	D	RIGID CYSTOSCOPY AND RIGHT RETROGRADE STUDY	M45.9	RIGID CYSTOSCOPY AND RIGHT RETROGRADE STUDY		per clinic	23
24/06/2015	24/06/2015			AJG	WL	2	N	TURP	M65.1	TURP		PER CLINIC OUTCOME	22
11/09/2015	11/09/2015			MY	WL	4	D	GA CYSTOSCOPY +/- HYDROSTATIC DISTENSION	M45.9	GA CYSTOSCOPY +/- HYDROSTATIC DISTENSION		PD - PER MR YOUNG AT CLINIC 11.09.15	22
14/09/2015	14/09/2015			AJG	SA	2	N	CYSTOSCOPY +/- PALLIATIVE TURP	M45.9	CYSTOSCOPY +/- PALLIATIVE TURP		PER CLINIC	22
14/09/2015	14/09/2015			KS	WL	2	N	TURP CORONARY STENTING	M65.3	TURP CORONARY STENTING		PER JENNY CLINIC	22
14/09/2015	14/09/2015			KS	WL	4	D	VASECTOMY UNDER LA	N17.1	VASECTOMY UNDER LA		PER JENNY CLINIC	22
14/09/2015	14/09/2015			KS	WL	2	N	RIGHT URETEROSCOPY & LASER ABLATION +/- STENTING	M30.9	RIGHT URETEROSCOPY & LASER ABLATION +/- STENTING		PER KS STC CLINIC	22
14/09/2015	14/09/2015			MY	WL	2	N	JANUARY 2016 - TURP - WILL TAKE CANC	M65.3	JANUARY 2016 - TURP		PD - PER MR YOUNG AT CLINIC 14.09.15	22
14/09/2015	14/09/2015	08/03/2016		MY	WL	2	N	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY PRASUGREL-now stopp	M30.9	LEFT FLEXIBLE URETEROSCOPIC LASERTRIPSY-STOP 7DAYS B4	1 WEST ELECTIVE ADMISSION WARD	PD - PER MR YOUNG AT CLINIC 14.09.15	22
15/09/2015	15/09/2015	24/02/2016		MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA	DAY SURGERY UNIT	PER MR HAYNES	22
17/09/2015	17/09/2015			MDH	WL	2	N	OPEN MILLENS PROSTATECTOMY CATHETER INSITU	M61.9	OPEN MILLENS PROSTATECTOMY CATHETER INSITU		PER MR HAYNES	22
17/09/2015	17/09/2015			AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			22
17/09/2015	17/09/2015			JOD	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	21
18/09/2015	18/09/2015	17/02/2016		JOD	WL	4	D	VASECTOMY (LOCAL)	N17.1	VASECTOMY (LOCAL)	DAY SURGERY UNIT		21
18/09/2015	18/09/2015			MY	WL	2	N	CYSTOLITHOLAPAXY	M44.1	CYSTOLITHOLAPAXY		PD - PER MATTHEW AT DSU 18.09.15	21
18/09/2015	18/09/2015			KS	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	21
08/04/2015	18/09/2015			MDH	WL	4	N	TURP	M65.3	TURP FIT 29.5.15 KK		PER JENNY MARTIN	21

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21/09/2015	21/09/2015			KS	WL	2	N	TURP TYPE 2 DIABETIC	M65.3	TURP TYPE 2 DIABETIC		PER KS CLINIC	21
21/09/2015	21/09/2015			AJG	WL	2	D	INGUINAL EXPLORATION AND HYDROCELE REPAIR	N11.1	INGUINAL EXPLORATION AND HYDROCELE REPAIR		PER CLINIC	21
21/09/2015	21/09/2015			KS	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MDH & PT	21
21/09/2015	21/09/2015			MY	WL	2	N	RIGHT PCNL	M09.9	RIGHT PCNL		PER MR SURESH	21
21/09/2015	21/09/2015			AJG	WL	4	D	GA CYSTOSCOPY	M45.8	GA CYSTOSCOPY		PER MR GLACKIN	21
21/09/2015	21/09/2015			AOB	WL	4	N	LEFT FLEXIBLE URETEROSCOPY POST ESWL	M30.9	LEFT FLEXIBLE URETEROSCOPY POST ESWL			21
21/09/2015	21/09/2015			AOB	WL	4	N	TURP	M65.3	TURP			21
22/09/2015	22/09/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER MR HAYNES	21
22/09/2015	22/09/2015	24/02/2016		MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	DAY SURGERY UNIT	PER MR HAYNES	21
22/09/2015	22/09/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	21
22/09/2015	22/09/2015			AOB	WL	4	D	BILATERAL VASECTOMY UNDER LA	N17.1	BILATERAL VASECTOMY UNDER LA			21
23/09/2015	23/09/2015			MDH	WL	4	D	HYDROCELE REPAIR	N11.1	HYDROCELE REPAIR		PER MATTHEW	21
23/09/2015	23/09/2015			AJG	WL	2	D	INTRAVESICAL DYSPORT 1000 UNIT CAH ONLY	M43.4	INTRAVESICAL DYSPORT 1000 UNIT		PER GREEN PROFORMA	21
23/09/2015	23/09/2015			AJG	WL	4	D	NESBIT'S PROCEDURE	N28.8	NESBIT'S PROCEDURE		PER CLINIC	21
23/09/2015	23/09/2015			AJG	WL	4	D	NESBIT'S PROCEDURE	N28.8	NESBIT'S PROCEDURE		PER CLINIC	21
23/09/2015	23/09/2015			KS	WL	2	N	CYSTOSCOPY, WASHOUT OF STONES, BOTOX TO BLADDER	M45.8	CYSTOSCOPY, WASHOUT OF STONES, BOTOX TO BLADDER		PER MR HAYNES	21
23/09/2015	23/09/2015			KS	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	21
24/09/2015	24/09/2015			AOB	WL	4	D	ORCHIDOPEXY & CREMASTERIC DISSECTION	N09.3	ORCHIDOPEXY & CREMASTERIC DISSECTION		PD - PER MR YOUNG AT CLINIC 24.09.15	20
24/09/2015	24/09/2015			KS	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	20
25/09/2015	25/09/2015			MDH	WL	2	N	OPEN MILLENS PROSTATECTOMY CATHETER INSITU	M61.8	OPEN MILLENS PROSTATECTOMY CATHETER INSITU		PER MR HAYNES	20
28/09/2015	28/09/2015			JOD	WL	4	N	TURP	M65.3	TURP			20
28/09/2015	28/09/2015			MDH	WL	4	D	INSERTION TESTICULAR PROSTHESIS	N10.1	INSERTION TESTICULAR PROSTHESIS		PER MR HAYNES	20
28/09/2015	28/09/2015			MY	WL	2	D	FLEXIBLE URETEROSCOPY (R) & LASERTRIPSY	M30.9	FLEXIBLE URETEROSCOPY (R) & LASERTRIPSY		PER MY CLINIC OUTCOME SHEET	20
29/09/2015	29/09/2015			JOD	WL	4	N	EXCISION EXCESS SEPTAL SKIN	N03.8	EXCISION EXCESS SEPTAL SKIN			20
29/09/2015	29/09/2015	16/02/2016		JOD	WL	2	N	GA CYSTOSCOPY AND URETHRAL DILATATION	M45.9	GA CYSTOSCOPY AND URETHRAL DILATATION	1 WEST ELECTIVE ADMISSION WARD		20
30/09/2015	30/09/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	20
30/09/2015	30/09/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	20
01/10/2015	01/10/2015			AOB	WL	2	N	INTERNAL VISUAL URETHROTOMY	M79.4	INTERNAL VISUAL URETHROTOMY		PER MR OBRIEN	20
01/10/2015	01/10/2015			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	20
01/10/2015	01/10/2015			AJG	WL	4	N	INCISION OF LEFT URETEROCELE	M25.1	INCISION OF LEFT URETEROCELE		PER PATIENT DECISION FOLLOWING CLINIC	19
05/10/2015	05/10/2015			KS	WL	2	N	LEFT URETEROSCOPY & LASER +/- RESTENTING STENT IN SITU	M30.9	LEFT URETEROSCOPY & LASER +/- RESTENTING STENT IN SITU		PER KS STC CLINIC	19
05/10/2015	05/10/2015			KS	WL	2	N	LEFT URETEROSCOPY, LASER & STENTING DIABETES	M30.9	LEFT URETEROSCOPY, LASER & STENTING DIABETES		PER KS STC CLINIC	19
05/10/2015	05/10/2015			KS	WL	2	N	LEFT URETEROSCOPY & LASER STONE ABLATION	M30.9	LEFT URETEROSCOPY & LASER STONE ABLATION		PER KS STC CLINIC	19
05/10/2015	05/10/2015			KS	WL	2	N	LEFT URETEROSCOPY & LASER STONE ABLATION	M30.9	LEFT URETEROSCOPY & LASER STONE ABLATION		PER KS STC CLINIC	19
05/10/2015	05/10/2015			AJG	WL	4	D	EXCISION OF SABACEOUS CYSTS SCROTUM LATEX ALLERGY	N01.8	EXCISION OF SABACEOUS CYSTS SCROTUM LATEX ALLERGY		PER GREEN PROFORMA	19
05/10/2015	05/10/2015	15/02/2016		JOD	WL	2	N	CYSTOLITHOLAPAXY AND CYSTOSCOPY	M44.1	CYSTOLITHOLAPAXY AND CYSTOSCOPY	3 SOUTH ELECTIVE WARD		19
05/10/2015	05/10/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER PT & MDH	19
06/10/2015	06/10/2015	23/02/2016		MY	WL	2	D	RED FLAG BILATERAL URETEROSCOPY NOT DONE 06.10.15	M30.9	RED FLAG BILATERAL URETEROSCOPY NOT DONE 06.10.15	1 WEST ELECTIVE ADMISSION WARD	PD - PER MR O'BRIEN IN THEATRE 06.10.15	19
06/10/2015	06/10/2015	16/02/2016		JOD	WL	2	N	ROS AND SEMI-RIGID URETEROSCOPY	M29.3	ROS AND SEMI-RIGID URETEROSCOPY	3 SOUTH ELECTIVE WARD		19
06/10/2015	06/10/2015			AJG	WL	2	N	LEFT LAPAROSCOPIC PYELOPLASTY JAN 16	M10.2	LEFT LAPAROSCOPIC PYELOPLASTY JAN 16		PER CLINIC	19
06/10/2015	06/10/2015			AJG	WL	2	D	GA RIGID CYSTOSCOPY	M45.9	GA RIGID CYSTOSCOPY CAH ONLY PER AJG		per clinic	19
06/10/2015	06/10/2015			AOB	WL	2	N	REMOVAL OR REPLACEMENT OF RIGHT URETERIC STENT - JANUARY 16	M29.8	REMOVAL OR REPLACEMENT OF RIGHT URETERIC STENT - JANUARY 16			19
07/10/2015	07/10/2015			AJG	WL	2	N	TURP AND CYSTOLITHOLAPAXY	M65.1	TURP AND CYSTOLITHOLAPAXY		PER CLINIC	19
07/10/2015	07/10/2015			AJG	WL	2	D	CYSTOLITHOLAPAXY GA	M44.1	CYSTOLITHOLAPAXY		PLA WL POST OPD 071015	19
07/10/2015	07/10/2015			AOB	WL	4	D	LEFT HYDROCELE REPAIR LTR IN B/F	N11.1	LEFT HYDROCELE REPAIR LTR IN B/F		PD - PER MR YOUNG AT HPC 07.10.15	19
07/10/2015	07/10/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX (500 UNITS)	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX (500 UNITS)		PER MR HAYNES	19
07/10/2015	07/10/2015	24/02/2016		MDH	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER MR HAYNES	19
08/10/2015	08/10/2015	16/02/2016		KS	WL	4	D	REPAIR OF RIGHT HYDROCELE BMI 37 Pt phon ?date 141215	N11.1	REPAIR OF RIGHT HYDROCELE BMI 37	DAY SURGERY UNIT	PD - PER JENNY AT CLINIC 08.10.15	19
08/10/2015	08/10/2015			AOB	WL	2	N	TURP	M65.3	TURP			18
09/10/2015	09/10/2015			MDH	WL	2	N	RETROGRADE PYELOGRAM +/- BALLOON DILATATION PUJ	M30.1	RETROGRADE PYELOGRAM +/- BALLOON DILATATION PUJ		PER MR HAYNES	18
09/10/2015	09/10/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER MR HAYNES	18
09/10/2015	09/10/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER MR YOUNG 01.02.16	18
09/10/2015	09/10/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 09.10.15	18
16/04/2015	16/04/2015	01/03/2016		JOD	WL	4	D	FRENULOPLASTY	N28.4	FRENULOPLASTY		PER CLINIC OUTCOME SHEET	18
09/10/2015	09/10/2015			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION		PD - PER MR YOUNG AT URODYNAMICS 09.10.15	18
12/10/2015	12/10/2015			MY	WL	4	D	RIGHT EPIDIDYMECTOMY (STH LIST)	N15.1	RIGHT EPIDIDYMECTOMY (STH LIST)		PD - PER MR YOUNG AT SWAH 12.10.15	18

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12/10/2015	12/10/2015			KS	WL	4	D	CIRCUMCISION UNDER LA	N30.3	CIRCUMCISION UNDER LA		PER BASH CLINIC	18
12/10/2015	12/10/2015			MY	WL	2	D	CYSTOSCOPY & HYDROSTATIC DILATATION (STH LIST)	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION (STH LIST)		PD - PER MR YOUNG AT SWAH 12.10.15	18
13/10/2015	13/10/2015	29/02/2016		MDH	WL	2	N	BLADDER NECK INCISION/TURP RIVAROXABAN	M66.2	BLADDER NECK INCISION/TURP RIVAROXABAN FIT 22.12.15 CC	1 WEST ELECTIVE ADMISSION WARD	PER MR HAYNES	18
13/10/2015	13/10/2015			AOB	WL	2	N	TURP	M65.3	TURP			18
13/10/2015	13/10/2015			AOB	WL	4	N	DIVISION OF ADHESIONS ?CIRCUMCISION	N30.2	DIVISION OF ADHESIONS ?CIRCUMCISION			18
14/10/2015	14/10/2015			KS	WL	2	D	OPTICAL URETHROTOMY	M76.3	OPTICAL URETHROTOMY		PER MATTHEW	18
14/10/2015	14/10/2015			KS	WL	2	N	LEFT URS, LASER +/- STENTING EPILEPSY MRSA STRETCHER	M30.9	LEFT URS, LASER +/- STENTING EPILEPSY MRSA STRETCHER		PER KS CLINIC	18
15/10/2015	15/10/2015	10/02/2016		MY	WL	4	D	ESWL	M14.1	ESWL	STONE TREATMENT CENTRE	PER STC 15.10.15	18
15/10/2015	15/10/2015			AOB	WL	2	D	CIRCUMCISION CAN COME AT SHORT NOTICE	N30.3	CIRCUMCISION CAN COME AT SHORT NOTICE		PD - PER MR YOUNG AT CLINIC 15.10.15	17
16/10/2015	16/10/2015	17/02/2016		MY	WL	4	D	LEFT ESWL MON OR WED ONLY	M14.1	LEFT ESWL	STONE TREATMENT CENTRE	PER STC CLINIC 16.10.15	17
16/10/2015	16/10/2015			MY	WL	2	N	RIGHT PCNL	M09.9	RIGHT PCNL		PER STC CLINIC 16.10.15	17
19/10/2015	19/10/2015	17/02/2016		MY	WL	4	D	ESWL LEFT	M14.1	ESWL LEFT	STONE TREATMENT CENTRE	PER CLINIC OUTCOME SHEET	17
19/10/2015	19/10/2015			MY	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY		PER CLINIC OUTCOME SHEET	17
19/10/2015	19/10/2015			MY	WL	2	D	LEFT URETEROSCOPY (CHANGED TO CAT 2 PER RED BOOK)	M30.9	LEFT URETEROSCOPY		PER CLINIC OUTCOME SHEET	17
19/10/2015	19/10/2015			MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPY & LASER	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASER		PER CLINIC OUTCOME SHEET	17
19/10/2015	19/10/2015			JOD	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	17
20/10/2015	20/10/2015			AOB	WL	2	N	CIRCUMCISION	N30.3	CIRCUMCISION			17
21/10/2015	21/10/2015			AJG	WL	2	N	CYSTOSCOPY (FLEXI/RIGID) +/- BLADDER WASHOUT FIT(30.10.15)	M45.9	CYSTOSCOPY (FLEXI/RIGID) +/- BLADDER WASHOUT NIDDM DIET		PER REG CLINIC	17
21/10/2015	21/10/2015			JOD	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	17
21/10/2015	21/10/2015			KS	WL	2	N	RIGHT URETEROSCOPY & LASER STONE ABLATION	M30.9	RIGHT URETEROSCOPY & LASER STONE ABLATION		PER KS CLINIC	17
31/07/2015	31/07/2015			KS	WL	2	N	OPTICAL URETHROTOMY +/- TURP DIABETIC WARFARIN	M76.3	OPTICAL URETHROTOMY +/- TURP DIABETIC WARFARIN		PER JENNY FLEXI LIST	16
26/10/2015	26/10/2015			MY	WL	4	D	STH LIST FLEXIBLE CYSTOSCOPY WITH SEDATION LTR B/F	M45.9	STH LIST FLEXIBLE CYSTOSCOPY WITH SEDATION LTR B/F		RE: REFERRAL KATHY TRAVERS 26.10.15	16
26/10/2015	26/10/2015	23/02/2016		AJG	WL	2	D	CYSTOSCOPY & BOTOX TO BLADDER AFTER TEACHING ISC	M45.8	CYSTOSCOPY & BOTOX TO BLADDER AFTER TEACHING ISC	STH DAY PROCEDURE UNIT	PER MR GLACKIN	16
26/10/2015	26/10/2015			AJG	WL	4	D	REPAIR OF HYDROCELES	N11.8	REPAIR OF HYDROCELES		PER PT DECISION	16
26/10/2015	26/10/2015			AJG	WL	4	N	TURP GA	M65.3	TURP		PLA CAJGUO 261015 WL PER MR GLACKIN	16
26/10/2015	26/10/2015	24/02/2016		MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL	STONE TREATMENT CENTRE	PER STC 26.10.15	16
27/10/2015	27/10/2015			MDH	WL	4	D	CYSTODISTENSION OF BLADDER	M43.2	CYSTODISTENSION OF BLADDER		PER MR HAYNES	16
27/10/2015	27/10/2015			MY	WL	2	N	BOTOX SPC IN SITU/W/CHAIR BOUND/MS	M43.4	BOTOX		PER MR YOUNG RE: EMAIL BASH 27.10.15	16
27/10/2015	27/10/2015			AOB	WL	4	N	TURP	M65.3	TURP			16
27/10/2015	27/10/2015			AOB	WL	2	N	TURP	M65.3	TURP			16
27/10/2015	27/10/2015			AJG	WL	2	N	RIGHT LAPAROSCOPIC PYELOPLASTY	M10.2	RIGHT LARAROSCOPIC PYELOPLASTY		PER MR GLACKIN CLINIC LETTER	16
28/10/2015	28/10/2015			JOD	WL	2	D	FRENULOPLASTY (LOCAL)	N28.4	FRENULOPLASTY (LOCAL)			16
29/10/2015	29/10/2015			MY	WL	2	N	CYSTOLITHOLAPAXY	M44.1	CYSTOLITHOLAPAXY		PD - PER MATTHEW AT CLINIC 29.10.15	15
30/10/2015	30/10/2015			AOB	SA	2	N	RED FLAG TURP, CYSTODIATHERMY AND BIOPSY	M65.3	RED FLAG TURP, CYSTODIATHERMY AND BIOPSY			15
30/10/2015	30/10/2015			MY	WL	4	D	BILATERAL ESWL- RIGHT SIDE 1ST MR MCKNIGHT PT LTR TO STC	M14.1	BILATERAL ESWL- RIGHT SIDE 1ST MR MCKNIGHT PT LTR TO STC		RE: REFERRAL MR MCKNIGHT, ULSTER HOSPITAL	15
30/10/2015	30/10/2015	02/03/2016		MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL	STONE TREATMENT CENTRE	PER STC 30.10.15	15
30/10/2015	30/10/2015			MY	WL	4	D	ESWL Persona INTERPRETER	M14.1	ESWL Persona INTERPRETER		PER STC 30.10.15	15
02/11/2015	02/11/2015			JOD	WL	2	N	EUA/CYSTOSCOPY/X-RAY SCREENING	M45.9	EUA/CYSTOSCOPY/X-RAY SCREENING			15
02/11/2015	02/11/2015			JOD	WL	2	N	CYSTOSCOPY +/- URETHRAL DILATATION +/- BLADDER NECK STENOSIS	M45.9	CYSTOSCOPY +/- URETHRAL DILATATION +/- BLADDER NECK STENOSIS			15

03/11/2015	03/11/2015			AOB	WL	2	N	CIRCUMCISION UNDER LA (BMI 41)	N30.3	CIRCUMCISION UNDER LA (BMI 41)			15
03/11/2015	03/11/2015			AOB	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION			15
29/10/2014	13/04/2015		01/03/2016	JOD	WL	2	D	GA CYSTOSCOPY	M45.9	GA CYSTOSCOPY			15
04/11/2015	04/11/2015			MY	WL	4	D	LITHOTRIPSY TO THE RIGHT RENAL STONES MR O'DONOGHUE PT	M14.1	LITHOTRIPSY TO THE RIGHT RENAL STONES		PER JOD 041115	15
04/11/2015	04/11/2015			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER GREEN PROFORMA	15
04/11/2015	04/11/2015			MY	WL	4	D	LEFT ESWL MR DUGGAN PATIENT - ASPIRIN 75MGS	M14.1	LEFT ESWL MR DUGGAN PATIENT - ASPIRIN 75MGS		PER STC 04.11.15	15
05/11/2015	05/11/2015			MY	WL	2	D	LEFT DIAGNOSTIC URETEROSCOPY DIET DIABETIC	M30.9	LEFT DIAGNOSTIC URETEROSCOPY		PD - PER MR YOUNG AT CLINIC 05.11.15	14
05/11/2015	05/11/2015			MY	WL	2	N	RIGHT PCNL TCI DB4 FOR IV A/B NEW LTR GP 291215/SWAH090216	M09.9	RIGHT PCNL TCI DB4 FOR IV A/B (FIT 18.1.16 KK)		PD - PER MR YOUNG AT CLINIC 05.11.15	14
06/11/2015	06/11/2015			MY	WL	4	D	GA CYSTOSCOPY & HYDROSTATIC DILATATION	M45.9	GA CYSTSOCOPY & HYDROSTATIC DILATATION		PD - PER MR YOUNG AT URODYNAMICS 06.11.15	14
06/11/2015	06/11/2015			MY	WL	4	D	ESWL NEEDS WED 9AM - APIXABAN-TO STOP 2/7 B4 RX	M14.1	ESWL		PER CESWL CLINIC OUTCOME SHEET	14
06/11/2015	06/11/2015			MY	WL	4	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER CESWL CLINIC OUTCOME SHEET	14
06/11/2015	06/11/2015			MY	WL	4	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER STC CLINIC OUTCOME SHEET	14
06/11/2015	06/11/2015			AOB	SA	2	N	RED FLAG RIGID CYSTOSCOPY +/- TURBT	M45.9	RED FLAG RIGID CYSTOSCOPY +/- TURBT			14
06/11/2015	06/11/2015			AOB	SA	2	N	TURBT - ON WARFARIN	M42.1	TURBT - ON WARFARIN			14
09/11/2015	09/11/2015	29/02/2016		MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU	1 WEST ELECTIVE ADMISSION WARD	PER MR HAYNES	14
09/11/2015	09/11/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PD - PER MR YOUNG AT SWAH 09.11.15	14
09/11/2015	09/11/2015			AJG	WL	2	N	TURP	M65.1	TURP WILL TAKE SHORT NOTICE CANCELLATION		PER CLINIC	14
10/11/2015	10/11/2015			JOD	WL	4	D	CIRCUMCISCION	N30.3	CIRCUMCISION			14
10/11/2015	10/11/2015			AJG	WL	4	D	RIGID CYSTOSCOPY	M45.9	RIGID CYSTOSCOPY		PER CLINIC	14
11/11/2015	11/11/2015			MY	WL	4	D	CIRCUMCISION LETTER IN B/F - DIABETIC	N30.3	CIRCUMCISION LETTER IN B/F		PD - PER MR YOUNG AT HPC 11.11.15	14
12/11/2015	12/11/2015			AJG	WL	2	N	TURP	M65.1	TURP		PER TROC FORM	14
12/11/2015	12/11/2015			MY	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PD - PER BASH AT CLINIC 12.11.15	14
14/10/2015	14/10/2015			KS	WL	2	D	OPTICAL URETHROTOMY	M76.3	OPTICAL URETHROTOMY		PER KS CLINIC	13
12/11/2015	12/11/2015			MY	WL	4	D	ESWL MR O'DONOGHUE PT - LTR REC'D 14.12.15	M14.1	ESWL MR O'DONOGHUE PT		PER JENNY MARTIN 121115	13
12/11/2015	12/11/2015			MY	WL	4	D	COMPLEX FRENULOPLASTY	N28.4	COMPLEX FRENULOPLASTY		PD - PER BASH AT CLINIC 12.11.15	13
12/11/2015	12/11/2015	16/02/2016		KS	WL	2	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION	DAY SURGERY UNIT	PD - PER MR YOUNG AT CLINIC 12.11.15	13
12/11/2015	12/11/2015			MY	WL	2	N	REDO TURP	M65.3	REDO TURP		PD - PER MR YOUNG AT CLINIC 12.11.15	13
13/11/2015	13/11/2015			MY	WL	2	N	AIM MARCH 16 TURP	M65.3	AIM MARCH 16 TURP		PD - PER MR YOUNG AT URODYNAMICS 13.11.15	13
13/11/2015	13/11/2015			MY	WL	2	N	TURP ON CLOPIDROGEL (PER PRE-OP 20.01.16)	M65.3	TURP		PD - PER MR YOUNG AT CLINIC 13.11.15	13
13/11/2015	13/11/2015			MY	WL	2	N	FLEXIBLE URETEROSCOPY (L) & LASER	M30.9	FLEXIBLE URETEROSCOPY (L) & LASER		PER MY CLINIC OUTCOME SHEET/PER MY WL FORM	13
02/06/2015	02/06/2015		01/03/2016	JOD	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY			13
14/11/2015	14/11/2015			AJG	WL	2	D	URETHRAL DILATATION STH IF POSSIBLE	M76.4	URETHRAL DILATATION STH IF POSSIBLE		PER GREEN PROFORMA	13
14/11/2015	14/11/2015			AJG	WL	4	D	EXCISION SCROTAL WART (LA) STH	N03.8	EXCISION SCROTAL WARD (LA) STH		PER MR GLACKIN	13
15/11/2015	15/11/2015			AOB	WL	2	N	REMOVAL STENT & RT RIGID/FLEXI URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL STENT & RIGHT RIGID/FLEXI URETEROSCOPIC LITHOTRIPSY			13
16/11/2015	16/11/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT BANBRIDGE CLINIC 16.11.15	13
16/11/2015	16/11/2015			MY	WL	2	N	AIM JAN 2016 CYSTODIATHERMY +/- TUR HUNNER'S ULCERS	M42.2	AIM JAN 2016 CYSTODIATHERMY +/- TUR HUNNER'S ULCERS		PD - PER MR YOUNG AT BBPC 16.11.15	13
16/11/2015	16/11/2015			MY	WL	4	N	TURP PLAVIX/DIET DIABETIC	M65.3	TURP PLAVIX/DIET DIABETIC		PD - PER MR YOUNG AT BBPC 16.11.15	13
16/11/2015	16/11/2015			MY	WL	4	N	TURP	M65.3	TURP		PD - PER MR YOUNG AT BBPC 16.11.15	13
16/11/2015	16/11/2015			AJG	WL	4	D	DYSPORT INJECTION 1000 UNITS	M43.4	DYSPORT INJECTION 1000 UNITS PACEMAKER INSITU		PER CLINIC	13
16/11/2015	16/11/2015			AJG	WL	2	D	FLEXIBLE CONDUITOSCOPY CAH ONLY	M45.9	FLEXIBLE CONDUITOSCOPY CAH ONLY		PER CLINIC	13
16/11/2015	16/11/2015			KS	WL	4	D	VASECTOMY REVERSAL	N18.1	VASECTOMY REVERSAL		PER KS CLINIC	13
16/11/2015	16/11/2015			KS	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PER KS CLINIC	13
17/11/2015	17/11/2015			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	13
16/09/2015	16/09/2015		01/03/2016	JOD	WL	4	D	VASECTOMY	N17.1	VASECTOMY			13
18/11/2015	18/11/2015			MY	WL	2	N	TURP LETTER IN B/F - TAB DIABETIC	M65.3	TURP LETTER IN B/F		PD - PER MR YOUNG AT HPC 18.11.15	13
18/11/2015	18/11/2015			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER MR HAYNES	13
02/02/2015	18/11/2015			MY	WL	4	D	LEFT ESWL MR SURESH STC PATIENT Person INTERPRETER	M14.1	LEFT ESWL MR SURESH STC PATIENT Person INTERPRETER		PER KS STC CLINIC	13
18/11/2015	18/11/2015			KS	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	13
18/11/2015	18/11/2015			MDH	WL	4	N	VASECTOMY LA	N17.1	VASECTOMY LA		PER PT & MDH	13
19/11/2015	19/11/2015			MY	WL	4	D	ESWL	M14.1	ESWL		PER STC 19.11.15	13
19/11/2015	19/11/2015			MY	WL	2	D	5 DAY COURSE IV GENTAMICIN - DAY 1	X29.8	5 DAY COURSE IV GENTAMICIN		PD - PER MR YOUNG AT CLINIC 19.11.15	13
19/11/2015	19/11/2015			MY	WL	4	N	TURP PENICILLIN ALLERGY	M65.3	TURP PENICILLIN ALLERGY		PD - PER JENNY AT CLINIC 19.11.15	12
19/11/2015	19/11/2015			AOB	WL	2	D	CYSTOSCOPY & CYSTODISTENSION	M45.9	CYSTOSCOPY & CYSTODISTENSION		PD - PER JENNY AT CLINIC 19.11.15	12
19/11/2015	19/11/2015			MY	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PD - PER MR YOUNG AT CLINIC 19.11.15	12
19/11/2015	19/11/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PD - PER MR YOUNG AT CLINIC 19.11.15	12
20/11/2015	20/11/2015			MDH	WL	2	N	LAPAROSCOPIC NEPHRECTOMY (DONT SEND FOR)	M02.5	LAPAROSCOPIC NEPHRECTOMY (DONT SEND FOR)		PER MR HAYNES	12
20/11/2015	20/11/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 20.11.15	12
20/11/2015	20/11/2015			MY	WL	4	D	BOTOX	M43.4	BOTOX		PD - PER MR YOUNG AT URODYNAMICS 20.11.15	12

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20/11/2015	20/11/2015			MY	WL	2	N	RIGHT PCNL Personal INTERPRETER	M09.9	RIGHT PCNL Personal INTERPRETER		PER MR YOUNG RE: REFERRAL MR HAYNES 20.11.15	12
22/11/2015	22/11/2015			JOD	WL	2	D	GA CYSTOSCOPY/HYDRODISTENSION	M45.9	GA CYSTOSCOPY/HYDRODISTENSION			12
23/11/2015	23/11/2015			AOB	WL	4	D	INTRAMURAL INJECTION OF 200 UNITS OF BOTULINUM TOXIN	M43.4	INTRAMURAL INJECTION OF 200 UNITS OF BOTULINIM TOXIN			12
23/11/2015	23/11/2015			AOB	WL	2	N	TURP (WARFARIN)	M65.3	TURP (WARFARIN)			12
23/11/2015	23/11/2015			MY	WL	4	D	VARICOCELE EMBOLISATION WITH DR MCCONVILLE (XRAY TO CONTACT)	N19.2	VARICOCELE EMBOLISATION WITH DR MCCONVILLE (XRAY TO CONTACT)		PER MR YOUNG RE: RESULTS 23.11.15	12
23/11/2015	23/11/2015			MY	WL	4	D	LEFT ESWL MR HAYNES PATIENT	M14.1	LEFT ESWL MR HAYNES PATIENT		PER STC 23.11.15	12
23/11/2015	23/11/2015			MY	WL	4	D	LEFT ESWL	M31.1	LEFT ESWL		PER KS STC	12
23/11/2015	23/11/2015			MY	WL	4	D	RIGHT ESWL Persona INTERPRETER	M31.1	RIGHT ESWL Persona INTERPRETER		PER KS STC	12
23/11/2015	23/11/2015			MY	WL	4	D	ESWL MR SURESH PATIENT - HOLD UNTIL SEEN OPC FEB 16	M14.1	ESWL		PER KS STC	12
23/11/2015	23/11/2015			MY	WL	4	D	LEFT ESWL	M31.1	LEFT ESWL		PER KS STC	12
23/11/2015	23/11/2015			KS	WL	2	N	TURP	M65.3	TURP		PER KS CLINIC	12
23/11/2015	23/11/2015			MY	WL	2	D	RIGHT NEPHROSTOMY EXCHANGE (XRAY TO CONTACT)	M06.4	RIGHT NEPHROSTOMY EXCHANGE (XRAY TO CONTACT)		PER MR YOUNG RE: RESULTS LETTER 23.11.15	12
23/11/2015	23/11/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER MR YOUNG RE: RESULTS 23.11.15	12
23/11/2015	23/11/2015			KS	WL	2	N	LEFT URS, LASER STONE ABLATION +/- STENTING	M30.9	LEFT URS, LASER STONE ABLATION +/- STENTING		PER KS STC	12
23/10/2015	23/10/2015		01/03/2016	MY	WL	2	N	RED FLAG TURP/TURBT	M65.3	RED FLAG TURP/TURBT		PD - PER BASH AT DSU 23.10.15	12
25/11/2015	25/11/2015			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M14.1	LEFT ESWL MR SURESH PATIENT		PER STC 25.11.15	12
25/11/2015	25/11/2015			MDH	WL	2	D	FLEXIBLE CYSTOSCOPY & BOTOX 500 UNITS DYSPORT	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX 500 UNITS DYSPORT		PER MR HAYNES	12
27/11/2015	27/11/2015			MY	WL	4	N	CHANNEL TURP DIABETIC	M65.3	CHANNEL TURP DIABETIC		PD - PER MATTHEW AT DSU 27.11.15	11
27/11/2015	27/11/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	11
27/11/2015	27/11/2015			MY	WL	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION		PD - PER MR YOUNG AT CLINIC 27.11.15	11
27/11/2015	27/11/2015			AOB	WL	2	N	TURP	M65.3	TURP			11
27/11/2015	27/11/2015			AOB	WL	4	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			11
30/11/2015	30/11/2015			MY	WL	4	D	RIGHT ESWL MR O'DONOGHUE PATIENT	M31.1	RIGHT ESWL		PER MY ESWL LETTER	11
30/11/2015	30/11/2015			MY	DA	2	D	CYSTOSCOPY & HYDROSTATIC DILATATION LETTER IN B/F	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION LETTER IN B/F		PER MR YOUNG RE: NEW REFERRAL GP 07.12.15	11
30/11/2015	30/11/2015	19/02/2016		KS	WL	2	N	REPEAT URETEROSCOPY & LASER ABLATION +/- STENTING	M30.9	REPEAT URETEROSCOPY & LASER ABLATION +/- STENTING	1 WEST ELECTIVE ADMISSION WARD	PER KS CLINIC	11
01/12/2015	01/12/2015			AJG	WL	4	N	RIGHT FLEXIBLE URETEROSCOPY AND LASER	M30.9	RIGHT FLEXIBLE URETEROSCOPY AND LASER		PER AJG	11
01/12/2015	01/12/2015			JOD	WL	2	N	INGUINAL ORCHIDECTOMY (RIGHT)	N06.3	INGUINAL ORCHIDECTOMY (RIGHT)			11
01/12/2015	01/12/2015			AOB	WL	2	D	REPEAT FLEXIBLE CYSTOSCOPY - FEBRUARY 2016	M45.9	REPEAT FLEXIBLE CYSTOSCOPY - FEBRUARY 2016			11
01/12/2015	01/12/2015			AOB	SA	2	N	RED FLAG OPTICAL URETHROTOMY AND RIGID CYSTOSCOPY	M76.3	RED FLAG OPTICAL URETHROTOMY AND RIGID CYSTOSCOPY			11
01/12/2015	01/12/2015			MY	WL	4	D	ESWL	M14.1	ESWL		PER MR HAYNES	11
02/12/2015	02/12/2015			AJG	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION STH/CAH		PER CLINIC	11
02/12/2015	02/12/2015			AJG	WL	4	N	CYSTOSCOPY +/- BNI, REPAIR OF RIGHT HYDROCELE	M45.9	CYSTOSCOPY +/- BNI, REPAIR OF RIGHT HYDROCELE		PER GREEN FORM	11
02/12/2015	02/12/2015			MY	WL	4	D	REVERSAL OF VASECTOMY	N18.1	REVERSAL OF VASECTOMY		PER REFERRAL FROM AJG	11
03/12/2015	03/12/2015			KS	WL	2	N	TURP CATHETER INSITU WILL TAKE CANCELLATION	M65.3	TURP CATHETER INSITU		PER MR HAYNES	11
03/12/2015	03/12/2015			MY	WL	4	D	LITHOTRIPSY MR O'DONOGHUE PATIENT - LTR TO STC 12.01.16	M14.1	LITHOTRIPSY			11
03/12/2015	03/12/2015			MDH	WL	4	D	CIRCUMCISION GA	N30.3	CIRCUMCISION GA		PER JENNY MARTIN	10
03/12/2015	03/12/2015	24/02/2016		MDH	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER MR HAYNES	10
03/12/2015	03/12/2015			MY	WL	4	D	ESWL-JOD PT- PT PHON ? DATE 290116 - WILL TAKE CANCELLATION	M14.1	ESWL MR O'DONOGHUE PATIENT			10
04/12/2015	04/12/2015			MDH	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER MR HAYNES	10
04/12/2015	04/12/2015			AOB	WL	2	N	ENDOSCOPIC BLADDER LITHOTRIPSY	M09.2	ENDOSCOPIC BLADDER LITHOTRIPSY			10
04/12/2015	04/12/2015			AOB	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT			10
05/12/2015	05/12/2015	23/02/2016		AJG	WL	2	D	GA CYSTOSCOPY (FEB 2016)	M45.9	GA CYSTOSCOPY (FEB 2016)	STH DAY PROCEDURE UNIT	PER GREEN PROFORMA	10
07/12/2015	07/12/2015			JOD	WL	4	D	GA BILATREAL VASECTOMY	N17.1	GA BILATERAL VASECTOMY			10
07/12/2015	07/12/2015			JOD	WL	2	N	CYSTOSCOPY AND URETHRAL DILATATION	M45.9	CYSTOSCOPY AND URETHRAL DILATATION			10
07/12/2015	07/12/2015			JOD	WL	2	N	TURP TYPE 2 DIABETES	M65.3	TURP TYPE 2 DIABETES		PER JENNY CLINIC	10
07/12/2015	07/12/2015			KS	WL	2	N	REPEAT LEFT URS & LASER ABLATION +/- STENTING	M30.9	REPEAT LEFT URS & LASER ABLATION +/- STENTING		PER KS STC CLINIC	10
07/12/2015	07/12/2015			KS	WL	4	D	URETEROSCOPY & LASER ABLATION	M30.9	URETEROSCOPY & LASER ABLATION		PER KS STC CLINIC	10
07/12/2015	07/12/2015			MY	WL	4	D	RIGHT ESWL	M31.1	RIGHT ESWL		PER MY ESWL LETTER	10
07/12/2015	07/12/2015			AOB	WL	2	N	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			10
07/12/2015	07/12/2015			AJG	WL	2	D	GA CYSTOSCOPY AND INTRAVESICAL INJ OF DYSPORT 500 UNITS	M45.9	GA CYSTOSCOPY AND INTRAVESICAL INJ OF DYSPORT 500 UNITS		PER CLINIC	10
12/08/2013	07/12/2015			JOD	WL	4	N	TURP DIABETIC	M65.3	TURP DIABETIC		PER MR YOUNG CLINIC 12.08.13	10
08/12/2015	08/12/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER MR YOUNG RE: NEW LTR MR HAYNES 23.10.15	10
08/12/2015	08/12/2015			AOB	WL	2	D	CYSTOSCOPY +/- URETHRAL DILATATION	M45.9	CYSTOSCOPY +/- URETHRAL DILATATION			10
08/12/2015	08/12/2015			MY	WL	4	D	RIGHT ESWL MR FIALA PT - LTR TO STC 08.12.15	M14.1	RIGHT ESWL MR FIALA PT - LTR TO STC 08.12.15		RE: REFERRAL MR FIALA, CAUSEWAY HOSPITAL 08.12.15	10
08/12/2015	08/12/2015			AJG	WL	2	D	SUPRAPUBIC CATHETER INSERTION	M47.2	SUPRAPUBIC CATHETER INSERTION ON CORTICOSTEROIDS		PER PATIENT DECISION	10
08/12/2015	08/12/2015			AOB	WL	4	N	RIGHT HYDROCOELECTOMY	N11.1	RIGHT HYDROCOELECTOMY			10
09/12/2015	09/12/2015			MDH	WL	4	D	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION		PER MR HAYNES	10

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09/12/2015	09/12/2015			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	10
09/12/2015	09/12/2015			MDH	WL	4	N	EXCISION EPIDIDYMAL CYST/HYDROCELE INPATIENT	N15.8	EXCISION EPIDIDYMAL CYST/HYDROCELE INPATIENT		PER MR HAYNES	10
09/12/2015	09/12/2015			KS	WL	4	D	CIRCUMCISION UNDER LA	N30.3	CIRCUMCISION UNDER LA		PER KS CLINIC	10
09/12/2015	09/12/2015			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	10
09/12/2015	09/12/2015			AJG	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PER JENNY	10
09/12/2015	09/12/2015			AOB	WL	2	N	RED FLAG CYSTOSCOPY TO CONDUIT (CONDUITOSCOPY)	M19.8	RED FLAG CYSTOSCOPY TO CONDUIT (CONDUITOSCOPY)			10
09/12/2015	09/12/2015			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER STC 09.12.15	10
10/12/2015	10/12/2015			MY	WL	2	N	TURP	M65.3	TURP		PER LUTS CLINIC	10
10/12/2015	10/12/2015			MY	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION	M45.9	CYSTOSCOPY & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 10.12.15	9
10/12/2015	10/12/2015			MDH	WL	2	N	LAPAROSCOPIC DEROOFING RENAL CYST	M04.1	LAPAROSCOPIC DEROOFING RENAL CYST		PER MR HAYNES & PT	9
11/12/2015	11/12/2015			MY	WL	2	D	AIM B4/AFTER CHRISTMAS LEFT STENT INSERTION & URETEROSCOPY	M29.2	AIM B4/AFTER CHRISTMAS LEFT STENT INSERTION & URETEROSCOPY		PER MR YOUNG AT STONE CLINIC 11.12.15	9
11/12/2015	11/12/2015			MY	WL	2	D	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY POLISH INTERP	M30.9	LEFT FLEXIBLE URETEROSCOPY & LASERTRIPSY POLISH INTERP		PER STC CLINIC 11.12.15	9
11/12/2015	11/12/2015			MY	WL	4	D	ESWL RIGHT	M14.1	ESWL RIGHT		PER MY STC OUTCOME SHEET	9
12/12/2015	12/12/2015			KS	WL	2	D	CIRC, URETHRAL DILATATION & FLEXIBLE CYSTOSCOPY UNDER LA	N30.3	CIRC, URETHRAL DILATATION & FLEXIBLE CYSTOSCOPY UNDER LA		PER KS CLINIC	9
12/12/2015	12/12/2015	19/02/2016		KS	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER KS CLINIC	9
14/12/2015	14/12/2015			AJG	WL	2	N	CHANNEL TURP	M65.1	CHANNEL TURP		PER EMAIL BASH	9
16/10/2015	14/12/2015	23/02/2016		MY	WL	2	N	RED FLAG CYSTOSCOPY, BIOPSY & CYSTODIATHERMY +/- TURBT	M45.9	RED FLAG CYSTOSCOPY, BIOPSY & CYSTODIATHERMY +/- TURBT	1 WEST ELECTIVE ADMISSION WARD	PD - PER MATTHEW AT DSU 16.10.15	9
14/12/2015	14/12/2015			MY	WL	4	D	RIGHT HYDROCELE REPAIR	N11.1	RIGHT HYDROCELE REPAIR		PD - PER MR YOUNG AT SWAH 14.12.15	9
14/12/2015	14/12/2015			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M31.1	LEFT ESWL		PER KS CLINIC	9
14/12/2015	14/12/2015			KS	WL	2	N	LEFT URETEROSCOPY, LASER ABLATION +/- STENTING	M30.9	LEFT URETEROSCOPY, LASER ABLATION +/- STENTING		PER KS CLINIC	9
14/12/2015	14/12/2015			MY	WL	4	D	LEFT ESWL	M31.1	LEFT ESWL		PER KS CLINIC	9
14/12/2015	14/12/2015			MY	WL	4	D	RIGHT ESWL MR SURESH PT	M31.1	RIGHT ESWL		PER KS CLINIC	9
14/12/2015	14/12/2015			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M31.1	LEFT ESWL		PER KS CLINIC	9
14/12/2015	14/12/2015			KS	WL	4	D	REPAIR OF RIGHT HYDROCELE	N11.1	REPAIR OF RIGHT HYDROCELE		PER KS CLINIC	9
15/12/2015	15/12/2015			MDH	WL	2	D	04/16 CYSTOSCOPY & BLADDER BX	M45.8	04/16 CYSTOSCOPY & BLADDER BX		PER MR HAYNES	9
15/12/2015	15/12/2015			KS	WL	4	D	INTRAVESICAL BOTOX INJECTIONS	M43.4	INTRAVESICAL BOTOX INJECTIONS		PER KS CLINIC	9
15/12/2015	15/12/2015			MY	WL	4	D	RIGHT ESWL MR SURESH PATIENT	M31.1	RIGHT ESWL MR SURESH PATIENT		PER KS CLINIC	9
16/12/2015	16/12/2015			MY	WL	4	N	TURP LETTER IN B/F	M65.3	TURP LETTER IN B/F		PD - PER MR YOUNG AT HPC 16.12.15	9
16/12/2015	16/12/2015			MDH	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER MR HAYNES	9
16/12/2015	16/12/2015			MDH	WL	2	D	CIRCUMCISION & VASECTOMY	N30.3	CIRCUMCISION & VASECTOMY		PER MR HAYNES	9
18/11/2015	18/11/2015			MDH	WL	2	N	01/16 CYSTOSCOPY, RETROGRADE & URETEROSCOPY	M45.8	01/16 CYSTOSCOPY, RETROGRADE & URETEROSCOPY		PER MR HAYNES	9
17/12/2015	17/12/2015			MY	WL	4	D	EXCISION OF SEBACEOUS CYST UNDER LA	N27.1	EXCISION OF SEBACEOUS CYST		PD - PER MR YOUNG AT CLINIC 17.12.15	8
17/12/2015	17/12/2015			MY	WL	4	D	VASECTOMY	N17.1	VASECTOMY		PD - PER JENNY AT CLINIC 17.12.15	8
01/07/2015	18/12/2015			AJG	WL	4	D	RIGID CYSTOSCOPY AND EUA BMI 40+	M45.9	RIGID CYSTOSCOPY AND EUA BMI 40+		PER JENNY CLINIC LETTER	8
18/12/2015	18/12/2015			MY	WL	4	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015			MY	WL	4	D	ESWL - LEFT MR SURESH PATIENT	M14.1	ESWL - LEFT		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015			MY	WL	2	D	LEFT URETEROSCOPY & LASER - URGENT	M30.9	LEFT URETEROSCOPY & LASER - URGENT		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015			MY	WL	4	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015			MY	WL	4	D	ESWL - RIGHT MR GLACKIN PATIENT	M14.1	ESWL - RIGHT		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015			MY	WL	4	D	ESWL - RIGHT	M14.1	ESWL - RIGHT		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015			MY	WL	4	D	FLEXIBLE URETOSCOPIC LASERTRIPSY	M30.9	FLEXIBLE URETOSCOPIC LASERTRIPSY		PER STC OUTCOME SHEET	8
18/12/2015	18/12/2015	16/02/2016		MY	WL	2	N	RED FLAG CYSTOSCOPY, BIOPSY & CYSTODIATHERMY PACEMAKER	M45.9	RED FLAG CYSTOSCOPY, BIOPSY & CYSTODIATHERMY	1 WEST ELECTIVE ADMISSION WARD	PD - PER JENNY AT DSU 18.12.15	8
18/12/2015	18/12/2015			AOB	WL	2	N	TURP (CATHETER INSITU)	M65.3	TURP (CATHETER INSITU)			8
18/12/2015	18/12/2015			AJG	WL	4	N	TURP	M65.1	TURP		PER PATIENT CHOICE	8
21/12/2015	21/12/2015			MY	WL	4	N	TURP TAB DIABETIC	M65.3	TURP TAB DIABETIC		PD - PER MR YOUNG AT CLINIC 21.12.15	8
02/06/2015	21/12/2015			MDH	WL	4	D	FLEXIBLE CYSTOSOCPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER MR HAYNES	8
21/08/2015	21/12/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES & PT	8
21/12/2015	21/12/2015	17/02/2016		MY	WL	2	D	LEFT ESWL MR MCKNIGHT PATIENT - LTR TO STC 22.12.15	M14.1	LEFT ESWL MR MCKNIGHT PATIENT - LTR TO STC 22.12.15	STONE TREATMENT CENTRE	RE: REFERRAL MR MCKNIGHT, ULSTER HOSPITAL 21.12.15	8
12/11/2015	21/12/2015			MY	WL	2	D	GLANS PENIS EXCISION OF LESION - PREFERABLY CAH	N27.1	GLANS PENIS EXCISION OF LESION		PD - PER MR YOUNG AT CLINIC 12.11.15	8
21/12/2015	21/12/2015			MY	WL	4	D	ESWL MR O'DONOGHUE PATIENT - LTR TO STC 23.12.15	M14.1	ESWL			8
22/05/2015	21/12/2015			AOB	WL	2	D	CYSTOSCOPY AND URETHRAL DILATATION OF BLADDER	M45.9	CYSTOSCOPY AND URETHRAL DILATATION OF BLADDER			8
21/12/2015	21/12/2015			AOB	WL	2	N	TROC, U/S ?TURP	M47.3	TROC, U/S ?TURP			8
21/12/2015	21/12/2015			AOB	WL	2	N	RIGHT URETEROSCOPIC AND BLADDER LITHOTRIPSY	M17.9	RIGHT URETEROSCOPIC AND BLADDER LITHOTRIPSY			8
22/12/2015	22/12/2015	12/02/2016		AJG	DA	2	D	FLEXIBLE CYSTSOCOPY	M45.9	FLEXIBLE CYSTSOCOPY	DAY SURGERY UNIT	PER REFERRAL	8
22/12/2015	22/12/2015			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	8
22/12/2015	22/12/2015			MDH	WL	2	N	N/A RIGID & FLEXIBLE URETEROSCOPY, LASER +/- STENT	M30.9	N/A RIGID & FLEXIBLE URETEROSCOPY, LASER +/- STENT		PER MR HAYNES	8
22/12/2015	22/12/2015			MY	WL	4	D	ESWL PAEDIATRICS LIST - INFO TO STC	M14.1	ESWL PAEDIATRICS LIST - INFO TO STC		RE: EMAIL MR MARSHALL 22.02.16	8
22/12/2015	22/12/2015			AOB	WL	4	D	CIRCUMCISION (BMI 30-35)	N30.3	CIRCUMCISION (BMI 30-35)			8

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23/12/2015	23/12/2015			MY	WL	4	N	AIM SUMMER 15-SCHOOLBOY HYPOSPADIAS REPAIR LTR IN B/F	M73.1	AIM SUMMER 15-SCHOOLBOY HYPOSPADIAS REPAIR		PD - PER MR YOUNG AT HPC 23.12.15	8
23/12/2015	23/12/2015	19/02/2016		MY	WL	2	D	FLEXIBLE CYSTOSCOPY LETTER IN B/F	M45.9	FLEXIBLE CYSTOSCOPY LETTER IN B/F	DAY SURGERY UNIT	PD - PER MR YOUNG AT HPC 23.12.15	8
23/12/2015	23/12/2015			AJG	WL	2	D	LA CIRCUMCISION 1ST ON LIST CARER FOR WIFE	N30.3	LA CIRCUMCISION 1ST ON LIST CARER FOR WIFE		PER GREEN PROFORMA	8
23/12/2015	23/12/2015			MY	WL	4	D	RIGHT ESWL NEEDS 11AM APPT - MUSCULAR DYSTROPHY	M14.1	RIGHT ESWL		PER STC 23.12.15	8
23/12/2015	23/12/2015			MY	WL	4	D	RIGHT ESWL ON DABIGATRAN - TO STOP 2/7 B4 MR GLACKIN PT	M14.1	RIGHT ESWL		PER STC 23.12.15	8
24/12/2015	24/12/2015			KS	WL	4	D	RIGID CYSTOSCOPY&URETHRAL DILATATION+/-OPTICAL URETHROTOMY	M45.9	RIGID CYSTOSCOPY&UREHTRAL DILATATION+/-OPTICAL URETHROTOMY		PER JENNY CLINIC	8
24/12/2015	24/12/2015	15/02/2016		MY	WL	2	D	LEFT ESWL MR SURESH PATIENT GP PHON 06/01/16-WILL TK CANC	M31.1	LEFT ESWL MR SURESH PATIENT	STONE TREATMENT CENTRE	PER KS	7
29/12/2015	29/12/2015			AOB	WL	4	N	CORRECTION OF PENILE ERECTILE DEFORMITY	N28.8	CORRECTION OF PENILE ERECTILE DEFORMITY			7
29/12/2015	29/12/2015			AOB	WL	4	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			7
29/12/2015	29/12/2015			AOB	WL	4	N	DIVISION OF ADHESIONS ?CIRCUMCISION	N30.2	DIVISION OF ADHESIONS ?CIRCUMCISION			7
29/12/2015	29/12/2015			AOB	WL	2	N	TURP	M65.3	TURP			7
29/12/2015	29/12/2015			MDH	WL	2	N	BLADDER NECK INCISION CATHETER INSITU	M66.2	BLADDER NECK INCISION CATHETER INSITU		PER MR HAYNES	7
29/12/2015	29/12/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	7
29/12/2015	29/12/2015			MDH	WL	4	D	VASECTOMY GA	N17.1	VASECTOMY GA		PER MR HAYNES	7
29/12/2015	29/12/2015			MDH	WL	2	D	EXCISION SEBACEOUS CYSTS SCROTUM	N03.8	EXCISION SEBACEOUS CYSTS SCROTUM		PER MR HAYNES	7
29/12/2015	29/12/2015			JOD	WL	4	D	LA FRENULOPLASTY	N28.4	LA FRENULOPLASTY		PER GREEN PROFORMA	7
30/12/2015	30/12/2015	19/02/2016		MY	WL	2	D	JAN/FEB 16 REMOVAL OF STENT	M29.3	JAN/FEB 16 REMOVAL OF STENT	DAY SURGERY UNIT	PER STC	7
15/01/2015	30/12/2015	03/02/2016		JOD	WL	4	D	CYSTOSCOPY AND HYDRODISTENSION	M45.9	CYSTOSCOPY AND HYDRODISTENTION	DAY SURGERY UNIT		7
30/12/2015	30/12/2015			MY	WL	4	D	RIGHT ESWL	M14.1	RIGHT ESWL		PER STC 30.12.15	7
30/12/2015	30/12/2015			AJG	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER GREEN FORM	7
30/12/2015	30/12/2015			AJG	WL	4	D	DIVISION OF RIGHT CREMASTER	N06.5	DIVISION OF RIGHT CREMASTER		PER GREEN FORM	7
30/12/2015	30/12/2015			AJG	WL	2	N	TURP	M65.1	TURP ON CLOPIDOGREL DIABETIC (FIT 08/02/16)		PER GREEN PROFORMA	7
30/12/2015	30/12/2015			MY	WL	2	D	BEFORE APRIL 16 CIRCUMCISION & URETHRAL DILATATION	N30.3	BEFORE APRIL 16 CIRCUMCISION & URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 30.12.15	7
30/12/2015	30/12/2015			AOB	WL	4	N	CONSTRUCTION OF MITROFANOFF CONDUIT	M19.8	CONSTRUCTION OF MITROFANOFF CONDUIT			7
27/03/2015	16/11/2015			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER PT & MDH	6
01/01/2016	01/01/2016			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY	M29.3	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY			6
03/01/2016	03/01/2016			KS	DA	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTSOCOPY		PER CCG QUERY DIRECT ACCESS PER AJG	6
04/01/2016	04/01/2016			KS	WL	2	N	RIGHT URS & LASER ABLATION	M30.9	RIGHT URS & LASER ABLATION		PER KS STC CLINIC	6
04/01/2016	04/01/2016			MY	WL	4	D	LEFT ESWL	M31.1	LEFT ESWL		PER KS STC CLINIC	6
04/01/2016	04/01/2016			KS	WL	2	D	CYSTODISTENSION +/- BLADDER BIOPSIES	M43.8	CYSTODISTENSION +/- BLADDER BIOPSIES		PER KS CLINIC	6
04/01/2016	04/01/2016			KS	WL	4	D	FLEXI +/- LASER MAIN THEATRE WHEELCHAIR	M45.9	FLEXI +/- LASER MAIN THEATRE WHEELCHAIR		PER KS CLINIC	6
04/01/2016	04/01/2016	05/02/2016		KS	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER JENNY CLINIC	6
04/01/2016	04/01/2016	19/02/2016		AJG	SA	2	N	RF PERINEAL BIOPSY OF PROSTATE	M70.2	RF PERINEAL BIOPSY OF PROSTATE	1 WEST ELECTIVE ADMISSION WARD	PER CLINIC	6
04/01/2016	04/01/2016			AJG	WL	2	N	CYSTOSCOPY, RETROGRADE STUDIES +/- RIGHT URETEROSCOPY	M45.9	CYSTOSCOPY, RETROGRADE STUDIES +/- RIGHT URETEROSCOPY		PER CLINIC	6
04/01/2016	04/01/2016			AJG	WL	2	D	CYSTOSCOPY AND RETROGRADE PYELOGRAPHY	M45.9	CYSTOSCOPY AND RETROGRADE PYELOGRAPHY		PER CLINIC	6
04/01/2016	04/01/2016			AJG	WL	4	D	CYSTOSCOPY AND INTRAVESICAL INJECTION OF DYSPORT 500UNITS	M45.9	CYSTOSCOPY AND INTRAVESICAL INJECTION OF DYSPORT 500 UNITS		PER CLINIC	6
04/01/2016	04/01/2016			MY	WL	4	D	RIGHT ESWL MR GRAY PATIENT	M14.1	RIGHT ESWL MR GRAY PATIENT		PER STC 04.01.16	6
04/01/2016	04/01/2016			MY	WL	4	D	RIGHT ESWL ASPIRIN	M14.1	RIGHT ESWL ASPIRIN		PER STC 04.01.16	6
04/01/2016	04/01/2016			AOB	WL	2	N	TURP	M65.3	TURP		PER WARD READMISSION BOOK	6
05/01/2016	05/01/2016			MDH	WL	2	D	FLEXIBLE CYSTOSCOPY AFTER CTU	M45.9	FLEXIBLE CYSTOSCOPY AFTER CTU		PER MR HAYNES	6
05/01/2016	05/01/2016			MDH	WL	2	D	INSERTION OF URODYNAMIC LINES & CYSTOSCOPY	M45.8	INSERTION OF URODYNAMIC LINES & CYSTOSCOPY		PER MR HAYNES	6
05/01/2016	05/01/2016			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER WARD DISCHARGE	6
05/01/2016	05/01/2016			MDH	WL	2	N	TURP +/- MILLENS PROSTATECTOMY CATHETER INSITU	M65.3	TURP +/- MILLENS PROSTATECTOMY CATHETER INSITU		PER MR HAYNES	6
05/01/2016	05/01/2016			AJG	WL	2	D	CYSTOSCOPIC HYDRODISTENSION	M43.2	CYSTOSCOPIC HYDRODISTENSION		PER CLINIC	6
06/01/2016	06/01/2016			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	6
06/01/2016	06/01/2016			AJG	WL	4	D	EXCISION OF RIGHT EPIDIDYMAL CYST STH	N15.3	EXCISION OF RIGHT EPIDIDYMAL CYST STH		PER GREEN FORM	6
06/01/2016	06/01/2016			AJG	WL	2	N	TURP	M65.1	TURP		PER GREEN FORM	6
06/01/2016	06/01/2016			MY	WL	4	D	RIGHT ESWL WED 9AM IF POSSIBLE	M14.1	RIGHT ESWL WED 9AM IF POSSIBLE		PER STC 06.01.16	6
06/01/2016	06/01/2016			MDH	WL	4	D	CYSTOSCOPY & BOTOX 250 UNITS GA	M45.8	CYSTOSCOPY & BOTOX 250 UNITS GA		PER MR HAYNES	6
06/01/2016	06/01/2016			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	6
07/01/2016	07/01/2016	16/02/2016		MY	WL	2	N	RED FLAG TURBT INSULIN DIABETIC	M42.1	RED FLAG TURBT INSULIN DIABETIC	1 WEST ELECTIVE ADMISSION WARD	PD - PER MATTHEW AT CLINIC 07.01.16	6
07/01/2016	07/01/2016			MY	WL	4	D	CIRCUMCISION Personal INTERPRETER	N30.3	CIRCUMCISION Personal INTERPRETER		PD - PER MR YOUNG AT CLINIC 07.01.16	5
18/08/2015	18/08/2015		01/03/2016	JOD	WL	2	N	TURP	M65.3	TURP			5
07/01/2016	07/01/2016	19/02/2016		AJG	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT	1 WEST ELECTIVE ADMISSION WARD	PER JENNY REG	5

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7/01/2016	07/01/2016			AJG	WL	4	N	LAPAROSCOPIC DE-ROOF OF LEFT RENAL CYST	M04.1	LAPAROSCOPIC DE-ROOF OF LEFT RENAL CYST		PER PATIENT DECISION	5
7/01/2016	07/01/2016	11/01/2016		AOB	WL	2	D	CYSTISTAT	M49.4	CYSTISTAT	THORNDALE UNIT		5
8/01/2016	08/01/2016			AOB	WL	2	N	TURP & INTERMURAL INJECTION BOTULINUM TOXIN (ON WARFARIN)	M65.3	TURP & INTERMURAL INJECTION BOTULINUM TOXIN (ON WARFARIN)			5
8/01/2016	08/01/2016			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MY	WL	4	D	LEFT ESWL CHECK U&E ON DAY OF ARRIVAL	M14.1	LEFT ESWL CHECK U&E ON DAY OF ARRIVAL		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MY	WL	2	D	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	RIGHT FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MY	WL	4	D	RIGHT ESWL AOB PATIENT	M14.1	RIGHT ESWL AOB PATIENT		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MY	WL	4	D	LEFT ESWL AOB PATIENT	M14.1	LEFT ESWL AOB PATIENT		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER STC CLINIC 08.01.16	5
8/01/2016	08/01/2016			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	5
8/01/2016	08/01/2016			MDH	WL	2	D	BIOPSY GLANS PENIS	N32.8	BIOPSY GLANS PENIS		PER MR HAYNES	5
8/01/2016	08/01/2016			MDH	WL	4	N	URETEROSCOPY & LASER FRAGMENTATION OF STONE	M09.3	URETEROSCOPY & LASER FRAMGENTATION OF STONE		PER MR HAYNES	5
8/01/2016	08/01/2016			AOB	SA	2	N	OPTICAL URETHROTOMY, CYSTOSCOPY, BLADDER BX & CYSTODIATHERMY	M76.3	OPTICAL URETHROTOMY, CYSTOSCOPY, BLADDER BX & CYSTODIATHERMY			5
8/01/2016	08/01/2016			AOB	SA	2	N	RIGID CYSTOSCOPY, BLADDER BIOPSY +/- TURBT	M45.9	RIGID CYSTOSCOPY, BLADDER BIOPSY +/- TURBT			5
1/01/2016	11/01/2016			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	5
1/01/2016	11/01/2016			KS	WL	2	D	LEFT INGUINAL ORCHIDECTOMY	N06.3	LEFT INGUINAL ORCHIDECTOMY			5
1/01/2016	11/01/2016			MDH	WL	4	N	TURP	M65.3	TURP		PER MR HAYNES	5
6/12/2015	11/01/2016			AOB	WL	2	N	CYSTOSCOPY, BLADDER LITHOTRIPSY AND TURP	M45.9	CYSTOSCOPY, BLADDER LITHOTRIPSY AND TURP			5
1/01/2016	11/01/2016			KS	WL	2	D	FLEXIBLE CYSTOSCOPY KS TO DISCUSS WITH AOB	M45.9	FLEXIBLE CYSTOSCOPY KS TO DISCUSS WITH AOB		PER KS CLINIC	5
8/10/2015	11/01/2016			MY	WL	4	D	LEFT ESWL - WISHES MARCH 16	M14.1	LEFT ESWL		PD - PER MR YOUNG RE: RESULTS 08.10.15	5
1/01/2016	11/01/2016	22/02/2016		MY	WL	2	D	RIGHT ESWL MR GRAY PATIENT - LTR TO STC 11.01.16	M14.1	RIGHT ESWL MR GRAY PATIENT - LTR TO STC 11.01.16	STONE TREATMENT CENTRE	RE: REFERRAL MR GRAY, ULSTER HOSPITAL	5
2/01/2016	12/01/2016			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M31.1	LEFT ESWL MR SURESH PATIENT		PER KS CLINIC	5
2/01/2016	12/01/2016			KS	WL	2	N	TURP	M65.3	TURP		PER KS CLINIC	5
2/01/2016	12/01/2016			MDH	WL	4	N	BLADDER NECK INCISION	M66.2	BLADDER NECK INCISION		PER MR HAYNES	5
2/01/2016	12/01/2016			AOB	WL	4	D	HYDROSTATIC DILATATION OF BLADDER	M43.2	HYDROSTATIC DILATATION OF BLADDER			5
2/01/2016	12/01/2016			AOB	WL	4	N	TURP	M65.3	TURP			5
3/01/2016	13/01/2016	24/02/2016		MDH	WL	2	D	N/A FLEXIBLE CYSTOSCOPY	M45.9	N/A FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER MATTHEW	5
3/01/2016	13/01/2016			MDH	WL	4	D	EXCISION HYDROCELE	N11.1	EXCISION HYDROCELE		PER MR HAYNES	5
3/01/2016	13/01/2016			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER MR HAYNES	5
3/01/2016	13/01/2016	22/02/2016		MY	WL	2	D	ESWL NOT TREATED 13.01.16 - UNWELL	M14.1	ESWL NOT TREATED 13.01.16 - UNWELL	STONE TREATMENT CENTRE	PER STC 18.01.16	5
4/10/2015	13/01/2016			MY	WL	4	D	FLEXIBLE CYSTOSCOPY LETTER IN B/F	M45.9	FLEXIBLE CYSTOSCOPY LETTER IN B/F		PD - PER MR YOUNG AT HPC 14.10.15	5
3/01/2016	13/01/2016			MY	WL	2	N	TURP WARFARIN - CATH IN SITU MAY 15 (LETTER IN B/F)	M65.3	TURP WARFARIN - CATH IN SITU MAY 15		PD - PER MR YOUNG AT HPC 13.01.16	5
4/01/2016	14/01/2016			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX	M45.9	FLEXIBLE CYSTOSOCPY & BOTOX		PER MR HAYNES	5
9/11/2015	15/01/2016			AJG	WL	2	N	URETEROSCOPY AND LASER (left)	M30.9	URETEROSCOPY AND LASER (left)		PER X-RAY CONFERENCE	4
5/01/2016	15/01/2016	16/02/2016		KS	SA	2	D	RF TURBT +/- MMC cystoscopy & biopsy under LA per KS	M45.1	RF TURBT +/- MMC	DAY SURGERY UNIT	PER KS CLINIC	4
5/01/2016	15/01/2016			MDH	WL	2	D	TURP	M65.3	TURP		PER MR HAYNES	4
5/01/2016	15/01/2016			MDH	WL	4	N	TURP	M65.3	TURP		PER JENNY MC	4
5/01/2016	15/01/2016			MDH	WL	4	D	CYSTODISTENSION & URETHRAL DILATATION	M43.2	CYSTODISTENSION & URETHRAL DILATATION		PER JENNY MC	4
5/01/2016	15/01/2016			AOB	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSOCPY		PER MR OBRIEN	4
5/01/2016	15/01/2016	24/02/2016		MY	WL	2	D	RIGHT ESWL LETTER TO STC 15.01.16	M14.1	RIGHT ESWL LETTER TO STC 15.01.16	STONE TREATMENT CENTRE	RE: REFERRAL MR DUGGAN, DOWNE HOSPITAL 15.01.16	4
5/01/2016	15/01/2016	28/02/2016		MY	WL	2	N	LEFT ESWL AS INPATIENT STENT IN SITU MR MCKNIGHT PT	M14.1	LEFT ESWL AS INPATIENT STENT IN SITU MR MCKNIGHT PT	1 WEST ELECTIVE ADMISSION WARD	PER STC 15.01.16	4
5/01/2016	15/01/2016			AJG	WL	2	N	LEFT LAPAROSCOPIC PYELOPLASTY	M10.2	LEFT LAPAROSCOPIC PYELOPLASTY		PER WARD	4
5/01/2016	15/01/2016	01/03/2016		MY	WL	2	N	RED FLAG CYSTOSCOPY & BIOPSY/TURBT	M45.1	RED FLAG CYSTOSCOPY & BIOPSY/TURBT	1 WEST ELECTIVE ADMISSION WARD	PD - PER MATTHEW AT DSU 15.01.16	4
5/01/2016	15/01/2016			MY	WL	2	N	RED FLAG GA BIOPSY & CYSTODIATHERMY	M45.1	RED FLAG GA BIOPSY & CYSTODIATHERMY		PD - PER MATTHEW AT DSU 15.01.16	4
6/01/2016	16/01/2016	18/02/2016		MY	WL	4	D	ANTEGRADE STENTING WITH DR MCCONVILLE - XRAY TO CONTACT	M29.8	ANTEGRADE STENTING WITH DR MCCONVILLE - XRAY TO CONTACT	1 WEST ELECTIVE ADMISSION WARD	PER MR YOUNG	4
8/01/2016	18/01/2016	26/02/2016		AJG	SA	2	N	RIGHT RADICAL LAPAROSCOPIC NEPHRECTOMY +/- CHOLECYSTECTOMY	M02.5	RIGHT RADICAL LAPAROSCOPIC NEPHRECTOMY +/- CHOLECYSTECTOMY	1 WEST ELECTIVE ADMISSION WARD		4
8/01/2016	18/01/2016	19/02/2016		AJG	SA	2	N	LAPAROSCOPIC NEPHRECTOMY	M02.5	RF LAPAROSCOPIC NEPRHECTOMY	1 WEST ELECTIVE ADMISSION WARD	PER CLINIC	4
8/01/2016	18/01/2016			AJG	WL	2	N	RIGHT FLEXIBLE URETEROSCOPY	M30.9	RIGHT FLEXIBLE URETEROSCOPY		PER CLINIC	4
8/01/2016	18/01/2016			AJG	WL	2	N	CYSTSOCOPY, RIGHT RETROGRADE STUDIES +/- URETEROSCOPY	M30.1	CYSTOSCOPY, RIGHT RETROGRADE STUDIES +/- URETEROSCOPY		PER CLINIC	4
8/01/2016	18/01/2016			JOD	WL	2	N	GA RIGID CYSTOSCOPY AND DRE	M45.9	GA RIGID CYSTOSCOPY AND DRE			4
1/03/2015	18/01/2016			KS	WL	4	N	BNI/TURP SCOTLAND @ XMAS & NEW YEAR	M66.2	BNI/TURP SCOTLAND @ XMAS & NEW YEAR		PER KS CLINIC	4
8/01/2016	18/01/2016			MY	WL	4	D	RIGHT ESWL MR HAYNES PATIENT	M14.1	RIGHT ESWL MR HAYNES PATIENT		PER STC 18.01.16	4
8/01/2016	18/01/2016			MY	WL	4	D	LEFT ESWL MR SURESH PATIENT	M14.1	LEFT ESWL MR SURESH PATIENT		PER CKSSTC 18.01.16	4
8/01/2016	18/01/2016			MY	WL	4	D	RIGHT ESWL RIVAROXABAN-TO STOP 2/7 B4 RX MR SURESH PT	M14.1	RIGHT ESWL RIVAROXABAN-TO STOP 2/7 B4 RX MR SURESH PT		PER CKSSTC 18.01.16	4

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18/01/2016	18/01/2016			JOD	WL	2	N	GA EXCISION OF URACHUS AND URACHAL CYST	T29.2	GA EXCISION OF URACHUS AND URACHAL CYST			4
18/01/2016	18/01/2016			KS	WL	2	N	LEFT URETEROSCOPY LEFT STONE OBLATION +/- STENTING	M30.9	LEFT URETEROSCOPY LEFT STONE OBLATION +/- STENTING		PER KS STONE CLINIC 180116	4
18/01/2016	18/01/2016			AJG	WL	2	D	GA CYSTOSCOPY +/- DIATHERMY	M45.8	GA CYSTOSCOPY +/- DIATHERMY		PER MR GLACKIN	4
18/01/2016	18/01/2016			JOD	WL	2	N	INJECTION OF BLADDER NECK BULKING AGENT	M49.5	INJECTION OF BLADDER NECK BULKING AGENT			4
30/10/2014	18/01/2016			MY	WL	2	D	ESWL UNDER GA - PAEDIATRICS LIST	M14.1	ESWL UNDER GA - PAEDIATRICS LIST		RE: EMAIL REFERRAL MR BAILIE 30.10.14	4
18/01/2016	18/01/2016	17/02/2016		JOD	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT		4
19/01/2016	19/01/2016	22/02/2016		MDH	SA	2	N	RED FLAG TURP +/- BILATERAL STENTS	M65.3	RED FLAG TURP +/- BILATERAL STENTS	1 WEST ELECTIVE ADMISSION WARD	PER MR HAYNES	4
19/01/2016	19/01/2016			AJG	WL	2	D	GA CYSTOSCOPY	M45.9	GA CYSTOSCOPY		PER GREEN PROFORMA	4
19/01/2016	19/01/2016			MDH	WL	2	N	LEFT RETROGRADE & INSERTION URETERIC STENT	M30.1	LEFT RETROGRADE & INSERTION URETERIC STENT		PER MR HAYNES	4
19/01/2016	19/01/2016			MDH	WL	2	D	EXCISION PENILE CYSTIC LESIONS	N27.1	EXCISION PENILE CYSTIC LESIONS		PER MR HAYNES	4
19/01/2016	19/01/2016			MDH	WL	2	N	BILATERAL FLEXIBLE URETEROSCOPY & LASERTRIPSY	M30.9	BILATERAL FLEXIBLE URETEROSCOPY & LASERTRIPSY		PER MR HAYNES	4
19/01/2016	19/01/2016			AOB	WL	4	N	TURP	M65.3	TURP			4
19/01/2016	19/01/2016			JOD	WL	4	D	GA VASECTOMY	N17.1	GA VASECTOMY			4
19/06/2015	20/01/2016			KS	DA	4	D	CYSTOSCOPY & HYDROSTATIC DILATATION LTR IN B/F	M45.9	CYSTOSCOPY & HYDROSTATIC DILATATION LTR IN B/F		RE: REFERRAL FROM GP 18.06.15	4
20/01/2016	20/01/2016			AJG	WL	2	N	TURP	M65.1	TURP		PER PP TRANSFER TO NHS	4
20/01/2016	20/01/2016			AJG	WL	4	N	TURP	M65.1	TURP		PER CLINIC OUTCOME	4
20/01/2016	20/01/2016			AJG	WL	4	D	GA CYSTOURETHROSCOPY +/- BIOPSY STH	M45.9	GA CYSTOURETHROSCOPY +/- BIOPSY STH		PER GREEN PROFORMA	4
21/01/2016	21/01/2016	24/02/2016		KS	SA	2	N	RED FLAG TURBT +/- RIGHT URETERIC STENT	M42.1	RED FLAG TURBT +/- RIGHT URETERIC STENT	1 WEST ELECTIVE ADMISSION WARD	PER BASH	4
21/01/2016	21/01/2016			KS	WL	4	D	FLEXIBLE CYSTOSCOPY +/- SPC INSERTION	M45.9	FLEXIBLE CYSTOSCOPY +/- SPC INSERTION		PER BASH	4
20/05/2015	21/01/2016			KS	WL	4	D	CYSTOSCOPY & URETHRAL DILATATION LTR IN B/F	M45.9	CYSTOSCOPY & URETHRAL DILATATION LTR IN B/F		PD - PER MR YOUNG AT HPC 20.05.15	4
21/01/2016	21/01/2016			MY	WL	2	D	RIGHT ESWL MR SURESH PATIENT	M14.1	RIGHT ESWL MR SURESH PATIENT		PER BASH AT HAEM CLINIC 21.01.16	4
21/01/2016	21/01/2016			MY	WL	4	D	LEFT ESWL LETTER TO STC 21.01.16	M14.1	LEFT ESWL LETTER TO STC 21.01.16		RE: REFERRAL ANA/ANNE DOHERTY, JHO ULSTER HOSPITAL	4
21/01/2016	21/01/2016			KS	WL	2	N	TURP	M65.3	TURP			4
22/01/2016	22/01/2016			MDH	WL	2	N	TRIAL REMOVAL OF CATHETER	M47.3	TRIAL REMOVAL OF CATHETER		PER MR HAYNES	3
22/01/2016	22/01/2016			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER MR HAYNES	3
22/01/2016	22/01/2016	22/03/2016		MY	SA	2	N	RED FLAG CHECK CYSTOSCOPY +/- BLADDER BIOPSIES OR TURBT	M45.1	RED FLAG CHECK CYSTOSCOPY +/- BLADDER BIOPSIES OR TURBT	1 WEST ELECTIVE ADMISSION WARD	PD - PER BASH AT DSU 22.01.16	3
22/01/2016	22/01/2016			MY	WL	4	D	RIGHT ESWL MR O'DONOGHUE PT - PLAVIX & ASPIRIN	M14.1	RIGHT ESWL MR O'DONOGHUE PT - PLAVIX & ASPIRIN		PER STC 22.01.16	3
22/01/2016	22/01/2016			MY	WL	4	D	LEFT ESWL MR SURESH PT	M14.1	LEFT ESWL MR SURESH PT		PER STC 22.01.16	3
23/01/2016	23/01/2016			KS	WL	4	D	RIGHT ORCHIDECTOMY	N06.3	RIGHT ORCHIDECTOMY		PER CLINIC SHEET	3
23/01/2016	23/01/2016			KS	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER CLINIC SHEET	3
23/01/2016	23/01/2016			KS	WL	4	D	FLEXIBLE CYSTOSCOPY & CHANGE OF CATHETER	M45.9	FLEXIBLE CYSTOSCOPY & CHANGE OF CATHETER		PER CLINIC SHEET	3
23/01/2016	23/01/2016			MY	WL	2	D	MARCH 16 RIGHT URETEROSCOPY & LASERTRIPSY - STENT IN SITU	M30.9	MARCH 16 RIGHT URETEROSCOPY & LASERTRIPSY - STENT IN SITU		PER E-DISCAHRGE 23.01.16	3
24/01/2016	24/01/2016			MY	WL	2	N	TURP CATHETER IN SITU	M65.3	TURP CATHETER IN SITU		PER RACHEL ON-CALL	3
25/01/2016	25/01/2016			KS	WL	4	D	FLEXIBLE CYSTOSCOPY +/- URETHRAL DILATATION	M45.9	FLEXIBLE CYSTOSCOPY +/- URETHRAL DILATATION		PER CLINIC SHEET	3
25/01/2016	25/01/2016			KS	SA	2	N	RED FLAG CHANNEL TURP	M65.3	RED FLAG CHANNEL TURP		PER CLINIC SHEET	3
25/01/2016	25/01/2016	26/02/2016		MY	WL	2	D	MUST GET FEBRUARY 16 FLEXIBLE CYSTOSCOPY	M45.9	MUST GET FEBRUARY 16 FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER E-DISCHARGE SUMMARY 25.01.16 (JORDAN MCVEY)	3
25/01/2016	25/01/2016			AJG	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER RESULTS LETTER	3
25/01/2016	25/01/2016			JOD	WL	4	N	GA BLADDER NECK INCISION/TURP	M66.2	GA BLADDER NECK INCISION/TURP			3
25/01/2016	25/01/2016			MY	WL	4	D	LEFT ESWL (N/A 10 - 15 MARCH 2016)	M14.1	LEFT ESWL (N/A 10 - 15 MARCH 2016)		PER STC 25.01.16	3
25/01/2016	25/01/2016			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER STC 25.01.16	3
25/01/2016	25/01/2016			JOD	WL	4	D	GA BILATERAL VASECTOMY	N17.1	GA BILATERAL VASECTOMY			3
25/01/2016	25/01/2016			MDH	WL	2	N	LAPAROSCOPIC PYELOPLASTY (BENIGN)	M10.2	LAPAROSCOPIC PYELOPLASTY (BENIGN)		PER MR HAYNES	3
16/12/2015	25/01/2016			AJG	WL	2	D	CYSTOSCOPY AND EUA	M45.9	CYSTOSCOPY AND EUA		PER AJG	3
25/01/2016	25/01/2016			MDH	WL	2	N	LAPAROSCOPIC NEPHRECTOMY	M02.5	LAPAROSCOPIC NEPHRECTOMY		PER PT & MDH	3
26/01/2016	26/01/2016			MDH	WL	2	N	TURP CATHETER INSITU	M65.3	TURP CATHETER INSITU		PER MR HAYNES	3
10/11/2015	26/01/2016			AJG	WL	2	D	GA CYSTOSCOPY +/- BIOPSY	M45.9	GA CYSTOSCOPY +/- BIOPSY		PER FLEXI	3
26/01/2016	26/01/2016			KS	WL	2	D	CYSTOSCOPY, CYSTODISTENSION +/- BIOPSY	M45.8	CYSTOSCOPY, CYSTODISTENSION +/- BIOPSY		PER CLINIC SHEET	3
26/01/2016	26/01/2016			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX TO BLADDER		PER PT	3
26/01/2016	26/01/2016			MY	WL	2	D	URETEROSCOPY, LASERTRIPSY & REMOVAL OF STENT	M30.9	URETEROSCOPY, LASERTRIPSY & REMOVAL OF STENT		PER RAB	3
27/01/2016	27/01/2016			MDH	WL	2	N	LAPAROSCOPIC DEROOFING RENAL CYST	M04.1	LAPAROSCOPIC DEROOFING RENAL CYST		PER MR HAYNES	3
27/01/2016	27/01/2016			AJG	WL	4	D	BILATERAL VASECTOMY	N17.1	BILATERAL VASECTOMY		PER GREEN PROFORMA	3
27/01/2016	27/01/2016			AJG	WL	4	D	RIGHT HYDROCELE REPAIR AND VASECTOMY	N17.1	RIGHT HYDROCELE REPAIR AND VASECTOMY		PER GREEN PROFORMA	3
27/01/2016	27/01/2016			MDH	WL	2	N	INCISION OF URETEROCELE	M32.5	INCISION OF URETEROCELE		PER MR HAYNES	3
27/01/2016	27/01/2016			MY	WL	4	D	LEFT ESWL ASPIRIN 75MGS	M14.1	LEFT ESWL ASPIRIN 75MGS		PER STC 27.01.16	3
01/07/2015	27/01/2016			MY	WL	2	D	STH LIST SEPT 15 LA CIRCUMCISION & REPEAT CYSTOSCOPY	N30.3	STH LIST SEPT 15 LA CIRCUMCISION & REPEAT CYSTOSCOPY		PD - PER MR YOUNG RE: LTR JENNY MARTIN 01.07.15	3
28/01/2016	28/01/2016			MY	WL	4	N	TURP (? UROLIFT PROCEDURE) CLOPIDOGREL	M65.3	TURP (? UROLIFT PROCEDURE) CLOPIDOGREL		PD - PER MR YOUNG AT CLINIC 28.01.16	3
28/01/2016	28/01/2016			MDH	SA	2	N	RED FLAG TURBT +/- TURP	M42.1	RED FLAG TURBT +/- TURP		PER MR HAYNES	2

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28/01/2016	28/01/2016			MY	WL	2	N	TURP CATHETER IN SITU	M65.3	TURP CATHETER IN SITU		PD - PER MATTHEW AT CLINIC 28.01.16	2
28/01/2016	28/01/2016			MDH	SA	2	N	RED FLAG PARTIAL NEPHRECTOMY	M02.5	RED FLAG PARTIAL NEPHRECTOMY		PER MR HAYNES	2
29/01/2016	29/01/2016			MY	WL	2	D	ASPIRATION OF RENAL CYST - RADIOLOGY TO CONTACT WITH DATE	M13.3	ASPIRATION OF RNEAL CYST - RADIOLOGY TO CONTACT WITH DATE		PD - PER MR YOUNG AT CLINIC 29.01.16	2
29/01/2016	29/01/2016			MY	WL	2	N	RENAL BIOPSY	M13.1	RENAL BIOPSY		PD - PER MR YOUNG AT CLINIC 29.01.16	2
29/01/2016	29/01/2016	26/02/2016		MY	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PD - PER MR YOUNG AT CLINIC 29.01.16	2
29/01/2016	29/01/2016			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PER STC 29.01.16	2
29/01/2016	29/01/2016			MY	WL	4	D	LEFT ESWL ASPIRIN 75MGS	M14.1	LEFT ESWL ASPIRIN 75MGS		PER STC 29.01.16	2
29/01/2016	29/01/2016			MY	WL	2	N	REMOVAL OF STENT, LITHOTRIPSY & CONDUITOSCOPY	M29.3	REMOVAL OF STENT, LITHOTRIPSY & CONDUITOSCOPY		PER RAB	2
29/01/2016	29/01/2016			AOB	WL	2	N	TURP	M65.3	TURP			2
29/01/2016	29/01/2016			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER PATIENT	2
10/11/2015	10/11/2015		01/03/2016	AJG	SA	2	N	TURBT RF	M42.1	TURBT RF		PER FLEXI	2
20/07/2015	23/11/2015			JOD	WL	2	D	HYDRODISTENSION AND BOTOX	M43.2	HYDRODISTENSION AND BOTOX			2
02/02/2015	25/11/2015			AOB	WL	4	D	CYSTOSCOPY & HYDRODISTENSION	M45.9	CYSTOSCOPY & HYDRODISTENSION		PER MR YOUNG AT EXTRA CLINIC 02.02.15	2
01/02/2016	01/02/2016			KS	SA	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER BASH	2
01/02/2016	01/02/2016	17/02/2016		JOD	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER JOD	2
01/02/2016	01/02/2016			JOD	WL	2	N	GA CYSTOSCOPY/URETHRAL DILATATION +/- OPTICAL URETHROTOMY	M45.9	GA CYSTOSCOPY/URETHRAL DILATATION +/- OPTICAL URETHROTOMY			2
01/02/2016	01/02/2016			JOD	WL	4	D	LA FRENULOPLASTY	N28.4	LA FRENULOPLASTY			2
01/02/2016	01/02/2016			AOB	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			2
01/02/2016	01/02/2016			MY	WL	2	D	ESWL PRIVATE PATIENT	M14.1	ESWL PRIVATE PATIENT		PER STC 01.02.16	2
01/02/2016	01/02/2016			MY	WL	4	D	LEFT ESWL MR SURESH PT - WILL TAKE CANCELLATION	M14.1	LEFT ESWL MR SURESH PT - WILL TAKE CANCELLATION		PER CKSSTC CLINIC 01.02.16	2
01/02/2016	01/02/2016			MY	WL	4	D	ESWL NOT DONE 01/02/16 BP TOO HIGH MR O'DONOGHUE PATIENT	M14.1	ESWL NOT DONE 01/02/16 BP TOO HIGH MR O'DONOGHUE PATIENT		PER STC 01.02.16	2
01/02/2016	01/02/2016			AOB	WL	2	D	BILATERAL ORCHIDOPEXY	N09.3	BILATERAL ORCHIDOPEXY		PER REG AT EMERENCY DEPARTMENT	2
01/02/2016	01/02/2016	02/02/2016		AOB	WL	2	D	CYSTSTAT	M49.4	CYSTASTAT	THORNDALE UNIT		2
01/02/2016	01/02/2016			MDH	SA	2	D	RF URETEROSCOPY, +/- BIOPSY, +/- LASER +/- STENT	M30.9	RF URETEROSCOPY, +/- BIOPSY, +/- LASER +/- STENT		PER MR HAYNES	2
01/02/2016	01/02/2016			AOB	WL	2	D	HYDROSTATIC DILATATION OF BLADDER AND URETHRAL DILATATION	M43.2	HYDROSTATIC DILATATION OF BLADDER AND URETHRAL DILATATION			2
01/02/2016	01/02/2016	29/02/2016		MY	WL	2	D	ESWL MR SURESH PATIENT - D.G. 29.02.16	M14.1	ESWL MR SURESH PATIENT	STONE TREATMENT CENTRE	PER MR SURESH 01.02.16	2
02/06/2015	01/02/2016			JOD	WL	4	D	GA BILATERAL VASECTOMY	N17.1	GA BILATERAL VASECTOMY			2
01/02/2016	01/02/2016			JOD	WL	2	N	INSERTION OF SUPRA PUBIC CATHETER	M49.8	INSERTION OF SUPRA PUBIC CATHETER			2
02/02/2016	02/02/2016	15/02/2016		MDH	SA	2	N	RED FLAG LAPAROSCOPIC NEPHRECTOMY	M02.5	RED FLAG LAPAROSCOPIC NEPHRECTOMY	1 WEST ELECTIVE ADMISSION WARD	PER MR OBRIEN	2
02/02/2016	02/02/2016			KS	SA	2	N	RED FLAG CYSTOSCOPY, BIOPSY	M45.1	RED FLAG CYSTOSCOPY, BIOPSY		PER CLINIC SHEET	2
02/02/2016	02/02/2016			KS	WL	4	D	CIRCUMCISION LA	N30.3	CIRCUMCISION LA		PER CLINIC SHEET	2
02/02/2016	02/02/2016			MDH	WL	4	D	BOTOX INJECTIONS 250 UNITS OF DYSPORT	M43.4	BOTOX INJECTIONS 250 UNITS OF DYSPORT		PER PATIENT DECISION	2
30/11/2015	02/02/2016			JOD	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY			2
02/02/2016	02/02/2016			AJG	DA	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER REFERRAL	2
02/02/2016	02/02/2016			AJG	DA	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER REFERRAL	2
26/10/2015	02/02/2016			AJG	WL	2	D	FLEXIBLE CYSTOSCOPY FOLLOWED BY CYSTISTAT WITH JANICE	M45.9	FLEXIBLE CYSTOSCOPY FOLLOWED BY CYSTISTAT WITH JANICE		PER PP CLINIC APP	2
02/02/2016	02/02/2016			AOB	WL	2	N	TURP	M65.3	TURP			2
02/02/2016	02/02/2016			AJG	WL	4	N	TURP	M65.1	TURP		PER GREEN PROFORMA	2
02/02/2016	02/02/2016			AOB	WL	4	N	TURP	M65.3	TURP			2
02/02/2016	02/02/2016			AOB	WL	2	D	RIGHT EPIDIDYMAL CYST EXCISION +/- HYDROCOELECTOMY	N15.3	RIGHT EPIDIDYMAL CYST EXCISION +/- HYDROCOELECTOMY			2
02/02/2016	02/02/2016			AJG	DA	2	D	FLEXIBLE CYSTOSCOPY USS FIRST	M45.9	FLEXIBLE CYSTOSCOPY USS FIRST		PER DIRECT ACCESS REFERRAL	2
02/02/2016	02/02/2016			AOB	WL	2	N	BLADDER LITHOTRIPSY AND TURP	M09.2	BLADDER LITHOTRIPSY AND TURP			2
03/02/2016	03/02/2016			MY	WL	2	D	ESWL STENT IN SITU - MR SURESH PATIENT AVAIL SHORT NOTICE	M14.1	ESWL STENT IN SITU - MR SURESH PATIENT AVAIL SHORT NOTICE		PER MR SURESH 03.02.16	2
03/02/2016	03/02/2016			MDH	SA	2	N	RED FLAG URETEROSCOPY	M30.9	RED FLAG URETEROSCOPY		PER MR HAYNES	2
03/02/2016	03/02/2016	22/02/2016		MDH	SA	2	N	RED FLAG LAPAROSCOPIC NEPHRECTOMY	M02.5	RED FLAG LAPAROSCOPIC NEPHRECTOMY	1 WEST ELECTIVE ADMISSION WARD	PER MR HAYNES	2
03/02/2016	03/02/2016			MY	WL	2	N	TURP CATHETER - FAILED TROCS	M65.3	TURP CATHETER - FAILED TROCS		PER MR YOUNG 03.02.16	2
03/02/2016	03/02/2016			MY	WL	2	D	LEFT ESWL STENT IN SITU - MR O'BRIEN PATIENT	M14.1	LEFT ESWL STENT IN SITU - MR O'BRIEN PATIENT		PER STC 03.02.16	2
03/02/2016	03/02/2016			AJG	DA	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTSOCOPY		PER CCQ	2
03/02/2016	03/02/2016			MDH	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT		PER MATTHEW	2
03/02/2016	03/02/2016	17/02/2016		MDH	SA	2	N	RED FLAG OPEN RADICAL NEPHRECTOMY	M02.5	RED FLAG OPEN RADICAL NEPHRECTOMY	1 WEST ELECTIVE ADMISSION WARD	PER MATTHEW	2
03/02/2016	03/02/2016	26/02/2016		MY	SA	2	D	RED FLAG FLEXIBLE CYSTOSCOPY	M45.9	RED FLAG FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT	PER MR YOUNG 03.02.16	2
03/02/2016	03/02/2016	29/02/2016		MDH	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT	1 WEST ELECTIVE ADMISSION WARD	PER MATTHEW	2
03/02/2016	03/02/2016			MY	WL	4	D	LEFT ESWL (MDH)	M14.1	LEFT ESWL (MDH)		PER MATTHEW (MDH)	2
03/02/2016	03/02/2016			MDH	WL	2	N	TURP	M65.3	TURP		PER MR HAYNES	2
03/02/2016	03/02/2016			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX INJECTION	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX INJECTION		PER MR HAYNES	2
04/02/2016	04/02/2016			MY	WL	2	N	TURP PRASUGREL	M65.3	TURP PRASUGREL		PD - PER BASH AT CLINIC 04.02.16	2
04/02/2016	04/02/2016			MY	WL	4	N	TURP APIXABAN	M65.3	TURP APIXABAN		PD - PER BASH AT CLINIC 04.02.16	2
04/02/2016	04/02/2016			AJG	WL	2	N	FURS AND LASER AND REMOVAL OF STENT	M30.9	FURS AND LASER AND REMOVAL OF STENT		PER READMISSION BOOK	2

04/02/2016	04/02/2016			AOB	WL	2	N	OPTICAL URETHROTOMY WARFARIN	M76.3	OPTICAL URETHROTOMY WARFARIN		PER BASH AT CLINIC 04.02.16	2
04/02/2016	04/02/2016			MDH	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT		PER MATTHEW	1
04/02/2016	04/02/2016			AJG	SA	2	N	RED FLAG CYSTOSCOPY & TRUS BIOPSY PROSTATE	M45.8	RED FLAG CYSTOSCOPY & TRUS BIOPSY PROSTATE		PER MATTHEW	1
05/02/2016	05/02/2016			MY	WL	2	D	FLEXIBLE CYSTOSCOPY WITHIN 2 MONTHS	M45.9	FLEXIBLE CYSTOSCOPY WITHIN 2 MONTHS		PER MATTHEW	1
05/02/2016	05/02/2016	15/02/2016		MY	WL	2	D	LEFT ESWL MR O'BRIEN PATIENT - LTR TO STC 05.02.16	M14.1	LEFT ESWL MR O'BRIEN PATIENT	STONE TREATMENT CENTRE	RE: REFERRAL MR O'BRIEN 05.02.16	1
12/10/2015	05/02/2016			MY	WL	4	D	LEFT ESWL	M14.1	LEFT ESWL		PD - PER MR YOUNG AT SWAH 12.10.15	1
05/02/2016	05/02/2016			AOB	WL	2	D	FLEXIBLE CYSTOSCOPY - JUNE 2016	M45.9	FLEXIBLE CYSTOSCOPY - JUNE 2016			1
05/02/2016	05/02/2016			AOB	WL	2	N	TURP & INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN	M65.3	TURP & INTRAMURAL INJECTION OF 250 UNITS OF BOTULINUM TOXIN			1
05/02/2016	05/02/2016			MDH	SA	2	N	RF URETEROSCOPY & PYELOPLASTY	M30.9	RF URETEROSCOPY & PYELOPLASTY		PER MR HAYNES	1
05/02/2016	05/02/2016			AJG	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT		PER BASH EMAIL	1
05/02/2016	05/02/2016			MDH	WL	2	N	N/A CYSTOSCOPY, URETEROSCOPY, RETROGRADE & STENT CHANGE	M45.8	N/A CYSTOSCOPY, URETEROSCOPY, RETROGRADE & STENT CHANGE		PER MR HAYNES	1
05/02/2016	05/02/2016			MDH	WL	4	D	VASECTOMY LA	N17.1	VASECTOMY LA		PER PATIENT	1
05/02/2016	05/02/2016			MDH	SA	2	N	RED FLAG LAPAROSCOPIC NEPHROURETERECTOMY	M02.2	RED FLAG LAPAROSCOPIC NEPHROURETERECTOMY		PER MR HAYNES	1
05/02/2016	05/02/2016			MDH	SA	2	N	RED FLAG TURBT	M42.1	RED FLAG TURBT		PER BASH	1
05/02/2016	05/02/2016			MDH	WL	4	D	FLEXIBLE CYSTOSCOPY & BOTOX	M45.9	FLEXIBLE CYSTOSCOPY & BOTOX		PER JENNY	1
07/02/2016	07/02/2016			KS	SA	2	D	FLEXIBLE CYSTSOCOPY RED FLAG	M45.9	RED FLAG FLEXIBLE CYSTOSCOPY		PER MATTHEW	1
08/02/2016	08/02/2016			MDH	SA	2	N	RF LAPAROSCOPIC RIGHT PARTIAL NEPHRECTOMY	M02.5	RF LAPAROSCOPIC RIGHT PARTIAL NEPHRECTOMY		PER MR OBRIEN	1
08/02/2016	08/02/2016			MDH	WL	2	N	BILATERAL RIGID/FLEXI URETEROSCOPY & LASERTRIPSY	M30.9	BILATERAL RIGID/FLEXI URETEROSCOPY & LASERTRIPSY		PER MR HAYNES	1
08/02/2016	08/02/2016			JOD	WL	2	N	GA BOTOX INTRAVESCIAL	M43.4	GA BOTOX INTRAVESCIAL			1
08/02/2016	08/02/2016			AJG	SA	2	N	CYSTOSCOPY AND BIOPSY	M45.1	RF CYSTOSCOPY AND BIOPSY DIABETES ON METFORMIN		PER CLINIC	1
08/02/2016	08/02/2016	17/02/2016		JOD	SA	2	D	RF FLEXIBLE CYSTOSCOPY	M45.9	RF FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT		1
08/02/2016	08/02/2016	17/02/2016		JOD	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY	DAY SURGERY UNIT		1
08/02/2016	08/02/2016	17/02/2016		JOD	SA	2	N	RED FLAG RIGHT JJ STENT INSERTION	M29.2	RED FLAG RIGHT JJ STENT INSERTION	1 WEST ELECTIVE ADMISSION WARD		1
09/02/2016	09/02/2016			MDH	WL	4	D	CIRCUMCISION	N30.3	CIRCUMCISION		PER MR HAYNES	1
09/02/2016	09/02/2016			KS	WL	4	D	CYSTOSCOPY & CYSTODISTENSION	M45.8	CYSTOSCOPY & CYSTODISTENSION		PER PATIENT REQUEST	1
09/02/2016	09/02/2016			MDH	WL	4	D	EXCISION HYDROCELE	N11.1	EXCISION HYDROCELE		PER MR HAYNES	1
09/02/2016	09/02/2016			AOB	WL	2	N	RIGHT URETEROSCOPY AND STENTING	M17.9	RIGHT URETEROSCOPY AND STENTING			1
14/01/2016	09/02/2016			MDH	SA	2	N	RED FLAG CYSTOSCOPY & BLADDER BX	M45.1	RED FLAG CYSTOSCOPY & BLADDER BX		PER MATTHEW	1
06/10/2015	06/10/2015		01/03/2016	KS	WL	2	D	CIRCUMCISION GP TO CONTACT RE HBA1C FIRST DIABETIC	N30.3	CIRCUMCISION GP TO CONTACT RE HBA1C FIRST DIABETIC		per ajg	1
10/02/2016	10/02/2016	16/02/2016		AOB	WL	2	D	BCG	M49.4	BCG	THORNDALE UNIT		1
10/02/2016	10/02/2016			AJG	WL	4	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTSOCOPY		DNA X1 SFA ON PATIENT REQUEST	1
10/02/2016	10/02/2016			MY	WL	2	D	FLEXIBLE CYSTOSCOPY LETTER IN B/F	M45.9	FLEXIBLE CYSTOSCOPY LETTER IN B/F		PD - PER MR YOUNG 10.02.16	1
10/02/2016	10/02/2016			AJG	WL	4	N	BOTOX +/- TURP	M43.4	BOTOX +/- TURP		PER CLINIC	1
10/02/2016	10/02/2016	16/02/2016		MDH	WL	2	D	WEEK 1 MMC	M49.2	WEEK 1 MMC	THORNDALE UNIT	PER TDU	1
10/02/2016	10/02/2016	16/02/2016		MDH	WL	2	D	WEEK 1 MMC	M49.2	WEEK 1 MMC	THORNDALE UNIT	PER TDU	1
10/02/2016	10/02/2016			JOD	WL	2	N	R/O RIGHT JJ STENT GA	M29.3	R/O RIGHT JJ STENT GA			1
10/02/2016	10/02/2016	15/02/2016		AOB	WL	2	D	CYSTISTAT	M49.4	CYSTISTAT	THORNDALE UNIT		1
10/02/2016	10/02/2016	16/02/2016		AOB	WL	2	D	WEEK 4 MMC	M49.2	WEEK 4 MMC	THORNDALE UNIT		1
29/09/2015	11/02/2016			KS	SA	2	D	RF TRUS BX UNDER GA PATIENT ON HOLS FOR 2 WEEKS	M70.3	RF TRUS BX UNDER GA PATIENT ON HOLS FOR 2 WEEKS		PER KS EMAIL	0
11/02/2016	11/02/2016			MY	WL	2	N	JUNE/JULY 16 BLADDER STONES WITH LASER & FLEX CU SEDATION	M39.1	JUNE/JULY 16 BLADDER STONES WITH LASER & FLEX CU SEDATION		PD - PER MR YOUNG AT CLINIC 11.02.16	0
11/02/2016	11/02/2016			MY	WL	2	D	URETHRAL DILATATION	M76.4	URETHRAL DILATATION		PD - PER MR YOUNG AT CLINIC 11.02.16	0
14/11/2015	12/02/2016			AJG	WL	4	D	FLEXIBLE CYSTOSCOPY CAH & PELVIC EXAMINATION	M45.9	FLEXIBLE CYSTOSCOPY CAH & PELVIC EXAMINATION		PER OUTCOME SHEET	0
12/02/2016	12/02/2016			AOB	WL	2	N	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPY	M29.3	REMOVAL OF STENT AND LEFT FLEXIBLE URETEROSCOPY			0
03/08/2015	03/08/2015		01/03/2016	JOD	WL	2	D	CYSTOSCOPY & URETHRAL DILATATION	M45.8	CYSTOSCOPY & URETHRAL DILATATION		PER JOD	0
25/11/2013	16/09/2015		01/03/2016	JOD	WL	4	N	CYSTOSCOPY ?URETHRAL DILATATION	M45.9	CYSTOSCOPY ?URETHRAL DILATATION			0
28/10/2015	12/01/2016		01/03/2016	AJG	WL	2	D	FLEXIBLE CYSTOSCOPY	M45.9	FLEXIBLE CYSTOSCOPY		PER AJG CLINIC LETTER	0
06/10/2015	31/12/2015		01/03/2016	KS	WL	4	D	GA CYSTOSCOPY +/- CYSTODISTENSION & BOTOX	M45.9	GA CYSTOSCOPY +/- CYSTODISTENSION & BOTOX		PER KS CLINIC	0
15/12/2015	15/12/2015		01/03/2016	KS	WL	4	D	REPAIR OF LEFT HYDROCELE	N11.9	REPAIR OF LEFT HYDROCELE		PER KS CLINIC	0

UROLOGY PLANNED WAITING LIST - EDA MARCH 2016 OR LESS - AS AT 15.02.16

Personal Information redacted by the USI	Date of Birth	Original Date	Current Date	Waiting List Code	Expected Admission Date	Date Booked	Current Suspension End Date	Consultant	Urgency Code	Intended Management	Admission Reason	Remarks	Intended Primary Procedure Code	Operation Description1
		20/09/2013	20/09/2013	CURWL	01/05/2014			AOB	4	N	CYSTOSCOPY & INTRAMURAL BOTULINUM TOXIN (100 UNITS)	SC URODYNAMICS 200913 TCI PER AOB	M45.9	CYSTOSCOPY & INTRAMURAL BOTULTNUM TOXIN (100 UNITS)
		08/05/2014	08/05/2014	CMY	01/11/2014			MY	4	N	NOVEMBER 14 CYSTOSCOPY & CHANGE OF STENT	PER RAB	M45.9	NOVEMBER 14 CYSTOSCOPY & CHANGE OF STENT
		17/10/2014	17/10/2014	CURWL	01/01/2015			AOB	2	N	DEC 14 - INTRAMURAL INJ OF 400UNITS OF BOTULINUM TOXIN		M43.4	DEC 14 - INTRAMURAL INJ OF 400 UNITS OF BOTULINUM TOXIN
		02/12/2014	02/12/2014	CURWL	01/01/2015			AOB	2	N	INTERNAL URETHROTOMY ?DILATATION (JANUARY 15)		M79.4	INTERNAL URETHROTOMY ?DILATATION (JANUARY 15)
		02/11/2013	19/08/2015	CURWL	01/03/2015			AOB	2	N	INTERNAL UETHROTOMY - MARCH 2015		M79.4	INTERNAL UREHROTOMY - MARCH 2015
		20/07/2014	20/07/2014	CURWL	01/03/2015			AOB	2	N	DECEMBER 14 - CHANGE OF RIGHT URETERIC STENT		M29.8	DECEMBER 14 - CHANGE OF RIGHT URETERIC STENT
		30/07/2014	30/07/2014	CURWL	01/03/2015			AOB	2	N	JAN 2015 BLADDER IRRIGATION	PER MR OBRIEN	M47.1	JAN 2015 BLADDER IRRIGATION
		29/01/2015	29/01/2015	CKSURO	01/03/2015	07/04/2015		KS	2	N	MARCH 2015 LEFT URS & LASER ABLATION LEARNING DIFFICULTIES	PER MR SURESH	M30.9	MARCH 2015 LEFT URS & LASER ABLATION LEARNING DIFFICULTIES
		30/01/2015	30/01/2015	CURWL	01/04/2015			AOB	2	N	CYSTOSCOPY AND BLADDER NECK RESECTION - MARCH 15		M45.9	CYSTOSCOPY AND BLADDER NECK RESECTION - MARCH 15
		13/02/2015	13/02/2015	CURWL	01/04/2015			AOB	2	N	TURP - APRIL 15		M65.3	TURP - APRIL 15
		22/03/2014	22/03/2014	CURWL	01/04/2015			AOB	2	N	INTERNAL URETHROTOMY - MARCH 2015		M79.4	INTERNAL URETHROTOMY - MARCH 2015
		01/03/2014	01/03/2014	CURWL	01/04/2015			AOB	2	N	REMOVAL OF STENT APRIL14		M27.5	REMOVAL OF STENT APRIL 14
		10/04/2015	16/04/2015	CURWL	16/04/2015			AOB	2	D	REMOVAL OF STENT		M29.3	REMOVAL OF STENT
		04/04/2015	04/04/2015	CURWL	01/05/2015			AOB	2	N	CHANGE OF SUPRAPUBIC CATHETER WITH TRACTED DILATATION MAY 15		M38.8	CHANGE OF SUPRAPUBIC CATHETER WITH TRACTED DILATATION MAY 15
		01/12/2014	01/12/2014	CURWL	01/06/2015			AOB	2	N	MAY 2015 INTERNAL URETHROTOMY	SC OPD 011214 TCI MAY 2015 PER AOB	M79.4	MAY 2015 INTERNAL URETHROTOMY
		16/04/2014	16/04/2014	CURWL	01/06/2015			AOB	2	N	URETHRAL MEATAL DILATATION - APRIL 2015		M47.1	URETHRAL MEATAL DILATATION - APRIL 2015
		15/05/2014	15/05/2014	CURWL	01/06/2015			AOB	2	N	CYSTOSCOPY - JUNE 2015		M45.9	CYSTOSCOPY - JUNE 2015
		03/06/2015	03/06/2015	CURWL	01/07/2015			AOB	2	N	REMOVAL OF STENT AND LEFT URETEROSCOPIC LITHOTRIPSY -JULY 15		M29.3	REMOVAL OF STENT AND LEFT URETEROSCOPIC LITHOTRIPSY -JULY 15
		30/07/2014	30/07/2014	CURWL	01/07/2015			AOB	4	N	JULY 2015 EXCHANGE URETERIC STENTS	PER MR OBRIEN	M29.8	JULY 2015 EXCHANGE URETERIC STENTS
		23/06/2015	27/08/2015	CMY	28/07/2015			MY	2	N	BLADDER NECK INCISION +/- IVU	PER MR YOUNG	M66.2	BLADDER NECK INCISION +/- IVU
		02/08/2013	02/08/2013	CURWL	01/08/2015			AOB	2	N	CYSTOSCOPY ?TURP ?INTRAMURAL INJ BOTULINUM TOXIN - AUGUST 15		M45.9	CYSTOSCOPY ?TURP ?INTRAMURAL INJ BOTULINUM TOXIN - AUGUST 15
		05/05/2015	30/06/2015	CMY	01/08/2015			MY	2	N	JUNE 15 URETEROSCOPY & ROS	PD - PER MR YOUNG IN THEATRE 05.05.15	M30.9	JUNE 15 URETEROSCOPY
		10/07/2015	10/07/2015	CURWL	01/09/2015			AOB	2	N	TURP - SEPTEMBER 2015		M65.3	TURP - SEPTEMBER 2015
		17/07/2015	17/07/2015	CURWL	01/09/2015			AOB	4	N	RIGHT URETEROSCOPY - SEPT 15		M30.9	RIGHT URETEROSCOPY - SEPT 15
		07/11/2014	07/11/2014	CURWL	01/10/2015			AOB	2	N	INTERNAL URETHROTOMY - OCT 15	PER REG CDSU	M79.4	INTERNAL URETHROTOMY - OCT 15
		06/09/2015	06/09/2015	CURWL	01/10/2015			AOB	2	N	RIGID CYSTOSCOPY +/- BIOPSY - OCTOBER 2015	PER READMISSION BOOK	M45.9	RIGID CYSTOSCOPY +/- BIOPSY - OCTOBER 2015
		02/04/2015	02/04/2015	CURWL	01/10/2015			AOB	2	N	REMOVAL LEFT URETERIC STENT URETEROSCOPY & ?RESTENTING-OCT15		M29.3	REMOVAL LEFT URETERIC STENT URETEROSCOPY & ?RESTENTING-OCT15
		24/03/2015	24/03/2015	CURWL	01/10/2015			AOB	2	N	REPLACEMENT OF SUPRAPUBIC CATHETER - JUNE 15		M38.8	REPLACEMENT OF SUPRAPUBIC CATHETER - JUNE 15
		17/09/2015	17/09/2015	CURWL	01/10/2015			AOB	2	N	REMOVAL OF LEFT URETERIC STENT - OCTOBER 2015		M29.3	REMOVAL OF LEFT URETERIC STENT - OCTOBER 2015
		23/06/2015	23/06/2015	CURWL	01/10/2015			AOB	4	N	CYSTOSCOPY ?TURBT - OCT 2015		M45.9	CYSTOSCOPY ?TURBT - OCT 2015
		22/10/2014	20/01/2016	CUJOD	01/10/2015			JOD	4	D	OCTOBER 2015 FLEXIBLE CYSTOSCOPY		M45.9	OCTOBER 2015 FLEXIBLE CYSTOSCOPY
		14/04/2015	04/01/2016	CKSURO	01/10/2015			KS	2	D	OCTOBER 2015 CHANGE OF STENT	PER KS DISCHARGE	M29.8	OCTOBER 2015 CHANGE OF STENT
		18/08/2015	18/08/2015	CMY	01/10/2015			MY	2	N	OCTOBER 15 TURP & LITHOLAPAXY WITH STONE PUNCH	PD - PER MR YOUNG IN THEATRE 18.08.15	M65.3	OCTOBER 15 TURP & LITHOLAPAXY WITH STONE PUNCH
		17/06/2013	16/09/2015	CMY	01/10/2015			MY	4	N	SEPTEMBER 15 NESBITT'S PROCEDURE (CHANGE TO PL PROC PR MY)	PD - PER MR YOUNG AT BBPC 17.06.13	N28.8	SEPTEMBER 15 NESBITT'S PROCEDURE - HOLS 30/09/15 X 2WKS
		19/05/2015	19/05/2015	CURWL	01/11/2015			AOB	2	N	CHANGE OF NEPHROSTOMY - NOVEMBER 2015		M16.2	CHANGE OF NEPHROSTOMY - NOVEMBER 2015
		08/09/2015	08/09/2015	CURWL	01/11/2015			AOB	2	N	URETEROSCOPY - NOVEMBER 2015		M30.9	URETEROSCOPY - NOVEMBER 2015
		13/10/2015	13/10/2015	CMY	01/11/2015	16/02/2016		MY	2	D	NOVEMBER 2015 REDO LEFT FLEXIBLE URETEROSCOPY	PD - PER MR YOUNG IN THEATRE 13.10.15	M30.9	NOVEMBER 2015 REDO LEFT FLEXIBLE URETEROSCOPY
		13/05/2014	13/05/2014	CMY	01/11/2015			MY	4	D	NOVEMBER 2014 BOTOX	PD - PER MR YOUNG 12.05.14	M43.4	NOVEMBER 2014 BOTOX
		10/02/2015	10/02/2015	CMY	01/11/2015			MY	4	D	NOVEMBER 2015 CHANGE OF STENT	PD - PER MR YOUNG IN THEATRE 10.02.15	M29.8	NOVEMBER 2015 CHANGE OF STENT
		03/10/2015	03/10/2015	CURWL	01/12/2015			AOB	2	N	CYSTOSCOPY AND BLADDER MUCOSAL BIOPSIES/RESECTION-DEC 15		M45.9	CYSTOSOCPY & BLADDER MUSCOSAL BIOPSIES/RESECTION - DEC 15
		01/06/2015	01/06/2015	CURWL	01/12/2015			AOB	4	N	INTERNAL URETHROTOMY - DECEMBER 2015		M79.4	INTERNAL URETHROTOMY - DECEMBER 2015
		21/10/2015	21/10/2015	CKSURO	01/12/2015			KS	4	N	DEC 2015 REPEAT RIGHT URS & LASER ABLATION STENT IN SITU	PER KS DISCHARGE	M30.9	DEC 2015 REPEAT RIGHT URS & LASER ABLATION STENT IN SITU
		25/08/2015	25/08/2015	CMY	31/12/2015			MY	2	N	END DEC/BEG JAN 16 - CHANGE OF STENT	PD - PER MR YOUNG IN THEATRE 25.08.15	M29.8	END DEC/BEG JAN 16 - CHANGE OF STENT
		03/07/2015	08/01/2016	CURWL	01/01/2016			AOB	2	D	CHECK FLEXIBLE CYSTOSCOPY JAN 16		M45.9	CHECK FLEXIBLE CYSTOSCOPY JAN 16
		02/01/2015	02/01/2015	CURWL	01/01/2016			AOB	2	D	JANUARY 16 - CHECK FLEXIBLE CYSTOSCOPY		M45.8	JANUARY 16 - CHECK FLEXIBLE CYSTOSCOPY
		06/06/2014	08/01/2016	CURWL	01/01/2016			AOB	4	D	DEC 15 FLEXIBLE CYSTOSCOPY	SC FLEXI 060614 CHECK FLEXI 18M PER REG	M45.9	DEC 15 FLEXIBLE CYSTOSCOPY
		27/11/2015	27/11/2015	CKSURO	01/01/2016			KS	2	D	01/16 URETEROSCOPY & REMOVAL OF STENT	PER MR HAYNES	M30.9	01/16 URETEROSCOPY & REMOVAL OF STENT
		26/11/2015	26/11/2015	CKSURO	01/01/2016			KS	2	N	JAN 2016 URETEROSCOPY & LASER ABLATION	PER READMISSION	M30.9	JAN 2016 URETEROSCOPY & LASER ABLATION
		31/07/2015	31/07/2015	CKSURO	01/01/2016	19/02/2016		KS	4	D	JAN 2016 FLEXIBLE CYSTOSCOPY	PER JENNY FLEXI LIST	M45.9	JAN 2016 FLEXIBLE CYSTOSCOPY
		17/12/2015	17/12/2015	CUMDH	01/01/2016	15/02/2016		MDH	2	N	01/16 OR 02/16 URETEROSCOPY & LASERTRIPSY	PER MR HAYNES	M30.9	01/16 OR 02/16 URETEROSCOPY & LASERTRIPSY
		27/10/2015	27/10/2015	CUMDH	01/01/2016			MDH	4	D	05 OR 06/15 CYSTOSCOPY & BOTOX BLADDER AS INPATIENT	PER MR HAYNES	M45.8	05 OR 06/15 CYSTOSCOPY & BOTOX BLADDER AS INPATIENT
		23/06/2015	23/06/2015	CUMDH	01/01/2016	17/02/2016		MDH	4	N	01/16 TURP AFTER STOPS CLOPIDOGREL 15TH DECEMBER 2015	PER MR HAYNES	M65.3	01/16 TURP AFTER STOPS CLOPIDOGREL 15TH DECEMBER 2015
		27/02/2015	27/02/2015	CMY	01/01/2016	15/02/2016		MY	2	N	AUGUST 2015 - CHANGE OF STENT WARFARIN	PER RAB	M29.8	AUGUST 2015 - CHANGE OF STENT WARFARIN

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08/10/2015	08/10/2015	CMY	01/01/2016			MY	2	N	JANUARY 2016 REPEAT URETHRAL DILATATION/IVU	PD - PER MR YOUNG AT CLINIC 08.10.15	M76.4	JANUARY 2016 REPEAT URETHRAL DILATATION/IVU
18/02/2014	25/09/2015	CMY	01/01/2016			MY	2	N	LITHOLAPAXY & PROSTATE STONE (LETTER IN B/F)	PD - PER MR YOUNG RE: REFERRAL MR BROWN DHH 17.02.14	M44.1	LITHOLAPAXY & PROSTATE STONE
13/01/2015	13/01/2015	CMY	01/01/2016			MY	4	D	MARCH 2016 - CHANGE OF STENT	PD - PER MR YOUNG IN THEATRE 13.01.15	M29.8	MARCH 2016 - CHANGE OF STENT
12/01/2016	12/01/2016	CAJG	01/02/2016			AJG	2	N	FEBRUARY 2016 - TURBT	PER AJG DISCHAR LETTER 120116	M42.1	FEBRUARY 2016 - TURBT
15/01/2016	15/01/2016	CAJG	01/02/2016			AJG	2	N	FEB 2016 URETEROSCOPY	PER WARD	M30.9	FEB 2016 URETEROSCOPY
23/10/2015	23/10/2015	CAJG	01/02/2016			AJG	2	D	CHANGE OF STENT FEB 2016	PER WARD	M29.8	FEB 2016 CHANGE OF STENT
20/08/2015	20/08/2015	CAJG	01/02/2016	19/02/2016		AJG	2	N	CHANGE OF RETROGRADE STENTS FEB 2016	per JENNY	M29.8	CHANGE OF RETROGRADE STENTS FEB 2016 FIT 1.2.16 KK
19/11/2015	19/11/2015	CAJG	01/02/2016			AJG	4	D	BILATERAL NEPHROSTOMY FEB 2016	PER WARD VB	M06.4	FEB 16 BILATERAL NEPHROSTOMY CHANGE
07/08/2015	09/02/2016	CAJG	01/02/2016			AJG	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY	PER MATTHEW FLEXI LIST	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY
13/01/2016	13/01/2016	CURWL	01/02/2016			AOB	2	N	REMOVAL OF STENT & RIGHT URETEROGRAPHY ?URETEROSCOPY -FEB 16		M29.3	REMOVAL OF STENT & RIGHT URETEROGRAPHY ?URETEROSCOPY -FEB 16
06/02/2015	06/02/2015	CURWL	01/02/2016			AOB	2	D	FEBRUARY 16 - CHECK FLEXIBLE CYSTOSCOPY		M45.9	FEBRUARY 16 - CHECK FLEXIBLE CYSTOSCOPY
13/01/2016	13/01/2016	CURWL	01/02/2016			AOB	2	N	REMOVAL OF STENT & LEFT URETEROGRAPHY ?URETEROSCOPY - FEB 16	PER E-MAIL FROM AOB - (1ST OPERATION WITH MR HEWITT)	M29.3	REMOVAL OF STENT & LEFT URETEROGRAPHY ?URETEROSCOPY - FEB 16
22/10/2015	22/10/2015	CURWL	01/02/2016			AOB	2	N	REMOVAL RIGHT URETERIC STENT & RIGHT URETEROSCOPY - FEB 2016		M29.3	REMOVAL RIGHT URETERIC STENT & RIGHT URETEROSCOPY - FEB 2016
06/01/2016	06/01/2016	CURWL	01/02/2016			AOB	4	N	URETEROSCOPY, LASER LITHOTRIPSY & REMOVAL OF STENT - FEB 16	PER WARD READMISSION BOOK	M30.9	URETEROSCOPY, LASER LITHOTRIPSY & REMOVAL OF STENT - FEB 16
06/11/2015	06/11/2015	CURWL	01/02/2016			AOB	4	D	CHECK FLEXIBLE CYSTOSCOPY - FEB 2016		M45.8	CHECK FLEXIBLE CYSTOSCOPY - FEB 2016
21/08/2015	21/08/2015	CURWL	01/02/2016			AOB	4	N	URETHRAL DILATATION ?URETHROTOMY - FEBRUARY 2016		M76.4	URETHRAL DILATATION ?URETHROTOMY - FEBRUARY 2016
25/02/2014	25/02/2014	CURWL	01/02/2016			AOB	4	N	TURP - FEBRUARY 2016		M65.3	TURP - FEBRUARY 2016
25/11/2015	25/11/2015	CUJOD	01/02/2016	16/02/2016		JOD	2	N	END FEB 2016 CHANGE OF STENT		M29.8	END FEB 2016 CHANGE OF STENT
27/11/2015	27/11/2015	CUJOD	01/02/2016	16/02/2016		JOD	2	N	FEB 2016 FLEXIBLE URETEROSCOPY AND LASER		M30.9	FEB 2016 FLEXIBLE URETEROSCOPY AND LASER
30/11/2015	30/11/2015	CUJOD	01/02/2016	17/02/2016		JOD	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY +/- BLADDER BIOPSIES		M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY +/- BLADDER BIOPSIES
16/12/2015	16/12/2015	CKSURO	01/02/2016	19/02/2016		KS	2	D	FEB 2016 FLEXIBLE CYSTOSCOPY & REMOVAL OF STENT	PER KS CLINIC	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY & REMOVAL OF STENT
23/11/2015	23/11/2015	CKSURO	01/02/2016			KS	2	D	FEB 2016 FLEXI & CHANGE OF CATHETER	PER KS CLINIC	M45.9	FEB 2016 FLEXI & CHANGE OF CATHETER
24/12/2015	24/12/2015	CKSURO	01/02/2016			KS	2	N	FEB 2016 BLADDER NECK DILATATION/BNI CLOPIDOGREL CATHETER	PER MATTHEW ON CALL LETTER	M66.2	FEB 2016 BLADDER NECK DILATATION/BNI CLOPIDOGREL CATHETER
29/04/2014	29/04/2014	CKSURO	01/02/2016	19/02/2016		KS	2	N	FEB 2016 TURP 85CC PROSTATE CATHETER IN SITU DIABETIC	PER MR SURESH HAEMATURIA CLINIC/READMISSION BOOK	M65.3	FEB 2016 TURP 85CC PROSTATE CATHETER IN SITU DIABETIC
07/01/2016	07/01/2016	CKSURO	01/02/2016	19/02/2016		KS	2	D	FEB 2016 FLEXIBLE CYSTOSCOPY URINE 3 DAYS BEFORE	PER JENNY CLINIC	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY URINE 3 DAYS BEFORE
04/11/2015	04/11/2015	CKSURO	01/02/2016	19/02/2016		KS	2	D	FEB 2016 FLEXIBLE CYSTOSCOPY	PER KS CLINIC	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY AFTER MMC
28/12/2015	28/12/2015	CKSURO	01/02/2016			KS	2	N	FEB 2016 RIGHT FLEXIBLE URETEROSCOPY & LASER MRSA	PER JENNY EMAIL	M30.9	FEB 2016 RIGHT FLEXIBLE URETEROSCOPY & LASER MRSA
04/01/2016	04/01/2016	CKSURO	01/02/2016		01/03/2016	KS	2	N	RIGHT RETROGRADE STUDIES, URETERENOSCOPY +/- RE-STENTING	PER KS LETTER	M30.1	RIGHT RETROGRADE STUDIES, URETERENOSCOPY +/- RE-STENTING
13/11/2015	13/11/2015	CKSURO	01/02/2016	19/02/2016		KS	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY	PER BASH FLEXI LIST	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY
30/10/2015	30/10/2015	CKSURO	01/02/2016			KS	4	D	MARCH 16 FLEXIBLE CYSTOSCOPY	PER JENNY FLEXI LIST	M45.9	MARCH 16 FLEXIBLE CYSTOSCOPY
16/11/2015	16/11/2015	CKSURO	01/02/2016	19/02/2016		KS	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY AFTER MMC MRSA	PER KS CLINIC	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY AFTER MMC MRSA
13/11/2015	13/11/2015	CKSURO	01/02/2016	19/02/2016		KS	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY	PER BASH FLEXI LIST	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY
13/02/2015	13/02/2015	CKSURO	01/02/2016	19/02/2016		KS	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY	PER KAREN FLEXI LIST	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY
27/01/2016	27/01/2016	CUMDH	01/02/2016			MDH	2	N	02/16 END FEB URETEROSCOPY & LASER FRAGMENTATION	PER MR HAYNES	M30.9	02/16 END FEB URETEROSCOPY & LASER FRAGMENTATION
08/12/2015	08/12/2015	CUMDH	01/02/2016			MDH	2	N	02/16 TURBT AFTER HOLS 13th-20th February 2016	PER MR HAYNES	M42.1	02/16 TURBT AFTER HOLS 13th-20th February 2016
05/11/2015	05/11/2015	CUMDH	01/02/2016			MDH	4	D	02/16 CHANGE NEPHROSTOMY TUBE	PER MR HAYNES	Y98.8	02/16 CHANGE NEPHROSTOMY TUBE
10/11/2015	10/11/2015	CUMDH	01/02/2016	24/02/2016		MDH	4	N	02/16 FLEXIBLE CYSTOSCOPY LATE IN MONTH	PER MR HAYNES	M45.8	02/16 FLEXIBLE CYSTOSCOPY
02/02/2015	02/02/2015	CUMDH	01/02/2016			MDH	4	D	02/16 OPTICAL URETHROTOMY	PER MR HAYNES	M76.3	02/16 OPTICAL URETHROTOMY
28/08/2015	28/08/2015	CUMDH	01/02/2016	24/02/2016		MDH	4	D	02/16 FLEXIBLE CYSTOSCOPY	PER MR HAYNES	M45.9	02/16 FLEXIBLE CYSTOSCOPY
16/10/2015	16/10/2015	CMY	01/02/2016			MY	2	N	FEBRUARY 2016 RIGID CYSTOSCOPY +/- TURBT	PD - PER MATTHEW AT DSU 16.10.15	M45.9	FEBRUARY 2016 RIGID CYSTOSCOPY +/- TURBT
04/12/2015	15/12/2015	CMY	01/02/2016		01/03/2016	MY	2	N	LEFT URETEROSCOPY & REMOVAL OF STENT		M30.9	LEFT URETEROSCOPY & REMOVAL OF STENT
09/09/2015	09/09/2015	CMY	01/02/2016	19/02/2016		MY	2	D	FEBRUARY 2016 FLEXIBLE CYSTOSCOPY MUST GET PER MRY	PD - PER MR YOUNG 09.09.15	M45.9	FEBRUARY 2016 FLEXIBLE CYSTOSCOPY MUST GET PER MRY
16/08/2015	16/08/2015	CMY	01/02/2016			MY	2	D	02/16 CHANGE URETERIC STENT	PER READMISSION BOOK	M29.8	02/16 CHANGE URETERIC STENT
13/11/2015	13/11/2015	CMY	01/02/2016			MY	2	N	FEB 2016 URETEROSCOPY & LASERTRIPSY (L)	PER MY CLINIC OUTCOME SHEET/PER MY WL FORM	M30.9	FEB 2016 URETEROSCOPY & LASERTRIPSY (L)
18/12/2015	18/12/2015	CMY	01/02/2016			MY	2	N	1ST WEEK FEB 16 REDO TURBT	PD - PER MR YOUNG AT CLINIC 18.12.15	M42.1	1ST WEEK FEB 16 REDO TURBT
29/05/2015	29/05/2015	CMY	01/02/2016	19/02/2016		MY	2	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PER RACHAEL FLEXI LIST	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
24/12/2015	24/12/2015	CMY	01/02/2016	08/03/2016		MY	2	N	FEBRUARY 2016 CHANGE OF URETERIC STENT	PER WARD DISCHARGE	M49.8	FEBRUARY 2016 CHANGE OF URETERIC STENT
16/10/2015	16/10/2015	CMY	01/02/2016	26/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER MATTHEW AT DSU 16.10.15	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
23/10/2015	15/01/2016	CMY	01/02/2016	26/02/2016		MY	4	D	JANUARY 2016 FLEXIBLE CYSTOSCOPY - LETTER IN B/F	PER MR YOUNG RE: RE-REFERRAL 23.10.15	M45.9	JANUARY 2016 FLEXIBLE CYSTOSCOPY
16/10/2015	16/10/2015	CMY	01/02/2016	26/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER MATTHEW AT DSU 16.10.15	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
20/02/2015	20/02/2015	CMY	01/02/2016	19/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER RACHAEL AT DSU 20.02.15	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
28/08/2015	28/08/2015	CMY	01/02/2016	26/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER MATTHEW AT DSU 28.08.15	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
02/05/2014	02/05/2014	CMY	01/02/2016			MY	4	N	TURP ACTIVATE OCTOBER 14 AS ON PLAVIX UNTIL THEN	PER MR YOUNG AT CLINIC 02.05.14	M65.3	TURP ACTIVATE OCTOBER 14 AS ON PLAVIX UNTIL THEN
29/05/2015	29/05/2015	CMY	01/02/2016	26/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PER JENNY FLEXI LIST	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY

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6/11/2015	06/11/2015	CMY	01/02/2016	19/02/2016		MY	4	D	FEBRUARY/MARCH 2016 (POST MMC) CHECK FLEXIBLE CYSTOSCOPY	PD - PER MR YOUNG AT CLINIC 06.11.15	M45.9	FEBRUARY/MARCH 2016 (POST MMC) CHECK FLEXIBLE CYSTOSCOPY
3/10/2015	13/10/2015	CMY	01/02/2016			MY	4	D	FEBRUARY 2016 PERINEAL URETHRAL DILATATION	PD - PER MR YOUNG IN THEATRE 13.10.15	M38.1	FEBRUARY 2016 PERINEAL URETHRAL DILATATION
9/05/2015	29/05/2015	CMY	01/02/2016	26/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PER RACHAEL FLEXI LIST	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
8/05/2015	08/05/2015	CMY	01/02/2016	26/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER RACHAEL AT DSU 08.05.15	M45.9	FEBRUARY 2016 CHECK FLEXIBLE CYSTOSCOPY
0/02/2015	20/02/2015	CMY	01/02/2016	19/02/2016		MY	4	D	FEBRUARY 2016 CHECK FLEXIBLE URETHROSCOPY	PD - PER RACHAEL AT DSU 20.02.15	M17.9	FEBRUARY 2016 CHECK FLEXIBLE URETHROSCOPY
1/12/2015	02/02/2016	CURWL	03/02/2016			AOB	2	N	INSERTION OF RIGHT NEPHROSTOMY DRAIN		M13.6	INSERTION OF RIGHT NEPHROSTOMY DRAIN BY DR MCCONVILLE
0/02/2016	10/02/2016	CUJOD	15/02/2016	15/02/2016		JOD	2	D	HYACYST		M49.4	HYACYST
8/01/2016	18/01/2016	CMY	23/02/2016	23/02/2016		MY	2	N	RIGHT URETEROSCOPY NEPH TUBE IN SITU		M30.9	RIGHT URETEROSCOPY NEPH TUBE IN SITU
8/12/2015	18/12/2015	CAJG	01/03/2016			AJG	2	D	MARCH 2016 - FLEXIBLE CYSTOSCOPY	FLEXI PER AJG	M45.9	MARCH 2016 - FLEXIBLE CYSTOSCOPY
0/03/2015	10/03/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER FLEXI	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
5/12/2014	05/12/2014	CAJG	01/03/2016			AJG	2	N	FLEXIBLE URETEROSCOPY MARCH 2016	PER READMISSION SJ EMAIL 08/12/14	M30.9	MARCH 16 FLEXIBLE URETEROSCOPY
0/03/2015	10/03/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER FLEXI	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
0/03/2015	10/03/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MAR 2016	PER FLEXI	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
8/12/2015	08/12/2015	CAJG	01/03/2016			AJG	2	D	JAN 2016 GA CYSTOLITHOLAPAXY	WL FORM PER AJG	M44.1	JAN 2016 GA CYSTOLITHOLAPAXY
1/09/2015	11/09/2015	CAJG	01/03/2016			AJG	2	D	CHANGE OF STENT MARCH 2016	per ajg discharge letter	M29.8	MARCH 2016 CHANGE OF STENT
8/12/2015	08/12/2015	CAJG	01/03/2016			AJG	2	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	WL DPU STH PER AJG	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
0/03/2015	10/03/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER FLEXI	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
0/02/2016	10/02/2016	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER CLINIC REG	M45.9	MARCH/APRIL 2016 FLEXIBLE CYSTOSCOPY
8/12/2015	08/12/2015	CAJG	01/03/2016			AJG	2	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	WL DSU CAH PER AJG	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
0/03/2015	10/03/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER FLEXI	M45.9	MARCH 2016 FLEXIBLE CYSTSOCOPY
1/02/2015	21/02/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MARCH/APRIL 2016	PER AJG	M45.9	MARCH/APRIL 2016 FLEXIBLE CYSTSOCOPY
2/01/2016	22/01/2016	CAJG	01/03/2016			AJG	2	N	RIGHT FURS AND LASER REMOVAL OF STENT	PER AJG	M30.9	MARCH 2016 RIGHT FURS AND LASER REMOVAL OF STENT
4/12/2015	20/01/2016	CAJG	01/03/2016			AJG	2	D	GA CYSTOSCOPY JAN 2016	PER MDT	M45.9	JAN 2016 GA CYSTOSCOPY
2/09/2015	22/09/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY - MARCH 2016	PER MR GLACKIN DISCHARGE LETTER	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
1/09/2015	11/09/2015	CAJG	01/03/2016			AJG	2	D	FLEXIBLE CYSTOSCOPY MAR 2016 - STH PER MR GLACKIN	PER WARD	M45.9	MAR 16 FLEXIBLE CYSTOSCOPY - STH PER MR GLACKIN
6/03/2015	06/03/2015	CAJG	01/03/2016			AJG	4	D	03/16 FLEXIBLE CYSTOSCOPY	PER JENNY MARTIN	M45.9	MAR 16 FLEXIBLE CYSTOSCOPY
1/03/2014	11/03/2014	CAJG	01/03/2016			AJG	4	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER MR GLACKIN DISCHARGE LETTER	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
7/03/2015	27/03/2015	CAJG	01/03/2016			AJG	4	N	CYSTOSCOPY AND RIGHT URETEROSCOPY MAR 16	PER WARD	M30.9	MAR 16 CYSTOSCOPY AND RIGHT URETEROSCOPY
4/12/2015	14/12/2015	CAJG	01/03/2016			AJG	4	D	MAR 2016 FLEXIBLE CYSTOSCOPY	PER ONCALL LETTER	M45.9	MAR 2016 FLEXIBLE CYSTOSCOPY
4/11/2015	14/11/2015	CAJG	01/03/2016			AJG	4	D	FLEXIBLE CYSTOSCOPY MARCH 2016	PER OUTCOME SHEET	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY STH ONLY
2/02/2016	02/02/2016	CURWL	01/03/2016			AOB	2	D	FLEXIBLE CYSTOSCOPY - MARCH 2016		M45.9	FLEXIBLE CYSTOSCOPY - MARCH 2016
3/09/2015	23/09/2015	CURWL	01/03/2016			AOB	4	D	FLEXIBLE CYSTOSCOPY - MARCH 16		M45.9	FLEXIBLE CYSTOSCOPY - MARCH 16
6/10/2015	16/10/2015	CURWL	01/03/2016			AOB	4	D	FLEXIBLE CYSTOSCOPY - MARCH 2016		M45.9	FLEXIBLE CYSTOSCOPY - MARCH 2016
6/03/2015	06/03/2015	CURWL	01/03/2016			AOB	4	D	CHECK FLEXIBLE CYSTOSOCPY - MARCH 16		M45.8	CHECK FLEXIBLE CYSTOSCOPY - MARCH 16
6/03/2015	06/03/2015	CURWL	01/03/2016			AOB	4	D	CHECK FLEXIBLE CYSTOSCOPY - MARCH 16		M45.8	CHECK FLEXIBLE CYSTOSCOPY - MARCH 16
6/03/2015	06/03/2015	CURWL	01/03/2016			AOB	4	D	CHECK FLEXIBLE CYSTOSCOPY - MARCH 16		M45.8	CHECK FLEXIBLE CYSTOSCOPY - MARCH 16
8/12/2015	18/12/2015	CURWL	01/03/2016			AOB	4	D	FLEXIBLE CYSTOSCOPY - MARCH 2016		M45.9	FLEXIBLE CYSTOSCOPY - MARCH 2016
3/03/2015	23/03/2015	CURGA	01/03/2016			AOB	4	D	HYDROSTATIC DILATATION OF BLADDER - MARCH 2016		M43.2	HYDROSTATIC DILATATION OF BLADDER - MARCH 2016
1/04/2015	01/04/2015	CURWL	01/03/2016			AOB	4	N	INTERNAL URETHROTOMY - MARCH/APRIL 2016		M79.4	INTERNAL URETHROTOMY - MARCH/APRIL 2016
8/01/2016	18/01/2016	CUJOD	01/03/2016			JOD	2	N	MARCH 2016 GA CHANNEL TURP		M65.3	MARCH 2016 GA CHANNEL TURP
2/01/2016	12/01/2016	CUJOD	01/03/2016	16/02/2016		JOD	2	N	MARCH 2016 LEFT FLEXIBLE URETERENOSCOPY/LASER TO STONE/ROS		M30.9	MARCH 2016 LEFT FLEXIBLE URETERENOSCOPY/LASER TO STONE/ROS
2/11/2015	02/11/2015	CUJOD	01/03/2016			JOD	2	N	END MARCH CYSTOSCOPY AND BLADDER BIOPSY		M45.9	END MARCH CYSTOSCOPY AND BLADDER BIOPSY
8/10/2015	28/10/2015	CUJOD	01/03/2016			JOD	2	N	START MARCH 2016 GA CYSTOSCOPY AND BLADDER BIOPSY		M45.9	START MARCH 2016 GA CYSTOSCOPY AND BLADDER BIOPSY
4/01/2016	14/01/2016	CUJOD	01/03/2016			JOD	2	N	MAR 2016 BILATERAL URETEROSCOPY AND LASER TO STONES		M30.9	MAR 2016 BILATERAL URETEROSCOPY AND LASER TO STONES
2/02/2016	02/02/2016	CUJOD	01/03/2016			JOD	2	N	MID MARCH 2016 REPEAT URETEROSCOPY		M30.9	MID MARCH 2016 REPEAT URETEROSCOPY
2/01/2016	12/01/2016	CUJOD	01/03/2016			JOD	4	N	END MARCH CYSTOSCOPY		M45.9	END MARCH CYSTOSCOPY
1/12/2015	01/12/2015	CUJOD	01/03/2016			JOD	4	N	MARCH 2016 RIGHT JJ STENT CHANGE		M29.8	MARCH 2016 RIGHT JJ STENT CHANGE
4/12/2015	04/12/2015	CUJOD	01/03/2016			JOD	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER JENNY FLEXI LIST	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
1/01/2016	21/01/2016	CKSURO	01/03/2016			KS	2	D	03/16 FLEXIBLE CYSTOSCOPY 6 WEEKS FROM 210116	PER BASH	M45.9	03/16 FLEXIBLE CYSTOSCOPY 6 WEEKS FROM 210116
9/12/2015	09/12/2015	CKSURO	01/03/2016			KS	2	D	MARCH 2016 CHANGE OF NEPHROSTOMIES	PER KS CLINIC	M16.2	MARCH 2016 CHANGE OF NEPHROSTOMIES
2/01/2016	22/01/2016	CKSURO	01/03/2016	19/02/2016		KS	2	D	FLEXIBLE CYSTOSCOPY AND REMOVAL OF STENT - FEB 16		M45.9	FLEXIBLE CYSTOSCOPY AND REMOVAL OF STENT - FEB 16
5/01/2016	05/01/2016	CKSURO	01/03/2016			KS	4	D	MARCH 2016 CIRCUMCISION UNDER GA	PER PT & MDH	N30.3	MARCH 2016 CIRCUMCISION UNDER GA
4/09/2015	04/09/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER KS DISCHARGE	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
1/12/2015	11/12/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER KS DISCHARGE	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
1/09/2015	11/09/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 CHANGE OF URETERIC STENT	PER KS DISCHARGE LTR	M29.8	MARCH 2016 CHANGE OF URETERIC STENT
3/09/2015	23/09/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER KS CLINIC	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
8/09/2015	18/09/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER BASH FLEXI LIST	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
1/09/2015	11/09/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER KS DISCHARGE LTR	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
8/09/2015	18/09/2015	CKSURO	01/03/2016			KS	4	D	MARCH 2016 FLEXIBLE CYSTOSCOPY	PER KS DISCHARGE	M45.9	MARCH 2016 FLEXIBLE CYSTOSCOPY
8/01/2016	28/01/2016	CUMDH	01/03/2016			MDH	2	N	RED FLAG LAPAROSCOPIC RADICAL NEPHRECTOMY	PER MR HAYNES	M02.5	RED FLAG LAPAROSCOPIC RADICAL NEPHRECTOMY
9/02/2016	09/02/2016	CUMDH	01/03/2016			MDH	2	N	03/16 RE-RESECTION TURBT	PER MR HAYNES	M42.1	03/16 RE-RESECTION TURBT
0/12/2015	20/12/2015	CUMDH	01/03/2016			MDH	2	D	03/16 CHANGE SUPRAPUBIC CATHETER	PER DIS LTR	M38.8	03/16 CHANGE SUPRAPUBIC CATHETER
4/12/2015	04/12/2015	CUMDH	01/03/2016			MDH	4	D	03/16 CYSTOSCOPY & BLADDER BIOPSIES	PER MR HAYNES	M45.8	03/16 CYSTOSCOPY & BLADDER BIOPSIES
5/12/2015	15/12/2015	CUMDH	01/03/2016			MDH	4	D	03/16 FLEXIBLE CYSTOSCOPY	PER MR HAYNES	M45.9	03/16 FLEXIBLE CYSTOSCOPY
9/12/2015	08/12/2015	CUMDH	01/03/2016			MDH	4	D	03/16 FLEXIBLE CYSTOSCOPY	PER JENNY MCM	M45.9	03/16 FLEXIBLE CYSTOSCOPY
8/09/2015	28/09/2015	CUMDH	01/03/2016			MDH	4	D	03/16 CHANGE URETERIC STENT	PER MR HAYNES	M29.8	03/16 CHANGE URETERIC STENT
5/11/2015	25/11/2015	CUMDH	01/03/2016			MDH	4	D	03/16 FLEXIBLE CYSTOSCOPY	PER MR HAYNES	M45.9	03/16 FLEXIBLE CYSTOSCOPY
8/09/2015	08/09/2015	CUMDH	01/03/2016			MDH	4	D	03/16 FLEXIBLE CYSTOSCOPY	PER MR HAYNES	M45.9	03/16 FLEXIBLE CYSTOSCOPY

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19/01/2016	19/01/2016	CUMDH	01/03/2016			MDH	4	N	03/16 CYSTOSCOPY & RETROGRADE STUDY OF URETERIC STUMP	PER MR HAYNES	M45.8	03/16 CYSTOSCOPY & RETROGRADE STUDY OF URETERIC STUMP
24/12/2015	24/12/2015	CUMDH	01/03/2016			MDH	4	D	03/16 CHANGE URETERIC STENT	PER MR HAYNES	M29.8	03/16 CHANGE URETERIC STENT
06/01/2016	06/01/2016	CUMDH	01/03/2016			MDH	4	D	03/16 1ST CHANGE SUPRAPUBIC CATHETER	PER MR HAYNES	M38.8	03/16 1ST CHANGE SUPRAPUBIC CATHETER
23/12/2015	23/12/2015	CUMDH	01/03/2016			MDH	4	N	02/16 END REPEAT URETEROSCOPY & RETROGRADE	PER MR HAYNES	M30.9	02/16 END REPEAT URETEROSCOPY & RETROGRADE
22/01/2016	22/01/2016	CMY	01/03/2016	01/03/2016		MY	2	N	RED FLAG CYSTOSCOPY & DIATHERMY (URETHROSCOPY)		M45.9	RED FLAG CYSTOSCOPY & DIATHERMY (URETHROSCOPY)
30/12/2015	30/12/2015	CMY	01/03/2016	01/03/2016		MY	2	D	MARCH 2016 REPEAT LEFT URETEROSCOPY +/- ROS	PER DISCHARGE 30.12.15	M30.9	MARCH 2016 REPEAT LEFT URETEROSCOPY +/- ROS
19/01/2016	19/01/2016	CMY	01/03/2016			MY	2	N	MARCH/APRIL 16 LEFT FLEXIBLE URETEROSCOPY	PD - PER MR YOUNG IN THEATRE 19.01.16	M30.9	MARCH/APRIL 16 LEFT FLEXIBLE URETEROSCOPY
22/12/2015	22/12/2015	CMY	01/03/2016			MY	2	N	MARCH 2016 TURP (STONES ONLY DONE 22.12.15)	PD - PER MR YOUNG IN THEATRE 22.12.15	M65.3	MARCH 2016 TURP (STONES ONLY DONE 22.12.15)
19/01/2016	19/01/2016	CMY	01/03/2016			MY	2	D	FEBRUARY 16 REMOVAL OF STENT & LEFT URETEROSCOPY	PD - PER MR YOUNG IN THEATRE 19.01.16	M29.3	FEBRUARY 16 REMOVAL OF STENT & LEFT URETEROSCOPY
03/08/2015	03/08/2015	CMY	01/03/2016			MY	2	N	SEPTEMBER 2015 CIRCUMCISION & ENDOSCOPY	PD - PER MR YOUNG 03.08.15	N30.3	SEPTEMBER 2015 CIRCUMCISION & ENDOSCOPY
02/02/2016	02/02/2016	CMY	01/03/2016			MY	2	N	MARCH 2016 REDO LEFT FLEXIBLE URETEROSCOPY	PD - PER MR YOUNG IN THEATRE 02.02.16	M30.9	MARCH 2016 REDO LEFT FLEXIBLE URETEROSCOPY
29/01/2016	29/01/2016	CMY	01/03/2016			MY	2	D	MUST GET MARCH 16 CHECK FLEXIBLE CYSTOSCOPY	PER MR YOUNG	M45.9	MUST GET MARCH 16 CHECK FLEXIBLE CYSTOSCOPY
30/12/2015	30/12/2015	CMY	01/03/2016	08/03/2016		MY	2	D	FEBRUARY 2016 REDO RIGHT FLEXIBLE URETEROSCOPY STENT	PER DISCHARGE 30.12.15	M30.9	FEBRUARY 2016 REDO RIGHT FLEXIBLE URETEROSCOPY STENT
07/01/2016	07/01/2016	CMY	01/03/2016	01/03/2016		MY	2	N	LEFT PCNL NEPH TUBE IN SITU		M09.9	LEFT PCNL NEPH TUBE IN SITU
27/03/2015	27/03/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PER KAREN AT DSU 27.03.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
25/09/2015	25/09/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER BASH AT DSU 25.09.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
27/02/2015	27/02/2015	CMY	01/03/2016	19/02/2016		MY	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY	SC FLEXI 270215 CHECK FLEXI 1 YEAR PER MY	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY
25/09/2015	25/09/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER BASH AT DSU 25.09.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
25/09/2015	25/09/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER BASH AT DSU 25.09.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
20/03/2015	20/03/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PER KAREN AT DSU 20.03.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
24/09/2015	24/09/2015	CMY	01/03/2016			MY	4	N	FEBRUARY 2016 CHANGE OF BILATERAL STENTS WARFARIN	PD - PER MR YOUNG AT CLINIC 24.09.15	M29.8	FEBRUARY 2016 CHANGE OF BILATERAL STENTS WARFARIN
20/03/2015	20/03/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PER KAREN AT DSU 20.03.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
18/09/2015	18/09/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER MATTHEW AT DSU 18.09.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
27/02/2015	27/02/2015	CMY	01/03/2016	19/02/2016		MY	4	D	FEB 2016 FLEXIBLE URETHROSCOPY	SC FLEXI 270215 CHECK SCOPE 1 YEAR PER MY	M17.9	FEB 2016 FLEXIBLE URETHROSCOPY
25/09/2015	25/09/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PD - PER BASH AT DSU 25.09.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
27/03/2015	27/03/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PER KAREN AT DSU 27.03.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
19/06/2015	19/06/2015	CMY	01/03/2016			MY	4	D	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY	PER RACHAEL AT DSU 19.06.15	M45.9	MARCH 2016 CHECK FLEXIBLE CYSTOSCOPY
27/02/2015	27/02/2015	CMY	01/03/2016	19/02/2016		MY	4	D	FEB 2016 FLEXIBLE CYSTOSCOPY	SC FLEXI 270215 CHECK FLEXI 1 YEAR PER REG	M45.9	FEB 2016 FLEXIBLE CYSTOSCOPY
10/02/2016	10/02/2016	CMY	08/03/2016	08/03/2016		MY	2	N	INSERTION OF BILATERAL STENTS		M29.2	INSERTION OF BILATERAL STENTS
07/01/2016	07/01/2016	CMY	08/03/2016	08/03/2016		MY	2	N	RED FLAG CYSTOSCOPY & BILATERAL RETROGRADE STUDIES		M45.9	RED FLAG CYSTOSCOPY & BILATERAL RETROGRADE STUDIES

Update Report from Urology MDM @ The Southern Trust on 17/02/2022

	Surgeon	Oncologist	Clinician	Palliative Medicine
	O'DONOGHUE J P MR (C8245)	None	None	None
Personal Information redacted by the USI Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date 17/01/2022

Diagnosis:

Staging:

MDMUpdate

Consultant Mr O'Donoghue - This Personal Information old gentleman had an ultrasound abdomen in November 2021 for a fluctuating bowel habit. US Abdomen 16.11.21: Conclusion : Incidental indeterminate right renal lesion. He went on to have a CT renal 25.11.21 and this showed a 2.2cm lesion on the right kidney which was possibly a renal cell carcinoma. Of note Mr Personal Information redacted by the USI has been diagnosed with hemochromatosis recently.His past medical history includes Personal Informati for which he is on Personal Information redacted by the USI. However Mr Personal Information redacted by the USI is generally well. I will have the scans discussed at the uro-oncology MDT and we will then arrange appropriate follow-up. Discussed at Urology MDM 03.02.22. Mr Personal Information redacted by the USI has a probable renal tumour in right kidney. Mr O'Donoghue to review in outpatients and discuss options, if the patient wishes for surgery for discussion at the SRM meeting. Incidental finding of 2.2 cm lesion right kidney consistent with RCC. Already discussed at SHSCT Uro-oncology MDM. Hx of TIA and on clopidogrel. Wishes to have surgery. Please discuss at SRM re suitability for partial/radical nephrectomy.

MDMAction

Discussed at Urology MDM 17.02.22. Defer to 03.03.22.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	GLACKIN A.J MR (C8102)	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant: Mr Glackin This Personal Information old Gentleman, referred by GP for with raised prostate blood test 13.10.21 (11.4) and 01.11.21 (13.1). MRI Pelvis prostate 14.11.21 - Despite the patient's elevated PSA density (0.55) no target lesion is seen. MRI scan shows prostate to be 24cc in volume.no areas of concern within prostate. PSA outside of the expected range for both age prostate size (PSA density 0.55), additional investigation with biopsy of the prostate is recommended. TP Biopsy 08.01.22 - Prostatic acinar adenocarcinoma of overall Gleason score 3 +4 = 7 is present in total of 8 out of 14 cores examined histologically. The longest continuous length of tumour is 5.9 mm. Probable perineural invasion is seen. Overall tumour involves 10% of the tissue provided. Discussed at Urology MDM 20.01.22 : Mr Personal Information redacted by the USI has an intermediate risk localised prostate cancer (CPG 3). Mr Glackin to review and recommend curative treatment. Patient wishes to have RARP and brachytherapy opinions.

MDMAction

Discussed at Urology MDM 17.02.22. Pathology reported as above. Can be seen by Dr Mitchell re brachytherapy and surgical team re RRP. Results prostate any. cc Dr Mitchell.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None

Personal Information redacted by the USI DOB: Personal Information redacted by the USI Personal Information redacted by the USI Personal Information redacted by the USI Target Date

Mr Age: Personal

Diagnosis: Testicular tumour

Staging: T1

MDMUpdate

Consultant: Mr Tyson This Personal Information old gentleman was referred back in January 2021 by his GP as noticed a lump on his right testicle. US Testes 21.01.21: Left testes unremarkable... Isolated area of micro lithiasis superiorly right testis with small 2.8 mm hypoechoic focus lower pole..Advise urology opinion, precautionary tumour marker assay and review ultrasound 3 months. US Testes 13.04.21: Left testis unremarkable. Echopoor Anomaly right testis unchanged cluster of microcalcification right testis (no pertinent family history/ or previously undescended testis). Suggest continued surveillance 6 months. US Testes 01.11.21: Echopoor anomaly in lower pole of right testis has increased significantly in size.. Microcalcification right testis is progressive.. Overall features are concerning for neoplastic process . I would suggest MDT discussion. RIGHT RADICAL INGUINAL ORCHIECTOMY & INSERTION OF TESTICULAR PROSTHESIS 11.01.22: HISTOLOGY - HISTOLOGICAL TYPE. Seminoma LOCAL INVASION. Confined to testis, pT1 RETE TESTIS INVOLVEMENT. Yes – pagetoid spread of tumour cells within rete testis epithelium LYMPHOVASCULAR INVASION. No GERM CELL NEOPLASIA IN SITU (GCNIS). Yes LYMPH NODES. None submitted PROXIMAL CORD MARGIN. Clear TNM STAGING. pT1 DIAGNOSIS - Right testis- Seminoma Discussed at Urology MDM 27.01.22. Mr Personal Information redacted by the USI has a Testicular Seminoma. Testicular tumour markers are normal. For review by Mr Glackin to arrange a CT Chest, abdomen and Pelvis and referral to Testicular cancer team. For ongoing management with testis cancer team.

MDMAction

Discussed at Urology MDM 17.02.22. Imaging review: USS shows echopoor anomaly in lower pole of right testis has increased significantly in size.Microcalcification right testis is progressive.Overall features are concerning for neoplastic process. CT shows no metastatic disease.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	GLACKIN A.J MR (C8102)	None	None	None

Personal Information redacted by the USI DOB: Personal Information redacted by the USI Personal Information redacted by the USI Personal Information redacted by the USI Target Date

Mr Age: Personal

Diagnosis:

Staging:

MDMUpdate

CONSULTANT: MR GLACKIN - Personal Information old gentleman presents with apparent metastatic kidney cancer. 3cm upper pole lesion in left kidney. Hypo-echoic liver lesions and a T10 vertebral metastases. He is for review of imaging including CT chest, abdomen and pelvis, MRI whole spine and for consideration of biopsy to obtain histological diagnosis. His co-morbidities include polycythaemia which is well controlled. Performance status 0-1. EGFR greater than 60 on 4th January 2022.

MDMAction

Discussed at Urology MDM 17/02/22. No radiologist present at MDM so imaging not reviewed. Mr Personal Information's imaging has reported a renal mass with spinal and liver lesions consistent with metastases. He has been reviewed by the spinal surgical team and is for a brace at present. A biopsy has been requested. For MDM review of imaging and pathology when biopsy result available.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None

Personal Information redacted by the USI, DOB: Personal Information redacted by the USI Personal Information redacted by the USI Personal Information redacted by the USI Target Date

Personal Information redacted by the USI Mr Age: Personal

Diagnosis: Bladder tumour

Staging: Ta

MDMUpdate

CONSULTANT MR YOUNG - Mr [redacted] attended Daisy Hill Hospital 10.02.22 for right JJ stent insertion for his new mild right hydronephrosis. He has had a right testicular tumour with retroperitoneal nodal disease treated by the Oncologist with on-going activity and will probably be requiring further therapy. The request had been for stent insertion prior to potential chemotherapy.At endoscopy retrograde examination showed there was some hydronephrosis but little in the way of pneumatic dilatation. Very unusually and unexpectedly there was a frond above the right ureteric orifice with some surrounding mildly raised bladder mucosa. Cup biopsies have been taken to remove the frond and a separate biopsy of the mucosa beside this. We have sent this for pathology and will discuss at the MDT. TURBT, 10.02.22 - The remaining piece of tissue shows bladder mucosa with a few slender papillae with fibrovascular cores projecting out from the surface of the mucosa at one end of the biopsy. This lesion is confined to the urothelium with no evidence of invasion into the subepithelial tissues. Muscularis propria is not represented in the biopsy. The features are in keeping with a pTa grade 2/low grade (WHO 1973/WHO 2004/2016) papillary urothelial carcinoma.

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed. Mr [redacted] had an incidental low risk non muscle invasive bladder cancer treated at the time of ureteric stent insertion. Mr Glackin to review and recommend endoscopic surveillance.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	O'DONOGHUE J P MR (C8245)	None	None	None
[redacted], [redacted] Mr	DOB: [redacted] Age: [redacted]	[redacted]	[redacted]	Target Date

Diagnosis: Other
Staging:

MDMUpdate

Consultant : Mr O'Donoghue This [redacted] old gentleman with a history of right testicular swelling last few months, left testicular atrophy,no pain, uss testes supicious for malignancy. BHCG elevated. eGFR: > 60 ml/min previous splenectomy during surgery for diaphragmatic hernia. Is the USS suspicious enough for orchidectomy?

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed but Mr O'Donoghue discussed imaging with Dr Rice in advance of the MDM. Imaging felt to be consistent with either malignancy or possible orchitis. Mr O'Donoghue to offer inguinal orchidectomy on understanding that there is a risk subsequent pathology is benign.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	KHAN (LOCUM) NM MR (C9039)	None	None	None
[redacted] Mrs	DOB: [redacted] Age: [redacted]	[redacted]	[redacted]	Target Date

Diagnosis: Bladder tumour
Staging: T2

MDMUpdate

CONSULTANT MR KHAN - [redacted] old lady who suffers with [redacted]. She smokes about 15 a day and has done for the last many years. She had episodes of visible haematuria with clots, recurring episodes in the last 2 months. Urine cytology has shown malignant cells. Her renal functions on 19th July 2021 were normal. Recently performed CT scan has shown extensive multi-focal bladder tumour, tumour involving right ureteric orifice leading to right sided hydronephrosis. Flexible cystoscopy has confirmed multi-focal large amount of bladder tumour involving trigone, right wall, posterior wall and interior wall. TURBT, 04.02.22 - Urothelial (transitional cell) carcinoma. GROWTH PATTERN. Invasive DIFFERENTIATION/GRADE. WHO 1973. III WHO 2004 / 2016. High grade

LOCAL INVASION. pT2 - tumour invades muscularis propria. LYMPHOVASCULAR INVASION. Present

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed. Mrs [redacted] has a muscle invasive bladder cancer. Mr Haynes to review and discuss further management with neoadjuvant chemotherapy / cystectomy vs EBRT and for regional MDM review with review of imaging.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	KHAN (LOCUM) NM MR (C9039)	None	None	None
[redacted] Mr	DOB: [redacted] Age: [redacted]	[redacted]	[redacted]	Target Date

Diagnosis: Bladder tumour

Staging: Ta

MDMUpdate

Consultant: Mr Khan This [redacted] old gentleman was electively admitted for resection of bladder tumour. He had a long history of superficial tcc bladder which has been looked after in Belfast, last recurrence was nearly 18 years ago. He had recent haematuria and flexible cystoscopy picked up bladder recurrence. CT scan has shown normal upper tract but confirmed tumour within the left bladder base diverticulum. Under antibiotic cover EUA did not show any obvious palpable mass. Prostate gland is benign in feel. Cystoscopy has shown normal urethra, small prostate. Within the bladder he had a small but deep diverticulum at left bladder base/lateral wall with narrow. This was full of tumour with some fronding at the diverticular neck. All of the tumour was resected, diverticulum was opened up by resecting the neck. All visible tumour was removed. We will await the histology. Histology shows features of a WHO Grade II (high) urothelial carcinoma with no invasion into the subepithelium (pTa). A single fragment of muscle is present and this is not infiltrated by tumour.

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed. Mr [redacted] has an intermediate risk non muscle invasive urothelial cancer of the bladder treated with TURBT. Mr Khan to review and offer a course of intravesical MMC and subsequent endoscopic surveillance.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	KHAN (LOCUM) NM MR (C9039)	None	None	None
[redacted] Mr	DOB: [redacted] Age: [redacted]	[redacted]	[redacted]	Target Date

Diagnosis:

Staging:

MDMUpdate

Consultant Mr Khan: This [redacted] old gentleman was referred to haematuria clinic with urinary cytology showing atypia. CT urogram and flexible cystoscopy NAD. A repeat higher volume sample was analysed in May 2021 (result only returned as under GP's name) showing ongoing atypia but no obvious malignancy. Please could the cytology be reviewed to determine if requires to go through through GA Cysto + Bx + B/L retrograde study. Discussed at Urology MDM 16.12.21. For review with Mr Khan to organise GA cystoscopy, biopsy and bilateral retrograde studies. TURBT, 08.02.22 - Histological examination through levels shows fragments of urinary bladder mucosa containing occasional small benign Von Brunn nests. There is no evidence of carcinoma in situ or urothelial carcinoma. DIAGNOSIS -Urinary bladder No diagnosis.

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed. Mr [redacted]'s bladder biopsies are benign and retrograde studies were normal. Mr Khan to advise Mr [redacted] and discharge.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	KHAN (LOCUM) NM MR (C9039)	None	None	None
[redacted]	DOB: [redacted]	[redacted]	[redacted]	Target Date
Mr	Age: [redacted]			

Diagnosis:

Staging:

MDMUpdate

Consultant: This [redacted] old gentleman was referred by GP He is in excellent health and never been to hospital for any other reason. He does have very mild urinary symptoms nocturia is between 1-3 times and he is happy with the flow. He is a smoker but denies any family history of prostate cancer.On clinical examination he does have a large abnormal feeling prostate. 9.79ng/ml and repeat 14.80ng/ml Medical background – [redacted] level, performance status 0 MRI Prostate 08.01.22: CONCLUSION: Suboptimal examination. Significant benign prostatic hyperplasia. A sizeable lesion in the basal transition zone is thought most likely to represent a large stromal nodule. No definite radiological evidence of a significant prostate lesion. PSA density of 0.11.There is a lesion in the right side of pelvis which is of uncertain clinical relevance and longevity. A lymphangioma is thought possible. A CT scan of the abdomen and pelvis is recommended in the first instance to assess for other lesions. It is likely that follow up will be required. If the CT scan is unremarkable, an MRI with gadolinium is suggested in 3 months. CT Abdomen & Pelvis 02.02.22: Conclusion: Persistent indeterminate soft tissue nodule right side of pelvic cavity. No other similar lesions demonstrated elsewhere. The differential and imaging recommendations of the recent MRI scan remain unchanged.

MDMAction

Discussed at Urology MDM 17.02.22. Defer for radiology.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	MULHOLLAND COLIN MR (C6748)	None
[redacted]	DOB: [redacted]	[redacted]	[redacted]	Target Date
Mr	Age: [redacted]			

Diagnosis: Other

Staging:

MDMUpdate

Consultant Mr Tyson - This [redacted] old gentleman was referred with a small spot on the head of his penis for about a year however more laterally over the last few months there have been some added changes with a bit of swelling in his groins. He has no significant past medical or past surgical history of note and denies any other systemic symptoms or weight loss. He is a very anxious gentleman and even found examination challenging to tolerate. On examination reactive lymph nodes were felt in both groins and this is consistent with the ultrasound findings of September but additionally there was evidence of a small change on the retracted foreskin at 2 o'clock on the penis that was a firm indurated area that was very tender for me to palpate. There is no obvious evidence that it was into the corpus cavernosum and does appear to be on the foreskin, and the small area he identified on the penis itself did not appear to be an area of particular concern. 07.12.21 Biopsy x2 – one of small area on penile shaft & small biopsy of area on glans penis: A – PENILE SKIN: A 10 x 5 mm piece of skin with up to 3 mm of underlying tissue was received, bisected and submitted in entirety for histological examination. Histology shows mild hyperkeratosis of orthokeratin and acanthosis of the epidermis with a range of moderate to severe full thickness dysplasia consistent with undifferentiated PeIN. There is no evidence of invasive malignancy. p16 is block positive.

Within the subepithelial tissues, there is mild to moderate, focal patchy chronic inflammation composed predominantly of lymphocytes. There is no evidence of sclerosis of the collagen. B – GLANS PENIS BIOPSY: A 12 x 3 x 1 mm piece of tissue was received and processed intact for histological examination. Histology shows very minimal mild hyperkeratosis of orthokeratin. There is no melanocytic proliferation. There is no dysplasia or invasive malignancy. There is no evidence of spongiosis, basal layer vacuolar degeneration or interface inflammatory infiltrate. Within the subepithelial tissues, there is minimal, mild chronic perivascular inflammation. There is no evidence of sclerosis. The features cannot account for the clinical findings. Please correlate with the clinical findings. If the biopsy is felt to be non representative and there is ongoing clinical concern, a repeat biopsy should be considered. Not discussed at Urology MDM 30.12.21. Clinical input required. For rediscussion when Mr Tyson is present. Circumcision 08.02.22 - Histology of the representative section shows features of moderate to full thickness dysplasia of the surface squamous epithelium in keeping with undifferentiated (basaloid) PeIN. The closest peripheral margin of excision is 1.5 mm away. There is no invasive malignancy within the submitted tissue.

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed. Mr Personal Information 's circumcision pathology confirms PEiN with negative margins. Mr Tyson to review and for discussion at regional penile cancer MDM.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date
Mr	Age: Personal			

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant Mr Young - This Personal Information old gentleman was referred with elavated PSA. PMHx includes Personal Information redacted by the USI in 2017. He is on Personal Information redacted by the USI but not on a dual antiplatelet. MRI has shown a suspect area within the prostate gland with a PIRADS 4 configuration to it but importantly the MRI notes that if this is indeed a tumour that it is confined to the gland as a T2 N0 condition. TP Biopsies 06.11.21 - Prostatic adenocarcinoma of overall Gleason sum score 3+4 = 7 (<5% pattern 4) is present in 5 out of 18 cores with a maximum tumour length of 2.6 mm. The tumour occupies approximately 3% of the total tissue volume. P504S and 34BetaE12 immunohistochemical stains were performed on sections A1, C1, D1 and F1 for confirmatory purposes. TURBT 19.11.21 - Histological examination reveals that the majority of the specimen consists of papillary urothelial carcinoma. There is however one tiny focus of lamina propria invasion associated with possible lymphovascular invasion. Discussed at Urology MDM 02.12.21. Mr Personal Information has intermediate risk organ confined prostate cancer For review with M Khan to discuss treatment versus very close active surveillance. Regarding his bladder cancer he requires a re-resection. Endoscopy on the 10th February showed the sub-meatal slight stenosis accepting the cystoscopy but not the resectoscope. This was dilated. The urethra and prostate was otherwise clean. Inspection of the bladder did not identify any new tumours nor any recurrence at the previous resection site. A pure white scan was clear without any red areas. A look TUR of the centre base was performed again giving an obturator jerk. Specimen resection of fat was obtained. Cysto-diathermy of the base was performed and we left a three-way catheter in with a plan for its removal. TURBT, 10.02.22 - Histological examination shows a piece of subepithelial tissue which is entiely denude of surface urothelium. The tissue shows mild inflammation, fibrosis and patchy haemosiderin deposition, in keeping with scarring and reaction from the previous resection. Although strands of muscle fibres are present, there is no definite muscularis propria represented. No residual tumour is identified.

MDMAction

Discussed at Urology MDM 17.02.22. No radiologist present at MDM so imaging not reviewed. Mr Personal Information has an intermediate risk localised prostate cancer (CPG3) and a high risk non muscle invasive bladder cancer (solitary, small, no CIS, G2T1). His management options are either BCG for bladder with definitive treatment for prostate cancer (all options available), or

considering a primary cystoprostatectomy + neobladder or ileal conduit to treat both cancers. Mr Haynes to review in outpatients and discuss.

Update Report from Urology MDM @ The Southern Trust on 16/06/2022

	Surgeon	Oncologist	Clinician	Palliative Medicine
	YOUNG M MR (C6861)	None	YOUNG M MR (C6861)	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Testicular tumour

Staging:

MDMUpdate

CONSULTANT MR YOUNG: Personal Information old gentleman referred by Mr Hewitt with regards to a testicular abnormality. He has had an ultrasound scan in the private sector noting a possible mesothelioma of the left testicle tunica. Mr Personal Information redacted by the USI does not have an asbestos exposure but still it is worth evaluating and to exclude ascites. US Testes 02.11.21 - The appearances within the left hemiscrotum are indeed concerning for mesothelioma. Another possibility would be more multinodular fibrous pseudotumour but the papillary projections are more concerning for mesothelioma. It would be useful to see the previous report and images. The patient has agreed to contact the clinic to arrange transfer of these to PACS. Whilst the patient does not have a history of asbestos exposure, nor chest symptoms, it would be prudent to consider a CT scan of the chest, abdomen and pelvis. CT Chest/Abd/Pelvis, 12.11.21 - No focal suspicious mass lesion is demonstrated within the chest, abdomen or pelvis. Discussed at Urology MDM 18.11.21. Mr Personal Information redacted by the USI needs discussion at the central MDT. Discussed at Urology MDM 02.12.21. Imaging review: US shows soft tissue nodules within the testicular lining. CT chest shows no abnormality to suggest pleural mesothelioma. Left testicle, 29.12.21 - Overall histological features are regarded as those of a well-differentiated malignant mesothelioma of the tunica vaginalis. The lesion is clear of the tunica peripheral margin by 0.9 mm and sections taken from the spermatic cord, background testis and cord limit shows no evidence of tumour. Excision therefore appears complete. Discussed at MDM 20.01.22 : Mr Personal Information redacted by the USI orchidectomy pathology shows a well differentiated mesothelioma with no evidence of metastases on CT. For central MDM discussion. Discussed at Urology MDM 03.02.22. Pathology review: Left testis. Well-differentiated malignant mesothelioma of the tunica vaginalis. Mesethelioma of testis and radical orchidectomy performed. Discussed at national level and CT scan six monthly but medical oncology should be informed if patient wishes intervention eGFR: > 60 ml/min Question for MDM: a ongoing management plan Regional discussion 16/06/22: await outcome

MDMAction

Pathology review: Left testis. Well-differentiated malignant mesothelioma of the tunica vaginalis. Imaging review: US Testes shows The appearances within the left hemiscrotum are indeed concerning for mesothelioma. CT shows No focal suspicious mass lesion is demonstrated within the chest, abdomen or pelvis. Primary Action: Person Responsible: Michael Young (Southern) Results: *Mr Haynes requested regional discussion next week as Oncologists not present at MDT*

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Personal Information Miss	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis:

Staging:

MDMUpdate

CONSULTANT MR KHAN - Personal Information old lady referred by Dr Doyle. Fit and well, ECOG-0, no co-morbidities. Egfr >60.Presented with weight loss and right leg DVT. Microcytic anaemia also. CTPA-PE. CT A/P-Left renal lesion (Report amended from right to left kidney) USS-26mm lesion in right kidney. CT Renal-Left renal mass Repeat USS-No obvious renal mass seen. A bit of ambiguity between reports. Given the fact she has a microcytic anaemia, DVT/PE and

weight loss would be grateful if imaging could be reviewed at MDM to ensure no renal lesion. Is awaiting OGD/Colonoscopy also. Question for MDM: Image review and ongoing followup for SRM

MDMAction

Discussed at Urology MDM 16.06.22. Miss Personal Information redacted by the USI has an indeterminate lesion on left kidney. No right renal. Mr Khan to review patient and organise MRI renal in 6 months.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	HAYNES M D MR (C8244)	None	None	None
Personal Information redacted by the USI	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date
Mrs	Age: Personal			

Diagnosis: Renal cell carcinoma

Staging:

MDMUpdate

Consultant: Mr Haynes Personal Information old lady. Nephrectomy May 2016 for G3 T1a renal cancer under ongoing FU. Note made on CT May 2022 of enlarging cyst in right kidney. Presnt on initial CT in 2016 but increased in size to 3.6cm. Confirmed as simple on US. CT report recommends discussion at MDM. Ongoing follow up CT is already planned and Mrs Personal Information is has been reassured that the cyst is simple. eGFR: > 60 ml/min. Question for MDM: Review of imaging with regards right renal cyst.

MDMAction

Discussed at urology MDM 16.06.22. Mrs Personal Information has a simple cyst on right kidney. Mr Haynes has already organised further imaging for May 2023.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	GLACKIN A.J MR (C8102)	None	None	None
Personal Information redacted by the USI	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date 23/10/2022
Mr	Age: Personal			

Diagnosis: Prostate cancer

Staging:

MDMUpdate

CONSULTANT MR GLACKIN - Personal Information old gentleman. PSA 9.5. Mr Personal Information reports daytime frequency every few hours and nocturia x4. He has a variable flow and passes only small volumes particularly at night.. He was unable to tolerate Tamsulosin due to postural hypotension. history of previous DVT. eGFR 56 MRI 58cc prostate. Likert-4 category left apical posterior PZ capsule confined lesion, concerning for clinically significant prostate cancer which can be targeted for tissue diagnosis. TP biopsy completed at SET 4 May 2022 - Prostatic adenocarcinoma of overall Gleason sum score 3+4=7 is present in 3 of 20 cores with a maximum tumour length of 8 mm. The tumour occupies approximately 5% of the total tissue submitted. eGFR: 30-60 ml/min Question for MDM: options ? Discussed at Urology MDM 26.05.22. Mr Personal Information has intermediate risk prostate cancer. CPG 2. Multiple indeterminate lesions on skeleton. Mr Glackin to arrange bone scan and discuss back at MDT. Bone scan 14.06.22:The scan appearances demonstrate several anomalous areas of increased tracer uptake. Given that the patient is complaining of left-sided shoulder symptoms, MRI evaluation of the left shoulder and humerus should be considered, in addition to CT assessment of the lumbar spine and bony pelvis.

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information has an indeterminate lesion unlikely to be metastasis. Mr Glackin has already been in contact with patient, has organised a CT Spine lumbar, CT Pelvis and MRI Shoulder. To be discussed back at MDT with results.

	Surgeon	Oncologist	Clinician	Palliative Medicine

	TYSON M MR (C8854)	**None**	**None**	**None**
Personal Information redacted by the USI, Personal Information redacted by the USI **Mr**	**DOB:** Personal Information redacted by the USI **Age:** Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	**Target Date**

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant: Mr Tyson - Personal Information old gentleman referred with a raised PSA of 14ng/ml in June 2018. His main lower urinary tract symptoms are urgency and a poor flow with an IPSS score of 16 and a quality of life score of 3. His other comorbidities include Personal Information redacted by the USI, Personal Information redacted by the USI. He is a lifelong non-smoker and does not consume any alcohol. He does have a high BMI. DRE confirmed an abnormal hard left lobe of the prostate. MRI, 19.08.18 - Prostate volume of 29 cc. Image quality is reduced by patient movement. Possible small volume of tumour within the posteromedial peripheral zone of the left gland apex. Equivocal signal change in the posteromedial peripheral zone of the left gland base. Within the limitations of the examination, there is no gross evidence of extracapsular extension. TRUSB, 28.08.18 - Prostatic adenocarcinoma of Gleason score 3 + 3 = 6, is present in 1 of 19 cores with a maximum tumour length of 1 mm. The tumour occupies less than 1 % of the total tissue volume. There is no perineural or lymphovascular invasion and no extracapsular extension has been identified. MRI Pelvis Prostate 04.02.22 :Conclusion - Small focus of PI-RADS 3 abnormality in the left peripheral zone of the mid gland. PIRADS 2 abnormality at the apex. Discussed at Urology MDM 06.09.18. Mr Personal Information redacted by the USI has small volume, low risk, prostate cancer. For review by Mr Jacob to recommend PSA surveillance. On active monitoring since August 2018, Fluctuating PSA last reading rose to 13.8 in April 2021. DRE frim prostate for repeat MRI please. MRI Prostate 04.02.22: Conclusion.Small focus of PI-RADS 3 abnormality in the left peripheral zone of the midgland. PIRADS 2 abnormality at the apex. Discussion at MDT following repeat MRI. TP Biopsy : awaiting date His PSA has gone up over 10 and Mri advanced which is evidence enough to treat so add to MDM and discuss anyway without TP biopsies. Discussed at Urology 10.03.22. Await TP Biopsy investigation and then re-discussion. TP Biopsy 24.05.22: DIAGNOSIS:.PROSTATE TRANSPERINEAL NEEDLE CORE BIOPSY. ADENOCARCINOMA. Histology shows prostatic adenocarcinoma of overall Gleason sum score 3+4 = 7 present in 2 of 10 cores with a maximum tumour length of 8.3 mm. The tumour occupies approximately 12% of the total tissue volume.

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information redacted by the USI has grade progression. Recent prostate biopsies show he has now intermediate risk organ confined prostate cancer. CPG3. Mr Tyson to contact patient and offer active treatment.

	Surgeon	**Oncologist**	**Clinician**	**Palliative Medicine**
	O'DONOGHUE J P MR (C8245)	**None**	**None**	**None**
Personal Information redacted by the USI **Mrs**	**DOB:** Personal Information redacted by the USI **Age:** Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	**Target Date**

Diagnosis:

Staging:

MDMUpdate

CONSULTANT MR O'DONOGHUE: Personal Information old lady had right radical nephrectomy in 2004, which was (Fuhrman grade 2, T3b RCC) under Mr O'Brien. CT scan- 2.6 cm mass in the tail of the pancreas. To discuss the imagings. Discussed at Urology MDM 23.07.15. This lady has been found to have a lesion of the tail of her pancreas, which may be malignant. For review by Mr O'Brien and for referral to Gastroenterologist. Mrs Personal Information had a left nephrectomy for RCC in 2004, in 2015 she had distal pancreatectomy and splenectomy for metastasis. Recent CT shows new 11mm mesenteric nodule. Do we need to follow on this ? for discussion at MDT please. Discussed at Urology MDM 08.10.20. Mrs Personal Information has a large mesenteric lymp node, Mr O'Donoghue to arrange a CT in 3 - 4 months and further MDT discussion. CT Abdomen and pelvis 27.01.21 - The previously described upper mesenteric nodule appears to have resolved, I suspect it may have represented a fluid filled diverticulum from the adjacent transverse

colon. No concerning abnormalities identified elsewhere. Discussed at Urology MDM 11.02.21. Review of Mrs Personal Information's imaging indicates that the presumed mesenteric nodule has resolved. For ongoing review with Mr O'Donoghue if clinically appropriate. CT C/A/P 05.02.22 : Conclusion.No evidence of disease recurrence.

MDMAction

Discussed at Urology MDM 16.06.22. Mrs Personal Information has no recurrence of kidney cancer. However, she does have a penetrating ulcer of the abdominal aorta. If not previously assessed, she should be referred to vascular surgery. No further follow up for renal required.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Personal Information Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis:

Staging:

MDMUpdate

CONSULTANT MR O'DONOGHUE - Personal Information old gentleman reports 3 stone weight loss in past 3 months. Heavy smoker and reports has developed new cough - several months. Previous history of alcohol dependence. Recent bloods ok. O/e cachectic. U&E is <60. CT, 18.03.21 - There is a new, 3.4 cm lesion in the right kidney. Appearance is suspicious for a papillary cell tumour. This man is to be seen at a HOT clinic following MDM discussion. Discussed at Urology MDM 15.04.21. Mr Personal Information has an enlarging indeterminate mass in the upper pole of the right kidney in addition to a complex cyst at interpolar right kidney. Mr O'Donoghue to advise a renal ultrasound to clarify the nature of the upper pole renal lesion, and if this is inconclusive to consider an MRI renal. US Kidney Both 30.04.2021: No obstructive uropathy identified. MRI Renal both & MRI Abdomen with contrast 05.05.2021 - The lesion of interest at the upper pole of the right kidney has an MRI appearance of a simple cyst. Note is again made of a known Bosniak IIf right renal cyst. Discussed at Urology MDM 13.05.21. Defer until next week for Imaging Discussion. Discussed at Urology MDM 20.05.2021. Mr Personal Information has a Bosniak 2F cyst at the interpolar region of the right kidney. Mr O'Donoghue to recommend surveillance ultrasound in 12 months. US Kidney 07/06/22: Conclusion:Similar appearances of complex cyst mid pole right kidney, however there is a slight increase in size. Both kidneys have diffusely echobright renal pyramids, appearances maybe suggestive of nephrocalcinosis. Enlarged right kidney at 17cm. Can this man's uss be discussed at the MDT as we are keeping a Bosniak 2F cyst under surveillance. Of note, his renal function is also decreasing over the last few months and his kidneys are echobright on uss. He may need a referral to the renal physicians.

MDMAction

Discussed at Urology MDM 16.06.22. Mr Personal Information's cyst has increased in size. The right kidney remains a bosniak 2F. Mr O'Donoghue to organise MRI for June 2023. In view of his deteriorating renal function, he should be referred to renal medicine.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

CONSULTANT MR KHAN - Personal Information old gentleman. PSA 29.50, DRE T3 MRI + Bone scan, ? Metastatic Disease On W/L for TP biopsy. eGFR: > 60 ml/min MRI Prostate 13.02.22: CONCLUSION: There is a likely (Likert 5) large volume of prostate tumour with both peripheral zone with transition zone involvement. Small and borderline sized pelvic nodes as described one of which has a cystic appearance which is unusual for metastatic prostate lymph node. These pelvic nodes are indeterminate but should be viewed with suspicion. There are a

couple of small lesions in the right side of the pubis which are of indeterminate significance. The patient will require a bone scan following prostate biopsies. Bone scan 23.03.22: There are several sites of low-grade tracer uptake within bilateral ribs most notably within the lateral left third, fourth, fifth and sixth ribs. On review of the recent CT study, there is very subtle sclerosis at these sites. Appearances are suspicious of metastatic disease. Much more intense tracer uptake overlies the lower right side of the lumbar spine with a further focal area of intense tracer uptake overlying the medial aspect of the right inferior pubic ramus. These appearances correlate well with the recent MRI findings and strongly suggest metastatic disease. TP Biopsy : awaiting date Question for MDM: Review scan and to start ADT, Expedite Biopsy date, oncology ref. Discussed at Urology MDM 19.05.22: Mr Personal Information redacted by the USI has a clinical / radiological diagnosis of metastatic prostate cancer (rT3bN1M1b). Mr Khan to review, commence an LHRHa and refer to oncology for consideration of additional systemic treatment. His TP biopsy will need to take place before the end of June. TP Biopsy 07/06/22: DIAGNOSIS .PROSTATE CORE BIOPSIES. ADENOCARCINOMA. Prostatic adenocarcinoma overall Gleason sum score 4 + 4 = 8 is present in 5 out of 6 cores with a maximum tumour length of 15 mm. The tumour occupies approximately 60% of the total tissue volume. Some of the tumour has an intraductal pattern of spread. It is noted that the patient is on hormone treatment and therefore Gleason grading may not entirely be accurate.

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information redacted by the USI has commenced LHRHa. To be referred to Clinical and medical oncology for additional systemic treatment and consideration of radiotherapy in context of Oligometastatic disease.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date 30/07/2022

Diagnosis: Bladder tumour

Staging: T1

MDMUpdate

CONSULTANT MR TYSON - Personal Informatio. Background – Personal Information redacted by the USI .

ECOG 2. TURBT 29/4/22. Mixed solid/papillary tumour + ?CIS. Likely high grade diease. Complete resection. No obvious palpable mass on DRE. CT urogram Jan 2022 showed no metastatic disease. restaging CTCAP awaited eGFR: > 60 ml/min Question for MDM:Discussion of pathology and radiology ?further treatment TURBT Booked TCI 29/04/22: DIAGNOSIS: BLADDER MUCOUS MEMBRANE. TURBT UROTHELIAL CARCINOMA. HISTOLOGY HISTOLOGICAL TYPE. Urothelial (transitional cell) carcinoma GROWTH PATTERN. Papillary and invasive DIFFERENTIATION/GRADE. WHO 1973. III WHO 2004 / 2016. High grade LOCAL INVASION. pT1 - tumour invades lamina propria LYMPHOVASCULAR INVASION. Not identified ADJACENT MUCOSA. Flat carcinoma in-situ. Yes Granulomas. No. MUSCULARIS PROPRIA. Present and not involved by tumour. FURTHER COMMENTS: Alot of the tumour is within a desmoplastic stroma but no definite evidence of muscularis propria invasion is identified. Discussed at Urology MDM 12.05.22. Mr Personal Informatio has high risk non muscle invasive bladder cancer. For review with Mr Tyson to offer re-resection versus cystectomy, but given his co-morbitities offer a re-resection. EUA did not reveal any palpable bladder or pelvic masses. Cystoscopy did show very abnormal urothelium overlying the prostatic urethra, bladder base and bladder neck area. There was no obvious large tumour recurrence. The lateral walls of the bladder and posterior anterior walls were all feeling normal looking. None of the ureteric orifices were seen during the cystoscopy phase. Multiple biopsies were taken from the prostatic urethra. The abnormal looking urothelium was resected and being sent out for histology. We will review his histology at our Urology MDM. Re do TURBT 07.06.22: DIAGNOSIS *PART A.PROSTATIC URETHRA .BIOPSY CIS.UROTHELIAL CARCINOMA* *PART B URINARY BLADDER.BIOPSY.CIS* Histology of part A and part B shows similar features.Histology exhibits features in keeping with CIS. In addition Part A (prostatic urethra) shows features which are consistent with a WHO Grade III papillary urothelial carcinoma with no invasion into the subepithelium (pTa). Fragments of muscle are seen within Part B but not Part A.

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal's prostatic and Urethral biopsies show CIS. Mr Haynes to contact patient and recommend Cystectomy.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant: Mr Glackin Personal Information old gentleman. Clinical diagnosis of prostate cancer, DRE T2. PSA 6.8ng/ml. Patient is fit and active for Personal Information, still working daily. Offered the option of investigation vs WW. Opts for WW. For noting at MDT please. Question for MDM: WW ?

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Informatio has a clinical diagnosis of prostate cancer. Mr Glackin to pursue watchful waiting at patients request.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	O'DONOGHUE J P MR (C8245)	None	None	None
Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Renal cell carcinoma

Staging:

MDMUpdate

CONSULTANT MR O'DONOGHUE - Personal Information old gentleman who presented to the surgical clinic with PR bleeding on a background history of low anterior resection in 2010 for rectal carcinoma. He did have a localised leak at the time and his loop ileostomy remains in place. CT, 15.01.21 - Limited assessment of the previous anterior resection area. Allowing to that no definite disease recurrence noted. No obvious metastatic disease in the lower chest and below the diaphragm as well as in the scanned bony skeleton noted. Left kidney tumour. A small cyst in the very distal part of the pancreatic tail. Mentioned above cyst has not significantly increased in size in comparison to previous CT scan from 20 March 2015. Other findings as described. Discussed at Urology MDM 11.02.21. Mr Personal informatio has a incidental renal mass. For review with Mr O'Donoghue to assess fitness and suitability for treatment. If treatment is desired then ablation appears appropriate. For consideration of ablation. Imaging review as above. Suitable for ablation. Mr Haynes to refer, patient aware. Mr Persona l underwent RFA of his left renal mass in BCH on 20/5/21. For review of pathology. Histology reveals an oncocytic tumour with a focal papillary and cystic pattern and an immunoprofile more in keeping with a papillary renal cell carcinoma - oncocytic (type 1) of the kidney. It has an ISUP Grade of 2. Discussed at Urology MDM 10.06.21. Mr Persona l has had RFA to his T1a left papillary renal cancer. Mr O'Donoghue to review and arrange follow up with a CT in one year. CT Kidney 06.05.22 : Conclusions: Amorphous high density material in the previous ablation zone with no convincing evidence of enhancement. This is thought most likely to represent post procedural haematoma, a small disease recurrence cannot be excluded. If there are no contraindications, you may wish to consider surveillance via MRI in approximately 6 months time. There are couple of pancreatic cysts which are not routinely followed up in this age group.

MDMAction

Discussed at Urology MDM 16.06.22: Mr Persona l had a probable Haematoma within the site of previous lesion that was ablated. There is no evidence of enhancement to suggest recurrence. Mr O'Donoghue to contact patient and organise MRI in 6 months.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis:
Staging:
MDMUpdate

Consultant: Mr O'Donoghue Personal Information old gentleman. hx of hVH. flexible cystoscopy in 352. recent CTU - Small indeterminate lesion in the right kidney. eGFR: > 60 ml/min. Question for MDM: lesion needs follow up ?

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information has an indeterminate lesion on right kidney. Mr Haynes to organise CT renal in 6 months.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	GLACKIN A.J MR (C8102)	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Ms	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: TCC Ureter
Staging: T3 NX
MDMUpdate

Consultant: Mr Glackin Personal Information old lady.10/06/22 TUR bladder biopsies and right retrograde study. Indication: ? Filling defect right ureter on CT Oct 2021 and red patches at flex cystoscopy Sept 2021, ? Recurrence of cis. Previous pT3 grade 3 with cis urothelial cancer of the left kidney. treated by left nephroureterectomy Oct 2019. CIS bladder May 2021 . EUA no pelvic mass, grade 2 posterior wall prolapse. Cystoscopy: normal urethra. Red areas at left side of trigone and posterior wall. Right u/o seen and preserved. Right RPG no filling defect, system is dilated but drains well. 3 deep TURP biopsies taken from trigone on left of midline. Specimens for histology & MDT. TURBT 10.06.22: DIAGNOSIS .URINARY BLADDER BIOPSY.UROTHELIAL CARCINOMA. Histology shows features of a WHO Grade III urothelial carcinoma. Fragments of muscle are present and these are infiltrated by tumour (at least pT2). Question for MDM: Review histology? MDM review of TUR bladder biopsies which show muscle invasive bladder cancer, staging CT CAP has been requested. Patient will need review with me and discussion at central MDT. Added to regional discussion on 23.06.22.

MDMAction

Discussed at Urology MDM. Deferred until next week as being discussed at regional MDT 23.06.22.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	O'DONOGHUE J P MR (C8245)	None	None	None
Personal Information redacted by the USI Personal Information redacted by the USI Mrs	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Probable renal tumour
Staging:
MDMUpdate

CONSULTANT MR O'DONOGHUE: Personal Information old lady had an ultrasound of her kidneys for poor diabetic control which showed an incidental 3cm small renal mass. She is in fairly good health with a performance status of 0 and type 2 diabetes mellitus. She has no symptoms, no visible haematuria and has a EGFR of between 50-60. Surgically she has had a previous hysterectomy. CT Renal, 02.07.19 - There is an enhancing mass in the right kidney measuring

3.3 cm. The appearance is suspicious for a small RCC. No other significant abnormality identified. Discussed at Urology MDM 22.08.19. This Personal Information redacted by the USI old lady has been found to have a tumour of the posterior cortex of the lower pole of her right kidney on recent CT scanning. She has opted for management by active surveillance in the first instance. A further Renal CT scan in February 2020 has been requested. For MDM discussion of her further management following CT scanning in February 2020. CT Renal 13.02.20 - There is a 3.3 cm enhancing mass in the right kidney. This is unchanged since previous examination. Stable elsewhere. Discussed at Urology MDM 13.02.20. Mr O'Donoghue to arrange an ultrasound for one year. US Kidney, 23.02.21 - As previously reported there is a 3.3cm mass posteriorly in the Right kidney. There is a subtle appearance of a possible second mass at the upper pole. Discussed at Urology MDM 25.03.21. Mrs Personal Information's US shows no change in her small posterior renal mass but a possible new tumour at the upper pole. Mr O'Donoghue to review in outpatients and consider fitness for intervention, and arrange a CT Chest /Renal with subsequent MDM discussion. CT Renal and CT Chest booked for 28.04.21 - No interval change in appearances of the enhancing right renal tumour compared with February 2020. No new lesion. Other findings as described Discussed at Urology MDM 13.05.2021. Defer until next week for imaging discussion. Discussed at Urology MDM 20.05.2021. Mrs Personal Information's renal mass is stable. For review with Mr O'Donoghue to offer ongoing surveillance versus ablation. CT Renal 29.04.22 : CONCLUSION: Unchanged right renal tumour. Can this lady be discussed at the Uro-oncology MDT?

MDMAction

Discussed at Urology MDM 16.06.22. Mrs Personal Information's lesion on right kidney is unchanged. Mr Haynes to review patient in clinic to discuss options regarding ongoing follow up.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Personal Information redacted by the USI Mr Diagnosis: Staging:	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

MDMUpdate

Consultant: Mr O'Donoghue Personal Information old gentleman. GP referral March 22, had a vomiting illness recently. During this he had an episode of dysuria and passed a clot of blood while going to the toilet. Examination was normal and MSU was clear though microscopy showed red cells. He had previous investigations for haematuria in 2017 which were clear. Patient attended appointment in 352 , per clinic letter from Prof. Andrew Sinclair - I would appreciate if you could review this gentleman's CT at your urology MDT. He has had a CT scan, which shows there is an area of abnormality either adjacent to or in the distal right ureter. Please could you arrange discussion at the MDT and then continue his care from here. CTU 07.05.22: Conclusion: 1.8 cm focus of soft tissue attenuation abutting the inferior aspect of the right ureter, it is difficult be definitive as to whether this is intrinsic to or immediately adjacent to the right ureter. Right-sided renal cysts have slightly increased in size compared to 2019.

MDMAction

Discussed at Urology MDM 16.06.22. Mr Personal Information to be reviewed in clinic by Mr O'Donoghue, to send urine for cytology in order to assess recent visible Haematuria. If Haematuria persists to organise a CT Urogram. Query prone.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Mr Diagnosis: Staging:	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

MDMUpdate

Consultant: Mr Young Personal Information **old gentleman. Under active surveillance for low-grade prostate cancer which had been defined unexpectedly after TURP. Gleason score 6 in a small portion of the chippings. PSA to start with was 1ng/ml and it dropped to 0.6ng/ml. Subsequent PSA's were satisfactory at 0.8ng/ml. He has had an MRI as a follow-up of the original evaluation which did not identify any residual areas of concern. note in fact that we haven't discussed Mr** Personal Information **at MDT. I think this relates to an element of the COVID period and also Mr** Personal Information **requiring a hemi-colectomy and being under the Oncologists. We await the up-to-date PSA testing and we will pass him through the MDT Committee and get him assigned to one of our CNS Nurses. Following clinic review 21/04/22 - up to date PSA's it's now at 0.8ng/ml which is the same as it has been for the last two years. We are continuing on with an active surveillance policy for him and in view of the previous findings and MRI. I have given him further blood test for October 22 and February 23 with an Oncology review next March. In the interim we will discuss him at MDT.**

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information **had a private TURP in 2019. Defer until pathology is available. Tracker to contact Mr Young's secretary.**

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Benign

Staging:

MDMUpdate

Consultant: Mr Khan Personal Information **old gentleman. *await proforma* Mr** Personal Information redacted by the USI **was electively admitted for excision of penile lesion. He is known to have white plaque like penile lesion involving glans penis for nearly ten years. Biopsy by the Surgeons in 2021 showed hyperkeratosis. Under GA he still has sizeable lesion involving left side of the corona and extending onto the glans penis. The lesion was excised completely. It was not very deep and no obvious abnormality in the deeper tissue. Corona was reconstructed with reasonable cosmetic. We will review his histology at our Urology MDM. Penile biopsy 08.06.22: await histology**

MDMAction

Discussed at Urology MDM 16.06.22. Mr Personal Information redacted by the USI **'s histology is benign. Mr Khan to reassure patient and discharge.**

	Surgeon	Oncologist	Clinician	Palliative Medicine
	HAYNES M D MR (C8244)	None	None	None
Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

CONSULTANT: MR HAYNES Personal Information **old gentleman. Gleason 3+3=6 prostate cancer, iPSA 37 April 2014. Managed with surveillance, PSA fluctuant but subsequently fell to lowest of 5.79 in 2018. Remained fluctuant but stable then rise from 12, Dec 2021 to 37, Feb 2022 >> MRI + Biopsies. eGFR: > 60 ml/min. TP Biopsy (SET) 04/05/22: Histology shows prostatic adenocarcinoma of overall Gleason sum score 4+4 present in 1 of 18 cores with a maximum tumour length of 2.1 mm. The tumour occupies approximately 1% of the total tissue volume Question for MDM: Review of pathology and radiology and discussion of further management? Discussed at Urology MDM 26.05.22. Mr** Personal Information redacted by the USI **has high risk prostate cancer, CPG 5 on recent prostate biopsies. Mr Haynes to commence an LHRHa, organise a bone scan and CT C/A/P and MDM discussion. CT C/A/P 08.06.22: Conclusion.No convincing metastatic**

disease identified. Bone scan 14.06.22: No significant central skeletal uptake to suggest a pattern of metastatic disease.

MDMAction

Discussed at Urology MDM 16.06.22. Mr Personal Information redacted by the USI has high risk organ confined prostate cancer. CPG5. He has commenced LHRHa, for direct referral to clinical oncology for consideration of radiotherapy.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	HAYNES M D MR (C8244)	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis:

Staging:

MDMUpdate

Consultant: Mr Haynes Personal Information old gentleman. Mr Personal Information redacted by the USI has a history of PUJO (stricture) secondary had cryoablation to a small left renal mass in 2019 which he now has a JJ stent in situ . CT of chest, abdomen and pelvis on 23/05/2022 showed a lobulated soft tissue left kidney mass extending posteriorly into the left retroperitoneal fascia, which is thickened, hyperenhancing and irregular. Findings are in the region of the previously ablated RCC, most likely to represent neoplasm, likely RCC. He has been admitted as an Emergency to receive several days of IV antibiotics as he has been struggling with recurrent upper UTIs prior to having a nephrectomy. eGFR: 30-60 ml/min. Question for MDM: To discuss management of Left Renal soft tissue mass with possible seeding of the tract ?

MDMAction

Discussed at Urology MDM 16.06.22. Mr Personal Information redacted by the USI's left renal soft tissue mass could be inflammatory or malignant. Mr Haynes to recommend current management of antibiotics and serial follow up scans to assess response.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	TYSON M MR (C8854)	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mrs	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Renal clear cell carcinoma

Staging:

MDMUpdate

CONSULTANT MR TYSON- This otherwise fit, Personal Information old lady presented to her family doctor in May 2019 following an impression of lower abdominal bloating and mild ankle oedema. On ultrasound scanning and CT scanning on 17 June 2019, she was reported to have a largely exophytic lesion arising from the anterolateral, interpolar cortex of her right kidney. The tumour measured 6.2 cm in diameter. She was also found to have a larger, predominantly cystic lesion, measuring 18 cm in diameter, arising from her anatomical pelvis. It was inseparable from the fundus of her uterus and ovaries. It included an enhancing nodule in its inferior aspect. It was reported that the lesion was probably a cystic, ovarian tumour, though it was not possible to determine its ovarian origin. She was reported to have two small, right pulmonary nodules. Her renal function was normal in May 2019 as was her serum CA-125 level. Her further management was discussed at Gynaecological MDM at Altnagelvin Hospital on 02 July 2019 when it was advised that both renal and pelvic lesions could be resected during a single procedure. A Pelvic MRI scan on 23 July 2019 has been arranged. For review by Mr. Glackin on 31 July 2019. Discussed at Urology MDM 25.07.19. Mrs Personal Information redacted by the USI has a right renal mass consistent with renal cancer, with no evidence of metastases and nephrectomy is the recommended treatment. She also has an ovarian mass which has been recommended for surgical treatment via the gynaecology MDM in Western Trust. Mr Glackin planned to meet Mrs Personal Information redacted by the USI on 31st July and will liaise with the Southern Trust gynaecology team regarding

combined management of her dual pathologies. Kidney resection, 28.08.19 - Histological type - Clear cell renal cell carcinoma. WHO/ISUP GRADE: Grade II. Tumour necrosis - Present. Local invasion - Tumour confined to the kidney. Lymphovascular invasion - Not identified. Lymph nodes - None identified. Margins - Tumour is clear of the renal vein, ureteric and circumferential margins. pT1bNxMx. LEIBOVICH SCORE: 3 - Intermediate risk. Discussed at Urology MDM 05.09.19. Mrs McGurn's nephrectomy pathology shows a T1b grade 2 (liebovich score 3 = intermediate risk) renal cancer. Mr O'Brien to review in outpatients and for a follow-up CT CAP in 6 months. Personal Information redacted by the USI old woman previous patient of Mr O'Brien in 2019: diagnosed with clear cell ovarian cancer and PT1bNxMx clear cell renal cancer Underwent a TAH, BSO omentectomy and right nephrectomy. CT Chest abd & pel 11.03.21 - Stable appearances. No evidence of metastatic disease or local disease recurrence. For MDM discussion of recent CT please. Discussed at Urology MDM 29.04.21. Mrs Personal Information redacted by the USI 's follow-up CT is satisfactory. Mr Omer to review and for a FU CT CAP in 1 year. Diagnosed Stage Ic clear cell ovarian cancer and PT1bNxMx clear cell renal cancer Underwent a TAH, BSO omentectomy and right nephrectomy. Surveillance CT 14/03/22: Appearances in keeping with pulmonary metastases For discussion of images and follow-up for oncology. Discussed at Urology MDM 24.03.22. Mrs Personal Information redacted by the USI has an indeterminate lung nodule, biopsy advised and to be referred to respiratory team to see if it is amenable to Broncoscopy of right peri hilar node. Mr Tyson to organise and review patient. Lady attended Dr Convery's clinic 28/04, per clinic letter - she would appear to have lung nodules but is a life-long non-smoker. Unfortunately she has not had a PET scan yet. There is no single structure that I feel would be amenable to biopsy at this point and I have put a request in for a PET scan. PET FDG LUNG SCAN 18/05/22: Conclusion: Persistent bilateral lung nodules. Some of the lung nodules have faint FDG uptake. The findings remain suspicious of pulmonary metastases. Kidney and ovary primary malignancies may have variable FDG-PET activity. Discussed at Urology MDM 26.05.22. Defer for biopsy results. CT Guided biopsy 07.06.22 : DIAGNOSIS.LUNG BIOPSY.METASTATIC ADENOCARCINOMA. Histological examination shows cores of lung tissue infiltrated with nests of tumour cells with a focal clear cell morphology. The morphological features are those of metastatic adenocarcinoma with a clear cell morphology to the lung. The immunophenotype is in keeping with a renal cell carcinoma primary site.

MDMAction

Discussed at Urology MDM 16.06.22: Mrs Personal Information redacted by the USI 's recent lung biopsy shows metastatic renal cell carcinoma. To be discussed at central MDT and for consideration of systemic treatment.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	GLACKIN A.J MR (C8102)	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant: Mr Glackin - Presenting complaint – PSA 25ng/ml November 2021 Personal Information old gentleman who attended clinic alone. Mr Personal Information redacted by the USI is asymptomatic. He gives no family history of prostate cancer. He has no metalwork which would preclude MRI scanning. He is on medication for hypertension and cholesterol. He reports no history of allergy. Recent ultrasound scan shows a 41cc prostate. Examination following verbal consent shows normal external genitalia. Digital rectal examination demonstrates a T3 prostate cancer. CT CAP and MRI prostate completed.TP biopsy completed. eGFR: > 60 ml/min. TP Biopsy 27/04/22 (SET) : DIAGNOSIS: PROSTATE .TRANSPERINEAL NEEDLE CORE BIOPSY.ADENOCARCINOMA. Histology shows prostatic adenocarcinoma of Gleason sum score 3 + 4 = 7 present in sixteen of twenty cores with a maximum tumour length of 10.8 mm. In the left lobe, a large proportion of the pattern 4 tumour is cribriform in nature. The tumour occupies approximately 55 % of the total tissue volume. Question for MDM: review staging and histology please. Discussed at Urology MDM 19.05.22. Mr Personal Information redacted by the USI has a high risk locally advanced, prostate cancer (CPG5). The small sclerotic lesions on CT are not shown on MRI and unlikely to be significant. Mr Glackin to review, request a bone scan and commence LHRHa with a view to radical

radiotherapy if the bone scan confirms no metastases. He also requires a CT Chest in 3 months to follow-up indeterminate lung nodules. Please list the following case for MDM, Bone scan reported. For direct referral to Clinical Oncology for EBRT opinion. Patient may wish to discuss SPACEOAR

MDMAction

Discussed at Urology MDM 16.06.22: To be deferred and discussed at MDT when Dr Baird is available.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI , Personal Information	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date
Mr	Age: Personal			

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant: Mr Tyson - Personal Information old gentleman. PSA 72. T4 feeling prostate on DRE, with urinary retention. CT show locally advanced prostate ca wwith bilateral hydronephrosis. Soft tissue infiltration extending along left pelvic perittoneal relection and also along the left gonadal vein. Bone scan awaited. Has been started on bicalutamide and will receive decapeptyl on Friday 1st April.Lives alone. eGFR: 30-60 ml/min. Question for MDM:Management of prostate ca CT Chest, abdo & Pelvis 25/03/22: Locally advanced prostate mass with bladder infiltration causing severe bilateral hydroureter nephrosis . Soft tissue infiltration extends along the left pelvic peritoneal reflection and also along the left gonadal veins. Metastatic left pelvic sidewall and inguinal lymphadenopathy.Bony metastases as described. Bone scan 23.05.22 - Multiple metastatic bony lesions as described. Discussed at Urology MDM 26.05.22. Mr Personal Information redacted by the USI has metastatic prostate cancer. Mr Tyson to expedite TP biopsy as the patient is likely to be suitable for systemic treatment. TP biopsy, 07.06.22 - DIAGNOSIS .PROSTATE NEEDLE BIOPSY.ADENOCARCINOMA. Prostatic adenocarcinoma of overall Gleason sum score 4+5=9 is present in all six cores with a maximum tumour length of 13 mm. The tumour occupies approximately 80% of the total tissue submitted. A proportion of the tumour shows features in keeping with an intraductal carcinoma.

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information redacted by the USI has metastatic prostate cancer. Mr Tyson to review patient, check renal function and if appropiate consideration of systemic treatment. To organise Nephrostomy if renal function is still abnormal.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	O'DONOGHUE J P MR (C8245)	None	None	None
Personal Information redacted by the USI	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date
Mr	Age: Personal			

Diagnosis:

Staging:

MDMUpdate

Consultant: Mr O'Donoghue Personal Information old gentleman. G2 (low) pTa TCC of the bladder diagnosed December 2017. For the last year or so he has had on and off visible haematuria. CT urogram in July 2021 showed a filling defect in the right bladder diverticulum. He has had a flexi since then which was normal and he has presented again for repeat flexible cystoscopy (17/12/21). The views within the bladder were quite poor due to on and off rose haematuria. Given his on-going visible haematuria and CT finding, booked for a red flag GA cystoscopy plus/minus biopsy. Cystoscopy/biopsy 21/03/22: pathology ? CT Abdo & Pelvis 28/03/22 - 1) Progressive soft tissue mass in the right hemipelvis and associated obstructive uropathy as described. 2) Non-specific stranding around the dome of urinary bladder raising the possibility of infection in the appropriate clinical setting 3) Other findings as discussed. Discussed at Urology MDM 07.04.22. Mr Personal Information has a right sided pelvic mass wich appears

suitable for Transperineal Biopsy. Mr O'Donoghue to complete booking form and advise the patient. Right Pelvic mass adjacent to the bladder, previous history of non muscle invasive bladder cancer. Bilateral ureteric obstruction >> nephrostomies. DRE = right sided pelvic mass. Impression = ?tumour in diverticulum but diverticulum not visible at cystoscopy. TRUS biopsy performed 3/5/22. eGFR: 30-60 ml/min Question for MDM: Review of pathology and discussion of management Trus biopsy, 03.05.22 - Specimen- pelvic mass biopsy x2 ; Soft tissue- pelvis.Core biopsy. Carcinoma. Histological examination shows cores of fibrotic/desmoplastic stroma and smooth muscle which are infiltrated by carcinoma within which there are areas exhibiting subtle glandular differentiation. Perineural invasion is seen. Immunohistochemistry shows the tumour to stain strongly and diffusely with CK7, CK20, GATA3 and p40. CDX2 is also positive although a little weaker. Overall, the features are suggestive of urothelial carcinoma which exhibits a degree of glandular differentiation. Close correlation with the radiological appearances and clinical picture is advised. Discussed at Urology MDM 12.05.22. Mr Personal Information biopsy demonstrates urothelial cancer which exhibits a degree of glandular differentiation. We note on EUA in theatre, mass described as T4. There is no evidence of metastatic disease at present. There is a small indeterminate lung nodule. Mr Haynes to review patient and advise of diagnosis and rediscuss at specialist MDT . CT C/A/P 10.06.22: Conclusion:Interval deterioration. Scattered pulmonary nodules are in keeping with metastatic disease. New osseous destructive lesions in keeping with osseous metastases. Enlarging pelvic mass. Concerning area within the ascending colon at the level of ileo-caecal valve, this will require the further investigation. To be discussed locally (regional not possible on 16/06/22 as BCH are only covering complex renal, SRM and prostates from Dublin surgery)

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information for consideration of palliative chemotherapy. Mr Haynes to review patient, to consider Nephrostomy dependent on renal function from yesterday. To be discussed at regional MDT next week.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI, Personal Information redacted by the USI	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant : Mr O'Donoghue Personal Information old gentleman. PSA under surveillance for several years. MRI in January 22 showed no radiological evidence of CaP. PSAD 0.16 recent TPB - Gl6. eGFR: > 60 ml/min MRI Prostate 31.01.22: CONCLUSION: No radiological evidence of a significant prostate lesion. The peripheral zone is now of heterogenous T2 signal change which is non-specific and may be inflammatory.PSA density of 0.16. TP Biopsy 24/05/22: DIAGNOSIS.PROSTATE NEEDLE CORE BIOPSY.ADENOCARCINOMA. Histology shows prostatic adenocarcinoma of overall Gleason sum score 3+3 present in 1 of 9 cores with a maximum tumour length of <1 mm. The tumour occupies <1% of the total tissue volume. Question for MDM: discussion of histology and MRI

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information redacted by the USI's biopsies have shown low risk organ confined prostate cancer. CPG1. Mr O'Donoghue to review patient and discuss continued PSA surveillance.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI Person Mr	DOB: Personal Information redacted by the USI Age: Personal	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date

Diagnosis: Prostate cancer

Staging:

MDMUpdate

Consultant : Mr Khan [redacted] old gentleman. *await proforma* Mr [redacted] had malignant feeling prostate with PSA of 138.00. Bone scan is not showing any obvious metastatic disease. Staging CT scan is picking up 1.2cm left internal iliac lymph node. Incidental 1.3cm indeterminate lesion in right kidney which will require a follow up. Mr [redacted] is awaiting TP prostate biopsies. His case will be looked at through our urology MDM after the biopsies. Bone scan 21/04/22 : Overall, the pattern of uptake is felt likely to represent degenerative change with no convincing pattern of metastatic disease. CT C/A/P 26.04.22: Conclusion. N1 M0 disease. TP Biopsy 07/06/22: DIAGNOSIS .PROSTATE CORE BIOPSY.ADENOCARCINOMA. Prostatic adenocarcinoma overall Gleason sum score 4 + 3 = 7 is present in 3 out of 6 cores with a maximum tumour length of 12 mm. Tumour occupies approximately 50% of the total tissue volume. Some of the tumour exhibits an intraductal pattern of spread.

MDMAction

Discussed at Urology MDM 16.06.22: Defer until next week for discussion with oncology.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
[redacted] Mr	DOB: [redacted] Age: [redacted]	[redacted]	[redacted]	Target Date

Diagnosis: Bladder tumour

Staging: Ta

MDMUpdate

Consultant: Mr Khan [redacted] old gentleman. *await proforma* Mr [redacted] was electively admitted for resection of bladder tumour. He had incidental pick-up of bladder tumour on CT post road traffic accident. He has got complex medical background with [redacted].Cystoscopy under GA did show normal urethra, quite large occlusive looking prostate. He had papillary tumour at the left bladder base extending towards the lateral wall. There is a further larger tumour just behind that within a deep bladder diverticulum. He does have quite marked trabeculation and multiple diverticulum in the bladder. Routine resection of bladder tumour was carried out. TURBT 07.06.22: DIAGNOSIS .BLADDER MUCOUS MEMBRANE.TURBT.UROTHELIAL CARCINOMA. HISTOLOGICAL TYPE. Urothelial (transitional cell) carcinoma GROWTH PATTERN. Papillary DIFFERENTIATION/GRADE. WHO 1973. II WHO 2004 / 2016. Low grade LOCAL INVASION. pTa - none invasive papillary tumour LYMPHOVASCULAR INVASION. Not identified ADJACENT MUCOSA. Flat carcinoma in-situ. No Granulomas. No MUSCULARIS PROPRIA. Present and not involved by tumour

MDMAction

Discussed at Urology MDM 16.06.22: Mr [redacted] has intermediate risk non muscle invasive bladder cancer. Patient has been informed today of his diagnosis and to decide on whether to proceed with Mitomycin C and flexible cytoscopy or flexible cystoscopy follow up.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
[redacted] Mr	DOB: [redacted] Age: [redacted]	[redacted]	[redacted]	Target Date

Diagnosis: Bladder tumour

Staging: T1

MDMUpdate

Consultant: Mr Glackin [redacted] old gentleman. 5.5cm left sided bladder tumour resected on 10 June 2022. No bladder mass on EUA. macroscopically complete resection. Histology shows features of a WHO Grade II (high) urothelial carcinoma with invasion into the subepithelium (pT1). Fragments of muscle are present and these are not infiltrated by tumour. CTU April 2022. eGFR: > 60 ml/min TURBT 10.06.22: DIAGNOSIS .URINARY BLADDER TURBT.UROTHELIAL CARCINOMA. Histology shows features of a WHO Grade II (high) urothelial carcinoma with invasion into the subepithelium (pT1). Fragments of muscle are

present and these are not infiltrated by tumour. Question for MDM: Review of histopathology and imaging please - further management

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information has high risk non muscle invasive bladder cancer. Mr Glackin to review patient, offer early re resection. CT Chest and CT renal to be organised. Note: Incidental indeterminate renal mass not reported on CT.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	None	None	None	None
Personal Information redacted by the USI	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date
Mr	Age: Personal			

Diagnosis:

Staging:

MDMUpdate

Consultant: Mr Khan Personal Information old gentleman. Known to Mr O'Donoghue with raised PSA. Admission with recurring haematuria. Abnormal prostate on DRE Rising PSA, corrected reading 70.0. Bone scan result awaited. Started on LHRHa. Question for MDM: Continue with hormonal treatment, unlikely candidate for other options ? US Urinary 09.05.22: Conclusion:Simple left renal cyst. Bone scan 27/05/22 ; CT Urogram 19.05.22 : Conclusions: Subtle, 1.7 cm low density lesion posteriorly in the left kidney demonstrating borderline contrast enhancement. Early papillary lesion not excluded. This has increased in size slightly since Jan 2021. The significance of this is uncertain given the patient's age. If clinically appropriate, you may wish to consider surveillance CT in approximately one year's time.

MDMAction

Discussed at Urology MDM 16.06.22 : Mr Personal Information 's lesion on left kidney is a probable hemorrhagic cyst. Mr Khan to arrange a follow up renal CT in 12 months and continue with hormone treatment.

	Surgeon	Oncologist	Clinician	Palliative Medicine
	O'DONOGHUE J P MR (C8245)	None	None	None
Personal Information redacted by the USI	DOB: Personal Information redacted by the USI	Personal Information redacted by the USI	Personal Information redacted by the USI	Target Date
Mr	Age: Personal			

Diagnosis: Prostate cancer

Staging:

MDMUpdate

CONSULTANT MR O'DONOGHUE - Personal Information old gentleman PSA 54.50 ng/ml no LUTS. DRE - T3 malignant prostate Bone Scan - metastases. started on LHRHa. hypertension but otherwise very well, would benefit from docetaxel, will book TPB eGFR: > 60 ml/min. On RF WL for TP Biopsy: await date Question for MDM: suitability for docetaxel

MDMAction

Discussed at Urology MDM 16.06.22: Mr Personal Information has metastatic prostate cancer, he has already started hormones and is awaiting TP biopsies with a view to systemic treatment. He is currently on holiday for a few weeks but patient to be contacted and advised to have TP biopsies before end of July.

Cancer Pathway Escalation Policy

1.0 Background

This policy is to inform Cancer Tracker/ Multi-Disciplinary Team (MDT) Co-ordinators, Clinicians and Divisional Management Teams of the escalation policy for Cancer Access targets.

The current cancer access standard targets are:
14 days – 100% for the 2 week wait breast symptomatic outpatient appointment
31 days – 100% date decision to treat to first definitive treatment
62 days – 98% date of receipt of referral to first definitive treatment

The purpose of this policy to illustrate the actions that may be required at specific points along the patient's pathway. These actions will be escalated from the first trigger point. (Please see Table 1)

2.0 General Principles of Escalation

General principles of escalation are as follows:

(a) The earlier the better.
It is easier to stand people down once the problem is resolved than to catch up lost time
(b) Try everything you know to resolve the problem
(c) Recognise that you can't solve all of the problems – but by escalating it will give others a chance to help find a solution.
(d) Record on the escalation proforma the steps you have taken
(e) Take action in a timely manner
Be clear of the timescale of escalation
If a response is not received from Consultant/Clinician within outlined timescale for escalation the relevant Chair of the MDT is to be notified.

3.0 Trigger Points for Escalation

For a patient to progress along the pathway, the Cancer Trackers will start the tracking process and be responsible for escalations throughout the pathway. In order for the Trackers to track they have been given the authority to expedite referrals (either appointments/diagnostics) within their own level of responsibility. While the Red Flag Appointments Team will escalate patients outside of expected 1st appointment timescales, the tracker will track the full cancer pathway.

In the event of delays in the patient pathway, as detailed in Appendix 1, the tracker will escalate to the Cancer Services Co-ordinator (CSC) or in her absence the Operational Support lead (OSL), who will in turn advise the Head of Cancer Service. The CSC will advise the relevant Head of Service (HOS) /OSL for that specialty, of any actions required to be taken or ongoing delays.

The HOS/OSL for the specialty will escalate patients who trigger key points on the pathways to the relevant Assistant Directors and Clinical leads as required.

Table 1 - Key trigger points on the Cancer pathway for escalation if patient not booked or completed

Key Trigger	Trigger Point	Escalate To	Further Escalation Point	Also Escalate To
First appointment	By day 10	>Head of Service >OSL	By Day 21	>Assistant Director for the Specialty >Director for Acute Services
Investigations/ Diagnostics	By day 17	>Head of Service >OSL	Greater than 10 days for diagnostic investigation or reporting	>Head of Service for Radiology >Assistant Director for Cancer & Clinical Services
MDM	By day 25	>Head of Service >OSL		
ITT	By day 28	>Head of Service >OSL		
Treatment	By day 31 or 62 (relevant to pathway	>Head of Service >OSL	Breaches of 31 or 62 day pathway	>Assistant Director for the Specialty

**please note that red flag appointments will escalate 1st out-patient appointment, the tracker will be responsible for liaising with red flag team if patient is not booked or on red flag out-patient waiting list for appointment.*

3.4 Delayed Escalation Response:

If the Cancer Trackers are awaiting a response for longer than 1 week regarding a management plan for a patient on a cancer pathway, and all relevant steps have been taken as per escalation policy, the relevant Multi Disciplinary Meeting Chair will be notified to avoid any further delays for the patient and copied to HOS for the specialty.

3.5 MDT Meetings:

The tracker will raise all on going risks at the Multidisciplinary meeting which will be minuted, and communicate the outcome and any unresolved issues to the CSC. If no solution is found, the risk will be escalated through a series of senior managers (see table 2) ultimately to the Clinical Lead for Cancer, who will inform the Chief Executive in the event of failure to resolve this issue.

3.6 Deferment from MDT:

If a patient is deferred from MDT discussion, this must be escalated to the releveant specialty HOS and OSL. It is the HOS and OSL responsibility to ensure the patient is discussed the following week and this is highlighted to the Chair of the MDT.

3.7 Inter-Trust transfers:

It is recognised good practice that where a potential breach or confirmed breach requires an Inter Trust Transfer (ITT), it is the responsibility of the Southern Trust's Executive Lead for Cancer to contact the Executive Lead for Cancer in the 'referred to' Trust to discuss delayed referrals (received after 28 days) and breach situations in order to understand reasons for delay and to agree "shared breaches".

Unfortunately, as pathways for some tumour sites continue to come under increased pressure, it may not always be practical for this level of contact/discussion to take place. The Trust will continue to liaise closely with the 'referred to' Trust in these circumstances to ensure patients receive treatment and care as quickly as possible on the pathway

4.0 Escalation Chain

Table 2 – Escalation chain for trigger points throughout cancer pathway

Escalation Chain	Role Responsible for Escalating	Escalation Point	Timescale for escalation	Cumulative Timescale for escalation
1.	Red Flag Appointments Team/ Cancer Tracker/MDT Co-ordinator	Cancer Services Co-Ordinator	24 hours	24 hours
2.	Cancer Services Co-ordinator	Head of Service for the Specialty Head of Service for Cancer copied to relevant OSLs	24 hours	48 hours
3.	Head of Service for the Specialty	Assistant Director for the Specialty Assistant Director for Cancer Services *Copied to Head of Service for Cancer and Cancer Services Co-ordinator*	24 hours	3 days
4.	Assistant Director for the Specialty	Chair of MDM *Copied to Head of Service for Cancer and Cancer Services Co-ordinator*	24 hours	4 days
5.	Chair of MDM	Executive Lead for Cancer *Copied to Head of Service for Cancer and Cancer Services Co-ordinator*	24 hours	5 days
6.	Executive Lead for Cancer	Director of Acute Services *Copied to Head of Service for Cancer and Cancer Services Co-ordinator*	24 hours	6 days
7.	Director of Acute Services	Chief Executive Officer *Copied to Head of Service for Cancer and Cancer Services Co-ordinator*	24 hours	7 days

Note – these timescales are the longest periods expected.

Each Cancer Tracker/MDT Co-ordinator will be aware of individual patient pathways for each tumour site and the reasonable timescales expected. A generic pathway is attached as Appendix 1, specific site pathways are are also available.

Each step of the pathway is a potential weak link in the chain; and clear observation is required at all stages to ensure:

(a) patient appointment is booked
(b) patient attends appointment
(c) the next review appointment is booked
(d) treatment is commenced

The table above illustrates the escalation chain with each level escalating as required until the delay has been addressed.

Escalation reporting and actions taken will be noted by the tracker in the diary page of the Capps system.

Table 3 – Escalation Chain Roles and Contacts

Roles	Contact Name
Cancer Tracker/ MDT Co-Ordinator	Marie Dabbous Anne Turkington Hilda Shannon Wendy Kelly Shauna McVeigh Griania White Rachel McCartney Catherine Glenny Sinead Lee Sarah Moore
Cancer Services Co-Ordinator	Vicki Graham Angela Muldrew
Heads of Service	Fiona Reddick - Cancer Services Martina Corrigan - Urology/ENT Amie Nelson - UGI / LGI / Breast Kay Carroll – Derm / Lung Wendy Clarke – Gynaecology Louise Devlin - Gastroenterology
Operational Support Lead	Sharon Glenny – IMWH & CCS Wendy Clayton – SEC Lisa McAreavey - MUSC
Assistant Director	Barry Conway – IMWH & CCS Anne McVey – MUSC Ronan Carroll – SEC
Chair of MDM	Dr McCracken – Gynae Mr Neill – LGI Mr Glackin – Urology Dr Mathers – Breast Dr Convery – Lung Dr O'Hagan – Skin Dr Boyd – Haematology Dr McCaul – Head & Neck
Executive Lead for Cancer	Dr McCaul
Director of Acute Services	Esther Gishkori
Chief Executive Officer	Shane Devlin

5.0 Pathway Breaches

Breach reports will be commenced by the Cancer Tracker/MDT Co-ordinator where patients breach the targets, i.e. 14 day for breast, 28 day for inter–trust transfers, day 31 and day 62 breaches.

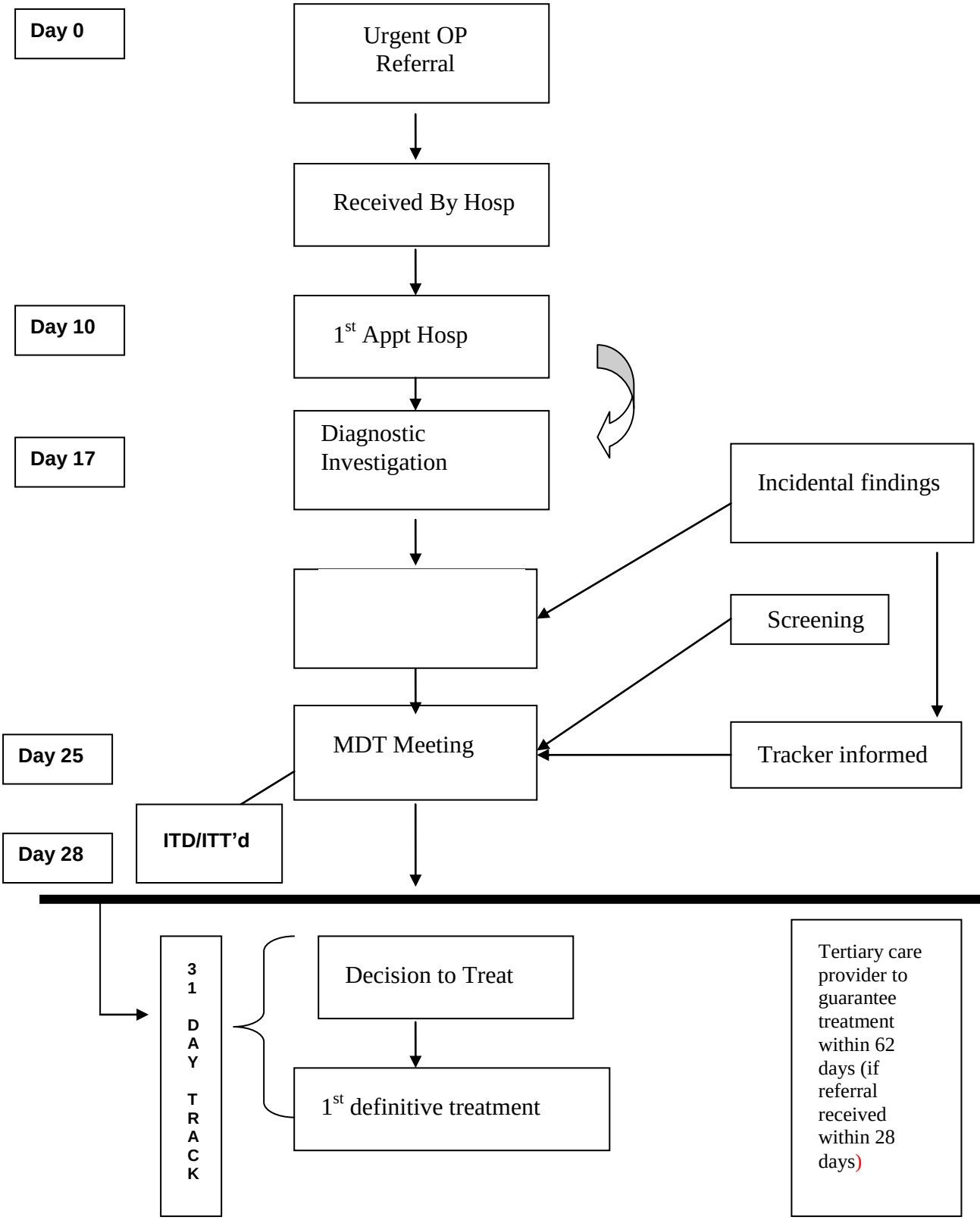
A copy of the breach report will be forwarded to the relevant Assistant Director, and the team's Clinical lead for action as appropriate.

Monthly breaches by tumour site will be discussed at the Cancer Monthly Performance Meeting and areas for improvement analysed.

This policy must be followed by all members of staff, in every event. This policy is designed to ensure problems are resolved at the lowest level, but that an Executive Director is informed within 24 hours of any failure of the system that has not been resolved at lower organisational/divisional levels.

Appendix 1

PATIENT PATHWAY



31 day target:
Maximum 1 month wait from decision to treat to first treatment for all cancers

62 day target:
Maximum 2 month wait from an urgent GP referral to first treatment for all cancers

Cancer Tracking Resource – Analysis of demand and capacity, June 2018

(V.3 Updated 22.8.18)

1. Introduction

The cancer access waiting times standards were implemented by the Department of Health in September 2005. The purpose of the waiting times was to ensure that patients presenting to their GP with symptoms suggestive of cancer, or diagnosed as having cancer as an incidental finding or through the screening programmes, were dealt with within the secondary care system along regionally agreed specific pathways. Trusts are responsible for achieving three cancer access standards. Central to the success of managing the patients along the pathways and achieving the cancer access targets is the tracking/administrative function. This role is commonly referred to as 'Patient Trackers'.

There is recognition that red flag referrals have increased significantly across the region since the implementation of the cancer access standards and that funding for cancer patient trackers has not been reviewed in line with this. There has been feedback regionally that additional investment in tracking resources may have a poswitive impact on patient pathways by allowing teams to be more responsive at maintaining 'live' tracking of patients so that pathways can be kept as close to the key milestones as is clinically possible within the limitations of clinical capacity available.

Co-ordination and support of the cancer multi-disciplinary team (MDT) meetings is the second key element of the tracker role and it is recognised that the number of MDTs and number of patient discussions has increased over recent years due to the increased red flag rates and to achieve NICE Improving Outcomes Guidance.

In the context of the significant increase in referrals and MDT meetings/discussions, Trusts were asked via the Cancer AD forum to submit briefing papers on cancer tracking resource outlining issues and position with regards to demand and capacity.

2. Summary of Briefing papers

Papers were submitted by each Trust which demonstrated the obvious increase in demand both in terms of red flag referrals and MDT support. A variety of methodologies were used by each Trust to identify the additional tracking resource required and the majority of Trusts have requested additional resource.

It was also apparent that although the key duties of the role are tracking and MDT coordination, there may be additional duties and more or less intensive tracking depending on the tumour site supporting infrastructure. Some Trusts also referenced a range of internal PTL and escalation arrangements that has led to improved tracking efficiency.

3. HSCB Methodology

In order to ensure a consistent approach, HSCB has developed a methodology focussed on the two core functions of the role – patient tracking and MDT co-ordination. An outline of the methodology is summarised below.

Tracking

Trust methodologies generally used an average number of minutes per week multiplied by total patients on weekly PTL. Rather than use a snapshot of PTL, the HSCB methodology calculates an estimate of the hours required per year using a bottom up approach based on the total episodes tracked within the calendar year.

The starting point for the calculation was to obtain the following 2017 information from a HSCB information CaPPS query:

- The total number of episode IDs tracked by each Trust (includes ITTs).
- The total number of confirmed cancers by Trust first seen.
- The total number of confirmed cancers by Trust first treated.

The HSCB methodology has used the following categories:

A. Time spent tracking confirmed cancer episodes seen by the Trust
B. Time spent tracking confirmed cancers episodes treated by the Trust
C. Time spent tracking episodes downgraded after first appointment or triage
D. Time spent tracking episodes closed as no cancer which were not downgraded after first appointment or triage (i.e. further appointments/investigations were required before patient was closed as no cancer).

The estimated number of patients for categories C and D was calculated using regional downgrade and conversion rates from the HSCB red flag analysis.

Trust methodologies did not include a consistent number of minutes spent per episodes and estimates ranged from 45 seconds to 12 minutes per week. Trust papers generally accepted that this was difficult to estimate. It was also noted that more/less intensive tracking is required depending on the tumour site supporting infrastructure within the Trust.

The following time in minutes and number of times checked or 'tracked' were applied to the number of episodes within each category.

A. **For confirmed cancers first seen by the Trust:** Estimate an average of 5 checks at 8 minutes per check.
B. **For confirmed cancer treated by Trust**: Estimate an average of an additional 5 checks at 8 minutes per check.
C. **For episodes downgraded after triage or first appointment:** Estimate an average of 2 times at 5 minutes per check.
D. **For episodes who don't have cancer and go beyond 1st appointment**: Estimate tracked on average 5 times at 8 minutes per check.

MDT co-ordination

The approximate number of hours to support one hour of MDT meeting varied across Trust submissions. For the purposes of consistency, only hours spent coordinating MDTs within host Trusts have been applied. A slightly higher number of hours have been applied to regional/specialist MDTs.

The following methodology has been applied:

Local MDMs

- Assuming that an additional 4 hours is required to support every one hour of MDM
- Formula: MDM hours per week in host Trust X 5 hours X 52wks

Regional/Specialist MDMs

- Assuming that an additional 5 hours is required to support every one hour of MDM
- Formula: MDM hours per week in host Trust X 6 hours X 52wks

Total resource required

The total number of hours per year for both tracking and MDT coordination were added together and converted into WTE based on a 46 week year.

This was compared against the current funded WTE.

4. Conclusion

Please note that this methodology has been developed in order to apply a consistent approach across the region in relation to tracking demand and MDT support.

	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Funded Band 4 WTE	11.2	4.8	4.5	3.9	8.0	32.4
WTE Demand per methodology (see excel)	14.5	7.9	8.9	8.6	8.4	48.4
Band 4 WTE Gap	3.3	3.1	4.4	4.7	0.4	16
FYE costs (pay & non pay)	*£96,934*	*£91,059*	*£129,246*	*£138,058*	*£38,774*	*£494,071*

Notes

- *Belfast and SET both received additional funding as part of MDT IPTs during last few years (0.8WTE and 0.5WTE)*
- *Southern Trust is funded for 3.9 WTE but have 6.6 WTE in post as they recruited at risk due to the demand.*
- *Western Trust received an additional 3 trackers as part of the NWCC business case.*

Glenny, Sharon

Subject: FW: urgent - cancer tracking team

From: Conway, Barry <[redacted]>
Sent: 29 January 2019 08:13
To: Gishkori, Esther <[redacted]>; Glenny, Sharon <[redacted]>
Cc: Reddick, Fiona <[redacted]>; McVey, Anne <[redacted]>; Carroll, Ronan <[redacted]>
Subject: RE: urgent - cancer tracking team

Esther,

Yes, I will put a plan in place up to end of March in the first instance. I have also made contact with Cara Anderson in HSCB to push for an early decision on the additional resources that she has indicated may come in 2019-20.

Sharon – could you put 1 additional tracker in place to help deal with the pressures as a holding arrangement up to end of March 19 please.

Barry.

From: Gishkori, Esther
Sent: 28 January 2019 16:05
To: Conway, Barry; McVey, Anne; Carroll, Ronan
Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: urgent - cancer tracking team

Barry,
Can you put it on a temp basis until we see how things go?
Thanks
Esther.

From: Conway, Barry
Sent: 24 January 2019 17:18
To: McVey, Anne; Gishkori, Esther; Carroll, Ronan

Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: urgent - cancer tracking team

Anne – yes, we raised it at the performance meeting with HSCB last Thursday. Cara Anderson was going to follow up on it.

Barry.

From: McVey, Anne
Sent: 24 January 2019 10:57
To: Conway, Barry; Gishkori, Esther; Carroll, Ronan
Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: urgent - cancer tracking team

Barry, I appreciate this is a very important element of work, the pressures staff are under and would support additional staff.

Can the paper be forwarded again to HSCB with email of concern from Sharon?

Regards Anne

Anne McVey
Assistant Director of Acute Services
Medicine and Unscheduled Care Division
Tel: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Conway, Barry
Sent: 24 January 2019 08:10
To: Gishkori, Esther; Carroll, Ronan; McVey, Anne

Cc: Reddick, Fiona; Glenny, Sharon
Subject: urgent - cancer tracking team
Importance: High

Esther / Ronan / Anne,

See update below from Sharon RE increasing pressures in the cancer tracking team. The numbers of patients have now reached around 2,300 per week. Im sure you will agree that is a huge workload for the team and is not managable when we have sick leave in the team (which is currently the case) and when we have increasing numbers of patients to track.

We have raised this issue with HSCB recently and they are hopeful we will have additional tracking resources for next calendar, however in my view we need to provide short term assistance up to the end of March 2019 in the short term whilst we push HSCB for the additional. There will be additional cost associated with this but I don't think we can afford not to do this.

Im conscious that the tracking team provide a service across acute so I wanted to flag this to you all for your views and any thoughts on how we could deal with these pressures.

Barry,

From: Glenny, Sharon
Sent: 23 January 2019 16:42
To: Conway, Barry
Cc: Reddick, Fiona; Graham, Vicki
Subject: FW: Tracking Update
Importance: High

Hi Barry

Please see below regarding cancer tracking pressures.

In short, we have 2300+ every week to track across the tumour sites, as well as escalations (which have increased since update in escalation policy), MDT preparation, MDT meetings and outcomes. We have one member of the team off on sick leave, potentially longer term, as well as one member due to go on maternity leave. I know you will appreciate that cancer tracking is one area that we cannot afford to backlog and we need to be able to keep on top of this.

We had developed a briefing paper for HSCB back this time last year and at that stage we felt we had a gap of 3.97 wte staff in the tracking team. Since that paper was submitted the workload has further increased – to put this into perspective, average weekly tracking volumes in 2015/2016 was 1350, 2017/18 at the time of writing the briefing paper was 1776 (increase of 31.6%), we are now up to 2300 each week which is an increase of 70% on 2015/16 and a 30% since we wrote the paper last year.

I am extremely concerned regarding the pressures on the team, as well as the impact any type of leave has on the tracking. I know we have been raising this issue each time we meet with HSCB and there is verbal confirmation that funding will be available for an unquantified number of additional tracking staff, but this has not been forthcoming as yet.

We have recently interviewed via BSO for the maternity leave in the team and have created a waiting list – could we use this as an opportunity to bring in some kind of assistance to the team on a temporary basis? I know this will have some financial risk until we receive formal confirmation of what funding we will be receiving from HSCB, but I think the governance risks to our cancer patients and potential delays with tracking on pathways is too much to ignore. We have already exhausted what we can do with our existing staff in terms of overtime and additional hours. At this stage 1-2 part-time trackers on a temporary basis would greatly relieve some of the pressures in the team if you would be willing to authorise?

Happy to talk through in further detail if required, I have attached the briefing paper which was sent to HSCB in February 2018 for info.

Many thanks for your help.

Kind regards

Sharon

From: Graham, Vicki
Sent: 23 January 2019 16:01
To: Glenny, Sharon
Subject: RE: Tracking Update
Importance: High

Hi Sharon,

I totally agree with the below email and I am conscious that there are considerable delays with tracking, especially with LGI as Personal Information redacted by is has been off for 2 weeks on sick leave, and there is the potential of her being off longer, which will impact on tracking further as the other trackers are unfortunately not in a position to help out much as they are struggling to keep on top of their own workload. Even when Personal Information redacted by is here she is unable to keep up with workload, and I have made changes to team so that she no longer tracks UGI as this was unmanageable for her.

I have included a screen shot of the current numbers of patients that are being tracked at the minute. The biggest sites are Lower GI with a total of **648** patients and then Urology with **460** patients. I would say it takes at least 5 minutes per person to be tracked, by the time all the different systems have been checked (PAS, NIECR, Sectra RIS, Pathology) and then having to escalate each individual patient in some tumour sites due to delays in pathway and from the introduction of the new escalations policy having to update CaPP's dairy with each response or update it is proving very difficult for trackers to keep on top of numbers, and work on the weekly MDT's (despite having 30hrs as a Band 3 admin support to help prepare MDT's so that they can focus on tracking). The number of patients being discussed has also increased due to increase in referrals, and also due to there being more patients being discussed who are not actively being tracked as they are maybe recurrences and need further management plans discussed, but this activity is not being captured, and we were initially only funded to track to 1st definitive. These patients tend to be more time consuming to add to MDT as the whole clinical history has to be included, and what treatments they received and what they re-presented with.

As you know we have recently interviewed for Personal Information redacted by the USI s maternity cover and were successful in our recruitment. The candidate accepted the post, but checks are on-going and I have been advised that these could take quite a while, then a month's notice has to be worked. Personal Information redacted by the USI is due to finish with us on Friday 22nd February so I am also worried that this will be another gap in the team as the new staff member will not be in before this date. This will be additional pressure on the team until such times that Personal Information redacted by the USI 's replacement has commenced and is trained.

As mentioned in the below email, it has been noticed that there have been delays noted with tracking and escalations due to current pressures in the tracking team, and I am fearful that this has the potential to get worse as they team are under considerable pressure. To try and help the team, as we had interviewed for maternity cover would we be in a position to recruit another staff member on a temporary basis to try and improve on tracking turnaround ?

Please see below tracking update as of now, 23.01.19.

Gynae – Wendy – up to date
UGI – Wendy – 8 pages of notifications to be completed so it is not fully up to date
Skin – Griania – 1-2 weeks behind (Has been helping out with LGI tracking & emailing schedulers with Personal Information redacted by being off)
Brain – Griania – 1 week behind
Others – Griania – 1 week behind
Breast – Rachel – Up to date as of last Friday
Head & Neck – Marie – 85% up to date
Haematology – Marie – 50% tracked – 1 week behind
Urology – Shauna – 1 week behind
LGI – Hilda – About 4 weeks behind

http://capps.hscni.net:83/capps/TrackingSummary.aspx — Tracking Summary

Home > Tracking Summary

HSC Cancer Patient Pathway System NEW Live

Logout [Personal Information redacted by the USI] Password Add Patient

Cases: Current Cases Hospital Site: All Apply Export

Site	Cancer	No Cancer	Suspect Cancer	Total	No First Appointment	Waiting on Investigation	No Decision to Treat	ITT	No Tr
Acute Leukaemia	0	0	3	3	0	0	0	0	0
Brain/Central Tumour	0	0	4	4	0	0	0	0	0
Breast Cancer	21	0	200	222	79	4	13	2	21
Gynae Cancers	12	0	127	139	30	42	8	7	12
Haematological Cancers	17	0	53	70	13	5	15	2	17
Head/Neck Cancer	5	0	116	121	33	6	4	2	5
Heptobiliary and Pancreatic Cancer	10	0	8	18	0	5	8	12	9
Lower Gastrointestinal Cancer	13	2	633	648	171	221	13	5	13
Lung Cancer	25	0	128	154	12	26	12	24	22
Lung Cancer Downgraded	0	0	1	1	0	1	0	0	0
Neuroendocrine	0	0	2	2	0	0	0	0	0
Other Suspected Cancer	0	0	25	25	14	0	0	0	0
Sarcomas	1	0	3	4	0	0	1	2	1
Skin Cancers	20	0	172	194	54	0	12	3	12
Testicular Cancer	0	0	14	14	8	2	0	0	0
Upper Gastrointestinal Cancer	8	0	230	238	91	65	5	4	6
Urological Cancer	48	0	411	460	223	36	40	29	48
	180	**2**	**2130**	**2317**	**728**	**413**	**131**	**92**	**166**

Vicki Graham
Cancer Services Co-ordinator
Office 10
Level 2
MEC
EXT Personal Information redacted by the

From: Glenny, Sharon
Sent: 23 January 2019 14:25
To: Graham, Vicki
Subject: Tracking Update
Importance: High

Hi Vicki

I am conscious that there are some delays in tracking for particular tumour sites which has been noted by HOS particularly for UGI and LGI, mostly likely connected to Personal Information redacted by's sickness absence.

Could you please give me an update on the tracking position by tumour site, active numbers being tracked and any pressures within the team.

Thanks

Sharon

Mrs Sharon Glenny
Operational Support Lead
IMWH & CCS

EXT Personal Information redacted by the USI ***if dialling from Avaya phone***
If dialling from old phone please dial Personal Information redacted by the USI

External No. Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

Glenny, Sharon

From: Conway, Barry <[redacted]>
Sent: 05 August 2019 15:20
To: Cara Anderson
Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: cancer tracking - SHSCT

Thanks Cara.

We currently have 7.6wte in post, 1wte of which is the recurrent post.

Given that we are well in excess of the funded level, anything additional funding received non-recurrently we easily set against this.

Also – some of the staff we have, could quickly increase hours - so no real lead in time.

Barry.

From: Cara Anderson [mailto:[redacted]]
Sent: 05 August 2019 14:54
To: Conway, Barry
Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: cancer tracking - SHSCT

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

Barry

Will certainly consider that though not sure yet that the available funding will stretch that far. If we were able to provide the additional to get you up to 8.7WTE is there likely to be a run in time for recruitment (i.e. what would in year effect be).

I assume the recurrently funded 1.0WTE is already in post?

Cara

Cara Anderson
Assistant Director of Commissioning
HSCB
12-22 Linenhall Street
Belfast

Tel. [redacted]

From: Conway, Barry [mailto:[redacted]]
Sent: 05 August 2019 14:44

To: Cara Anderson
Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: cancer tracking - SHSCT

Cara,

- Effectively, over the years we have only received funding for 3.9 wte Band 4 tracking staff, but demand per your methodology demonstrates that SHSCT require 8.6 wte to fully support the tumour sites with tracking and MDT co-ordination/meetings. At the time of writing the paper, we had 6.6 wte tracking staff in post, now increased to 7.6 wte on back of non-recurrent funding last financial year and tracking IPT for this financial year.
- For the year 2019/20, the IPT will be funding a further 1.0 wte Band 4 tracker, so funded establishment will increase to 4.9 wte (staff already in post on temporary basis).

I would be keen that if possible, that we non recurrently fund the balance of required tracking staff to meet the needs of the service in full (8.6wte), therefore we are requesting 3.7 wte non-recurrently for this financial year – this will go to cover costs already incurred for at risk posts, as well as giving capacity to increase further by 1.0 wte.

If you need anything further let us know.

Thanks for your ongoing support with this.

Barry.

From: Cara Anderson [mailto:[redacted]]
Sent: 30 January 2019 14:57
To: Conway, Barry
Cc: Reddick, Fiona; Glenny, Sharon
Subject: RE: cancer tracking - SHSCT

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

Barry

I am still in the process of confirming what I have available recurrently with finance. I am hoping I will be able to confirm a small amount of recurrent resource with you shortly. Even if the news is good there, it will not be enough to address the gap as we have assessed it but I have also included a bid for additional recurrent funding from 19/20 onwards by raising this as an inescapable pressure for 19/20.

In the meantime, I do have some non-recurrent slippage if it could be of any help between now and year end? I don't know if there is potential for overtime or some other arrangement that might buy you some capacity in the short term. If there is can you attempt to quantify it and let me know the cost?

Thanks

Cara

Cara Anderson

Assistant Director of Commissioning
HSCB
12-22 Linenhall Street
Belfast

Tel. Personal Information redacted by the USI

From: Conway, Barry [mailto: Personal Information redacted by the USI]
Sent: 29 January 2019 08:13
To: Cara Anderson
Cc: Reddick, Fiona; Glenny, Sharon
Subject: cancer tracking - SHSCT

Cara,

The SHSCT cancer tracking team are struggling to deal with the demand currently. Partly to do with sick leave but primarily it is that we have insufficient capacity in the team to track the number of patients needing to be tracked. Currently we can have around 2,300 patients being tracked by the team, with each tracker having around 350 patients each.

Have you any further update with your work to try and secure additional resources for the cancer tracker service in the Trust?

Thanks, Barry.

Mr Barry Conway
Assistant Director – Acute Services
Strategy, Reform and Service Improvement
Southern Health and Social Care Trust
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

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Health and Social Care Board

Directorate of Commissioning

HSC Board Headquarters
12-22 Linenhall Street
Belfast
BT2 8BS

Tel : *0300 555 0115*

Web Site :
www.hscboard.hscni.net

Ms Aldrina Magwood
Acting Director of Planning & Performance
Southern HSC Trust
Trust Headquarters,
68 Lurgan Road,
PORTADOWN
BT63 5QQ

Our Ref: 19/20/007

Date: 13 November 2019

Dear Aldrina,

CANCER TRACKING RESOURCE

Further to receipt of an IPT for the above investment, I can confirm that the HSCB will provide recurrent funding of £32,103 from 2019/20 to support the recruitment of 1.0WTE additional band 4 tracker to support the effective tracking of patients referred for suspect cancer. It is recognised that a remaining gap of 3.7 trackers exists within the Southern Trust and the HSCB will seek to identify further recurrent funding to support this component of services.

Recognising the current pressure on tracking services, I can confirm a further non-recurrent investment of £105,404 to support the Trust to expand capacity within the tracking team in year. These allocations have been updated to reflect 2019/20 costs.

It is anticipated that this additionality will support timely tracking, closure of cases and reporting of accurate cancer waiting times.

Please note the recurrent investment will be subject to a post project evaluation in February 2020. If you have any queries, please contact Cara Anderson, Assistant Director of Commissioning (Personal Information redacted by the USI).

Yours sincerely

Personal Information redacted by USI

Dr Miriam McCarthy
Director of Commissioning

cc Cara Anderson
Dr Louise Herron
Loretta Gribben
Barry Conway
Brian Baker
Lisa McWilliams
David McCormick

Glenny, Sharon

From: Walker, Helen <[redacted]>
Sent: 02 June 2021 10:32
To: Glenny, Sharon
Subject: Re: FW: URGENT QUERY TRACKING RESOURCE

Eoi approved

On 2 Jun 2021 10:00, "Glenny, Sharon" <[redacted]> wrote:

Hi Helen

Regarding below EOI for urgently required cancer tracking support, we were successful at interview appointing to all 3 posts and all 3 staff have commenced over the last 4 weeks at varying stages. We are now going to be losing 2 members of those newly appointed staff – one staff member has been successful with a permanent post outside of the Trust and as you know following discussion with Jane and Ronan yesterday, I will now also be losing another member with immediate effect as he returns to the scheduling team today due to the crisis/emergency situation there. While I am sympathetic to the needs of the scheduling team and appreciate Jane's dilemma with endoscopy scheduling, I do want to emphasise the critical need to have these tracking staff – this has been discussed over a number of months with HSCB and we have been lobbying hard to get these staff given all the pressures around the cancer tracking pathway. We are currently tracking 5,500 patients on the 62D and 31D pathways which is 3 times as many patients as we had pre-Covid. Delays with tracking can lead to delays with patients being discussed at MDMs and in turn delays with management plans for patients.

I would be grateful for your support to undertake a further EOI through Acute team to have these staff replaced as quickly as possible.

Many thanks.

Sharon

From: Walker, Helen
Sent: 16 March 2021 11:12
To: Glenny, Sharon
Cc: Conway, Barry
Subject: RE: URGENT QUERY TRACKING RESOURCE

Happy to support EOI. Please send me a copy of the trawl for the record,
H

From: Glenny, Sharon
Sent: 11 March 2021 10:02
To: Walker, Helen
Cc: Conway, Barry
Subject: FW: URGENT QUERY TRACKING RESOURCE

Hi Helen

Please see below emails re urgent requirement to put some additional tracking resource in place over the next financial year – 1.0 wte for a full year and 0.5 wte for 6 months.

We will also have a further 1.0 wte vacancy when Sinead Lee takes up the Service Administrator post, which is now going to be sooner rather than later as Ciaran was successful at interview for the maternity leave cover for SA post on DHH site.

So in total, I will have an urgent requirement for 2.5 wte Band 4 cancer trackers for 6 months, then 1.0 wte being extended for one year.

We have been raising this also via our cancer meetings with HSCB in terms of the funding for these posts and have had some informal recognition of the pressures on the tracking team, therefore very hopeful that we will receive non-recurrent funding for these posts. In the meantime Melanie has agreed to go at risk with these (see email below).

I would be grateful for your support to undertake an EOI through the Acute teams for these 2.5 wte Band 4 tracking posts – there are a number of staff in the Acute teams who could bring some skill and experience to the posts, as well as having PAS experience which would be a great starting point in the role. I have attached Regional job description for your reference.

Kind regards

Sharon

From: Conway, Barry [mailto:[redacted]]
Sent: 15 February 2021 09:14
To: Reddick, Fiona; Glenny, Sharon; Muldrew, Angela
Subject: FW: URGENT QUERY TRACKING RESOURCE

Dear all – see below from Melanie.

Happy for us to put whatever tracking support we need for now, but to chase hard with the HSCB for the money.

Barry.

From: McClements, Melanie
Sent: 13 February 2021 17:53
To: Leeman, Lesley; Conway, Barry
Cc: Lappin, Lynn
Subject: RE: URGENT QUERY TRACKING RESOURCE

yes happy to go on risk but influence ++ HSCB to appreciate the need for these posts, ta m

---

From: Leeman, Lesley
Sent: 11 February 2021 10:17
To: Conway, Barry; McClements, Melanie
Cc: Lappin, Lynn
Subject: RE: URGENT QUERY TRACKING RESOURCE

Barry - We will raise this. Have you in the interim responded on the back of Caras email below to HSCB to identify the requirement beyond the 4.7 wte already identified which I am reading as an additional

1 wte non recurrently already in post +
1 wte for 12 months + 1 wte for 6 months

Melanie – are you content to go at risk in the interim to sustain this?

Lesley

Lesley Leeman
Assistant Director Performance Improvement
Southern Health and Social Care Trust
Trust Headquarters Craigavon Area Hospital PORTADOWN BT62 5QQ

Tel: Personal Information redacted by the USI / Mobile: Personal Information redacted by the USI

From: Conway, Barry
Sent: 11 February 2021 09:43
To: Lappin, Lynn; Leeman, Lesley
Cc: McClements, Melanie; Reddick, Fiona; Glenny, Sharon; Muldrew, Angela; Carroll, Ronan; McVey, Anne
Subject: FW: URGENT QUERY TRACKING RESOURCE

Lynn / Lesley,

Could you log the issue below with HSCB for discussion at the next Cancer performance meeting in March.

Given the pressures and the impact of COVID, we need a funding stream for the additional tracking capacity that we already have in place (non –recurrently) and in additional to that, we need short term additional capacity to help recover from COVID.

Thanks, Barry.

From: Glenny, Sharon
Sent: 11 February 2021 08:22
To: Reddick, Fiona; Conway, Barry; Muldrew, Angela
Subject: RE: URGENT QUERY TRACKING RESOURCE

Hi Barry

We had put a bid in via Cara last year for the gap in staffing she had identified through the modelling exercise undertaken via HSCB on the tracking side of things. This was also agreed based on the fact that we already had these staff in post and were able to spend a FYE of funding. This was for 4.7wte Band 4 staff and came from Cara's inescapable pressures funding pot.

We then also bid for 1.0wte in addition to our normal staffing position due to the increased pressures on tracking related to the COVID pandemic.

In effect, we currently have 5.7wte non-recurrent funding against our staffing position and we would need to continue that as a minimum next year. I would be of the view that we need to lift that for at least a period of time in the early phases of next year as the tracking team are still under enormous pressure with the volume of patients actively being tracked having almost doubled. This will continue for a while until such times as we return to some level of normal services and the impact of this begins to bring down the waits and closes off patients on tumour site pathways.

So for next year, if possible, could we once again request the rebalance of required staffing based on HSCB modelling, 4.7wte, through Cara's inescapable pressures fund. Then also request non-recurrent funding for 2.0wte for first 6 months and 1.0wte for last 6 months of next year.

Regarding the ebb and flow of staffing within the team, we will manage that as we normally do either via EOI/agency cover to ensure we keep our numbers at expected levels.

Kind regards

Sharon

From: Reddick, Fiona
Sent: 10 February 2021 16:53
To: Conway, Barry; Glenny, Sharon; Muldrew, Angela
Subject: RE: URGENT QUERY TRACKING RESOURCE

Yes Barry I think we should flag to David and Cara to secure some non- recurrent funding for next year to help ease some of the immediate pressures.

On looking at Angela's email there is immediate long term gaps within the tracking team which will impact on tracking.

Longer term are we bidding for 1.0WTE?

Regards

Fiona

From: Conway, Barry
Sent: 10 February 2021 16:19
To: Glenny, Sharon; Reddick, Fiona; Muldrew, Angela
Subject: RE: URGENT QUERY TRACKING RESOURCE

Should we be raising with David McCormick / Cara Anderson and seeking non recurrent funding next year?

Barry.

From: Glenny, Sharon
Sent: 10 February 2021 15:37
To: Reddick, Fiona; Muldrew, Angela
Cc: Conway, Barry
Subject: RE: URGENT QUERY TRACKING RESOURCE

Hi Fiona

We are tracking almost double to the volume of patients that we once had due to the impact of COVID. I appreciate that this will eventually reduce as clinical teams start to see out-patients once again and services come back on line as part of the recovery plan, however, this is going to take time to get back to normal volumes and I would be of the opinion that we would need 2.0 wte for at least part of next financial year, eg, first 6 months and then maybe look at reducing that back to 1.0 wte towards the end of next financial year as tracking volumes start to return to hopefully more normal levels.

What's everyone else's thoughts?

Sharon

From: Reddick, Fiona
Sent: 10 February 2021 14:57
To: Glenny, Sharon; Muldrew, Angela
Cc: Conway, Barry
Subject: FW: URGENT QUERY TRACKING RESOURCE
Importance: High

Hi all

Please see below correspondence from Cara regarding cancer trackers

How many WTE do you think we would require?

Regards

Fiona

Fiona Reddick
Fiona Reddick
Head Of Cancer Services
Southern Health and Social Care Trust
Macmillan Building
Craigavon Area Hospital
[redacted] or [redacted]

From: Cara Anderson [mailto:[redacted]
Sent: 10 February 2021 14:49
To: pat.mcclelland[redacted]; Reddick, Fiona; 'Bridget.Tourish[redacted]'; 'ciara.toa[redacted]'; 'maryjo.thompson[redacted]'; Robert McCormac (SEHSCT); davinia.lee[redacted]
Subject: URGENT QUERY TRACKING RESOURCE
Importance: High

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

Folks

As you are aware we are supporting the development of a cancer recovery plan. Key to the plan will be our ability to provide appropriate safety netting and tracking of patients.

The table below shows the gap as assessed in 2018 which provides a starter for ten but I am conscious that we will have had growth since then plus the impact of COVID on waits means we will be tracking more people for longer with the need for patients on interim treatment to be kept under review. Is it possible for each of you to give me a realistic assessment of what you feel you need to effectively manage the task. Would it be one additional WTE in each unit and two in Belfast? I would be grateful for your view.

	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Funded Band 4 WTE	11.2	4.8	4.5	3.9	8.0	32.4
WTE Demand per methodology (see excel)	14.5	7.9	8.9	8.6	8.4	48.4
Band 4 WTE Gap	3.3	3.1	4.4	4.7	0.4	16
FYE costs (pay & non pay)	*£96,934*	*£91,059*	*£129,246*	*£138,058*	*£38,774*	*£494,071*

Grateful if you could respond asap as the timeline on this is tight (is it ever anything else?!).

Many thanks

Cara

Cara Anderson
Assistant Director of Commissioning
HSCB
12-22 Linenhall Street
Belfast

Tel. Personal Information redacted by the USI

Health and Social Care Board

Aldrina Magwood
Director of Performance and Service Improvement
Southern HSC Trust
68 Lurgan Rd
Portadown
Craigavon
BT63 5QQ

Directorate of Commissioning

HSC Board Headquarters
12-22 Linenhall Street
Belfast
BT2 8BS

Tel : 0300 555 0115

Web Site :
www.hscboard.hscni.net

Our Ref: BAU-COMM-184

Date: 23 September 2021

Dear Aldrina,

2021-22 CANCER TRACKING RESOURCE (SHSCT)

In recognition of the increased demands on the tracking service I can confirm HSCB will provide non-recurrent funding of £126,725 CYE in 2021/22 to enable the Trust to expand its tracking resource. Should funding become available, £126,725 FYE will be provided recurrently from 2022/23.

This funding is deemed “assumed recurrent”. It will be issued as non-recurrent but should be planned for as if it is being funded recurrently. As such the planning assumption is that 2022-23 spending, in these areas, will be at the same level as the 2021-22 Allocation received by the HSCB, adjusted for inflation.

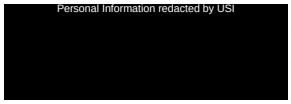
This investment will be used to fund the provision of 3.7WTE Band 4 trackers which would increase the funded establishment to 8.6WTE. It is our expectation that this additionality will support timely tracking and closure of cases, reporting of accurate cancer waits and safety netting of patients that may have had their pathway suspended or delayed due to COVID.

Please note, further support for tracking has been bid for as part of the Cancer Recovery Plan.

If you have any queries, please contact Cara Anderson, Assistant Director of Commissioning ([redacted]), in the first instance.

Personal Information redacted by the USI

Yours sincerely



Mr Paul Cavanagh
Interim Director of Planning & Commissioning

Cc Cara Anderson (HSCB)
Dr Louise Herron (PHA)
Barry Conway (Southern Trust)
Clair Quin (Southern Trust)
Paul Moore (HSCB)
Sinead McAteer (HSCB)
David McCormick (HSCB)

Staffing Requirements to meet the requests for the Urology Public Inquiry
15 July 2021

Section One – Clinical Lookback

Staffing Requirements for Clinical Lookback

Title	Band	WTE	Role/Rationale
Head of Service	8b	1	To oversee all of the clinical lookback To support and ensure the implementation of the 2016 SAI recommendations To support and ensure the implementation of the 2021 SAI recommendations To oversee the transfer of initially 1000 patients to the IS To work with the SME and RCS on their record reviews
Health Records staff	2	2	To pull and secure patient notes to go to independent sector and for any additional clinics
Health Records Supervisor	3	1	To oversee the pulling of records and ensure that they have all been scanned and forwarded to appropriate groups
Clinical Support for identifying notes/ looking up NIECR etc	Medical Technicians	3	Medical Students are available to identify the clinical notes that may need scanned for the clinical lookback
Staff to scan and upload patient records to secure systems	3 ? band2	2	After notes are pulled and identified need staff to scan them ready for passing either to SME/ISP/Inquiry team etc.
Independent Sector Team Leader	4	1	To work with the ISP in ensuring the timely transfer of information of 1000 patients
Independent Sector Staff	3	2	Ensuring all PAS work is completed for the disposal of patients that are sent out and management plans are completed on the Trust's systems
Independent Sector Staff + contract costs… 2m in total per year	2~~1~~	1~~2~~	Admin work associated with sending 1000 patients to ISP, including photocopying, scanning etc.
Safe Systems Manager	4 ?????	1	To ensure that information on systems such as PAS is correct

Commented [MM1]: Do we need both band 4's this one and systems 1 below??

Staffing Requirements for Extra Multi-Disciplinary Meetings (bi-weekly)

Role/Rationale:
Any patient highlighted from additional clinics along with any that will be highlighted from the independent sector should be seen at an extra MDM and these will be held bi-weekly.

Title	Band	WTE
Cancer Tracker	4	0.5
Nurse Clinical Specialist	7	0.1
Consultant Urologist x 2		2 PAS
Consultant Oncologist		1 PA
Consultant Radiologist		1 PA
Consultant Pathologist		1 PA
Urology Urologist SME		1 PA

Staffing and Services required for supporting SCRR

Structured Clinical Record Review has replaced Serious Adverse Incident Process and to date 20% of patients reviewed require to have a SCRR completed, these patients are being identified through the clinical lookback.

Title	Band	WTE	**Role/Rationale:**
Head of Service Operational 8b above ? overlap. Do we need both?	8b??? ? 8a	1	To oversee the completion of the SCRR and to ensure that the learning is shared with patients/families and within the Trust
Band 5 admin support	5 ? 4 ??	1 not us?	To provide support to the admin to the process of the SCRR – setting up and supporting meetings what meetings
Governance Nurse/ Officer	7	1 In post Dawn king 3 yrs	to ensure the correct clinical information is available to the personpanel who will be completing these SCRR oversee the admin… R
Admin support to the panel	3	1	To provide support to the admin of the SCRR (securing/copying scanning notes etc

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Title	Band	WTE	**Role/Rationale:**
		About to go into post	
Psychology support	Inspire	sessional	To provide psychology support when required to patients/families affected by this process.
Family Liaison SLA	7	2	To be the link between the Trust and the Families and ensure that they are kept informed throughout the whole process and after it has been completed

+ pg 7 improvement mdm

Section Two - Lookback into the Governance and Systems processes within the Trust

In preparation for the Inquiry it will be necessary to collate, catalogue, and securely store any evidence that may be required for the lookback into the governance and systems processes of the Trust for the Public Inquiry, and have evidence readily available for submission to the Inquiry.

This will include gathering of:

- Emails
- Minutes (departmental/SMT/Trust Board)
- Notes and minutes from interaction with DoH/HSCB other external bodies (e.g. NICAN/Urology Professional Issues Group/Review of Urology services etc)
- Meeting notes
- Complaints
- SAI's and recommendations
- National reports and recommendations
- Professional governance (appraisals/revalidation/MPHS etc)
- Datix
- HR documentation
- Performance data (waiting lists etc)

Staffing and Services required for supporting

Title	Band	WTE	Role/Rationale
AD for Public Inquiry & Trust Liaison	8c	1	responsible through EDN for ensuring that the Trust meets the legal requirements of the Inquiries Act 2005 in respect of the Statutory Public Inquiry. and will also act as the Trust's Liaison Officer for the Inquiry Panel, the Directorate of Legal Services and other external stakeholders, for example, the Department of Health
Head of Nursing Services	8b	1	To support the EDN whilst she carries out her role as lead Director for the Urology Public Inquiry
Personal Assistant for Inquiry	4	1	To arrange and support meetings and gathering of papers etc. for supporting the EDN and AD for the Inquiry
Database/Information Manager	5	1	To upload and provide information from the database (WinDip) for patient information and all the information as listed above that will be required by the Public Inquiry Team

Title	Band	WTE	Role/Rationale
Document/Librarian Manager	7	1	To catalogue and quality assure the information that is required to be saved on the databases for the Inquiry
Media queries, Assembly Questions responses	8a (uplift from Band 7's)	2	One of the Head of Communications (Job Share) will be dedicated to overseeing the strategic communications support to the Trust Inquiry Team. The two Communications Managers (Band 7) will act up on a temporary basis to 8a posts, to release the Head of Communications to fulfil this role.
Communication Officers	4 5	1 1	With two Band 5 Communications Officers currently on secondment and senior team members acting into other roles, additional capacity is required within the team to maintain current workload and support the additional function of supporting the inquiry. It is therefore proposed that an additional Band 5 and Band 4 posts are temporarily recruited to the team to meet these requirements
Royal College of Surgeons Invited Review	SME – Urology Consultants	4	100 randomly selected charts from 2015 One off consultancy payment - Personal Information

Claims Management / Medico – Legal Requests (DLS 20%)

Title	Band	WTE	Role / Rationale	Timescale
Head of Litigation (uplift from band 7)	8a (uplift from band 7)	1	The current senior role in litigation is at Band 7 overseeing the litigation claims, coroner inquests and medico-legal services. With the additionality anticipated to come into the team and the increase in workload across all there is a requirement for expert oversight of all new claims and co-ordination of the team to respond effectively. Learning from Belfast is that we could expect up to an additionality of 50% of our current claim caseload with the associated medico-legal requests attached to this workload. The Trust requires a centrally maintained and comprehensive overview of all claims old and new linked to the public inquiry.	To be implemented immediately and reviewed on-going over the next 1 to 2 years.

Title	Band	WTE	Role / Rationale	Timescale
Specialist Claims Handler	7	1	It is anticipated that this role is required to handle new claims associated with the issues arising from the inquiry.	To be implemented at an appropriate point in time when the level of claims begin to rise e.g at 5% above current caseload.
Claims information Manager linked to the inquiry.	6	1	Required for analytics and reporting on claims and medico-legal requests as the numbers rise.	To be implemented at an appropriate point in time when the level of claims begin to rise e.g at 5% above current caseload.
Assistant Claims information Manager linked to the inquiry	5	1	The Trust has already begun to received a number of new claims and medico-legal requests associated with the urology service that cannot be managed within current workloads. This role will be introduced with immediate effect to deal with the current additionality. This postholder is also assisting with the work on the revalidation process.	Immediate with on-going review.
Claims Administrative Support	4	1	Admin support for when claim number rise	To be implemented at an appropriate point in time when the level of claims begin to rise e.g at 5% above current caseload.
Medico – Legal Admin Support	3	1	Admin support for medico-legal requests.	Immediate with on-going review
Service admin support – redaction	4	1	This is a role within the Acute service to support redaction of records associated with claims and medico-legal	
Support Health Professional for redaction – Clinical Nurse Specialist	7	1	This is a role within the Acute service to support redaction of records associated with claims and medico-legal	
Personal Assistant for Solicitors	4	1	These are roles within DLS, BSO	
2 x Solicitor Consultants (DLS)	sessional		These are roles within DLS, BSO	

Section Three - Implementation of improvements from any findings during the course of the lookbacks

Role/Rationale
In response to the 11 recommendations from the 9 Serious Adverse Incidents (SAI), the Trust has commenced work on developing cancer pathway assurance audits, to ensure NICAN pathways are adhered to. The Trust also has commenced strengthening the MDT team with additional multi-disciplinary members in line with SAI recommendations, including audit support, tracker capacity, Pathology and Radiology input

Staffing Requirements for weekly Core Multi-Disciplinary Meetings

Title	Band	WTE	Role/Rationale
MDM Administrator	6	1	Will be responsible for the administrative management of the cancer MDT process for the Trust, providing a robust audit function, developing action plans and implementing failsafe mechanisms with the aim of improvement the care and experience of cancer patients within the Trust. Will ensure effective co-ordination, organisation and functioning of the Cancer Multidisciplinary Team (MDT) meetings. Will also manage the Trust's peer review process which evaluates each MDT against a set of national measure to ensure an adequate level of patient care. Will be responsible for the development of monthly/quarterly business information reports, with particular focus on key aspects of the MDT process. Will have the management function for the cancer tracking team, linking key learning from audit back to the team.
Cancer Trackers	4	2	From the recommendations of the SAI it has been recognised that more resource is required to track patients past their diagnosis 31/62 day pathways which will also provide a 'safety net' so that no patients will be missed.
Consultant Radiologist		1 PA	Radiology attendance at MDT– 2 Radiologists present would be considered ideal for healthy challenge
Radiographers	6	2	Required to provide a 'safety net' for imaging reports
Consultant Pathologist		5 PA	

Professional and Clinical Governance Requirements to Support the SAI/ Inquiry

Band	WTE	Title	Description	Deliverables	Status
Medical Post	6 PAs	Deputy Medical Director - Professional Governance	Deputy Medical Director to lead on the improvement of Medical Appraisal and Revalidation processes and in the introduction of Medical Performance Support framework	Medical Lead for: • Appraisal • Revalidation • Medical Performance • Private Practice Governance • Paying Patient Processes	New Post
8C	1.0	AD Systems Assurance	Responsible for ensuring effective processes are in place spanning both clinical and professional governance. The post holder will be responsible for leading on development activities to strengthening assurance across both domains. The post holder will also support the coordination of the Trust response to the statutory public inquiry regarding urology services including providing liaison with statutory and professional bodies including the Department of Health, Health and Social Care Board, Public Health Agency, Royal College of Surgeons and British Association of Urological Surgeons	• Strengthening processes for medical Appraisal and Revalidation including development of robust quality assurance processes • Developing systems to support the triangulation of clinical and social care governance and professional governance information to improve assurance mechanisms • Supporting the benchmarking of Trust service developments against regional and national perspectives • Working in partnership with the Department of Health, Public Health Agency, Health and Social Care Board other agencies and organisations to identify gaps in service and interventions in relation to clinical and professional governance, and in identifying areas for improvement. • Leading on the revision of medical Appraisal and Revalidation processes to strengthen medical professional governance in line with best practices • Developing systems to quality assure systems in relation to medical Appraisal and Revalidation including incorporating enhanced reporting processes	Currently Funded At Risk

Band	WTE	Title	Description	Deliverables	Status
				• Scope, design, plan, manage improvement work regarding medical Appraisal and revalidation working closely with medical leaders and to ensure on time delivery • Developing of systems and processes that marry professional and clinical governance information streams to assist with pattern and trend recognition • Supporting triangulation of clinical and social care governance and professional governance information to improve assurance mechanisms	
8B	1.0	Clinical Audit Lead	Manager of the reconfigured Trust clinical audit service with responsibility for the oversight and managing of all clinical audit processes	• Lead in the development and implementation of strategies for clinical audit and clinical effectiveness, ensuring that these are forward thinking and challenging, . Interpret national clinical audit and effectiveness policy and develop this locally. • Act on any relevant published reports in terms of quality improvement, clinical audit and effectiveness that may impact on services or provide useful learning for the Acting as the expert opinion on clinical audit and effectiveness, produce and implement a clear annual business plan for the Clinical Audit and Effectiveness within budgetary constraints, ensuring that this is integrated into the Business Planning processes of the Trust. • Work with internal auditors to ensure strategic alignment of the Trust's	Currently Funded 0.4 WTE At Risk

Band	WTE	Title	Description	Deliverables	Status
				clinical audit and internal audit programmes. • Coordinate the Trust Clinical Audit Committee and its subgroups are a robust part of the Trust's committee structure.	
8B	1.0	Revalidation Lead	Administrative manager for Appraisal and Revalidation process including quality improvement	• Leading on the implementation and management of Appraisal for medical and PA registrants within the Trust including developing subject matter expertise in order to provide expert advice and guidance on all aspects of Appraisal / KSF and Revalidation. • Implementing an effective scheme of Appraisal / KSF which will meet the requirements of Revalidation as defined by the General Medical Council including developing relevant supporting documentation, such as structured reflective templates, aide memoire, relevant guidance and checklists. • Implementing a suitable audit programme that provides assurance to the Medical Director (Responsible Officer) on the quality of appraisal / KSF including the production of an annual audit report and an annual training needs analysis, leading to a training programme. • The maintenance of an in-house bespoke information system to monitor and record: - The Appraisal / KSF and Revalidation process - The registration of professional registrants	New Post

Band	WTE	Title	Description	Deliverables	Status
				- Their continuing professional development / study leave / mandatory training. • Updating the Regional Appraisal and Revalidation System and running regular reports to monitor Trust progress in relation to appraisal and revalidation • Develop solutions to overcome barriers that may arise which could jeopardise individual doctor's ability to revalidate successfully, e.g., non-engagement in the medical appraisal scheme which may result in non-engagement or deferral recommendations being made to the GMC	
7	0.4	Governance Officer	Governance officer to coordinate SCG information collation for the PI, including identification and tracing of historic records to support the public inquiry	Governance officer to coordinate SCG information collation for the PI, including identification and tracing of historic records to support the public inquiry	Currently Funded At Risk (Currently supporting COVID SAI in Connie's absence)
4	0.5	Governance Administrator	Administrative support to the Governance officer to scan, copy and manage CSCG historical records	Administrative support to the Governance officer to scan, copy and manage CSCG historical records	New Post
8A	1.0	Senior Systems Improvement Manager	(Part cost – upbanding of existing Band 7 funding circa £7600). Senior project manager to support MDO functions including developing processes for medical professional governance, private practice, mortality	• Lead on the embedding of, and providing assurance regarding, learning and improvement relating to professional governance matters within the Trust. • Support Clinical Audit lead in the benchmarking of Trust service developments against regional and national perspectives. • Developing processes to allow dynamic review of clinical governance	Band 7 Funding Available, uplift to 8A

Band	WTE	Title	Description	Deliverables	Status
				information to inform professional governance processes • Lead on the development of systems to enhance mortality and morbidity monitoring across the Trust • Lead on the development of triangulation of clinical and social care governance and professional governance information to improve assurance mechanisms	
6	1.0	Project Manager	To coordinate on systems improvement projects including, private practice, paying patients	Frontline project lead for Systems assurance processes, supporting administration, action planning, assurance, developing project proposal documents and report writing on project outcomes.	Currently Funded at Band 5 at Risk

Glenny, Sharon

From: Walker, Helen < Personal Information redacted by the USI >
Sent: 20 August 2021 09:31
To: Glenny, Sharon
Subject: RE: EOI - Patient Tracker/MDT Co-Ordinator, Band 4 - Secondment

approved

From: Glenny, Sharon
Sent: 20 August 2021 09:29
To: Walker, Helen
Subject: FW: EOI - Patient Tracker/MDT Co-Ordinator, Band 4 - Secondment
Importance: High

Hi Helen

The urology SAI report and subsequent IPT has recommended that we have a further 3 wte cancer tracker posts added to the team – this will be permanent going forward, but we were keen to get the posts in on a temporary basis until such times as the recruitment process is completed through BSO.

Thankfully following the last EOI which you kindly approved a couple of months back we were able to create a waiting list and we have already offered 2 of the post out to those on the waiting list which have been accepted. We are still requiring one further post and would be grateful if you would approve an EOI for Acute staff.

Many thanks for your help.

Kind regards

Sharon

From: Muldrew, Angela
Sent: 20 August 2021 09:14
To: Glenny, Sharon
Cc: Lee, Sinead
Subject: EOI - Patient Tracker/MDT Co-Ordinator, Band 4 - Secondment
Importance: High

Sharon – See EOI for Tracker post can you please get approval from Helen Walker

Dear All

EXPRESSION OF INTEREST

I write to advise of the following secondment opportunities currently available within the Cancer & Clinical Services Division. This opportunity is being circulated through an Expression of Interest process to staff within Acute Services. Please note that agency workers can only apply if they are registered on the Trust's Admin Bank.

Can you please ensure that this is circulated widely to all staff within your area of responsibility including those on annual leave, maternity leave, sick leave, career breaks, secondment etc.

All staff should have Line Manager approval <u>prior</u> to expressing an interest.

Period: **1 post x 6-months (in the first instance)**
Post: **Patient Tracker/MDT Co-ordinator, Cancer Services (Band 4)**
Hours: **37.5 per week**
Initial Location: **Main Hospital Building, Craigavon Area Hospital**

I have attached a Job Description & Personnel Specification and Expression of Interest form for this post. Please note that a waiting list will be created following interviews

HOW TO EXPRESS AN INTEREST

Staff wishing to express an interest must complete the 'Expression of Interest' proforma and submit it by e-mail to: Personal Information redacted by the USI or submit a hard copy to **Angela Muldrew, Service Administrator, Mandeville Unit, Craigavon Area Hospital <u>NO LATER THAN 4pm on MONDAY 6TH SEPTEMBER 2021</u>.**

<u>It is anticipated interviews will be held week commencing 13th September.</u>

Thanks

Angela Muldrew
RISOH Implementation Officer/Service Administrator
Cancer Services
Tel No. Personal Information redacted by the USI

Cancer Tracking Resource - Analysis of Demand and Capacity Undertaken by HSCB (Cara's Team) March 2019

	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	TOTAL
Funded Band 4 WTE	11.2	4.8	4.5	3.9	8.0	32.4
WTE Demand per Methodology	14.5	7.9	8.9	8.6	8.4	48.4
Band 4 WTE Gap	**3.3**	**3.1**	**4.4**	**4.7**	**0.4**	**16.0**

Notes

- Belfast and SET both received additional funding as part of MDT IPTs during last few years (0.8WTE and 0.5WTE)
- Southern Trust is funded for 3.9WTE but have 6.6WTE in post as they recruited at risk due to the demand
- Western Trust received an additional 3 trackers as part of the NWCC business case

We received 1.0WTE Band 4 recurrent investment during 2020/21 and took a further 3.7WTE non-recurrently as we had staff already in post
Effectively we are now funded for 4.9 WTE recurrently for financial year 2021/2022, and received further funding for 3.7WTE to bring back to 2019 recognised requirement of 8.6WTE
Assumptions from funding letter are that we will now receive the 3.7WTE recurrently going forward for 2022/23

Current Band 4 Tracker Staffing Levels (22/09/2021)

Permanent	7.0	
Agency	1.0	Cover for Sinead's secondment
EOI Temporary	6.0	3 At risk following discussion with Melanie and pressures on tracking team during Covid
		2.5 from Urology SAI Review - Extra Urology MDM and Enhanced Tracking Role, recruited to initially temporary as had a WL already in place and will then be recruited permanently
		Further 0.5 at risk again following discussion with Barry and large backlogs in the tracking team - given we were going for the 2.5, increased to 3
TOTAL	**14.0**	

Funded	**11.1**	8.6 from HSCB, 2.5 from Urology SAI
Remaining Funding Gap	**2.9**	

Tumour Site	Original Tracking Position	Tracking Position																								Difference %	To be completed by date	Status
		18/08/2021	31/08/2021	13/09/2021	20/09/2021	04/10/2021	18/10/2021	26/10/2021	01/11/2021	15/11/2021	22/11/2021	29/11/2021	13/12/2021	04/01/2022	20/01/2022	01/02/2022	10/02/2022	16/02/2022	01/03/2022	29/03/2022	13/04/2022	25/04/2022	24/05/2022	23/06/2022	07/09/2022			
Breast	491	491	273	295	279	299	302	325	363	305	302	311	253	249	237	252	320	268	276	324	287	363	290	196	340	▼17.24%		
Skin	1098	1011	961	986	1031	902	803	759	732	686	611	652	545	464	507	544	597	566	554	616	664	635	725	862	909	▼25.38%		
Lung	139	134	170	178	176	187	179	183	195	189	192	195	200	200	189	211	207	208	222	253	234	224	241	256	270	▼12.03%		
Colorectal	2616	1886	1768	1581	1529	1398	1370	1339	1330	1425	1419	1474	1540	1590	1625	1692	1558	1513	1545	1698	1661	1564	1325	1419	1686	▼27.25%		
Upper GI	1286	1239	1199	1105	992	818	720	735	726	724	682	717	715	715	713	725	768	788	830	802	842	829	690	715	894	▼29.57%		
Haematology	135	135	133	125	127	106	120	107	112	119	121	112	102	97	86	90	102	93	104	76	96	102	120	150	160	▼33.33%		
Gynae	215	215	215	230	228	263	264	282	285	270	278	280	255	270	258	229	261	248	276	305	364	323	369	388	250	▲32.25%		
Urology	636	606	621	607	589	642	615	654	646	545	567	562	574	579	558	590	586	591	652	678	685	626	657	766	734	▼11.72%		
Testicular	9	8	7	9	12	13	8	10	9	7	8	10	7	7	9	9	6	6	7	9	7	6	15	13	13	▲13.33%		
Thyroid	8	8	8	9	9	13	15	15	12	14	15	12	12	3	5	6	6	2	3	6	7	10	16	19	25	▼56.25%		
H&N	183	183	171	164	194	181	220	193	171	208	203	215	203	171	165	217	242	261	222	254	269	197	209	239	297	▼42.11%		
Others	19	19	29	23	20	31	25	32	23	35	31	25	17	19	32	25	32	30	21	28	27	28	19	19	43	▼126.32%		
Brain	13	13	12	11	11	19	24	28	18	24	18	18	17	16	21	18	12	11	16	24	29	32	18	12	17	▲5.56%		
Sarcoma	14	14	14	16	14	15	10	11	8	8	9	9	17	5	4	7	11	11	11	12	9	7	2	5	7	▼250.00%		
Neuroendocrine	7	7	7	11	13	14	6	4	4	2	2	2	2	1	2	1	3	2	1	2	2	1	0	1	3	#DIV/0!		
HPB	18	18	20	13	20	10	13	12	15	14	14	17	19	25	21	20	18	18	17	21	16	14	20	21	26	▼30.00%		
Total	6887	5987	5608	5363	5244	4911	4694	4689	4649	4575	4472	4611	4478	4411	4432	4636	4729	4616	4757	5108	5199	4961	4716	5081	5674	▼20.31%		

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 26 August 2015 16:52
To: Corrigan, Martina
Subject: UROLOGY NOP - SBA VS ACTIVITY CHARTS AND GRAPHS - 2014-15 AND 2015-16.xlsx
Attachments: UROLOGY NOP - SBA VS ACTIVITY CHARTS AND GRAPHS - 2014-15 AND 2015-16.xlsx

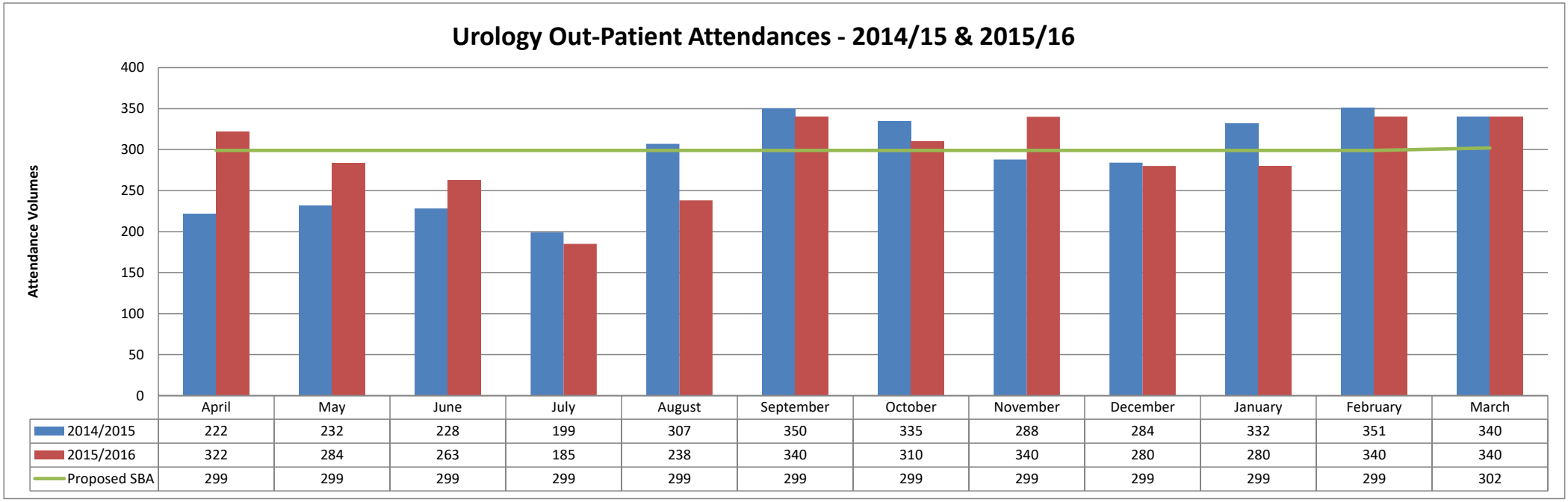
Hi Martina

Following yesterday's performance meeting, I have taken another look at the urology NOP activity vs smoothed SBA and compared last year with this year to date and projected to year end – see attached.

Could we have a quick chat about this and then send something through to Heather to try to bring confidence in ability to deliver the SBA, but with understanding that it will take the year to do.

Sharon

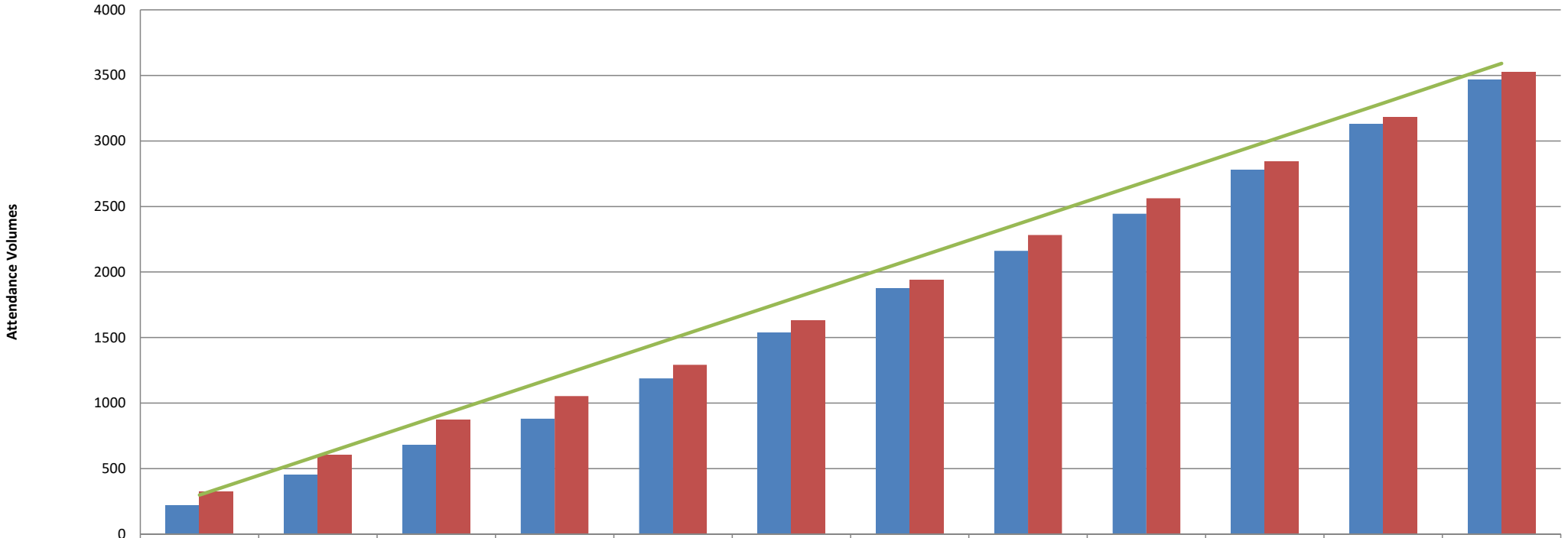
Urology Out-Patient Attendances - 2014/15 & 2015/16													
	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
2014/2015	222	232	228	199	307	350	335	288	284	332	351	340	3468
2015/2016	322	284	263	185	238	*340*	*310*	*340*	*280*	*280*	*340*	*340*	3522
Proposed SBA	299	299	299	299	299	299	299	299	299	299	299	302	3591



Urology Cumulative Out-Patient Attendances - 2014/15 & 2015/16												
	April	May	June	July	August	September	October	November	December	January	February	March
2014/2015	222	454	682	881	1188	1538	1873	2161	2445	2777	3128	3468
2015/2016	322	606	869	1054	1292	*1632*	*1942*	*2282*	*2562*	*2842*	*3182*	*3522*
Proposed SBA	299	598	897	1196	1495	1794	2093	2392	2691	2990	3289	3591
Variance	23	8	-28	-142	-203	-162	-151	-110	-129	-148	-107	-69
%Variance	7.69%	1.34%	-3.12%	-11.87%	-13.58%	-9.03%	-7.21%	-4.60%	-4.79%	-4.95%	-3.25%	-1.92%

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Urology Cumulative Out-Patient Attendances - 2014/15 & 2015/16



	April	May	June	July	August	September	October	November	December	January	February	March
2014/2015	222	454	682	881	1188	1538	1873	2161	2445	2777	3128	3468
2015/2016	322	606	869	1054	1292	1632	1942	2282	2562	2842	3182	3522
Proposed SBA	299	598	897	1196	1495	1794	2093	2392	2691	2990	3289	3591

Glenny, Sharon

From: Glenny, Sharon <[redacted]>
Sent: 12 February 2016 15:17
To: Trouton, Heather
Subject: FW: Urology Presentation
Attachments: Urology Presentation - January 2016 v2.pptx

Hi Heather

See attached updated version of urology presentation – as mentioned below there are a lot of additional slides, so happy to remove some of these if it is information overkill.

I have mentioned to Martina that the context slide is based on the information Tony provided at the beginning of the meeting, ie, the consultants original assumptions for the new model. The figures on the slide are those which Tony quoted so I have asked Martina to check to be sure we have those correct. There was one variation I noted on the original assumptions for the model – Tony and Mark had said that the model was based on 7 consultants and 407 NOP each month As only 6 consultants were in post, there would be a 20% reduction in NOP to 320 NOP each month, 3840 NOP per year.

Our proposed SBA awaiting sign off by HSCB was set at 3591 NOP, somewhat less than original assumptions, and our projected activity for this year is 3530 NOP which is closer to our submitted SBA than original assumptions modelling.

Also in that discussion Tony had mentioned referral demand as 4250 per year on a recent report he had, but when I have ran the referral demand on BOXI I am getting some slightly larger volumes – this year's referral demand is projected to be 5118. Martina thinks Tony has taken his figure from a report produced by HSCB so we are going to do some comparison with that.

If we use the 5118 referral demand vs our proposed SBA of 3591 for 6 consultant model, the capacity gap is actually 1527 NOP
If we keep with the 5118 referral demand vs original model assumptions for 6 consultants of 3840 NOP, the capacity gap would be 1278 NOP

Happy to talk through.

Kind regards

Sharon

From: Glenny, Sharon
Sent: 11 February 2016 16:48
To: Corrigan, Martina
Subject: Urology Presentation

Hi Martina

I have updated the urology presentation based on our last discussions with the consultants – there are a lot more slides, would you mind taking a look before its circulated wider.

Thanks

Sharon

Mrs Sharon Glenny
Operational Support Lead
Surgery & Elective Care

Direct dial – Personal Information redacted by the USI
Mobile - Personal Information redacted by the USI

Urology Performance

January 2016

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Context

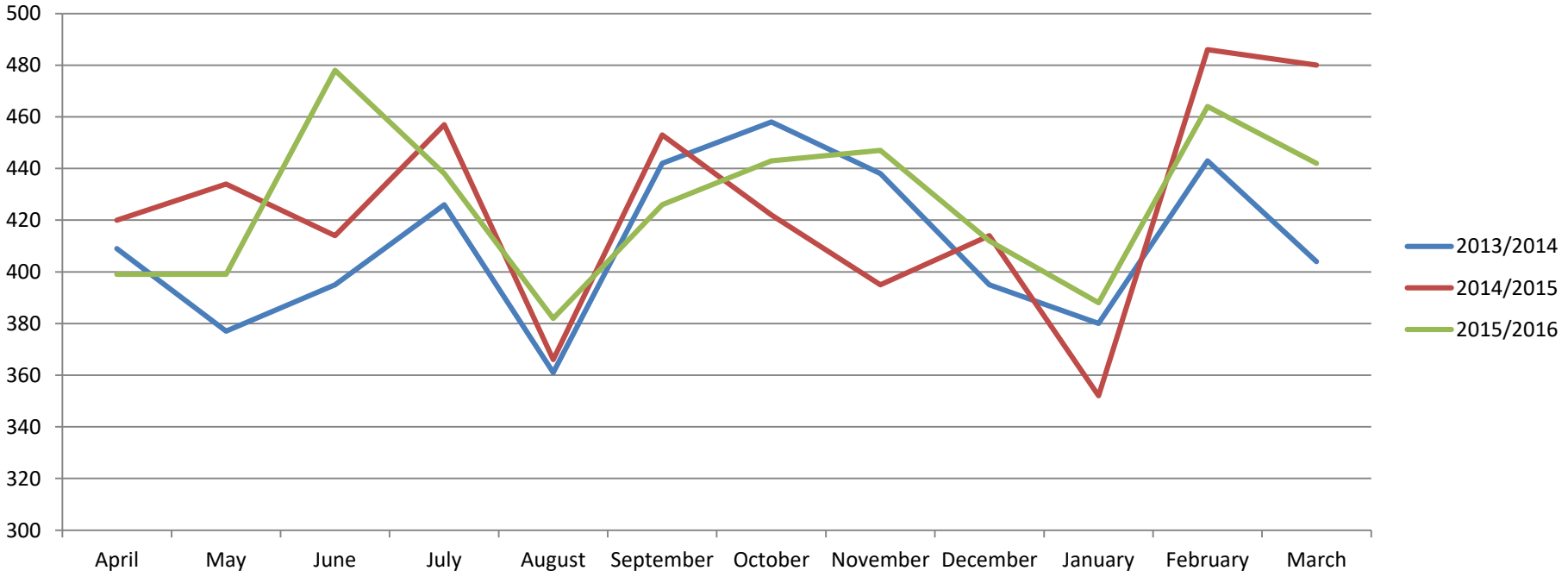
- New out-patient model now in place for one year and now time to review of effectiveness of model and delivery of original assumptions:
  - Estimated NOP Referrals to be 4800 per year
  - Requirement for 7 consultants to deliver demand of 407 NOP per month
  - 20% reduction required to deliver 6 consultant model, ie, 325 NOP per month
  - Estimated NOP for 6 consultant model to be 3900 per year

Urology Out-Patient Referrals 2013/2014, 2014/2015, 2015/2016

Out-Patient Referrals - GP & Other

UROLOGY	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
2013/2014	409	377	395	426	361	442	458	438	395	380	443	404	**4928**
2014/2015	420	434	414	457	366	453	422	395	414	352	486	480	**5093**
2015/2016	399	399	478	438	382	426	443	447	412	388	464	442	**5118**

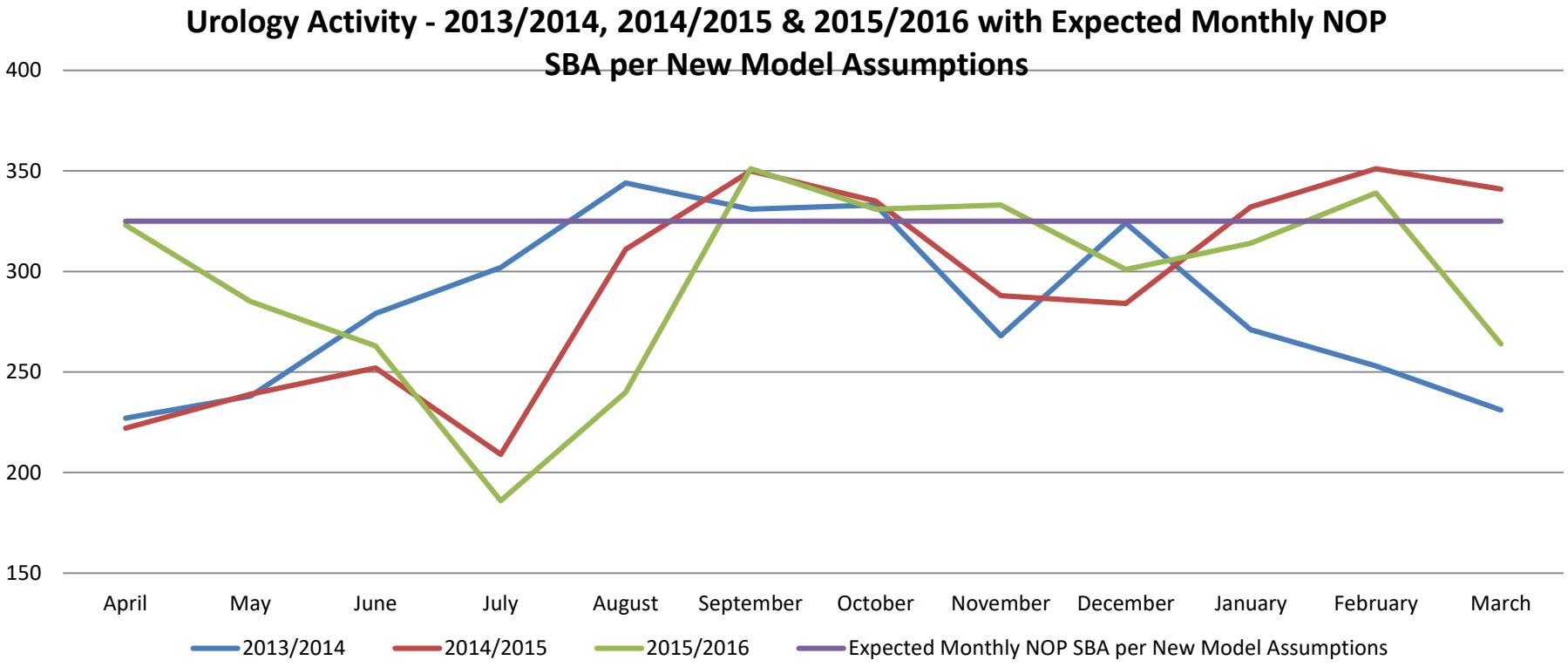
Indicates average of last 2 years for this month activity in 2015/2016



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Urology Activity - 2013/2014, 2014/2015 & 2015/2016 with Expected Monthly NOP SBA per New Model Assumptions

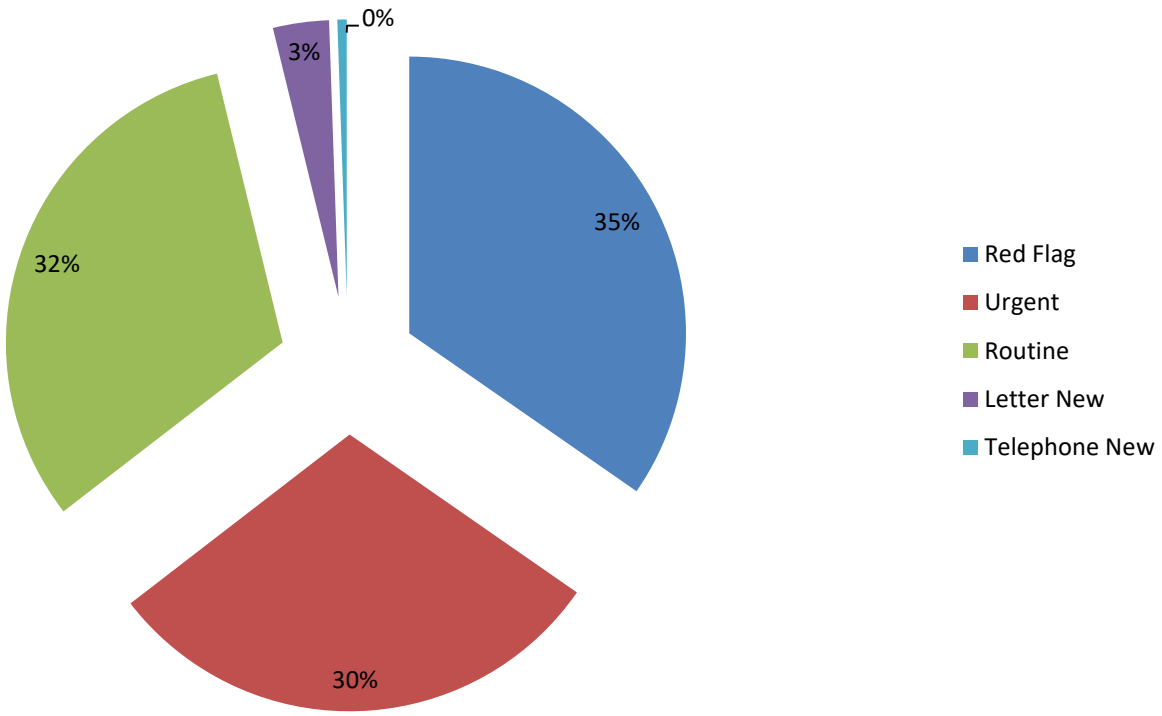
UROLOGY	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
2013/2014	227	238	279	302	344	331	333	268	324	271	253	231	**3401**
2014/2015	222	239	252	209	311	350	335	288	284	332	351	341	**3514**
2015/2016	323	285	263	186	240	351	331	333	301	314	339	264	**3530**
Expected Monthly NOP SBA per New Model Assumptions	*325*	*325*	*325*	*325*	*325*	*325*	*325*	*325*	*325*	*325*	*325*	*325*	***3900***
Variance Against Actual Activity	-2	-40	-62	-139	-85	26	6	8	-24	-11	14	-61	**-370**



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Total Urology NOP Attendances
14/05/2015 - 11/11/2015 (26 weeks)
Includes Face-to-Face, Virtual and Urodynamics Attendances

TOTAL NEW PATIENT ATTENDANCES						
Clinic Session Type	**Red Flag**	**Urgent**	**Routine**	**Letter New**	**Telephone New**	**Total**
Face-to-face, Virtual & UDS	**573**	**494**	**523**	**54**	**9**	**1653**



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Urology NOP Attendances
14/05/2015 - 11/11/2015 (26 weeks)
Face-to-Face Attendances (excluding UDS)

NEW PATIENT FACE-TO-FACE ATTENDANCES					
Clinic Session Type	**Red Flag**	**Urgent**	**Routine**	**Total**	**Average Weekly F/F Attendances by Clinic**
Consultant "TDU" Clinic	342	251	261	854	33
Registrar "REG" Clinic	129	94	58	281	11
Haematuria Clinic	78	1	0	79	3
Stone Treatment Clinic*	0	26	54	80	3
Consultant "HOT" Clinic	17	24	3	44	2
Uro-Oncology	0	3	0	3	0
Enniskillen	7	44	32	83	3
Armagh	0	0	0	0	0
Banbridge	0	0	0	0	0
Dungannon	0	1	0	1	0
TOTAL	**573**	**444**	**408**	**1425**	**55**

***** *Not all new patient attendances at STC are directly from referral - there are a cohort of patients referred to STC from within the urology team, but attendance at STC are recorded as new as first time seen at STC*

Urology NOP Attendances - 14/05/2015 - 11/11/2015 (26 weeks)
Virtual & UDS Attendances

NEW PATIENT VIRTUAL ATTENDANCES			
Clinic Session Type	**Letter New**	**Telephone New**	**Total**
"HOT" or "TDU"	53	9	62
TOTAL	**53**	**9**	**62**

NEW PATIENT URODYNAMIC ATTENDANCES				
Clinic Session Type	**Red Flag**	**Urgent**	**Routine**	**Total**
"UDS" Cinic	0	50	114	164
TOTAL	**0**	**50**	**114**	**164**

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Total Urology NOP Attendances - 14/05/2015 - 11/11/2015 (26 weeks)
Excludes "HOT" Clinic Attendances

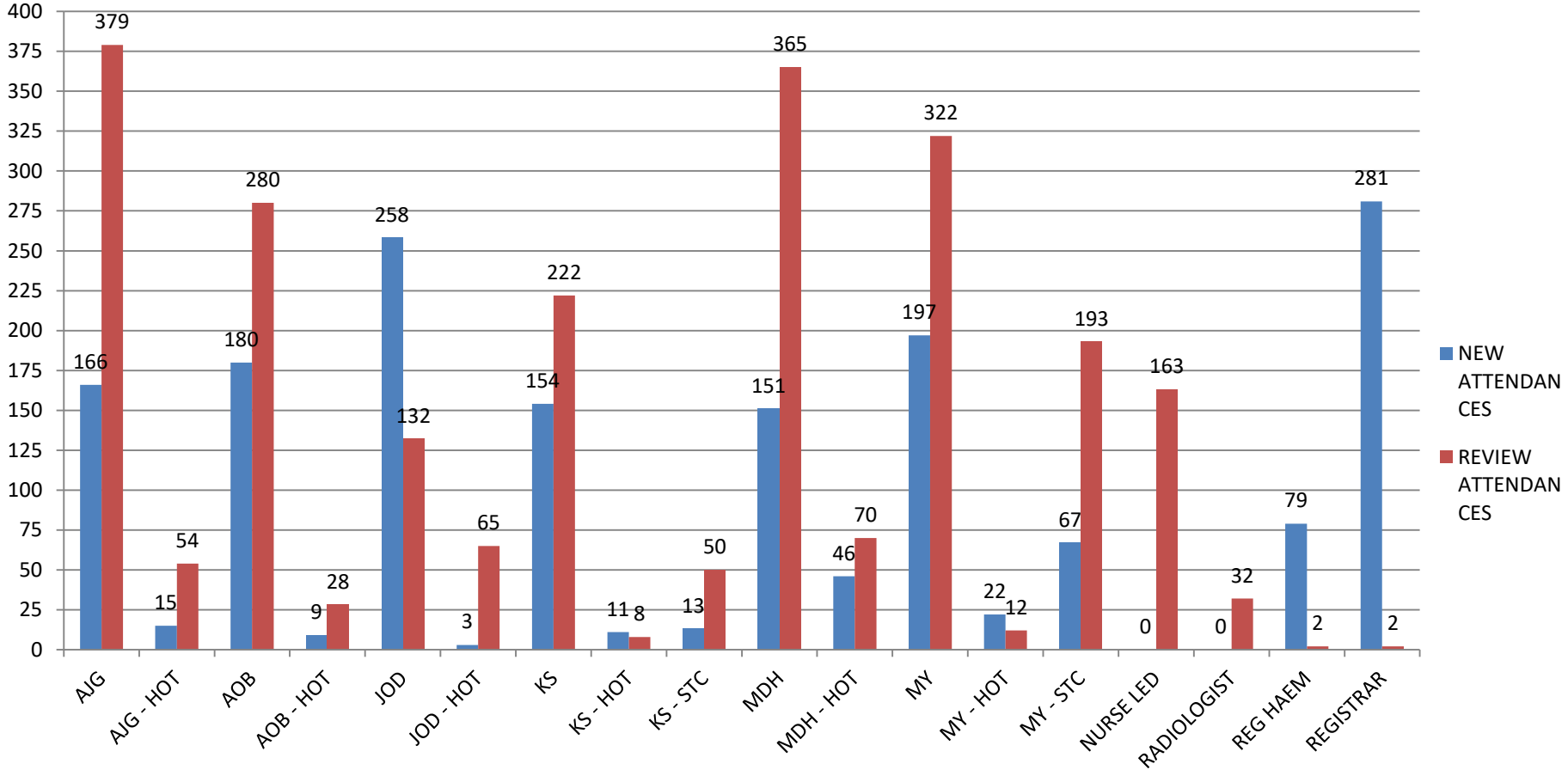
	ATTENDANCES			AVERAGE WEEKLY ATTENDANCES			AVERAGE ATTENDANCES PER CLINIC SESSION			
Consultant Code	New Attendances	Review Attendances	Total Attendances	Weekly Average New Attendances	Weekly Average Review Attendances	Weekly Average Total Attendances	Total Clinic Sessions	Average New Attendances per Session	Average Review Attendances per Session	Total Attendances Per Session
AJG	166	379	545	6.38	14.58	20.96	47	3.53	8.06	11.6
AOB	180	280	460	6.92	10.77	17.69	48	3.75	5.83	9.58
JOD	259	132	390	9.96	5.08	15.04	41	6.32	3.22	9.51
KS	154	222	376	5.92	8.54	14.46	36	4.28	6.17	10.44
KS - STC	13	50	63	0.50	1.92	2.42	5	2.60	10.00	12.6
MDH	151	365	516	5.81	14.04	19.85	39	3.87	9.36	13.23
MY	197	322	519	7.58	12.38	19.96	49	4.02	6.57	10.59
MY - STC	67	193	260	2.58	7.42	10.00	17	3.94	11.35	15.29
NURSE LED	0	163	163	0.00	6.27	6.27	24	0.00	6.79	6.79
RADIOLOGIST	0	32	32	0.00	1.23	1.23	10	0.00	3.20	3.2
REG HAEM	79	2	81	3.04	0.08	3.12	76	4.74	0.05	4.79
REGISTRAR	281	2	283	10.81	0.08	10.88				
Excludes HOT clinic attendances (106 patients) & sessions										

Notes:

1. Hot Clinic Attendances have been exluded - total of 106 new patients
2. New patient attendances without "hot" clinic activity = 1547 New attendances
3. Average Weekly attendances = total volumes seen divided by 26 weeks activity
4. Average Attendances per Clinic Session = total volumes seen divided by total clinic sessions
5. Average Attendances per Clinic Session will not take into account fluctations on out-patient templates, ie, templates can be set to see all new, all review or a combination of both

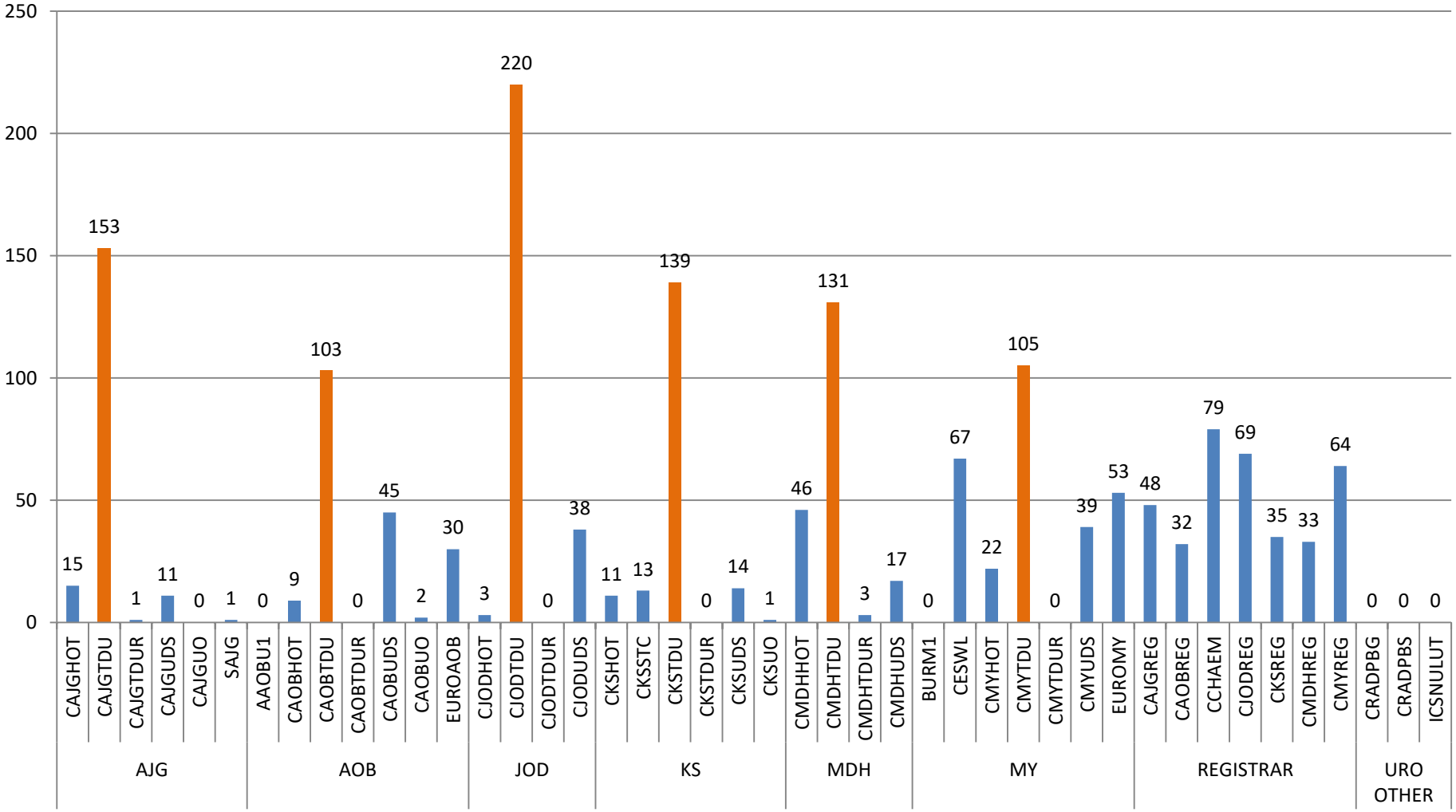
Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Total Urology NOP Attendances - 14/05/2015 - 11/11/2015 (26 weeks)
Includes "HOT" Clinic Attendances



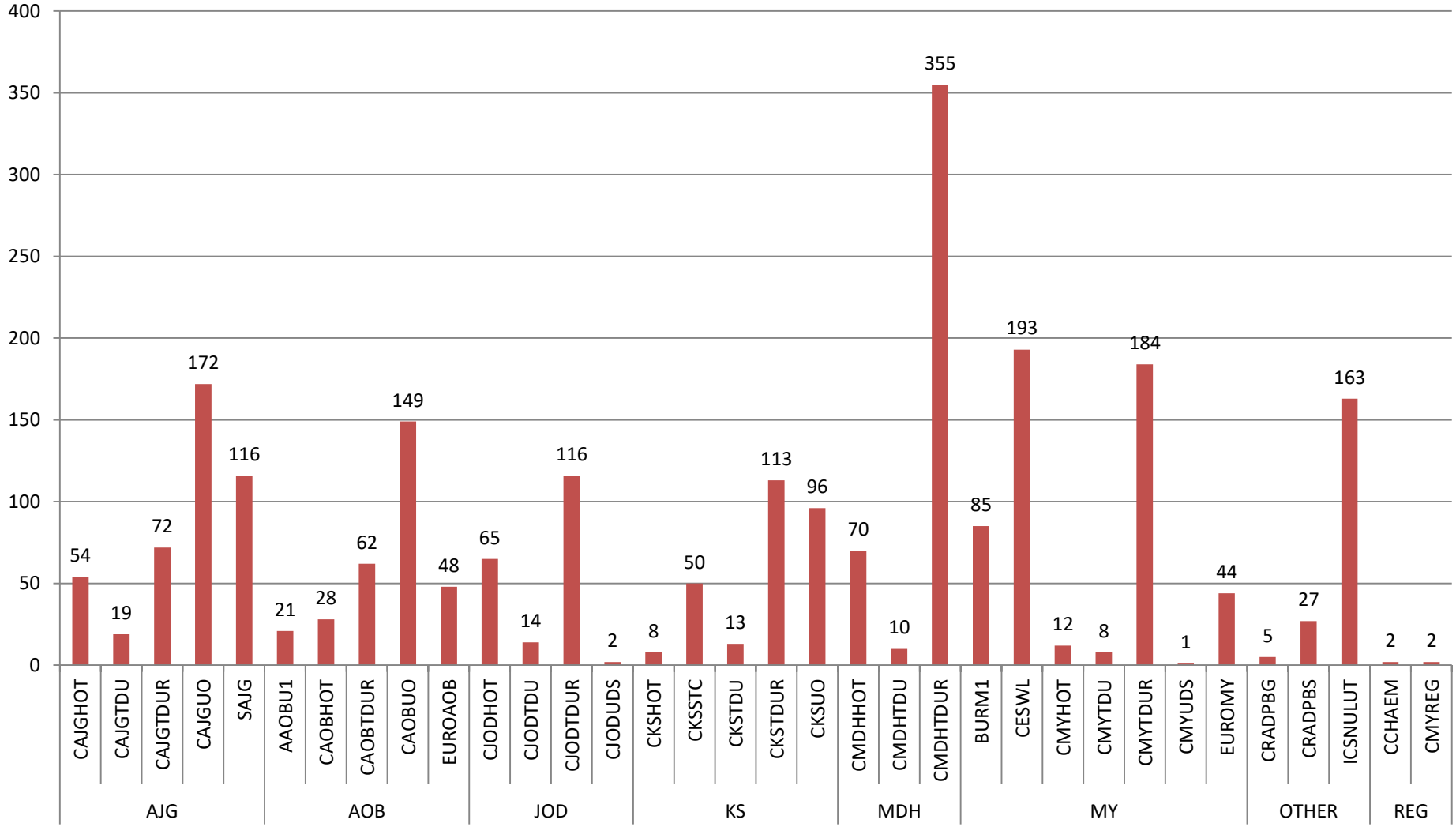
Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

New Patient Attendances by Consultant
14/05/2015 - 11/11/2015 (26 weeks)
Includes "HOT" Clinic Activity



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Review Patient Attendances by Consultant and Clinic Code
14/05/2015 - 11/11/2015 (26 weeks)
Includes “HOT” Clinic Activity



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

CURRENT UROLOGY CLINIC TEMPLATES BY APPOINTMENT TYPE

Note 1: All "TDU" clinics are set up to see 9 new patients - RF x 4, NU x 2, NR x 3, except Mr Young - RF x 2, NU x 2, NR x 2 - 6 new patients (MDT meeting)

Note 2: All "REG" clinics are set up to see 3 new patients - RF x 2, NU/NR x 1, , except Mr Young - RF x 4, NU x 1, NR x 1

Note 3: "UDS" clinics are set to build for Mr O'Donoghue, Mr Young & Mr O'Brien and are included in table below. All other "UDS" clinics occur adhocly and are not included in table below

Note 4: "HOT" clinics are not included in table below as these occur adhocly with varying volumes

		NEW			REVIEW		TOTAL		
CONSULTANT	CLINIC CODE	RED FLAG	URGENT	ROUTINE	PROTECTED REVIEW	REVIEW	TOTAL NEW	TOTAL REVIEW	GRAND TOTAL
AOB	AAOBU1	0	0	0	5	9	**0**	**14**	**14**
MY	BURM1	0	0	0	2	12	**0**	**14**	**14**
AJG	CAJGTDUR	0	0	0	3	12	**0**	**15**	**15**
AJG	CAJGUO	0	0	0	12	0	**0**	**12**	**12**
AOB	CAOBTDUR	0	0	0	6	7	**0**	**13**	**13**
AOB	CAOBUDS	0	0	3	0	0	**3**	**0**	**3**
AOB	CAOBUO	0	0	0	5	0	**0**	**5**	**5**
REG	CCHAEM	5	0	0	0		**5**	**0**	**5**
MY	CESWL	0	2	3	0	11	**5**	**11**	**16**
JOD	CJODTDUR	0	0	0	5	4	**0**	**9**	**9**
JOD	CJODUDS	0	0	3	0	0	**3**	**0**	**3**
KS	CKSSTC	0	2	3	0	11	**5**	**11**	**16**
KS	CKSTDUR	0	0	0	5	7	**0**	**12**	**12**
KS	CKSUO	0	0	0	10	0	**0**	**10**	**10**
MDH	CMDHTDUR	0	0	0	4	12	**0**	**16**	**16**
MY	CMYTDUR	0	0	0	6	6	**0**	**12**	**12**
MY	CMYUDS	0	0	3	0	0	**3**	**0**	**3**
AOB	EUROAOB - AM session	2	0	0	6	0	**2**	**6**	**8**
AOB	EUROAOB - PM session	2	2	0	2	2	**4**	**4**	**8**
MY	EUROMY - AM sesion	1	0	3	1	3	**4**	**4**	**8**
MY	EUROMY - pM sesion	1	0	3	1	3	**4**	**4**	**8**
AJG	SAJG	0	0	0	6	10	**0**	**16**	**16**

Urology NOP Waiting List – As at 05/02/2016

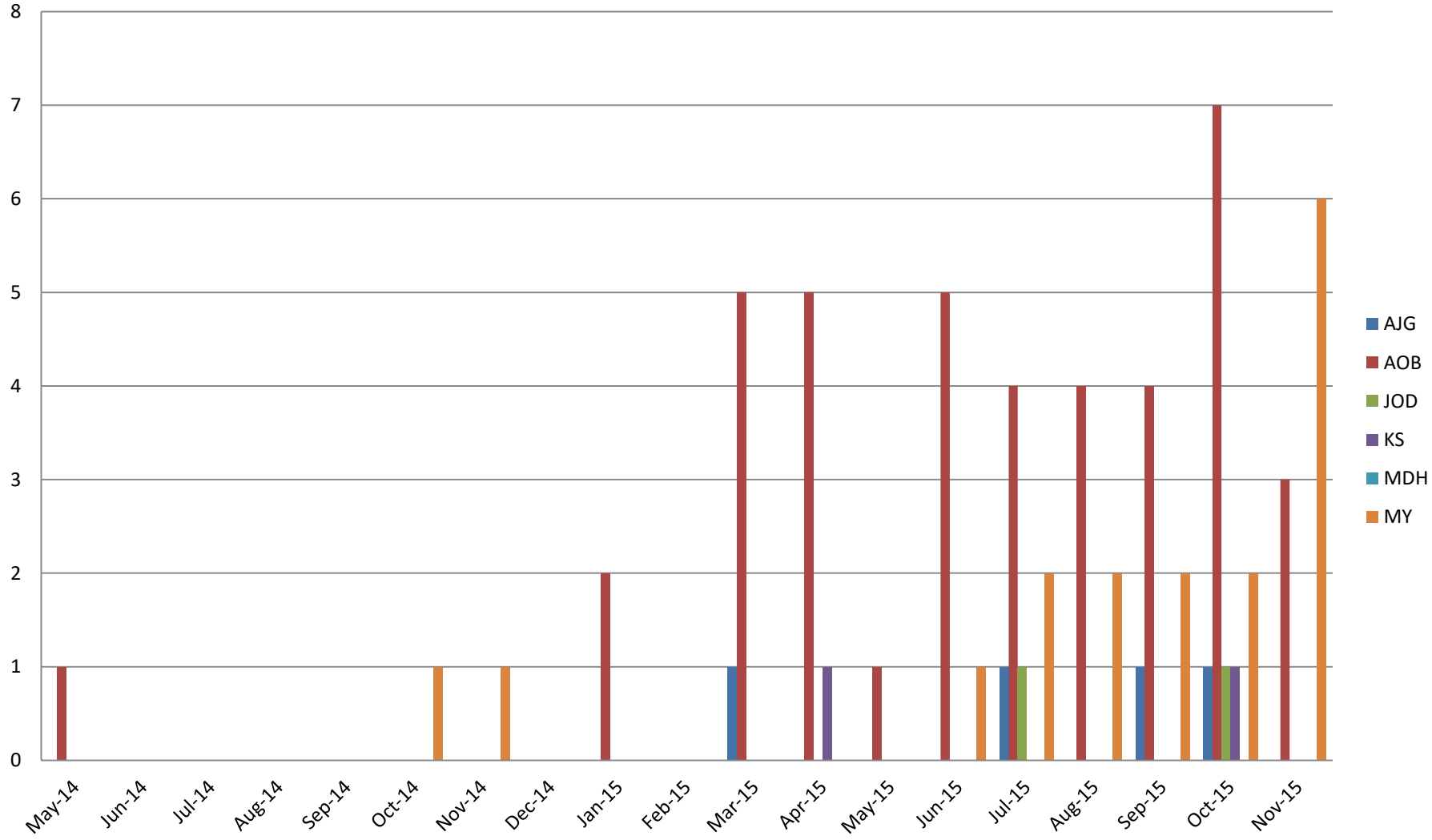
Specialty Description (R)	Specialty Description	Date Booked (Y/N)	Consultant Name	Waiting List Code	0-9Wks	9-13Wks	13-17Wks	17-21Wks	21-26Wks	26-31Wks	31-36Wks	36+Wks	TOTAL	
UROLOGY	UROLOGY(C)	N	YOUNG	CMYSTCN	2	1	4	4	0	1	1	0	13	
				CMYSTCR	1	0	1	1	0	0	1	0	4	
				CURMYN	19	7	19	20	3	20	26	121	235	
				CURMYU	8	4	24	17	3	13	0	0	69	
				EURONR	0	0	0	1	0	0	0	4	5	
				EURONU	0	0	0	0	2	0	0	0	2	
				(blank)	1	1	0	1	2	2	0	6	13	
			YOUNG Total		**31**	**13**	**48**	**44**	**10**	**36**	**28**	**131**	**341**	
			O'BRIEN	CAOBUOR	0	0	0	0	0	0	0	1	1	
				CU2N	1	2	2	5	5	3	2	43	63	
				CU2NU	0	15	1	16	4	0	0	0	36	
				CU2UR	0	0	0	0	0	0	0	1	1	
				EURONR	0	1	0	0	0	2	0	1	4	
				EURONU	0	0	0	1	0	0	0	0	1	
				(blank)	1	2	2	3	3	3	3	10	27	
			O'BRIEN Total		**2**	**20**	**5**	**25**	**12**	**8**	**5**	**56**	**133**	
			GLACKIN	CAJGN	26	1	24	0	21	22	20	113	227	
				CAJGNU	24	0	17	1	16	12	0	0	70	
				CJODN	0	0	0	1	0	0	0	0	1	
				CKSN	0	0	0	0	0	0	0	1	1	
				(blank)	1	0	0	0	0	0	0	1	2	
			GLACKIN Total		**51**	**1**	**41**	**2**	**37**	**34**	**20**	**115**	**301**	
			GENERAL UROLOGIST	CURMYN	0	0	0	0	0	0	1	0	1	
				EURONR	10	3	10	8	12	11	12	63	129	
				EURONU	2	3	11	6	14	14	0	2	52	
				(blank)	2	61	6	44	43	1	35	132	324	
			GENERAL UROLOGIST Total		**14**	**67**	**27**	**58**	**69**	**26**	**48**	**197**	**506**	
			SURESH	CKSN	18	22	5	20	29	9	28	105	236	
				CKSNU	22	12	8	11	15	2	0	0	70	
				(blank)	0	0	1	1	0	0	0	0	2	
			SURESH Total		**40**	**34**	**14**	**32**	**44**	**11**	**28**	**105**	**308**	
			HAYNES	CMDHN	0	21	29	19	31	11	0	117	228	
				CMDHNU	1	12	9	10	12	2	0	0	46	
				CMDHUR	0	0	1	0	0	0	0	0	1	
			HAYNES Total		**1**	**33**	**39**	**29**	**43**	**13**	**0**	**117**	**275**	
			O'DONOGHUE	CJODN	3	17	10	2	10	16	8	39	105	
				CJODNU	1	33	29	6	23	21	2	0	115	
				CJODR	0	0	1	0	1	0	0	2	4	
				EURONR	0	0	1	0	0	0	0	0	1	
			O'DONOGHUE Total		**4**	**50**	**41**	**8**	**34**	**37**	**10**	**41**	**225**	
			UROLOGY CONSULTANT	(blank)	1	0	0	0	0	0	0	0	1	
			UROLOGY CONSULTANT Total		**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	
		N Total			**144**	**218**	**215**	**198**	**249**	**165**	**139**	**762**	**2090**	Rows highlighted in pink indicates an urgent waiting list. Total urgent patients on waiting list = 461 patients Rows highlighted in green indicates patients with no appointment date and untriaged referral letters - "blanks" - and therefore these patients are not on a WL as yet. Total untriaged referral letters = 369 patients Total volume of patients without appointment date = 2090
		Y	YOUNG	(blank)	3	1	1	0	1	1	2	9	18	
			YOUNG Total		**3**	**1**	**1**	**0**	**1**	**1**	**2**	**9**	**18**	
			O'BRIEN	CU2N	0	0	0	1	0	0	0	0	1	
				(blank)	0	0	0	0	0	4	0	1	5	
			O'BRIEN Total		**0**	**0**	**0**	**1**	**0**	**4**	**0**	**1**	**6**	
			GLACKIN	(blank)	0	1	0	0	1	5	0	1	8	
			GLACKIN Total		**0**	**1**	**0**	**0**	**1**	**5**	**0**	**1**	**8**	
			GENERAL UROLOGIST	(blank)	0	0	0	0	1	5	3	8	17	
			GENERAL UROLOGIST Total		**0**	**0**	**0**	**0**	**1**	**5**	**3**	**8**	**17**	
			BROWN	(blank)	0	1	0	0	0	0	0	0	1	
			BROWN Total		**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	
			SURESH	(blank)	0	0	0	0	0	3	1	7	11	
			SURESH Total		**0**	**0**	**0**	**0**	**0**	**3**	**1**	**7**	**11**	
			HAYNES	(blank)	2	5	1	0	0	5	0	16	29	
			HAYNES Total		**2**	**5**	**1**	**0**	**0**	**5**	**0**	**16**	**29**	
			O'DONOGHUE	(blank)	0	1	1	0	0	9	0	6	17	
			O'DONOGHUE Total		**0**	**1**	**1**	**0**	**0**	**9**	**0**	**6**	**17**	
		Y Total			**5**	**9**	**3**	**1**	**3**	**32**	**6**	**48**	**107**	Patients in these rows all have appointments Total volume of patients with appointment date = 107
	UROLOGY(C) Total				**149**	**227**	**218**	**199**	**252**	**197**	**145**	**810**	**2197**	
UROLOGY Total					**149**	**227**	**218**	**199**	**252**	**197**	**145**	**810**	**2197**	Grand total volume of patients on WL - with and without appointment dates
TOTAL					**149**	**227**	**218**	**199**	**252**	**197**	**145**	**810**	**2197**	

UROLOGY - REVIEW WAITING LIST WITH DATE REQUIRED - JANUARY 2016 OR EARLIER
as at 18/01/2016

WAITING LIST CODE	CONSULTANT	PATIENT VOLUMES	LONGEST WAITER
BURM4R	Mr Young	6	Aug-13
BURM4UR	Mr Young	12	Aug-15
CMYSTCR	Mr Young	448	Aug-13
CMYUOR	Mr Young	20	Oct-15
CURMYR	Mr Young	298	Jul-12
CURMYUR	Mr Young	69	Jun-13
TOTAL		853	Jul-12
CAJGR	Mr Glackin	19	Apr-15
CAJGTR	Mr Glackin	12	Aug-15
CAJGUOR	Mr Glackin	1	Jan-16
CAJGUR	Mr Glackin	1	Jan-16
TOTAL		33	Apr-15
CAOBUOR	Mr O'Brien	294	Sep-13
CAU4R	Mr O'Brien	46	Apr-13
CAU4UR	Mr O'Brien	36	Apr-15
CU2R	Mr O'Brien	190	Mar-13
CU2UR	Mr O'Brien	187	Mar-13
EUROR	Mr O'Brien	35	Dec-13
EUROUR	Mr O'Brien	13	Jun-15
TOTAL		801	Mar-13
CJODR	Mr O'Donoghue	182	Mar-15
CJODUR	Mr O'Donoghue	82	Sep-15
TOTAL		264	Mar-15
CKSR	Mr Kuresh	65	May-13
CKSUOR	Mr Kuresh	2	Nov-15
CKSUR	Mr Kuresh	199	Nov-13
TOTAL		266	May-13
CMDHR	Mr Haynes	1	Oct-15
CMDHTR	Mr Haynes	14	Mar-14
CMDHUOR	Mr Haynes	3	Jan-16
TOTAL		18	Mar-14

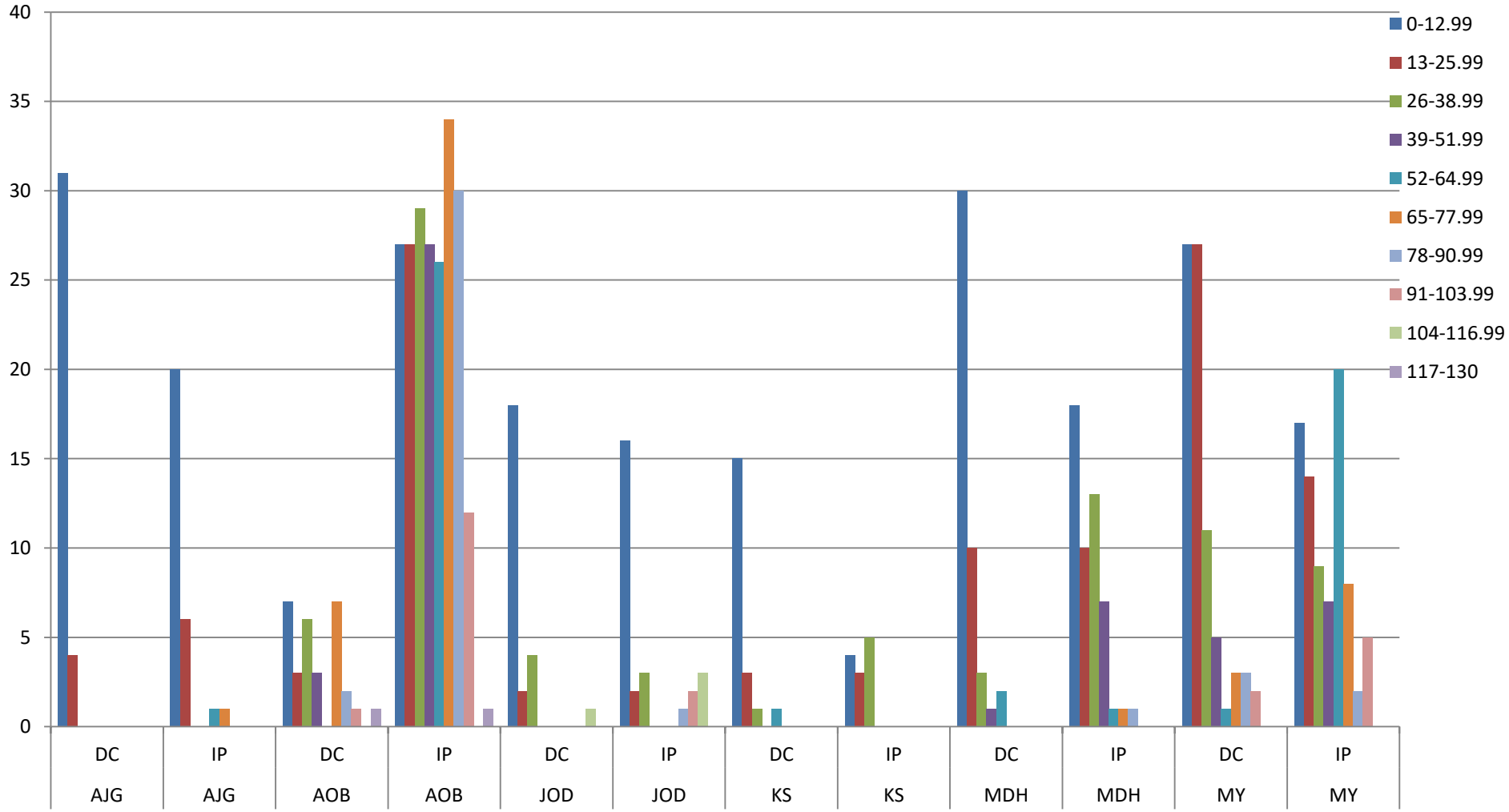
GRAND TOTAL	2235

Urology Planned Waiting List by Consultant and Expected Admission Date as at 09/12/2015



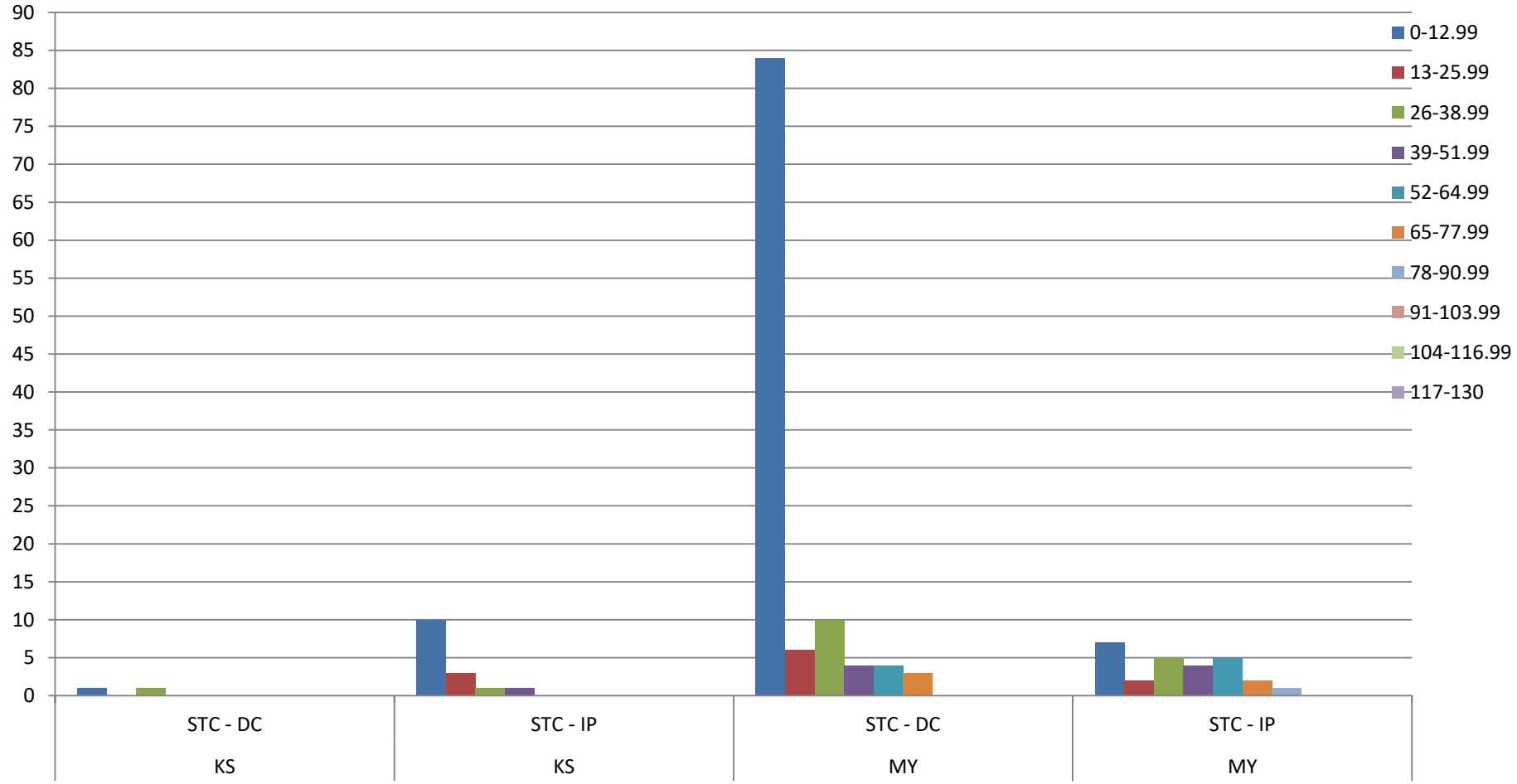
Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Total Elective Waiting List – By Consultant, Intended Management and Time Band
Excludes "STC Type" Procedures
WL Report as at 10/12/2015



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Total Elective Waiting List – By Consultant, Intended Management and Time Band
"STC Type" Only Procedures
WL Report as at 10/12/2015



Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Urology Main Theatre Utilisation
November & December 2015

				LATE STARTS BY TIME BAND							
	TOTAL MAIN THEATRE "STARTS"	TOTAL LATE STARTS	%TOTAL LATE STARTS	15-29 MINS	%	30-44 MINS	%	45-59 MINS	%	60+ MINS	%	
NOVEMBER	24	15	62.50%	8	33.33%	5	20.83%	2	8.33%	0	0.00%	2 late starts in PM due to late finish on AM session - AM sessions also had late start
DECEMBER	33	22	66.67%	6	18.18%	7	21.21%	7	21.21%	2	6.06%	4 late starts in PM due to late finish on AM session - AM sessions also had late start

Number of Late Starts By Consultant

CONSULTANT	NOVEMBER	DECEMBER
AJG	0	1
AOB	3	4
JOD	5	8
KS	2	1
MDH	4	4
MY	1	4

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Theatre Reasons for Delay – Urology – November 2015

Theatre	Date	Consultant	Expected Session Start	Anaesthetic start	Variance	Reason for Delay
CAH THEA 4	03/11/2015	JOD	08:00	08:23	00:23	Patient not consented - seen by anaesthetist, but not surgeon
CAH THEA 4	03/11/2015	MDH	12:00	12:54	00:54	Previous list over-ran
CAH THEA 2	04/11/2015	KS	08:00	08:44	00:44	Being admitted by nursing staff
CAH THEA 4	04/11/2015	AOB	12:00	12:53	00:53	Previous list over-ran
CAH THEA 4	10/11/2015	JOD	08:00	08:32	00:32	Porters delay
CAH THEA 2	11/11/2015	MDH	08:00	08:22	00:22	Patient not clerked in
CAH THEA 4	11/11/2015	AOB	09:00	09:18	00:18	Patient not consented
CAH THEA 6	16/11/2015	MDH	13:30	14:12	00:42	Previous list over-ran
CAH THEA 4	17/11/2015	JOD	08:00	08:37	00:37	Patient to be seen by surgeon
CAH THEA 6	23/11/2015	MDH	13:30	13:56	00:26	Insufficient theatre staff available / Previous list over ran
CAH THEA 4	24/11/2015	MY	09:00	09:19	00:19	Reg in traffic and unable to consent
CAH THEA 2	25/11/2015	JOD	08:00	08:23	00:23	Patient not consented
CAH THEA 4	25/11/2015	AOB	09:00	09:33	00:33	Previous list over-ran
CAH THEA 2	27/11/2015	KS	13:30	13:52	00:22	Patient not consented
CAH THEA 4	04/22/2015	JOD	08:00	08:25	00:25	Porters delay

Notes: Reasons for delay per TMS - these should be jointly agreed by the theatre team

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

Theatre Reasons for Delay – Urology – December 2015

Theatre	Date	Consultant	Expected Session Start	Anaesthetic start	Variance	Reason for Delay
CAH ORTHO	21/12/2015	MDH	13:30	14:00	00:30	Insufficient ward staff to bring patient / unable to contact surgeon
CAH THEA 2	16/12/2015	KS	08:00	08:31	00:31	No radiographer available
CAH THEA 2	30/12/2015	JOD	08:00	08:45	00:45	Order of List changed - next patient not ready
CAH THEA 3	24/12/2015	MDH	09:00	09:35	00:35	No reason given
CAH THEA 4	01/12/2015	JOD	08:00	08:55	00:55	X-rays not available
CAH THEA 4	01/12/2015	MY	12:00	12:28	00:28	Previous list over-ran
CAH THEA 4	02/12/2015	JOD	08:00	08:30	00:30	Patient to be seen by anaesthetist
CAH THEA 4	02/12/2015	AOB	12:00	12:47	00:47	Previous list over-ran
CAH THEA 4	08/12/2015	JOD	08:00	08:38	00:38	Patient not consented
CAH THEA 4	09/12/2015	JOD	08:00	08:30	00:30	Patient not consented
CAH THEA 4	09/12/2015	AOB	12:00	12:56	00:56	Previous list over-ran
CAH THEA 4	15/12/2015	JOD	08:00	08:49	00:49	Surgeon late
CAH THEA 4	15/12/2015	MY	12:00	13:43	01:43	Previous list over-ran
CAH THEA 4	22/12/2015	MY	09:00	09:16	00:16	Patient not consented
CAH THEA 4	23/12/2015	JOD	08:00	08:48	00:48	Patient not consented / No radiographer available
CAH THEA 4	23/12/2015	AOB	12:00	13:38	01:38	Previous list over-ran
CAH THEA 4	29/12/2015	JOD	08:00	08:33	00:33	Patient not consented
CAH THEA 4	29/12/2015	MY	12:00	12:49	00:49	Previous list over-ran
CAH THEA 4	30/12/2015	AOB	09:00	10:00	01:00	Previous list over-ran
CAH THEA 6	07/12/2015	MDH	13:30	13:56	00:26	Previous list over-ran

Notes: Reasons for delay per TMS - these should be jointly agreed by the theatre team

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

w/c 18/06/2012					BACKLOG IN CHART/RESULT VOLUMES											
SPECIALTY/ WARD/AREA	CONSULTANT	SECRETARY/ WARD CLERK	AUDIO-TYPIST	SITE	CLINICS (Pts)	FURTHEST DATE BACK	DISCHARGES to be typed (including ward attenders)	DISCHARGES to be dictated	RESULTS to be typed (Se)cs) or filed (ward clerks	RESULTS TO BE DICTATED	CHARTS AWAITING RESULTS / ACTION DELAYED	TOTAL VOLUME OF CHARTS/ RESULTS TO BE TYPED	MEDICAL TOTAL VOLUME OF CHARTS/ RESULTS AWAITING DICTATION	TOTAL BACKLOG OF FILING	DARO REPORT UPDATED	RISK
GSUR	MR MACKLE	Cathy	Sinead shared with Janice & Cathy	CAH	41	11/06/2012	0	10		28	4	**41**				
	MR MANOS	Sarah	Vacant	CAH and STH	31	07/06/2012	50	30	0	75	230	**81**				
	MR LEWIS	Pat	Cheryl	CAH and STH	0		0	0	0	0	0	**0**				
	MR WEIR	Jennifer	None	CAH and ACH	19	CAH 14.06.12	0	49	31	6	84	**50**		1/2 Lever Arch File	18.06.12	
	MR MURUGAN / MR MCKAY	Ruth	None	CAH and STH	15	14.06.2012	21	38	9	12	118	**45**				
	MR HEWITT	Janice	Sinead shared with Janice & Cathy	CAH and STH	0		0	0	0	0	0	**0**				
	MR YOUSAF	Shirley	Sinead shared with Janice & Cathy	CAH and STH	0		20	40	50	0	0	**70**				
TOTAL GSUR					**106**		**91**	**167**	**90**	**121**	**436**	**287**	**0**			
TOTAL BSUR	**MR MCFALL (including staff grades)**	**Sharon**	**Amy**	**CAH**	**81**	**12/06/2012**	**0**	**Awaiting charts from wards**	**20**	**0**	**251**	**101**		**3 full trays of filing**		
UROLOGY	MR YOUNG	Paulette Dignam	Amanda	CAH	0	00/01/1900	0	0	113	36	15	**113**	**155**	Approx 1.5 lever arch files of filing a log of which are oncology letters.		
	MR O'BRIEN	Monica McCorry	Sara/Pat	CAH	64	15/06/2012	75	75	23	18	0	**162**	**0**	5 Lever Arch Files - Concerns about oncology letters not being filed		
	MR HO	Liz Troughton	Claire	CAH	10	13/06/2012	0	64	0	36	80	**10**	**0**	4.5 File Blocks		
	NURSE/ICATS	Leanne Hanvey	None	CAH	0		0	0	0	0	0	**0**	**0**	No Backlogs		
TOTAL UROLOGY					**74**		**75**	**139**	**136**	**90**	**95**	**285**	**155**			
ENT	MR MCNABOE	Angela Mulholland	June	CAH	0		0	0	0	0	0	**0**	**0**	No Backlogs		
	MR HALL	Pamela Hamilton	Caroline	CAH	30	07/06/2012	55	25	0	20	25	**30**	**45**	2 BOX FILES FULL +++		

	MR HALL	Carol Nugent		STH	31			25					25			
	MR FARNON/ MR REDDY	Heather Wortley	Caroline	CAH	105	05/06/2012	60	60	40	40	30	205	100	2 LEVER ARCH FILES ++		
	MR KORDA	Elaine Cooke	June	CAH	48	14/06/2012	0	37	0	27	102	48	64	Backlog controlled		
	MR LEYDEN	Anne Cowan		CAH	94	07/06/2012	0	52	0	20	47	94	72	1 x Lever Arch File		
TOTAL ENT					**277**	**164273**	**115**	**174**	**40**	**107**	**204**	**377**	**281**			
OPHTH	MR BEST/ MR MURPHY	Lisa Magee	None	CAH	0		0	0	0	0	0	0	0			No Backlogs
	MS KNOX	GLADYS ALLEN	None	ACH	17	28/05/2012	0					17	0			No Backlogs
	MS KNOX	PHYLLIS KIRKLAND	None	STH	0		0					0	0			No Backlogs
	MS KNOX	PHYLLIS KIRLLAND	None	STH	21		0					21	0			
TOTAL OPHTHALMOLOGY					**17**		**0**	**226**	**40**	**127**	**251**	**38**	**0**			
ORTHO	MR MCKEOWN / MS WILSON	Joanne Winter	Gail Carville (20 hrs per week over all Secretaries) + Frances Finn (20 hrs per week over all Secretaries	CAH	43	07/06/2012			90			133	90	About 230 x pieces of filing		
	MR MOCKFORD/ MR PATTON	Hazel Elliott		CAH	67	30/05/2012			85			152		About 200 x pieces of filing		
	MR MURNAGHAN/ DR GORMLEY	Laura Harbinson		CAH	34	13/06/2012			50	0		84	0	About 100 x pieces of filing		
	MR BUNN	Pauline Lennon		CAH	17		19	0	26			43		200 from 2009		
ORTHO TOTAL				**CAH**	**161**		**19**	**0**	**251**	**0**	**0**	**412**	**90**			
FRACTURE CLINIC	**All Consultants & Junior Docs**		**Paula McGuigan / Clare McCreedy**	**CAH**	**350**	**12/06/2012**	**0**	**0**	**0**	**0**	**0**	**105**	**0**	**400 pieces of filing**		**Paula leaving in 2 weeks - Clare works 22.5 hrs a week ! Plan was for Brid to help with backlog but now Julie-anne from Fracture Booking office has been successful at interview. She will be leaving in 4 weeks from today. HR going to Agency as Bank staff going through employment checks which could take 8 weeks.**

Ward Rounds	All Consultants		Brid Creaney	CAH			0					**0**	**0**		DARO reports, * AAD outcome clinic foloow ups, july b/f clinics need rebooked - 20 outstanding new pts to be booked on .	Staff advised to ORE referrals
ORAL	MR CONNOLLY/ DR HUMPHREY	Caroline Hopps	None	CAH	74	08/06/2012	4		3	1	4	**81**	**1**	1 x Box File		
TOTAL ORAL					**74**		**4**	**0**	**3**			**81**	**0**			
												0	**0**			
					COURSES TO BE ENTERED ON HRMS	**SICK RETURNS**	**CHECKING OF PIN AND ENTERING ON HRMS**	**AMENDMENT/ TRANSFER OF STAFF**	**FILING FOR NURSING STAFF**	**OTHER**		**0**	**0**			**RISK**
NURSING OFFICE		**Elizabeth McCreary**		**CAH**								**0**	**0**			**Elizabeth going on hoiday for 3 x weeks from 25/06/2012 - Thelma Maclaine covering for 3 weeks - no risk.**
												0	**0**			
					Results to be signed	**Results to be filed**								**TOTAL BACKLOG OF FILING**		
4 NORTH		Carol/Patricia		CAH	20	50										
4 SOUTH		Cherith / Sinead		CAH	500	100										
3 SOUTH		Sharon / Jill		CAH	500	3000										
1 ELECTIVE		Veronica		CAH	0	0										
Trauma		Barbara/Michelle		CAH		200								2 x A4 files of bloods & 300 + 100 x-ray reports. Filing back as far as 2008 + 50 ward rounds to file.		
Orthopaedics		Rosalind		CAH	50	200										
TOTAL WARDS					**1070**	**3550**			**0**							

Glenny, Sharon

From: Scott, Jane M <[redacted]>
Sent: 19 June 2012 10:14
To: Nelson, Amie; Corrigan, Martina; Glenny, Sharon; Devlin, Louise
Cc: Reid, Trudy
Subject: AC SEC BACKLOG RISKS MATRIX AS 18062012.xls
Attachments: AC SEC BACKLOG RISKS MATRIX AS 18062012.xls

Dear All – Please find attached backlog report for this week.

The only major risk is the Fracture Clinic audio support.

Any queries, please do not hesitate to contact me.

Regards

Jane

Service Administrator
Admin Floor
Ext: [redacted]

Southern Health and Social Care Trust

Quality Care - for you, with you

'YOUR RIGHT TO RAISE A CONCERN'

(WHISTLEBLOWING)

SOUTHERN HSC TRUST
POLICY ON RAISING CONCERNS

Lead Policy Author & Job Title:	Regional HSC Policy
Directorate responsible for document:	HR & Organisational Development
Issue Date:	01 April 2018
Review Date:	01 April 2021

Policy Checklist

Policy name:	'Your Right to Raise a Concern' (Whistleblowing)
Lead Policy Author & Job Title:	Head of Employee Relations
Director responsible for Policy:	Vivienne Toal
Directorate responsible for Policy:	HR & Organisational Development
Equality Screened by:	Lynda Gordon, Head of Equality, Sarah Moore, HR Manager and Lesley Dowey, HR Advisor on 03/01/2018
Trade Union consultation?	Yes ☒ No ☐
Policy Implementation Plan included?	Yes ☐ No ☒
Date approved by Policy Scrutiny Committee:	
Date approved by SMT:	
Policy circulated to:	Directors, Assistant Directors, Heads of Service for onward distribution to line managers/staff, Global email, Staff Newsletter
Policy uploaded to:	SharePoint and Trust Intranet

Version Control

Version:	**Version 1_0**		
Supersedes:	N/A		
Version History			
Version	**Notes on revisions/modifications and who document was circulated or presented to**	**Date**	**Lead Policy Author**
N/A	N/A	N/A	N/A

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1. Introduction

All of us at one time or another may have concerns about what is happening at work. The Southern Health & Social Care Trust (the Trust) wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or the Trust itself, it can be difficult to know what to do.

The Trust recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

2. Aims and Objectives

The Trust is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the Trust;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the Trust is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The Trust's roles and responsibilities in the implementation of this policy are set out at **Appendix A.**

3. Scope

The Trust recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary Procedure, Grievance Procedure, Maintaining High Professional Standards Framework, Conflict, Bullying & Harassment Policy, Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the Trust, including permanent, temporary and bank staff, staff in training working within the Trust, independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;

- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

If you feel that something is of concern, and that it is something which you think the Trust should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the Trust's Grievance procedure, Harassment at Work procedure or Working Well Together procedure which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery the Trust has a number of avenues available to report your concern. These are included in more detail in the Trust's Anti-Fraud Policy & Fraud Response Plan and Anti-Bribery Policy and are summarised below.

Suspicions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Director of Finance, Procurement & Estates
  Ms Helen O'Neill

- Fraud Liaison Officer (FLO)
  Mrs Fiona Jones

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.reporthealthfraud.hscni.net These avenues are managed by Counter Fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The Trust's Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the Trust or under its control. The Trust expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5. Our Commitment to You

5.1 Your safety

The Trust Board and Senior Management Team, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The Trust will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The Trust expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

Provided you are acting in good faith, it does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the

law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the Trust reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, the Trust hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a member of staff in Human Resources.

The Trust is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3. Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Protect (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

Option 1: In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager (or lead clinician or tutor). But where you do not think it is appropriate to do this, you can use any of the other options set out below.

Option 2: If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, please raise the matter with another senior person you can trust. This might be another manager / professional lead or a Senior HR representative and again you may wish to involve a Trade Union representative or colleague.

The Deputy Director of HR Services, Mrs Siobhan Hynds is the designated HR representative for Raising Concerns

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

Option 3: If you still remain concerned after this, you can contact:

- Mrs Vivienne Toal - Director of Human Resources & Organisational Development who is the lead director for Raising Concerns
- Dr Maria O'Kane - Executive Medical Director
- Mrs Heather Trouton – Interim Executive Director of Nursing, Midwifery & AHPs
- Mr Paul Morgan – Executive Director of Social Work
- Mrs Helen O'Neill – Executive Director of Finance, Procurement & Estates

- Mr John Wilkinson – Lead Non-Executive Director for Raising Concerns on Trust Board – contactable through the Office of the Chair, Trust HQ.

All these people are required to receive training in dealing with concerns and will give you information about where you can go for more support.

Option 4: If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity, Protect (formerly Public Concern at Work (PCaW)) on 020 3117 2520.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing. A dedicated email address is also available: raising.concerns@southerntrust.hscni.net.

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

If in writing or email, you should set out the background and history of the concerns, giving where possible:

- names,
- dates,
- places, and
- the reasons why you are particularly concerned about the situation.

If you do not feel able to put the concern in writing, you can of course raise your concern via telephone or in person. A statement can be taken of your concern which can be recorded for you to verify and sign.

6.4 Supporting you

It is recognised that raising concerns can be difficult and stressful. Advice and support is available from the Deputy Director of HR Services or a nominated deputy throughout any investigation process. The Deputy Director of HR Services will not undertake an investigation role in the whistleblowing case but will provide support throughout the process, ensuring that feedback is provided at appropriate stages of the investigation. The Trust also provides independent support services to all employees through its Employee Assistance Programme - Inspire; this service is free to all employees and is available 24/7. Contact details are: 0808 800 0002.

The Trust will take steps to minimise any difficulties which you may experience as a result of raising a concern. For example if you are required to give evidence at disciplinary proceedings, the Deputy Director of HR Services will arrange for you to receive advice and support throughout the process. If you are dissatisfied with the resolution of the concern you have raised or you consider you have suffered a detriment for having raised a concern, this should be raised initially with the Deputy Director of HR Services.

7. Raising a concern externally

The Trust hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the Trust would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the Trust recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:

- General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
- The Regulation and Quality Improvement Authority;
- The Health and Safety Executive;
- Serious Fraud Office,
- Her Majesty's Revenue and Customs,
- Comptroller and Auditor General;
- Information Commissioner
- Northern Ireland Commissioner for Children and Young People
- Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Protect (formerly PCaW) or your Trade Union representative will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The Media

You may consider going to the media in respect of concerns if you have done all you can by raising them with the Trust or an external body and you feel they have not been properly addressed. Your professional regulatory body, if applicable, will be able to provide guidance / advice in this situation. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The Trust reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the Communications Department on behalf of the Trust. Any member of staff approached by the media should direct the media to our Communications Department in the first instance.

9. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the Trust listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

10. Equality, Human Rights & DDA

The Southern Health & Social Care Trust confirm this policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity.

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.

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

equality impact assessment.

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.

11. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

12. Sources of advice in relation to this document

The Director of Human Resources & Organisational Development should be contacted with regard to any queries on the content of this policy.

APPENDIX A

Roles and Responsibilities

The Trust Board and Senior Management Team of the Southern Health & Social Care Trust

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.
- To share learning, as appropriate, via the Trust's lessons learned arrangements

Lead Non-Executive Director (NED)

- To provide assurance to Trust Board that there are robust arrangements in place in relation to raising and handling concerns
- To have responsibility for oversight of the culture of raising concerns within the Trust.

Director of Human Resources & Organisational Development

- To take responsibility for ensuring the implementation of the whistleblowing arrangements
- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through appropriate management levels / professional lines
- To ensure that all awareness and training requirements arising from this policy are delivered
- To establish a network of advocates, to support the implementation of this policy

All Directors & Managers

- To ensure staff are familiar with and have access to the Raising Concerns Policy and Procedure
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive and confidential manner
- To respond quickly to concerns and take all concerns seriously and in confidence, wherever possible
- To seek immediate advice from HR on the handling of any concern raised, and other professionals within the Southern Health & Social Care Trust where appropriate
- To ensure that staff are supported following the raising of a concern so as not to suffer detriment
- To foster an environment in which their teams are engaged in the delivery of high quality and safe services and feel secure to raise concerns as a matter of good practice
- To create an open and safe atmosphere (in team meetings, appraisals etc.) where staff feel their views, regarding the effective and safe delivery of care and services to our service users, will be welcomed and be seen as an opportunity to learn and to consider how services can be improved
- To ensure feedback/ learning at individual, team and organisational level on concerns and how they were resolved.

Deputy Director of HR Services

- To ensure Medical Director, Director of Nursing & AHPs, or Director of Social Work is informed, if the concern raised deems this to be appropriate in order to ensure the safety of patients and clients.
- To oversee any investigation undertaken and provide support to the individual raising the concern throughout the process, ensuring that feedback is provided at appropriate stages of the investigation.
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations.
- To work with Directors and Managers to address the culture and tackle the obstacles to raising concerns.

All Members of Staff

- To recognise that it is your duty to draw to the Trust's attention any matter of concern
- To adhere to the procedures set out in this policy
- To maintain the duty of confidentiality to patients and the Trust and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of Trade Unions and other Organisations

- All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health & Care Professions Council and the Northern Ireland Social Care Council.

APPENDIX B

SOUTHERN HSC TRUST PROCEDURE FOR RESPONDING TO CONCERNS

HOW WE WILL DEAL WITH THE CONCERN

Stage 1

1) Any manager / Director to whom a concern is raised must arrange to meet with the employee to discuss the detail of the concern **without delay**.

2) The manager / Director should be clear on the range of other Trust policies and procedures in the event that the concern raised might be more appropriately dealt with under another policy / procedure e.g. Grievance Procedure, Working Well Together Procedure, Maintaining High Professional Standards (Medical & Dental staff).

3) The manager / Director should establish the background and history of the concerns, including names, dates, places, where possible, along with any other relevant information. The manager should also explore the reason why the employee is particularly concerned about the matter. The manager should document a summary of the discussion.

4) The manager should explain that they will need to seek advice from their Assistant Director / Director, providing there are no specific objections raised by the employee regarding protection of their confidentiality in this regard. If there are concerns expressed as to who should be made aware, then the manager / Director should seek advice immediately from the Director of HR or Deputy Director of HR Services.

5) ALL whistleblowing concerns must be notified by the Assistant Director / Director to the HR Director's office for logging and decision on best course of action to address the concern.

6) If the concern is raised with the Director of HR, s/he will refer the concern to the Deputy Director of HR Services to arrange to meet with the employee to discuss the detail of the concern.

It may be necessary with anonymous allegations to consider whether it is possible, based on limited information provided in the complaint, to take any further action. Where it is decided that further action cannot be justified, the reasons for this decision should be documented and retained by the HR Director's Office.

Stage 2

Once the issue(s) of concern has been established, the approach to independently investigating the concern will be discussed and agreed by an Oversight Group, chaired by the Director of HR and an Executive Director, depending on the nature of the concern. The Director of HR will advise the relevant operational Director that a concern has been raised and the nature of it. The Director of HR will withhold the identity of the individual raising the concern, if requested.

A record should be made of the decisions and/or agreed actions which should be signed and dated. Agreed Terms of Reference for any investigation should be established.

The Director of HR will ensure that the Deputy Director of HR Services is aware of the concern (if not previously aware) to ensure any necessary support can be provided to the employee raising the concern.

Stage 3

Within a prompt and reasonable timescale of the concern being received, the Deputy Director of HR Services must meet with the employee to:

- Acknowledge that the concern has been received
- Discuss if confidentiality is to be / can be maintained throughout investigation, and ensure this is documented using the ***Record of Discussion Regarding Confidentiality***
- Discuss how the matter will be dealt with and by whom
- Outline the support available
- Provide an estimate as to how long it will take to provide a final response.

A summary of the discussions will be followed up in writing.

Stage 4

A proportionate investigation – using someone suitably independent (usually from a different part of the organisation), will be undertaken and conclusion reached within a reasonable timescale. The investigation will be objective and evidence-based, and a report of the findings will be produced.

Stage 5

The Oversight Group will consider the report and determine any action required, based on the findings, including any lessons to be learned to prevent problems recurring.

Stage 6

The HR Director will ensure that feedback to the individual raising the concern is provided.

If You Remain Dissatisfied

If you are unhappy with the response you receive when you use this procedure, remember you can go to the other levels and bodies detailed in the Trust's Policy. While we cannot guarantee that we will always respond to all matters in the manner you might wish, we will do our best to handle the matter fairly and properly.

RECORD OF DISCUSSION REGARDING CONFIDENTIALITY

Name of individual raising concern

SUMMARY OF DISCUSSION REGARDING CONFIDENTIALITY

Please record a summary of the discussion with the individual raising a concern regarding maintaining their confidentiality under the Trust's Raising Concerns (Whistleblowing) Policy

CONSENT TO REVEAL IDENTITY

Does the individual wish to their identity to remain confidential during any whistleblowing investigation? **YES / NO** **Who has the individual given consent for their name to be revealed to as part of the whistleblowing investigation?** **Is the individual aware that should further action be required following a whistleblowing investigation in the form of disciplinary action for example, that their identity may have to be revealed following discussion with them and that they may have to provide a witness statement?**

YES / NO

INFORMATION STORAGE

Summary of discussion regarding how information will be held and investigation undertaken to ensure identity is protected.

Signed by individual raising concern(s):

Date:

Signed by Trust representative :

Date:

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
3191	ACUTE	03/09/2012	Safe, High Quality and Effective Care	62 Day Cancer Performance	Trust fails to meet performance standard due to increase in red flag, capacity issues, inability to downgrade and Regional issues.	Daily monitoring of referrals of patients on the 62 day pathway. Escalations to HoS/AD when patients do not meet milestone on pathway. Continuous communication with Regional with regard to patients who require PET and ITT patients for Thoracic Surgery, 1st oncology appointment. Monthly performance meetings with AD/HoS and escalations of all late triaging	7/10/21- All tumour site pathways continue to have capacity problems throughout due to the ongoing pandemic. Referral levels for majority of tumour sites have continued to increase and are back to pre covid levels and in some instances higher than original volumes. Most tumour sites are affected by limited access to surgery. The trust continues to engage with RPOG and participate in theatre equalisation meetings. There are internal weekly meetings to review cat 2 surgeries and decisions regarding allocation of theatre sessions are made accordingly. Fortnightly cancer check point meetings continue involving MDT leads and senior management, where clinical teams have opportunities to escalate areas of concerns and potential solutions where possible. Fortnightly cancer reset meetings with HSCB are also continued. 20/09/2021- Covid has continued to have a negative impact on the 62 day pathway due to the fact that face to face appointment slots at outpatients and procedure lists such as endoscopy have been reduced in order to comply with IPC precautions. Attempts have been made to negate some of these losses by increasing virtual activity in the form of enhanced triage and virtual clinic appointments. However, the Trusts access to theatres and endoscopy lists has been reduced due to the fact of ICU beds being increased from 8 to 16 beds. Surgical specialties continue to prioritise their cases in line with the FSSA guidance. This is collated weekly and reported monthly to HSCB. 18/08/2021- Access times monitored but high volumes of new patients waiting to be seen at our Respiratory Clinics. Continue to monitor access for bronch. 24/02/2021- cancer access times have increased throughout due to COVID . Fortnightly meetings with specialties and escalated to HSCB. June 2020 Review of risk remains high due to COVID pandemic. Reduction in services due to social distancing and risk of COVID. Clinical space, theatre capacity availability is a challenge across all services. Dec19 Review of same risk remains unchanged. 06/08/2019 - Ongoing increase in red flag referrals across multiple tumour sites continues, leading to pressures throughout pathways with 1st appointment, investigation and diagnostics and surgery- in particular	HIGH
3829	ACUTE	13/09/2016	Safe, High Quality and Effective Care	Absconding patients from all Wards & Deparitment	Patients at risk of leaving the ward or department without investigations, diagnosis and management plan in place. Patient risk - Incomplete treatment for medical or mental health issues leading to physical and/or mental health deterioration Risk of self harm / death Staff risk- unable to deliver care to patients, risk of violence and aggression when trying to persuade patients to avail of assessment, treatment and care for their illness.	Level of absconding rates identified. Absconding patient protocol in place. Staff awareness raised. Datix reporting in place. Short life working group established to review access to wards and departs promoting pts and staff safety.	19/11/21 Update from Lead Nurse SEC- A working group is currently developing a criteria method to help guide the level of supervision required in nursing observations in relation to mental health"Enhanced Care Observation (ECO)". A training component is also being developed for staff prior to the pilot of this tool. There is a corporately led MDT working group who have produced a draft SHSCT point of ligature policy which has been shared for consultation prior to final approval. 20/09/2021- Lead Nurse SEC update- absconding policy used at ward level. Patients identified at risk will be placed in a bedspace as much as possible that provides supervision/visibility. Referral to Psych liaison. Also current working group to establish a "patient at risk" assessment tool which incorporates all levels of risk and care planning. There is also work ongoing regarding access to psych services within Acute. 20/09/2021- Escalated as per trust policy in ED. 18/08/2021- Absconding policy in place and escalated to HOS if incident occurs. Reported via Datix process. 09.03.2021- within ED a risk assessment is carried out if PSNI accompany patient under article 130 a joint risk is completed with nursing team. ED AMU review absconding patients with PSNI and mental health at interface meetings 24.02.2021- still ongoing issue and the staff adhering to policy and datix submitted with review taking taking place for each case. 24.06.2019 Absconding policy available - any incidents submitted on Datix, reviewed and staff aware. 23/2/2018 - Additional measures have been introduced to access and egress from ED and AMU. Swipe card is required. Statistics need to be reviewed before consideration can be given to reducing the risk rating. Situation continually monitored.	HIGH
3971	ACUTE	28/08/2018	Provide safe, high quality care	Access to cath lab for NSTEMI patients- ST has the highest through put of patients through the Cath Lab in the region.	The ST have highest through put in the region and only have one Cath Lab. If the C Arm breaks down we will not be able to treat Cardiology patients requiring patients to be transferred to another Trust. SHSCT are concerned there is a potential to patient morbidity and mortality due to long waiting list. Standard 18d of Cardio vascular framework that eligible NSTEMI / ACS pts should have Cor Angio +/- PCI within 72 hrs of admission. Angiography within 72 hours improves outcomes for patients. (NICE). MINAP state: The performance of angiography and coronary intervention soon is an important facet of treatment for the majority of patients.	Monitored weekly. Access elective patients. Escalate number of patients waiting for in patient cath procedures daily to AD and Director. There is a Regional Cath Lab implementation group which has been in place since August 2020.	18/08/2021- Have escalated via Elective Performance meeting. Highlighted the impact of high volume of inpatient activity and need for 2nd Cath Lab to address. Meeting held re inpatient plan regarding sharing lists with Belfast and Western Trust. Criteria to be established. Access times monitored monthly. 07/06/2021- The SHSCT has raised with the HSCB the need for decisions re Cath Lab capacity to meet the demand to be made as soon as possible. The Consultant Cardiologist in the SHSCT recommend a second Cath Lab on site. A PID for phase 3 Cath Lab capacity project was finalised in Oct 2020 and it was shared with the interim Director of commissioning in the Board. The process has been delayed due to the impact of Covid. A Clinical Lead is to be appointed to take forward a capacity and demand exercise which will allow a number of different options to be considered. 24/02/2021- working through as part of cardiology network plan but the target is only 33% in 72 hours due to only one cath lab. 5 /11/20 KPI for N STEMI s getting to cath lab within 72 hours has dropped to 35 % from 45% this is impacting on length of stay and bed occupancy at ward level and resulting in patients being admitted to wrong ward 10/08/20 - Regional group has been established PID document agreed. Demand and Capacity for cath lab activity to commence when templates have been distributed to the Trusts. 14/5/2020. Modular Cardiac cath lab was removed in October 2019. Access times for NSTEMIS has dropped to 33% getting to Cath lab within 72 hours . Regionally agreed to establish group to review cath lab activity re access times and demands. 24.06.19 Monitored via MINAP only 50% getting to cath lab despite modular. High volumes of inpatient activity (monitored monthly for each site) Need to secure Funding permanent for modular. Need to reduce elective to facilitate inpatient. 13.08.18 Performance team to liaise with HSCB re funding	HIGH

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
773	ACUTE	29/07/2008	Safe, High Quality and Effective Care	CAH Theatres Endoscope Decontamination room	The interim Endoscope decontamination facilities at CAH theatres do not meet DHSSNI decontamination strategy. There are no transfer lobbies or staff gowning rooms. The process flow is severely compromised by the size of the extremely cramped unit. There is no room for expansion. The workload in the endoscope decontamination facility has increased considerably over the last number of years due to additional theatre and radiology sessions as well as additional clinics in ENT OPD and Thorndale Unit. There is inadequate space for holding the contaminated endoscopes for manual washing prior to the automated process in the endoscope washer disinfectors. This frequently creates a bottleneck and slows down the process flow and turnaround time. The endoscopes and transport trolleys have to be stored in the hospital corridor outside the endoscope decontamination room due to lack of space - increased risk of theft (trolley plus endoscopes). In the event of any prolonged endoscope washer disinfector downtime there would be significant disruption to endoscopic procedures in Theatres, Radiology, ICU or in ENT OPDand Thorndale Unit as there would be insufficient capacity to decontaminate the endoscopes on the Craigavon site. There would also be logistical issues and delays in turnaround times if the endoscopes had to be transported to another Trust site for decontamination ie Daisy Hill or South Tyrone. The endoscope washer disinfectors were installed in 2009 and have a working life of approximately 8 years. The Lancer endoscope washer disinfectors do not have the ability to perform channel patency tests to current DHSS guidance i.e. inability to perform partial blockage of the duodenal channel which is part of the quarterly channel patency testing regime. The EWD manufacturer has confirmed that they will support the FC 2/4 EWD models until 2022 for the electronics and until 2025 for mechanical parts.	Situation being monitored.	12/11/2021 A decontamination meeting is due to take place 19/11/2021 and a further update will be available after this meeting. 15/09/2021- Replacement ISIS EWDs were included in the paper for funding sent earlier this year. Funding still not approved. The procurement process for EWDs can take up to six months and risk remains with the current EWDs not being supported by the manufacturer beyond 2022. 28.06.2021- no update. 16.02.2021- draft paper re funding required has been shared with the Director of Acute Services. 10/08/20 - DOH has set up a regional RDS2 steering group to assess the current provision of decontamination services, identify any shortfalls in compliance with policy and develop a strategy to address any identified gaps. 3.10.19 Replacement EWDs are included on the capital funding list. May 2019 SHSCT provided a summary report to DOH on strategic planning relating to the decontamination of reusable medical devices 24.06.19, 8.8.18, 12.6.18, 7.3.18 Risk remains unchanged 113.9.16 Head of Decontamination Services will work with Acute Planner to explore options for a modular unit adjacent to CAH CSSD to replace the existing the interim arrangement. Given that CSSD will form part of Phase 1 for the CAH Redevelopment, a modular solution will be considered as a further interim arrangement although it will need to address existing concerns. Indicative costs to be detailed in the paper and logged for consideration under capital allocations for 17/18. 23.2.16 Following discussion at Acute senior management team with Head of Acute Planning, the risk will be addressed in the first phase of the redevelopment of the Craigavon site. On this basis it was agreed that nothing further would be done at this stage. 5.1.16 Short paper highlighting the risks shared with Planning Dept and Director of Acute Services	HIGH
4177	ACUTE	20/06/2018	Safe, High Quality and Effective Care	Chiller Faults causing loss of time- MRI	Chillers are required to supply chilled water to the MRI scanner to remove heat produced during scanning and facilitate circulation of liquid helium which maintains the operation of the superconducting magnet. For the scanner to operate at the highest levels of efficiency, the magnet inside the scanner has to be kept as cool as possible. Any increase in temperature will result if the the chiller is not operating will cause the scanner to no longer operate. This is a safety mechanism for the scanner to prevent boil off the liquid helium "quenching". This is when the wire in the electromagnet stops being superconducting and starts to generate a lot of heat. At this point, any liquid helium around the magnet repeatedly boils off and escapes from the vessel housing the magnet.	Single chiller per scanner with no back up available. Alarm system in place to business management system when chiller is not operating- no communication from switch or estates re this during recent breakdowns. Siemens will test this to check if the system is working.	08/07/2021- recent chiller failure- temporary chiller installed until fault can be replaced. Several days scanning lost while this was ordered and installed. RED FLAG exams delayed due to downtime. 21/11/2020- no change- still awaiting estates action ongoing follow up with estates for progress. 20/06/2018- automatic emergency bypass system needs integrated instead of manual- to be referred to capital department for design team. Additional secondary chiller with associated pipework as a backup- D/W David Thompson needs referred to capital department design team. Discussion with Estates Team and Switch in relation to procedure for notifying estates and MRI if chiller alarm goes off. Alarm system to be tested.	HIGH
4176	ACUTE	20/09/2021	Accessible and Responsive Care,Safe, High Quality and Effective Care	Covid & Non Covid patients on AGPs being cared for in red Resus	Nosocomial Spread and patients at risk	ED consultants/management/IPC/Micro walkaround CDU identified as resus area for patients receiving AGPs CDU converted to Red Resus as IPC/Micro advice Lumira swabbing commenced in ED to determine Covid status The side room is used were possible to provide some protection for e.g. if one non-covid patient on AGP they will be nursed in side room and vice versa. However still a potential risk that aerosols will mix. When this is not possible patients in an open bay have the same air space which means that they are all in direct contact with one another. Covid positive patients in red resus are transferred to a Covid ward as soon as possible to reduce the risk. Ongoing escalation of red resus at APC meetings. All staff in red PPE. Walk around with Estates.	21/09/2021- Datix to be completed when non-covid/covid patients are nursed in red resus at any one time. Patients transferred out of red resus to appropriate ward when clinical condition permits is ongoing. Estates have confirmed that inability to undertake closing off cubical areas due to the estate structure. March 2020- CDU converted to red resus for patients on AGPs. All staff in red PPE	HIGH
3951	ACUTE	10/04/2018	Provide safe, high quality care	Delays in isolation	Due to lack of side rooms/one to one nursing/lack of bed capacity in the service. Risk of spread of infection. Failure to isolate promptly can lead to outbreaks, close of bays, increased pressure on service. May lead to potential patient harm through the spread of potentially preventable infection or due to a lack of beds.	Trust can emphasise the importance of IPC issues at bed meetings and elsewhere. A recent teaching sessions was arranged to do this amidst the winter pressures. Side rooms are often occupied for reasons other than IPC reasons. IPC reasons for isolation are often of critical importance in that severe harm can be done to other patients and staff by failure to isolate promptly. This is often not the case for other reasons patients are in side rooms and side rooms should be prioritised to maximise patient safety. The Trust should also look to ways to enhance the capacity to isolate a patient when the hospital is full and a patient needs isolated urgently e.g. where a patient could be moved out of a room to facilitate critical IPC isolation.	20/09/2021- all patients who attend ED have Lumira to determine covid status. PCR completed as per protocol. Risk assessments are completed when a high number of beds are closed due to an outbreak vs risks in ED. 01.06.2021- there has been 8.7 million pounds secured from the DOH address nosocomial infections which will allow estates work to progress. This will free up clinical space to accommodate patients. 24.01.21- delays in ascertaining results of swabs and screening and appropriate action delayed based on same and lack of isolation rooms to accommodate this.	HIGH
4155	ACUTE	01/04/2021	Provide safe, high quality care,Make the best use of resources,Be a great place to work	Haematology Outliers	Currently only providing a 6 bedded inpatient side room, augmented care capacity for Haematology patients. All other admitted Haematology patients are cared for throughout both medicine and surgery, without the necessary environment to ensure patient safety regarding hospital acquired infections. Potential risk could be catastrophic for a haematology inpatient. Haematology patients are immunosuppressed and are amongst one of the most vulnerable client groups within the hospital setting. Ultimately if a patient is exposed to one of the many potential hospital acquired infection this could be life limiting.	Patients that are identified as immunosuppressed must be prioritised for an ensuite side room the estate is limited regarding same and as such we are not always able to accommodate this, patients are then placed in side rooms with shared toileting facilities Haematology Teams keep track of all outlying patients and review same providing clinical plans where necessary. Maximising discharges in Haematology Unit, in order to created capacity for admitted patients.	Action plan completed working collaboratively with the AD from workforce to address same	HIGH
3954	ACUTE	10/04/2018	Provide safe, high quality care	Lack of documentation	Root cause analyses are repeatedly picking up incidences of poor documentation e.g. lack of filling out of Clostridium difficile bundle, lack of documentation that the patient has been informed of a diagnosis of Clostridium difficile, lack of filling out of cannula charts, etc. Lack of documentation can reflect either that something that should have happened has not happened or just that it has not been documented. In the former there is a direct risk to patient safety (e.g. death from Staphylococcus aureus bacteraemia from a cannula that was not inspected properly and removed when it should have been, death from Clostridium difficile due to deterioration not being picked up due to lack of due diligence in the application of the bundle). In the latter there is still danger to the patient as staff subsequently on duty will not be able to see what was done as it is not documented. There is also significant risk to litigation to individual staff and the Trust as without documentation to say that good practice has been carried out there is no proof that it has been done.	Medical and nursing training would emphasise the importance of good documentation. Root cause analyses would emphasise the importance of this. The recurrence of this problem as demonstrated by repeat root cause analyses however would suggest that current control measures are not sufficient. When challenged regarding poor documentation excuses given are usually:- (a) A lack of education/awareness regarding aspect s of care bundles (b) A lack of time to document things due to service pressures Problem (a) could re resolved through additional education to staff through Lead Nurses, Ward Sisters and Clinical Directors to their teams where this is needed. Problem (b) can only be resolved by easing the pressure on nursing and medical staff in general. In general the experience of the IPCT is that nursing documentation is better than medical documentation, especially with regards to documenting when a patient has been informed of their diagnosis.	18/08/2021- RQIA guidelines shared with Cardiology Team following SAI. Audit to be carried out in October 2021. 24.02.2021- improvements have been made but still needs continually monitored	HIGH

ID	Directorate	Opened	Principal objectives	Title	Des/Pot for Harm	Controls in place	Progress (Action Plan Summary)	Risk level (current)
4196	ACUTE	16/12/2021	Safe, High Quality and Effective Care Effective organisational governance	Limited implementation and adherence to MCA NI 2016, completion of required STDO and TPA for all patients who lack capacity	Limited Implementation and adherence to the MCA NI 2016 , COMPLETION OF REQUIRED STDO and TPA for all patients whom are deemed to lack capacity in specific decisions .	The DOH training is available to all MDT staff and a live register is maintained of all MDT staff whom can complete the required statutory assessments and documentation , however due to all MDT staff workload capacity and also confidence there is minimal identification of these patients and therefore very low numbers of STDO IN Acute Hospitals .Lead Nurses have been asked to ensure when 1-1 ARE BEING REQUESTED AT WARD LEVELS THESE ARE NOT APPROVED FOR PERSONS WHOM LACK CAPACITY UNLESS A STDO process has commenced .MCA should form part of all daily WBM discussions .The current SOP is not fully implemented as these patients are not being identified early in their journey from ED also. All MDT should agree which staff member / profession is best placed to take forward the MCA process STDO / TPA, this should be shared equally among professions The current STDA are under the management of MHDD Additional bespoke training is available within the SHSCT for any MDT staff group to develop skills and knowledge	18/12/2021- Plan in 2022 that the STDA Team (4.0 wte staff) will come under the operational management of Acute / Non Acute and will suit within HSW management structure's , this will allow more focused work and support to wards , however the challenge will be developing MDT staff to take forward this work as part of their day to day duties	HIGH
4184	ACUTE	04/10/2021	Safe, High Quality and Effective Care Effective organisational governance	Misuse of POCT devices and non compliance with clinical governance procedures across the Trust	POCT demand has increased exponentially across the Trust, particularly in response to the Covid pandemic. Mistakes made during the course of POCT analysis and incorrect results acted on by the clinical team can have life-threatening consequences for the patient. The risk is not limited to the POCT team; the risk is applicable to all of the clinical teams across the Trust who are performing POCT and relying on the results to inform patient management. All of the following will cause incorrect results to be produced which, if acted upon, could be fatal for the patient and leave the Trust open to litigation: -Poor sampling technique resulting in poor quality of sample. -Lack of training or knowledge on the part of the operator regarding proper and correct use of the POCT device. -Lack of knowledge or reluctance regarding how to perform internal quality control and calibration (this checks if the machine is producing the correct results). -Inadequate compliance with external quality assurance procedures (this checks that the entire procedure from sampling through to result transmission is working as it should). -Lack of understanding of what will adversely affect results e.g. haemolysis, icterus, lipaemia, incorrect storage temperature for reagents. -Poor cleanliness and maintenance of the device and surrounding area. -Use of incorrect or out of date IQC/calibration or test cassettes. Other risks for the patient -Not using the correct H&C number - result will not transmit to NIECR. -Patient HCN mix up, results going into the wrong patient file. -Staff sharing barcodes - risk of an untrained operator using the device incorrectly. -Lack of POCT team support to deal with issues such as poor IQC/EQA performance and -troubleshooting. -Lack of IT support for issues such as devices losing connectivity. In addition, not all devices are able to connect to the Trust network so there is an increased risk with such devices where the POCT team are unable to adequately monitor their performance. -Users not informing POCT of issues with devices when they arise. Risk of faulty device being used to generate inaccurate results that are acted on by the clinical team. The risks to the user and patient are significantly more substantial than risks associated with performing tests in the main laboratory which is staffed by fully trained laboratory staff. Staff performing POCT have basic training in operating the devices and must adhere fully to the rules set out by the POCT team. Mistakes can have serious, fatal outcomes for the patient if the results produced are incorrect or misinterpreted and subsequently acted upon by the clinical team. Staff not adhering to the rules and standard operating procedures as laid down by the POCT team are open to disciplinary procedures. Mistakes made during the course of POCT analysis can leave the Trust open to litigation from the patient. The POCT team regularly audits aspects of the POCT devices and operators. There are repeated instances of staff sharing barcodes, not using H&C numbers, poor maintenance and cleanliness of equipment, failure to run IQC and EQA, poor sampling technique affecting sample quality, incorrect test cassettes being used, incorrect reading/interpretation of results. Other issues are staffing levels within the POCT team and the problems	- Online and/or face to face training available for all devices - training sessions are organised and readily available on request from the POCT team. - POCT staffing - POCT staffing has been extended but staffing levels have fluctuated with staff leaving and being replaced. There is a requirement for a Band 6 BMS to provide support to the POCT Band 7 and robustness across the service, particularly with the continuing increase in demand for POCT across all sites. - SOPs and information are available for all devices on the laboratory website and Sharepoint. - Regular audit of POCT in clinical areas is highlighting problems with regards device maintenance, compliance with IQC/EQA etc, and this information is regularly disseminated to all Heads of Service and Lead Nurses in areas of the Trust that use POCT. The emphasis is on these individuals to enforce the compliance with POCT rules within their teams in order to satisfy clinical governance requirements. - IT support is a constant issue within POCT and causes serious delays in troubleshooting and installation of POCT devices. We are currently recruiting a Band 6 IT person for labs, but they will require proper access and administration rights to IT systems (particularly cyber-security) in order to complete their work. This could be a problem if IT are unwilling to co-operate in this respect. These controls are effective to a certain extent, but non-compliance with POCT regulations within the clinical teams is a critical ongoing issue that is possibly not being taken seriously enough across the Trust. The risk to the patient is significant. Removal of devices from clinical areas where non-compliance with POCT rules has been identified as a serious issue - this will only be as a last resort, particularly in areas such as ED where POCT is essential for patient flow (e.g. Covid testing). However, this leaves the Trust open to litigation in the event of errors. Permanent blocking of users who consistently fail to comply with POCT regulations - this is not feasible in practice, particularly with many clinical areas short staffed. All we can do is ensure the individual's line managers are aware of non-compliance issues, and that they both sign an official form committing to compliance with regulations, and undergo re-training procedures.	17/12/2021- "Update Senior Management (CCS) on developments by Jan 2021 "Create a potential structure to provide further support to the Trust by end of Jan 2021 "Secure additional resource to plug the identified weaknesses in current structure TBA "Seek further investment in POCT Governance structure TBA "Reinforce adherence to protocols through existing governance structures Feb 2021 20/09/2021- ED has stated that no additional funding given to provide POC service in ED- directly impacts on timing of results. High risk of agency staff. Consideration should be given to commissioning of mini lab in ED managed by main labs. 18/08/2021- this is monitored and issues escalated to Dept manager and LN and HOS. June 2021Re-started the Medical Devices and Equipment Management Group meetings. This group will have the role of promoting the safe use of medical devices and equipment throughout the Trust, providing assurance for the life cycle of all medical devices which includes procurement, use, decontamination, maintenance and disposal by the organisation of all medical devices, to ensure their use and application does not create a risk to patients, clients, staff and visitors. June 2021Expression of interest interviews taking place 04/06/2021 for Rapid Covid Tester in ED, using Lumira devices. May 2021 Requisition in place for POCT Assistant to replace staff member which has moved on. April 2021Re-commencement of user audits by Patient Safety and Quality Manager. This audit looks at barcode sharing. POCT are involved in a regional training programme for both Clinitek and Glucometers for any staff member who needs it. This allows a staff member from another Trust (bank nurse) to use device and would therefore reduce user error. Roche are currently working on a regional INR training structure. July 2021 POCT have developed a barcode sharing policy which will go live in July and will be disseminated to all AD'S and appropriate leads.	HIGH
4157	ACUTE	06/05/2021	Provide safe, high quality care Make the best use of resources	MRI Capacity	MRI inpatient demand has significantly increased with an impact on the capacity for red flag, urgent and routine outpatient examination. There has been a 72% increases in inpatient MRI demand comparing March 20 and March 21. Currently there is no MRI facility available on the Daisy Hill Site and patients have to transfer to CAH for MRI imaging. Increased outpatient waiting list and waiting times. Potential for additional queries regarding inpatients to MRI staff adding additional pressures.	Currently some MRI referrals are being outsourced to the Independent Sector. However due to image quality the more complex outpatient MRI referrals remain in the Southern Trust	6/4/22 The MRI options paper is to be presented to SMT on Tuesday 12th April to seek approval to look at non Trust locations for a modular MRI unit. There is also an ongoing MRI optimisation project being facilitated by Siemens and the initial review of the service has occurred and we are currently awaiting feedback. 14/12/2021- brought to CW to raise with Director re corporate register move. The Department are working with planning on a Business Case for a low field strength MRI Scanner to be located at DHH. The Current MRI scanners located in CAH are due for replacement in 2023 and 2024 which are currently on the equipment replacement plan. The costs of low field MRI scanner for DHH has yet to be finalised	HIGH
3508	ACUTE	24/10/2013	Safe, High Quality and Effective Care	Overcrowding in Emergency Department CAH & DHH and the inability to off load patients from Ambulance due to overcrowding.	Delay in assessment of NIAS patients as no space to off load. Delay in ECG as no space for patient. Delay in resuscitation treatment as Resus overcrowded. Delay in treatment as Majors area overcrowded. Patient may deteriorate in waiting area as no space and delays in getting them to cubicle and doctor. Patients may deteriorate while waiting for admission bed on ward medication errors will increase as nursing staff unable to cope with delayed admissions. Patients basic nursing care may delayed as not enough nursing staff to deliver it in overcrowded ED. Patients may loose confidence in the Trust. Staff may become burnt out and stressed.	Triage (second nurse in triage in intermittent periods when staffing allows. Department escalation plan in place. See and treat pilot with band 6 and ED consultant (pilot finished). Patient flow meetings. 4pm meetings with patient flow. HALO role and ongoing monitoring	20/09/2021- ongoing, risk exacerbated by Covid- bed pressures sustained for long periods. Non commissioned beds have been opened. Surgical beds converted to medical beds. 09/03/2021- ED have completed capacity plan. All areas in acute to do the same. Escalated to Directorate. ongoing workstreams. Funding needs secured for medical gases for ambulance receiving area. Unscheduled care huddle regional actions daily. Estates ordering a modular unit for 6 cubicle receiving area. Ongoing escalation plan. 07.08.2020 - new workstreams have been setup in the Trust which may impact on overcrowding. Ongoing work to review and agree a capacity plan for both ED's. 12.08.19 MD escalation plan to be developed. Bed modelling exercise. 11.03.19- No update. 24.10.13 - There are systems in place to monitor this daily. The problem can fluctuate on certain days and become worse from November to March. Swing ward to be set up by November 2013.	HIGH
4142	ACUTE	24/02/2021	Provide safe, high quality care Be a great place to work Make the best use of resources	Recruitment and Retention issues- Trust Wards	Patient safety risk. Identification the deteriorating patients, risk on escalation of same, lack of knowledge of in house processes, potential treatment/management/discharge delays. Increased pressure placed on core team, risk of burn out/work related stress. Potential lack of escalation/risk deteriorating patient not escalated. Potential risk of failed discharge/transfer due to lack of knowledge regarding processes. Risk of non-compliance with appropriate documentation required to manage patients holistic needs.	currently focusing prioritising recruitment to this area. Complete all outstanding e-reqs Internation nurse recruitment Target year 3 nursing students to this area to attract uptake Offer all bank and agency permanent positions Daily review and redeployment of staff to support the skill mix and staff levels with 2 South.	19/4/22. Still ongoing issue with recruitment and retention of Staff. Staffing levels reliant on Bank and Agency to fill gaps at ward level. 20/09/2021- 6 new start band 5 in DHH ED October 2021. 22 New start Band 5 CAH ED October 2021 28.06.2021- ATICS ongoing Band 5 recruitment drive. 8 x band 5 posts from peri-operative work stream. Applications closed 23.06.2021 Action plan completed working collaboratively with the AD from workforce to address this	HIGH

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4156	ACUTE	19/08/2021	Provide safe, high quality care Make the best use of resources	Referrer MRI Safety	MRI is potentially hazardous and involves significant risk to patient safety. During the period 2019-2021 there has been an average occurrence (one every 3 weeks) of incidents involving incorrectly completed MRI safety referral information. These incidents have involved referrers stating that patients do not have any potential contraindications to undergo MRI(implants) however it is later identified by MRI Team that implants are in-situ. If these events keep occurring at the current rate there is an increased risk of morbidity and mortality because the source of risk has not been reduced.	The MRI Team screen and check all patients and completed questionnaires to attempt to ensure these errors are captured. E Learning MRI safety for referrers is available on HSC E Learning. Where possible notifications are sent to referrers involved to highlight the error and request that they complete the MRI safety training.	03/12/2021 - A national MR Safety training module is being developed and will be released in 2022. This module will replace the current MR Safety module on ELearning. A trend analysis report has been collated over the past 4 months which has not indicated any reduction in the number of incidents. 14/09/2021- requirement for a 3rd scanner, electrical infrastructure in DHH is an issue- cannot be brought forward. Modular MRI scanner on DHH currently. Cannot be progressed by division. To be discussed with Director of Acute Services t to have this risk moved back onto Directorate register. 16/08/2021- memo has been circulated by the medical director to all medical staff regarding the importance of correct protocol when filling out safety questionnaires for MRI. MD has asked for compliance audit data to be shared with MD and AMD to allow this issue to be addressed. A learning letter was sent out with the memo to be shared at the M&M meetings and Governance Co-coordinators to be raised at directorate governance fora and the AMD and DMD for sharing within teams. Posters to be placed on Trust desktops via Communications team by June 2021 The Department would like Referrer MRI Safety Training to become mandatory for MRI referrers by August 2021	HIGH
4143	ACUTE	11/03/2021	Best use of resources Provide safe, high quality care	Replacement programme for Radiology Equipment on all Sites to replace equipment on unsupported operating systems and provide mai	A radiology equipment replacement programme is required to ensure that ongoing high quality diagnostic imaging services can be provided for patients within the Southern Trust. New Imaging equipment ensures maximum diagnostic capability with minimum radiation dose. There is equipment currently running on Microsoft Windows XP - the support ended in April 2014 leaving risks of ransomware attacks or hacking..Failure to patch as per schedule could result in the ability to access clinical systems on radiology equipment and server infrastructure. This has been highlighted by Tenable programme and could result in the loss of essential services.	Equipment replacement plan has been drawn up. A Capital Investment stream is required to be identified for Diagnostic imaging.Patching arrangement needs to be formalised. This needs developed with 3rd party agreement. All 3rd party contracts to be reviewed and amended to include patching - regional project looking at 3rd party suppliers being led by BSO. Targeted staff awareness, devices to be replaced, upgraded or if not possible must be segregated. IT working with Radiology to highlight all devices. -	10/02/2022 -In the financial year 21-22 the following equipment was replaced via Capital Monies: *3 Endoscopes *Technegas *3 General Ultrasound units *2 Breast Ultrasound units *2 Fluoroscopy units Capital priorities for the coming year are: *Funding for a 2nd CT Modular unit at DHH *Second CT scanner CAH *Replacement of 1 MRI scanner CAH *Replacement of DXA scanner and DR room at STH - this is in preparation for a Diagnostic Centre 14/09/2021- 10 year plan drawn up-investment per year shared with Regional Imaging Board- understand that SHSCT needs priority. *The equipment plan has been tabled at Trust SMT. Radiology have also presented to SMT to highlight the issues. This presentation has highlighted specific urgent requirements including breast imaging and fluoroscopy across both sites to include the required ventilation. Unfortunately at this time capital funding is not available within the Trust to meet the needs of the plan. Equipment records are kept up to date with records of breakdowns and quality assurance testing. There is ongoing review with IT regarding patching. - ongoing review with IT in relation to patching. All 3rd party contracts to be reviewed and amended to include patching- regional project. *To be amalgamated with 8, 10 and 11. The equipment plan has been presented at Trust SMT. Unfortunately at this time capital funding is not available within the Trust to meet the needs of the plan. Equipment records are kept up to date with records of breakdowns and quality assurance testing. -	HIGH
4185	ACUTE	12/10/2021		Risk of not being able to provide a round the clock blood sciences service on both CAH & DHH sites	There is a risk that that the critical provision of Blood Sciences may not be available on one of the main hospital sites. An inability to provide "round-the-clock" cover would compromise the provision of high quality care and in the case of Blood Bank could result in the requirement to close (temporarily) Daisy Hill to emergency admissions. In addition Obstetrics and other specialties, including Theatres would be put at unacceptable risk. Contingency measures that could be brought into operation in Chemistry could compromise patient flow and potentially compromise clinical care. Current contingencies within Haematology / Blood Bank carry even higher risks than Chemistry due to the critical nature of blood bank in particular. The stretching of staff across the 24 hour period and two sites together with the constantly increasing demand for laboratory services is also putting accreditation at risk. Type 1 Emergency Departments and Obstetrics have an absolute requirement for a Blood Bank. If the Blood Bank could not be operated at any stage of a twenty four hour period the Daisy Hill Hospital would not be able to maintain the Emergency Department and patients would need to be directed to other Emergency Departments with potential for delay and significant patient harm or death. It is sobering to reflect that critical hospital services are supported by rotas that are extremely limited and vulnerable to short notice illness with the potential for no available backfill. Unlike nursing agency bank staff are not readily available. In short inability to cover a gap could result in the emergency department having to close and patients on the Daisy Hill site being exposed to significant risk. Therefore the impact could be regarded as a catastrophic. The number of staff available on the Haematology / Blood Bank in the SHSCT is very limited, partly due to the very stringent requirements required to operate autonomously in this discipline. Currently the twenty four hour cycle is covered by too few staff and by utilising substantial overtime. Increased demand on staff has also the potential to increase sickness and stress further compounding the problem. Rotas are effectively so limited that even a few absences could cause one of the rotas to fail. The COVID pandemic has placed significant additional pressures on staff - increased demand and reduced availability of staff. Very tight rotas are highly vulnerable to these issues. Laboratory accreditation (UKAS ISO15189) is at risk where the focus is maintaining a service at the cost of maintaining a rigorous Quality Management System.	*Cross - cover from corresponding site (i.e. CAH cover for DHH) *Cross cover from other departments where relevant and safe *Additional staff in training (two staff due to complete training in the next six months) *Additional support staff through the 24 hour period *Agency support staff These controls have been enabled service provision to continue but they are insufficient to reduce the risk to an acceptable level *Additional Agency Biomedical Scientists - very limited supply (if they can be sourced at all) and likely to be off framework. Introduce additional risk - in terms of competency and experience. *Transferring Blood Bank samples to Craigavon - but there would be an unacceptable delay *Remote release of blood - unacceptable in a Major Haemorrhage scenario *Routinely providing remote Chemistry Biomedical Scientist support from the CAH site with support staff running samples on the DHH site	April 2022-Seek approval to recruit against overtime expenditure. Granted and in progress Discuss contingency with Clinical Leads/ senior staff. - Contingency is limited and has the potential to compromise patient safety Expedite training of BS Biomedical Scientist. Despite best efforts training is slow due to the obvious constraints and COVID etc limiting further the supply of staff to train and be trained Expedite Chemistry training of Haematology / Blood Bank Biomedical Scientists. Recruit additional Biomedical Scientists and Support Staff. As above but additional staff slowly being recruited - training extremely challenging Discussion with HR around appropriate T&C for working shifts - especially at late notice etc. Procedure to describe the contingency. Completed and has provided some mitigation - however formal sign off from HR pending Plan to ensure return to schedule on all aspects of the Quality Management System. Dependent on above Remote release of results has been introduced where suitable.	HIGH
4049	ACUTE	07/08/2019	Provide safe, high quality care	Due to the staffing situation in Maternity there is an inability to accept Inutero Transfers from other Units for Neonatal Cots	The Trust is currently intermittently unable to accept inutero transfers for neonatal cots from other units. This is due to current maternity staffing level difficulties. Possible harm to mothers and babies who require a neonatal cot due to specific health needs and imminent delivery, therefore requiring transfer to this specialised facility. Potential for undue distress to baby and parents.	Continual monitoring of the staffing situation to make best use of existing resources. Transfer accepted when staffing levels permit.	16/03/2021- Ability to accept inutero transfers remains limited due to staffing and capacity ongoing recruitment continues, increased pressures to accept transfers due to regional neonatal capacity. Will continue to monitor Jun20 continue to monitor Dec19 Specific focus on recruitment - recruitment fayre undertaken and appointments made awaiting registration within next year. Retention of staff also focus within division to retain and recruit staff	MOD

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2422	ACUTE	13/10/2009	Provide safe, high quality care	Multiple training schedules for staff at Trust Level. Lack of resources to facilitate staff to go to training.	Staff unable to attend training due to multiple training schedules, therefore leaving ward short staff or staff not being updated. Mandatory requirements unable to be facilitated. With staff at training there is a potential risk of not providing safe high quality care to patients. It will deplete staff numbers at ward level therefore failure to meet the expected standards of care. This will apply pressure on colleagues who remain on the ward.	Ward Sister to manage off duty rotas and prioritise training needs/where there are high dependency levels responsibility of nurse in charge to assess situation and take decision on releasing staff for training/more flexible approaches to training eg delivered at ward level,e-learning etc.	9/4/22 . Due to gaps at ward level difficult to release staff to undertake training either Face To face or Virtual e learning. 18/08/2021- no change core mandatory training monitoring monthly but Face to Face training still an issue due to social distancing and reduced staff numbers per session. 01/06/2021- provisions have been made to allow staff to do training in their own time and to receive overtime payment to do so. 24.06.19 No change, Monitor compliance monthly. Training now available on-line. Review frequency of training. 23.9.17 - CMT remains challenging to achieve over 80% mainly due to 1- staffing challenges and 2 availability of training which is not 'online'. 1.12.16 No further update. 13.9.16 Awaiting update 27/5/16 - No change.	MOD
3663	ACUTE	29/04/2015	Provide safe, high quality care	Single CT Scanner available on DHH	If the CT scanner breaks down there is a potential to cause major operational difficulties in terms of assessesment and treatment of patients and delay in diagnosis.	In the event of a breakdown we have divert arrangements in place with NIAS whereby patients will not be brought to DHH but taken directly to CAH. In the short term there is a second unit on site until March 2020. An IPT business case has been written to reitain a modular CT Scanner in DHH.	6/4/22 There has been a further meeting with HSCB to look at the options - there are currently 2 suppliers have submitted bids through PALS procurement. Only one supplier is within original budget. Still awaiting funding stream Dec2021- meeting with HSCB in January 2022. 03/12/2021 - Currently awaiting feedback from DOH regarding the IPT. The provider is querying if the lease will be extended by March 2022 as they have other third parties interested in the unit. 14/09/2021- Medium term plan to build a CT suite in DHH with 2x X-ray machines and one MRI. Finance and Planning have asked the Regional Imaging Board. Clarification has been sought but not yet received. Trust running at risk even without funding March 2021 Need to secure additional funding to maintain the modular CT scanner for the next financial year March 2020 The Trust will build a new scanning suite in DHH which will provide 2 CT Scanners and an MRI scanner. There is currently no timeframe for the new suite due to the electrical infrastructure which needs to updated before the new suite is put in place 3/12/19 there are 2 CT scanners in place in CAH to cope with capacity and any downtime to the main scanner. DHH has 1 scanner which is being replaced, currently being covered with one ground level modular service in place during replacement. Risk remains as only one scanner in DHH and in case of downtime patients diverted to CAH. 7/8/19 Mobile CT Currently available on DHH site to reduce the workflow on main scanner. Work is planned for Sept/Oct to replace the existing DHH CT scanner and during the building works a mobile scanner will be available to facilitate DHH inpatients and ED patients. In the event of breakdown the transfer policy between CAH and DHH will be implemented. Nov18 Second CT Scanner is now in situ in CAH. 7.3.18 Mobile CT Scan is operational on site. 5.12.16 Mobile CT scanner now on site. Funding up until 31.3.17 to seek further funding to retain on site 17/18.	MOD
3957	ACUTE	30/04/2018	Safe, High Quality and Effective Care	The medical team on the Daisy hill hospital site cannot provide daily senior review for all the Medical in patients	Due to medical workforce they are unable to ensure that all in patients receive a senior medical review. Delay in investigations. Delay in review of investigations. Delay in Diagnosis. Impact on the patient treatment plan. Potential to contribute to overcrowding in ED as some of in patients could be potentially discharged.	Each Ward Sister to identify at the bed meetings if patient has not had senior review. Ensure that outlyers are seen and escalate accordingly to Lead Nurse/ HOS	19/4/22. All wards DHH have 3 consultants aligned to them so all patients are seen daily. Need To review middle tier rota to support additional Medical Beds opened on DHH site. Recruitment in progress for substantive consultant posts. 20/09/2021- unable to secure acute physician for DAU. 18/08/2021- COW model in place and patients reviewed daily. New patients discussed at daily handover at 8.30am and also weekend handover at 12.45 on Fridays. 07/06/2021- There are 5 substantive Consultant post in DHH across Medl Stroke/Respiratory and Gastroenterology. 4 out of 5 contribute to the 1:8 medical rota. The remaining posts are filled by Locum Consultants. there is a 1:12 weekend/bank holiday rota which is supported by colleagues from OPPC. There is now a substantive 1:8 middle tier rota. From August 2021 there will be a full middle tier out of hours rota with no locum's. At weekend/bank holidays there is an additional Consultant, registrar and SHO who work from 09:00-14:00 hours. 24/02/2021- review of medical staffing on DHH site currently taking place. E- Req in system for specialties. 13/05/20. Zoning introduced but issues identified with this system. Audit carried out. Medical rota is sufficient to provide daily senior review. 24.06.19 No change. Zoning introduce needs evaluated. Review workforce available.	MOD
3929	ACUTE	12/12/2017	Provide safe, high quality caMake the best use of resources	Declaratory Orders for patients who lack capacity	Decisions sought from the court in those cases when someone lacks capacity and wherein a deprivation of liberty is likely to exist. The risk is that for those cases not taken to the court for a declaration order, there is a risk that the Trust could be challenged through judicial review for the best interests decisions it makes obo individuals without capacity.	Advice is that in all cases where a DoL is evident for individuals assessed as lacking capacity, the Trust should seek a decision from the court. This is neither achievalbe not affordable. This paper proposes that Multi-disciplinary teams agree only the most difficult cases are taken to the court for a decision.	30.07.19 There will be partial implementation of Mental Capacity Act NI on 1 October 2019. This may alleviate some of the declaratory orders asTrust Authorisation panels are being set up. 7.3.18 Risk remains unchanged	LOW
2979	ACUTE	13/05/2011	Provide safe, high quality care	Multiple records/charts per patient e.g. a patient may have STH, CAH, BPC & DHH medical notes	Patient is at risk due to information in multiple charts (no one chart may contain a full record of patient history and investigations). Trust from risk of litigation. Risk to patient of incomplete information being available at time of consultation, incorrect diagnosis due to incomplete information, delay in diagnosis, risk of injury and/or death. Reputation of Trust at risk.	Patient information is available electronically in Patient Centre, NIPACS, Labs, TOMCAT. Charts for CAH and DHH only now registered. All charts are made available if requested.	19.08.2020 Most charts have now been replaced. 24.06.19 New system - one patient one chart for all new and recent patients. Ongoing update for older files for existing patients. 7.3.18 Risk remains unchanged 28.09.17 Further work is to take place with regard to registration of CAH and DHH charts and a move to 1 patient 1 chart. Initial discussions will take place in October with Health Records managers and the Booking Centre to identify issues relating to registration, and following this a proposal will be taken to Acute SMT for discussion and agreement. 28.12.16 - work ongoing with continuing to reduce number of charts per patient in circulation - robust weed and destruction of charts takes place every year and registration reduced. Risk reducing each year. 12.9.16 work still continuing on reducing the number of charts per patient - this is an ongoing exercise. A trial of going "paperlight" was conducted in June - Aug 16 which would reduce the amount of paperwork generated per patient however, until such time as a "write on" information system is available we cannot progress with paperlight / paperless clinics as information still needs to be recorded on the patient visit.	LOW

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4099	ACUTE	11/08/2020	Provide safe, high quality care Make the best use of resources	Neurophysiology- Due to insufficient staffing levels risk of occasional department closure days	Occasional risk to inpatients as no staff to provide service. There is the occasional inability to provide an inpatients service for EEG. EEGs are an aid to diagnosis. there is no on call/weekend or bank holiday cover	As a rule x2 staff not permitted to have annual leave at the same time however in exceptional circumstances this can occur when staffing levels are insufficient. Change the working pattern for x1 P/T member of staff which will reduce lone working days and therefore reduce risk of closure days	03/12/2021 - A Band 5 MTO commenced in October which alleviates some of the departments staffing pressures. 14/09/2021- Lead has now retired. A new interim lead has been appointed. Continue to train 2 staff- progressing through the 2 year training programme currently. March 2021 - Lead due to retire in August 2021. 1 member of staff has taken a career break for 2 years. Another member of staff will shortly be going off on maternity leave. The remaining member of staff will increase their hours and be assisted by the trainee posts. Staff levels should be 3.22WTE	LOW
3529	ACUTE	05/02/2014	Provide safe, high quality care	Non compliance to Standards and Guidelines issued to Southern Trust by DHSSPSNI	There is often a time lag between when the external agencies require the Trust to achieve full compliance against the recommendations outlined within standards and guidelines and when this is actually achieved. Such non-compliance poses the following risks for the patient and the organisation: Reduced ability to deliver quality patient care; Compromised patient safety and wellbeing; Poor patient outcomes - mortality/morbidity, delayed discharge, increased secondary complications; Staff members are non-compliant with evidence based working practices, lack of standardised practice, vulnerable wrt registration; Organisational risk - complaints, incidents, litigation, loss in confidence / negative publicity Service Capacity As of 30 June 2020 there are 2131 standards and guidelines identified on the Trust's S&G database. Of thes1622 were applicable to Acute Services (78%) Lack of suitable IT Recording System Due to volume and complexity of these guidelines it is a challenge for the Trust to monitor and review the compliance status of all the standards and guidelines that have been received. There is a corporate need to invest in a more fit for purpose information system . In 2017/18 BSO gave the WHSCT significant funding to support a pilot of a modified Sharepoint system that would in the first instance record and track the implementation of NICE guidelines and Technology Appraisals. The Regional NICE Managers forum acted as the project group and whilst the scope of the project was not embracive of all the types of standards and guidelines endorsed regionally it was at least a starting point. The ultimate vision was that upon completion this system would then be shared across the HSC (including the HSCB/DHSSPNIS) to provide a harmonised / standardised system that would provide effective monitoring and traceability of guidance implementation. Unfortunately this pilot has not yet yielded these desired outcomes and in the interim the SHSCT continues to use an excel spreadsheet whose functionality falls well short of service requirements. Discussions have been undertaken with Mark Toal to seek out other possible IT solutions - these have included Qlikvue / the new Datix S&G module (which remains in prototype) / Q Pulse. This scoping work is ongoing. Given the number of standards and guidelines that are now held on this system there is risk of it collapsing and there has been a number of incidents were data saving has not occurred due to capacity issues. As a safe guard a system back up is saved on a weekly basis. There is also the added frustration that if any of the directorate governance teams are using the shared excel spreadsheet no-one else can use it. This can impact on staff not being able to carry out their administrative duties on the system at that point in time. This is inefficient and there is a risk of a lack of timely data capture. S&G Backlog S&G backlog continues since the number of newly issued S&G demands the capacity of the Acute S&G team to ensure timely implementation. Consequently there continues to be a need to review the register, identify the backlog and prioritise those standards and guidelines that need to be implemented by nominated change leads. Since 7 January 2017 the corporate S&G forum has been stood down. Whilst new processes for managing S&G have been developed, one key challenge is the timely implementation of those S&G that have a cross directorate applicability. This includes a delay in identifying the lead directorate and who will lead these pieces of work. This has resulted in some S&G circulars not meeting the required deadline to submit an assurance response to the required external agency. It also has the risk of creating 'siloed' implementation processes within each applicable directorate which in turn has the potential to produce inconsistency in any new processes that are being developed, especially across the different care boundaries. This is a risk.	Provision of bi monthly assurance responses to the HSCB as part of the Trust's Positive Assurance response. Corporate governance have an Excel database in place for logging and monitoring S&G. The accountability arrangements for the management of S&G within Acute Services are well defined to ensure the risk of not complying with a guideline due to identification of an external barrier is communicated to the SMT in a timely way. There are robust processes in place to ensure timely review of E proformas to ensure any change in compliance is identified and should the compliance status be downgraded from red to green the HSCB can then be notified. Within Acute Services a directorate S&G forum has been established - inaugural meeting was held 19 January 2017. Terms of reference are in place and the forum is chaired by the Director and attended by the SMT. The forum meets twice a month to review all newly issued S&G so to ensure appointment of a clinical change lead is confirmed in a timely manner, thereby ensuring implementation processes are put in place as early as possible. It also reviews and approves implementation plans requiring submission to the the relevant external agency. It approves any policy/procedures/guidance that has been developed as part of these implementation plans. Standard item for discussion at the monthly Acute Clinical Governance meetings with submission of relevant reports Patients Safety & Quality Manager (Acute Services) attends all divisional governance meetings on a monthly basis and presents tailored activity reports to determine progress at an operational level Meeting schedule is in place to ensure meetings are held with the Heads of Service to review compliance against all S&G within their areas of responsibility A new Acute Services Lead Nurse, Midwifery & Radiology S&G forum - meetings held on a monthly basis Monthly summary report is issued out to Acute SMT to communicate to all staff what new regionally endorsed S&G have been issued. A copy is also shared with the M&M chairs so that they can review and share within their committee meetings Service KPIs are in place and presented to the Acute S&G forum on a quarterly basis Acute S&G procedures manual has been developed and has been operationalised since 1/4/2017. This is subject to ongoing review and updating Acute S&G administration processes maps have been developed and are to be presented at Acute S&G forum on 01/05/2018 Standard item for discussion at SMT (monthly) and Governance Committee with submission of relevant reports / assurance statements.	24/02/2021- being reviewed through standards and guidelines process 10/08/20 - Risk reviewed. Updated description of risk provided. March 2020 On-going monitoring and review within Acute S&G forum agenda Discussion with Trust SMT since this risk issue will be the same within the other operational directorates, albeit the number of guidelines are less 10/08/20 - Risk reviewed and description of risk updated. 02/06/2020 standards still difficult to achieve with limited funding, staffing and equipment 09.03.2020, 5.12.16 Information below remains current 19.7.16 - Decision needs to be made regarding the viability of re-appointing an AMD for Standards and Guidelines (Acute Services) - forms part of the current review of Acute Services structures. Administrative support for the Patient Safety & Quality Manager needs to be reviewed - there is currently no administrative support. Patient Safety & Quality Manager (Acute Services) has successfully achieved a one year NICE scholarship - project is to undertake a review of the directorate's process for implementing standards and guidelines - to be completed by 31/03/2017. There continues to be an urgent need to put in place a more effective information system for the logging, dissemination and monitoring of standards and guidelines. Corporate governance is currently designing an inhouse system until an appropriate regional solution is agreed. Due to ongoing work pressures Phase 1 (01/10/2015 to current date) and Phase 2 of the backlog review (all S&G issued from 01/04/2007 - 30/09/2015) will be undertaken from 01/01/2018 to 31/03/2018 has not been progressed as planned and will continue during 2019/20 workplan. Phase 1 (From 2017 to current date) has been completed. Phase 2 of the backlog (from April 2007 - Sept 2015) remains outstanding.	LOW
4090	ACUTE	09/03/2020	Provide safe, high quality care Make the best use of resources Improving Health and Wellbeing	Prescribing of valproate not in line with valproate Pregnancy Prevention (PREVENT) Programme	Valproate is associated with teratogenic risks (congenital malformations, neuro-developmental disorders) in children exposed to valproate during pregnancy. Children exposed to valproate in utero are at increased risk of lower IQ and of risk of developing neurodevelopmental disorders. In 2017 and 2018 the DoH issued a number of circulars in relation to the risks of prescribing valproate in women of childbearing age (HSC (SQSD) 19/17, HSS (MD) 8/2018 and HSS (MD) 27/2018) highlighting new resources to support the safety of girls and women who are being treated with valproate. Among the recommendations to Trusts was the requirement to develop an action plan to ensure all girls and women of or nearing childbearing age taking valproate are systematically identified so that all relevant resources can be used to plan their care. In addition, all relevant resources are to be embedded in clinical practice for current and future patients, by revising local training, procedures and protocols.	Currently valproate is prescribed to a small number of patients under the care of SHSCT Consultants, all of whom have been made aware of the various DoH circulars and associated recommendations. A number of SHSCT Consultants sit on the Regional Valproate Group, chaired by PHA. The Trust has also recently established a task and finish group to address outstanding risks in relation to the recommendations in the circulars, namely the systemic identification of all girls and women who may be prescribed valproate. The Drugs and Therapeutics Committee also monitors the implementation of the recommendations within the circulars through the Medicines Governance Pharmacist, also a member of the Regional Valproate Group.	9 March 2020 Consultants manage their own registers of girls and women on vaproate.	LOW

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 25/04/2016 - LNL

ISSUED TO ASD: 25/4/16

No:	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
1	Commissioning Plan Target	ASD	All (Op)	Red	Delayed Discharge Coded Information	* Failure to ensure discharge information coded/recorded undermining performance against delayed discharge targets * Trust lowest regional performance (all other Trusts achieving 97 - 100%) * Issue raised at DHSS Accountability meeting	March 96% February 98% January 97% December 95% November 96% October 93% September 63% August 60% July 69% June 66% 87 not coded in Jan - 1 ENT, 26 gen surg, 14 gen med, 4 breast surgery, 22 A&E, 1 gyane, 3 haem, 1 HDU, 1 ICU, 1 trauma, 4 urology,	97 - 100% (2014/15)	* Action plan agreed in June and submitted to DHSS by Chief Executive * Weekly monitoring in place * Performance decreased in July * Urgent refresh of Action Plan undertaken * Gap identified when patients had been discharged from the ward out of hours * Improvement in quanity of coding - up to 79% mid October but concerns around quality as level of complex cases has decreased by 50% * Note - drop in simple discharges performance (see Risk 28 below) ? link to improved performance	* Sinead will do a daily 'mop up' to try and improve actual returns from the ward. * Ward clerks will do a 'mop up' from the night before pre-9am to address gap * SHSCT liaise with other Trusts to share any best practice * All to reinforce actions required with professional Staff * Refresh guidance document on defining simple/complex definitions and applications of S or C codes ATICS/SEC Update: Reports from Sinead continue to be shared to HOS/Lead Nurses for action, number of uncoded delayed discharges have decreased and will continue to be monitored	Anita Carroll All Operational A/Ds	Immediate
2	Commissioning Plan Target	ASD	MUSC	Amber	Re-admissions	*General Re-admission rate (CHKS) below peer. *Peaks in re-admission December/February - analysis indicate General Medicine re-admissions increased	Ref: CHKS/TB report	No comparable CHKS information for region	* Analysis of re-admission peaks indicate G medicine for review * Report Shared with ADM/AD and meeting took place to review data; idnetify paterns/trends;	* Further analysis from CHKS to be undertaken * Follow-up meeting to be arranged	Lesley Leeman Anne McVey	March
3	Commissioning Plan Standard	ASD	All (Op)	Red	Reviews beyond clinically indicated timescales (excluding visiting specialties from February)	* Delays in review of patient presenting adverse clinical risk	March 13090 February 14018 January 16987 December 17347 October 20627 September 21915 August 22968 Ref: Monthly OP Review Backlog Report	N/A	* Re-direction of internal resources, in 2015/2016, to provide additional face to face activity and validation of reviews beyond clinically indicated timescales * Actions in place to ensure management of 'urgent' reviews * Monthly monitoring reports in place * Review of previous practice and arrangments at specialty level	* Agreement to recruit validation posts from internal re-direct resouces - ongoing * Additional resources confirmed from HSCB for Q1/Q2 for Cardiology; Diabetology; Endocrinology; General Surgery; Orthopaedics; Pain Management; Rheumatology; Urology	All Operational A/D	Immediate
4	Commissioning Plan Standard	ASD	ATICS & SEC; CCS & IMWH; MUSC	Amber	Planned procedures beyond clinically indicated Timescales	*Delay in review of patients for planned screening/repreat procedures presenting adverse clincial risk	Endoscopy - There are 1093 patients awaiting a planned procedure with the longest waiter from March 2015. There are a further 742 non-scope patients awaiting a planned procedure. Of these there are 15 patients waiting from 2014 - 4 Urology (longest waiting May 2014) and 11 Cardiology (longest waiting June 2014).	N/A	* Internal target for management of planned endoscopy patients (internal target 12 weeks for urgent new and planned, routine planned are waiting almost 1 year greater than clinically indicated timescale) * Planned list segmented into urgent planned and routine planned to ensure urgent planned patients seen first * On-going discussion at Endoscopy Users Group	* Validation of non-endoscopy long waits required * Agreement to undertake piece of work to identify capacity streams for endoscopy and increase co-ordination of planning and scheduling to optimise * ?? Consideration of additional nurse endoscsopist into training ATICS/SEC continue to monitor planned waiting times, targeting longest waiters	All Operational A/D	Ongoing
5	Commissioning Plan Target	ASD	All (Op)	Red	Access Time (Outpatients) - General	*Increase in access times associated with capacity gaps and emergent demand	Specialties > 26 weeks: ATICS & SEC: ENT; General Surgery; Orthopaedics; Pain Management; Urology MUSC: Cardiology; Endocrinology; Diabetology; Gastroenterology; Ortho-Geriatric; Neurology; Thoracic Medicine; Rheumatology SEC; g surgery/urol/ orthopaedics Ref:Biweekly Access Time Report	N/A	* Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity through achievement of SBA volumes and appropriate management of urgent patients * Strict chronological management required and good OP clinic management practice with implementation of recommendations of HSCB review * Information provided to GPs in GP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits - drafted and shared * Note: Specialties waiting over 52 weeks include Endocrinology; Gastroenterology; Ortho-Geriatrics; Neurology; Orthopaedics; Rheumatology; Urology * Awaiting confirmation from HSCB on the management of paused patients in the IS	* Ongoing focus on length of urgent waits to ensure clinically acceptable - impacting on routine in cases (See risk 6 below) * Additional resources from HSCB in Q1/Q2 confirmed for Cardiology; Diabetology; Endocrinology; ENT; Gastroenterology; General Surgery; Neurology; Orthopaedics; Rheumatology; Thoracic Medicine * All ADs and operational leads to ensure additional resources are fully utilised and highlight any risks to performance ASAP as resources could be re-allocated to the 'secondary' list	All Operational AD	Ongoing
6	Commissioning Plan Target	ASD	All (Op)	Red	Access time differential for routine and urgent patients	Some urgent patients are waiting equal time for appointmentgs as routine patients	Specialties: Urology Ref: Monthly Access Times Report	N/A	* Focus on determination of clinically acceptable wait times * Focus on good booking practices to ensure urgent patients are booked first * On-going flexibility of OP clinical templates to ensure urgent patients booked before clinically acceptable timescale * For specific areas see access times tab * Awaiting confirmation from HSCB on the management of paused patients in the IS	* Ongoing focus on length of urgent waits to ensure clinically acceptable - impacting on routine in cases * Urgent waits reviewed at monthly A/D Performance Meetings and routinely operational meetings	All Operational A/D	ongoing
7	Commissioning Plan Target	ASD	All (Op)	Red	Access Times (In-patient/Day Case) - General	*Increase in access times associated with capacity gaps and emergent demand	Specialities > 52 weeks: Breast Surgery; Cardiology; General Surgery; Orthopaedics; Pain Management; Urology Ref: Weekly PTL and Monthly Access Times Report	N/A	* Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity through achievement of SBA volumes and manage urgent patients appropriately * Strict chronological management required and good OP clinic management practice * Information provided to GPs in GP Access Time Report detailing current and projected waiting times * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits - drafted and shared * Awaiting confirmation from HSCB on the management of patients paused in the IS	*Ongoing monitoring of urgent wait times against clinically acceptable levels * HSCB have confirmed additional funding in Q1/Q2 for Cardiology; Dermatology; Pain Management; General Surgery; Gynaecology; Orthopaedics; Urology * All ADs and operational leads to ensure additional resources are fully utilised and highlight any risk to performamce ASAP as resources could be reallocated to the 'secondary' list	All Operational A/D	ongoing
8	Commissioning Plan Target	ASD	All (Op)	RED	Access Times (Diagnostics) - General	March 2016 position - CT 16 -weeks, CTC 19-weeks, Dexa 19-weeks, MRI-15 weeks, NOUS 15-weeks, Fluroscopy 22-weeks, Endoscscopy 45 weeks (routine) *Increase in access times associated with capacity gaps and emergent demand	Ref: Weekly PTL and Monthly Access Times Report	N/A	* Recurrent capacity gaps in place and inability to reduce access times due to lack of capacity * Requirement to optimise existing capacity and managed urgent patients appropriately * Strict chronological management required and good IEAP management practices * Information provided to GPs monhtly to inform GPs and patients of expected waits * SMT indicate requirement for staff to be supported in dealing with patient enquiries regarding long waits	Awaiting confirmation of funding from HSCB for Q1/Q2 When confirmation received secure appropriate IH and IS activity levels to meet allocated volumes	Heather Trouton (Diagnostics) Ronan Carroll / Anne McVey (Endoscopy)	On-going
9	Commissioning Plan Target	ASD	All (Op)	TBC	Excess Beddays	Inability to meet target	Ref: Trust Board Monthly Performance Report	N/A	* Need to undertake analysis of excess beddays by specialty; elective/non-elective * Need to assess impact of day case rates	* CHKS to provide analysis		
10	Commissioning Plan Standard	ASD	MUSC	Amber	Biological Therapies	* Presenting demand in cases of funding for initiation on biological therapies	March - waits >13 weeks	N.A	*Analysis of project requirement for biological therapies undertaken *Escalation to HSCB of requirement beyond funding *Need to ensure arrangements in place for strict compliance with NICE guidance	*strict compliance with NICE guidance *ongoing monitoring of demand with escalation to HSCB (regionall commissioning team) should further demand present	Anne McVey	On-going

Acute Service Directorate - Performance Areas Rolling Risks/Actions Register

Date of Last Update: 25/04/2016 - LNL

ISSUED TO ASD: 25/4/16

No:	Type	Level	Division	RAG	Title of Risk/Target Area	Nature of Risk	Current Performance	Regional Position	Comments	Actions	Lead	Timescale
11	SBA	ASD	All (Op)	Red	Failure to deliver SBA Volumes (IP/DC, OP)	* Failure to deliver SBA volumes (in context of current poor access times)	Ref: Month-End SBA Monitoring Summary	N/A	* Specialty areas that will not achieve performance within normal tolerances +/- 5% @ 29/2/16: Out-patients - Manpower/SBA/performance issues - Urology; Orthopaedics; Pain Management; Endocrinology; Diabetology; Dermatology; Thoracic Medicine; Gynaecology; Out-patients - Demand issues - Orthodontics, Colposcopy Inpatients/Daycases - Manpower/performance issues - General Surgery; Breast Surgery; Urology; Orthopaedics; ENT; Gynaecology; Endoscopy * Monthly A/D performance meeting in place to review SBA and routine operational review * Recovery plans in place as appropriate	* Focus on SBA action plans (at Divisional level) to recover SBA to within tolerances +/- 5% by end of September * Recovery plans submitted - General Surgery to be submitted * All SBA proposals concluded with the exception of Urology * Specific focus on endoscopy to seek additional sessional provision * Urgent analysis and review to be undertaken where specialities have lost significant capacity in Month 1 of the 2016/2017 - need to understand why sessional capacity is lost and implement necessary actions to rectify as a matter of urgency	All Operational A/D	On-going
12	Commissioning Plan Target	ASD	All (Op)	N/A	Failure to achieve target	* Variation in week day and weekend mortality rates presenting clinical risk	Death rate at weekends should not exceed weekday rate by more than 0.1%	N/A	In March there was a 3% death rate on weekdays and 1.8% rate on weekends although cumulativley for 2015/2016 the rate at weekends was more than 0.1% difference to weekdays.	* Analysis to be carried out on March position and monthly monitoring required.	All Operational A/D	On-going
13	Commissioning Plan Target	DIV	CCS & IMWH	Red	DRTT - Failure to achieve target that 100% of diagnostics (imaging) reported and verified within 28 days for a routine patient and 48 hours for an urgent patient	Patients waiting longer than clinically indicated for reporting of Diagnostic tests	Ref: Monthly Trust Board Performance Report and Bi-Annual Indicators of Performance Report	N/A	* Actions to increase capacity including the appointment of an IS provider to supplement current IS provision * Close monitoring of long waits is required * On-going Regional actions are in discussion for a Regional Radiology Reporting Network * Medica can perform 200 per day 5 days per week * Additional reporting capacity can be provided by 4 ways if required *Need to consider impact of further manpower issues in radiology & any additional actions *Awaiting confirmation of Q1/Q2 funding from HSCB	* Close monitoring of long waits is required. * On-going Regional actions are in discussion for a Regional Radiology Reporting Network. * Internal focus on priority work. * Plain Film reporting IPT submitted to SLCG.	Heather Trouton	On-going
14	Standard	ASD	CCS & IMWH	Red	Breast Radiology Services (Screen & Sympomatic)	Service at risk due to lack of consultant capacity	* ROUND LENGTH 2015/2016 TARGET 90% February 98.8%; January 99%; December 98%; November 100%; October 99.3%; September 99.5%; August 99%; July 99.7% * SCREEN TO ASSESSMENT - TARGET 90% (Recalled to Assessment within 3-Weeks) February 97%; January 100%; December 71% (2 not booked in time due to Bank Holiday and 10 appointed patients DNA'd); November 81% (awaiting previous films for 2 patients, 5 not read on time and 1 DNA); October 95%; September 94%; August 86% (1 patient not read on time, 2 patients CND due to holidays); July 80%; June 63% * SCREEN TO ASSESSMENT - DATE OF FIRST OFFERED APPOINTMENT - TARGET 100% February 100%; January 100%; December 91%; November 80%; October 93% (1 patient required films); September 96%; August 85% (1 patient no capacity, 2 not read on time, 1 awaiting plain films); July 100%; June 73% * SCREEN TO ROUTINE RECALL - TARGET 90% (Normal Results within 2-Weeks) February 100%; January 100%; December 95%; November 99%; October 99%; September 97%; August 99%; July 99%; June 99%	N/A	* Previously Consultant on sick leave so high risk for screening as leaves 1 consultant for screening - previously 1 remaining consultant had dropped all fluroscopy sessions to do additional screening resulting in access times increasing (Breast Radiology Consultant returned from sick w/c 23.11.15 on phased return) * One of the sustantive reporting radiologists retired 31/3/16 - unable to reruit replacement * Impact on implementation of recurrent symptomatic breast sessions to be determined	* Focus remains on screening with reporting delayed * Need to assess impact of retirement of key reporter - unable to recruit; locum plan in place * ??medium - long term solution	Heather Trouton	Immediate
15	Operational	DIV	ATICS & SEC	Red	Inability to provide full medical services affecting achievement of SBA, access times, ward services provisions	* Risk regarding the inability to secure appropriate levels of middle grade doctors medical staff * Reduction in level of elective activity that can be undertaken * Impact on rota and need to provide for out of hours cover/ward cover as priority	Affecting General Surgery OP and SBA performance Ref: Month-End SBA Monitoring Summary	N/A	* General Surgery funded NIMTDA allocation 4 middle grade; Trust funded 2 middle grade * Impact on contribution to out-patient capacity/on general elective work * Potential impact on rota for both General Surgery and Urology as inability to recruit junior doctors affects capacity * Michael Bloomfield updated at November Elective Monitoring meeting	* Paper to SMT re Contigency ? Actions with NIMDTA	Ronan Carroll	On-going
16	Commissioning Plan Target	DIV	ATICS & SEC	Red	Inability to continue to meet General Surgery elective requirements with General Surgery SBA anticipated to be underperforming from April 2016	* Risk regarding the on-going provision of General Surgery elective services in the current model - inability to flow patients and fully utilise sessional capacity in current configuration * Significant volume of lost sessions in April	Affecting General Surgery out-patient and IP/DC SBA performance Ref: Month-End SBA Monitoring Summary	N/A	* Inability fully utilise sessions in DHH due to reduced demand for conditions suitable for the site * Inability to meet SBA for IP/DC * Change in casemix, practice and demand casemix affecting throughput * Consideration of this issue needs to be undertaken in context of emergency surgical strategy and regional elective care strategy document (still in draft) 23 general surgery sessions lost in April - robust reasons for lost capacity not yet ascertained	* Review of a range of analysis to baseline existing position (theatre utilisation/demand/capacity) * Consideration of flow issues to DHH and plan to be developed in the short-term * A/Ds/Director to meet to consider requirement/process to develop an elective surgical strategy	Ronan Carroll	On-going
17	Commissioning Plan Target	DIV	IMWH	TBC	Inability to continue to meeting Gynaecology elective surgery SBA	* Risk regarding the on-going provision of gynaecology surgical services in line with current SBA in context of change in casemix	Affecting Gynae IP/DC SBA levels Ref: Month-End SBA Monitoring Summary	N/A	* Change in casemix, practice and demand affecting throughput in accordance with traditional SBA * Inability to fully utilise theatre sessions and optimise capacity * Inequitable access times for surgery/access to relevant theatre capacity	* On-going work to translate casemix and SBA for IP/DC into new comparable SBA - procedure based in association with Clinical Directors * Engagement with Commissioner planned for 2016/2017 to present findings	Heather Trouton	September
18	Commissioning Plan Target	DIV	MUSC	Red	ED performance Failure to meet target that 95% of patients should be treated, admitted or discharged within 4 hours of arrival	* Increased waiting time * Poor patient experience	March 76.7% 4-hour target 10 x 12 hour breaches Ref: Monthly Trust Board Performance Report		* IPTs for additional resources for Unscheduled care submitted * Winter pressures/contingency plans in place * Reduced beds in the system from September to December 2015 due to essential works * Additional winter beds opened 16 November 2015 * Plans for Ambulatory Unit in development	* Range of ED and whole system initiatives in place to improve flow * Additional pilot of review of 80 years + admission from ED via AC@H team * Additional medical and key professional staff in wards at weekends in January to improve flow in absence of fully implemented 7-day working arrangements * Lookback of Christmas/New Year holiday period to be undertaken * Forward planned for key pressure points in February/March/Easter required	Anne McVey	On-going
19	Standard	DIR	CCS & IMWH	Red	Pathology reporting backlog	* Clinical risk associated with backlog in pathology reporting * Standard is 7 calender days for urgent and 10 calender for routine	Currently all specimens under 14 days, but this position is fluid October - backlog 260 September - backlog of 800 specimens	N/A	* Impact associated with vacancy * Inability to recruit - did have 3 applicants for post but all pulled out * Ad hoc contracts in place with BHSCT consultant colleagues providing additional capacity * No IS provision available	* On-going triage of each specimen to manage urgent/piroity cases * Need to consider communication with referrers to advise of current backlog * Continue to utilisation Belfast / Antrim consultants to help with pathology reporting WLI sessions	Brian Magee	On-going

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20	Operational	DIV	ATICS & SEC	TBC	Impact of long routine access times on pre-operative patients - need for rework	* Clincial risk associated with change of conditions/ongoing suitability for surgery * Impact on theatre capacity associated with potential increase in cancelled surgery on the day * Potential double handling with second review consultant patient required impact on on-going review capacity		N/A	* Requirement to review patients prior to surgery to recheck joints and x-ray due to increasing access times * Key specialty affected Orthopaedics	* Need to assess clinical position in relation to pre-operative review * All A/Ds and operational leads to ensure additional resources fully utilised and highlight any risk to performance ASAP	Ronan Carroll	On-going
21	Operational	ASD	CCS	TBC	Backlog pre-operative assessment cases	* Impact on elective patient flow * Potential increase in theatre cancellations/lost capacity		N/A	* Increasing volumes of patients waiting pre-operative assessment * Review of pre-oeprative assessment flow by ATICS * Additional internal funding to clear 1200 backlog of consultant assessment for pre-op (internally re-directed resources) up to the end of March 2015	* Non-recurrent backlog clearance in progress up to March 2016 * Proposal for pilot of pre-op to be developed further to discussion with SLCG (? Cost implication to be determined and agreed with SLCG) * Need to consider impact of clearances of 1200 backlog pre-op cases * All A/Ds and operational leads to ensure additional resources fully utilised and highlight any risk to performance ASAP *Pre-op Team are currently reviewing all processes - complete *Pilot of new process is commencing with Orthopaedics, currently arranging meeting with the Ortho consultants to discuss further. *Non-recurrent funding has been requested for Q1/2 *With increased length of weight for patients across specialities, this is resulting in double handling of patients requiring pre-assessment *Assess the impact of the Q1/2 NOP / IPDC non-recurrent additionality	Ronan Carroll	On-going
22	Operational	DIV	All (Op)	TBC	Inability to provide level of additional capacity committed to from internal redirected resources	Finance risk		N/A	* With new consultants and additional activity being undertaken for internally re-directed resources and further commitment to HSCB additional funding leading to increase demand for OP accomodation and staffing	* Previously the totality of bids analysed and plan in place for accommodation/nursing provision * Close monitoring required to ensure capacity utilised and any early escalation of risk associated with inability to undertake planned activity * Previously stock take was undertaken and submitted to finance and with estimate of work undertaken to date and that planned to be completed by March	OSLs Martina Corrigan Ronan Carroll	**Completed - Recommended for Closure**
23	Operational	DIV	ATICS & SEC	TBC	Elective Theatre capacity at CAH	TBC		N/A	* Insufficient theatre capacity CAH site * Extended days not productive * Rroutine capacity managed via robust scheduled/using of SOW gaps * Failure to be able to utilise threates at DHH sufficiently for casemix	* Update on capcaity plan required ? interim options * Meetings planned to review Theatre issues as part of capital/redevelopment plans	Mary McGeough	On-going
24	Orthodontic Service	DIV	ATICS & SEC	TBC	Inability to continue to provide support to Orthodontic service	Lack of trained orthodontic nurses		N/A	* Both trained orthdontic nurses absent * Inability to provide sufficient level of appropriate cover imapcting ability to continue to manage orthodontic patients on site * Capacity secured in School of Denistry for sessional support * Issues escalated to Commissioner	* Capacity secured in School of Denistry for sessional support * Issues escalated to Commissioner	Roanan Carroll	On-going
25	Standard	ASD	ATICS & SEC		Ophthalmology - long waits and review backlog	Perception that waits relate to SHSCT		N/A	* Ongoing work with Commissioner to transfer management of service (still on Trust PAS) * Additional funding HSCB for IS capacity for new OP (BHSCT to manage)	* Actions sit with BHSCT	Ronan Carroll	On-going
26	Governance	DIR	ATICS & SEC	TBC	Trauma pressures	Trauma demand for in-patient and out-patient beyond the Commissioned level	SBA performance @ 29/2/16: New Out-Patients +18% (+1182) Non-Elective In-Patients +18% (+298)	N/A	* Demand for trauma above Commissioned levels * Interim arrangements in place to divert 10th T&O consultant to trauma facing job plan, however job description with Specialty Advisor prior to advert likely to change focus to standard elective/trauma split job plan with additional capacity for trauma 'lost' * Option to reduce trauma demand advocated by Commissioner - include implementation of Glasgow model	*Phased implementation of Glasgow Model commenced - timescale required * Meeting with Commissioner held to consider future T&O consultant activities and impact of change in job plan to elective facing	Ronan Carroll	On-going
27	Governance	DIV	MUSC	TBC	Timescale for urgent waits	Cardiology DC - Urgent waits beyond clinical acceptable levels	Urgent waits now reduced to 34-weeks	N/A	* Previously unequaitable waiting times for different cardiology cath lab procedures	* A/D to address individual urgent wait issues with individual operators and seek action/sharing of caseload to reduce risk	Anne McVey	TBC
28	Financial	DIR	All (Op)	TBC	Underdelivery of IS contracted volumes in 2015/2016: General Surgery Varicose Veins - 80 patients to be seen Ortho In-patients 6 to be seen in 352 and a further 4 to be seen in NWIH Pain In-Patients 35 and Out-Patients 57	Finanacial Risk	Confirmed underdelivery	N/A	* Whilst providers haD given assurance that there is no risk to delivery of volumes there would be risk following ROTT/RTT and DNA for patients * Patients are now paused in the IS with confirmation awaited from HSCB on management of these patients	* Contract holders to ensure they are managing patients to ensure maximum level seen in IS * Awaiting confirmation from HSCB on management of patients paused within the IS	Contract Owners	March 2016

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2020 SAI Recommendation Action plan

RAG Rated Scale	
	Process has not commenced
	Process in progress/ updates to follow
	Process complete and recommendation implemented

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
1	The Southern Health and Social Care Trust must provide high quality urological cancer care for all patients. **How This Will Achieved From SAI Report**	1. Data Mapping Process exercise completed by QI team from point of GP presentation to discharge. External independent team also completing data Map Process for another group	Internal QI Team and External QI Team overseen by Mary & Sarah	Mapping Process for Benign Pathway completed by internal QI team. Cancer pathway data map completed by external team	1. Process map will identify areas of good practice/ experience for each pathway 2. Action Plan will allow for focused QI	1. QI team internally to commence this process. 2. Meeting next week with external team to complete another process map of another group 3. Sarah contacted QI team to get copy of the framework they use for data map to share with group.	Please refer to: **What Data Map Process/ Framework will be used** **Appendix 1**	End Feb 2022 (due to availability of external QI team only in Jan 2022)	
	This will be achieved by - Urology Cancer Care delivered through a co-operative multi-disciplinary team, which collectively and inter-dependently ensures the support of all patients and their families through, diagnosis, treatment planning and completion and survivorship.	2. Baseline Assessment of all Cancer MDT	MDT Chairs, Mary and Dr Tariq	Baseline of all MDT established and MDT chairs aware of the required standard of MDT performance All MDTS will have standardised approach matching the NICAN guidance	1. Following baseline assessments, action plans to be devised which incorporates overarching areas of QI as well as specific action plans to address specific QI within each cancer site. 2. **Minimum Data set** (have we got anything detailing this? standardised across all MDT with specific additions to reflect each tumour site	1. MDT baselines complete across all Tumour sites (appendix 5) 2. Action Plans for issues identified created (appendix 6)- Should we RAG rate this to show what has been completed as per the timescales? 3. Are we reassessing after the action plan is complete to ensure compliance?	Please Refer to: **Appendix 2** **Appendix 3** **Appendix 4** **Appendix 5** **Appendix 6** **Governance Pillar Reference** **Appendix 7**	Ongoing.	

		3. Feedback from Patients from a variety of sources including: -Complaints -Datix -Care Opinion -10,000 Voices -Patient Surveys	Mary, Sarah, Governance / Patient Experience Team & CNS	What feedback processes have we used to date and establish a live feedback structure and undertake a refreshed survey with patients	1. Service User Group to advise on a survey template we could use to collect fresh feedback 2. Review of the historical feedback and establish what was the themes and what was implemented to drive change from these	1. Themes in the CPES feedback identified 2. Sarah has linked with Liaison Team and will bring to Service User reps project of creating/inputting into a feedback template 2. Sarah has linked with 10,000 voices team/ Care opinion to see if their teams can support a feedback capturing exercise.	Please refer to: **Appendix 8**	Ongoing	

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
2	All patients receiving care from the SHSCT Urology Cancer Services should be appropriately supported and informed about their cancer care. This should meet the standards set out in Regional and National Guidance and meet the expectation of Cancer Peer Review.	1. Information Pathway. Review of: - information given to patients -Timing of Information given - Recording of Information given - Audit of Information given	Mary, Clair & Sarah and CNS Service Users for Survey	Information provided to patients is: -specific to their diagnosis -given at the right time -easily accessible -easy to understand - details support to patients/ families -Patient records reflect the information given	1. Snapshot review of cohort of patient records across various cancer sites 2. Survey of patients with diagnosis specific to information provided and support offered	1. Service Users very keen to be involved in this area. Sarah has discussed with Liaison team and want to support patient survey specific to information pathways. Need to draft key elements for discussion with service users and establish the feedback framework/ process to get completed.	Please refer to: **Appendix 9** **Appendix 10**	Ongoing	
	How This Will Achieved From SAI Report								
	This will be achieved by - Ensuring all patients receive multidisciplinary, easily accessible information about the diagnosis and treatment pathway. This should be verbally and supported by documentation. Patients should understand all treatment options recommended by the MDM and be in a position to give fully informed consent.	2. Staff have advanced communication skills	Clair & MDM Chairs/ CNS/ ? Dr Tariq	1. Advanced communication skills training levels of: -Consultants -All levels of Doctors involved in patient reviews -CNS -MDM Chairs 2. Resource available for access to advanced communication skills 3. Need for refresher training eg yearly/ 3 yearly? 4. Action plan for addressing training and communication with line managers to address	1.Baseline % of staff trained in each staff group 2. Review of volume of training available 3. Review of guidance on requirements to refresh training	1. PHA update that regionally looking at virtual model to deliver training. This is used in England now. Awaiting updates 2. Awaiting Clair to share training stats (on leave)	Advanced Communication Skills Guidance **Appendix 11**		

		3. Key Workers allocated at diagnosis		1. Patients are aligned to a Keyworker/ Nominated CNS on diagnosis 2. Key Worker/ Nominated CNS make contact with the patient within ???? what timeframe 3. Patients with a cancer diagnosis have an HNA completed. Including electronic HNA and Face to Face 4. MDM process currently does not include the physical allocation of the Keyworker/ Nominated CNS- This needs revised regionally	1. Structure of Breaking Bad News Clinics. Baseline assessment of each tumour site 2. Snapshot review of cohort of new diagnosis patient records across various cancer sites and how many record the allocation of Key Worker/ Nominated CNS 3. HNA survey 18.1.2022- HNA workshop being held for CNS with Governance, Quality, Patient Safety and Patient Experience Teams present	1. Feedback from leads regarding principals document. Is keyworker allocated?	Please refer to: **Appendix 12**		
		4. KPI Audit Framework for CNS	Sarah and Governance Team	1. Robust regular process for submitting data to ascertain the level of performance and compliance to the regional KPIs for CNS 2. Monthly reports to CNS identifying % performance against standardised elements and action plan for addressing areas that require attention 3. Based on job plan elements as per NIPEC	1. CNS self assessment of Core Competency Domains and Learning Outcomes 2. Identify key themes/ areas for addressing 3. HNA workshop is also to establish how the KPI audit will look: -what are key indicators - how will they be audited -how many to audit -how will report look - what will be the outcomes	1. Workshop in Jan (detailed above) will also focus on the KPI Audits for CNS. 2. Sarah meeting with Grace Hamilton/ Lisa Houlihan 9th Dec to discuss their suggestions for this. 3. Sarah to link with CNS line managers to ask them to oversee CNS self assessment of core competencies	Please refer to: **Appendix 13** **Appendix 14**		
		5. Recruitment/ Gaps/ SIP in CNS across tumour sites - Including MDT coordinator role	? Each HOS	1. What is the funded staffing level for CNS in each tumour site? 2. What is the available staff? 3. Regional position on staffing in CNS posts? 4. Recruitment at present	1. Overall Trust position of CNS. Funded/ SIP/ Vacancies 2. Regional position of above 3. MDT Coordinator- roles & responsibilities		Please refer to: Have we a Job Description for the MDT Coordinator?		

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
3	The SHSCT must promote and encourage a culture that allows all staff to raise concerns openly **How This Will Achieved From SAI Report**	1. Policies/ Guidelines to Support -Whistle Blowing Policy - DOH Your Right to Raise a Concern Guide -Nursing and Midwifery Accountability and Assurance Framework - Working Well Together	Ronan/ Sarah & Vivienne Toal	1. Staff awareness of Policies/ Guidelines - Global Communication	1. Focus on "Audit, Review and Refresh" section 41 within the DOH Guidance detailing what processes we have in place 2. Processes detailed in Accountability and Assurance Framework for escalation and responsibility	1. Ronan/ Sarah to draft email to V. Toal regarding whistleblowing policy	Please refer to: **Appendix 15**		
	This will be achieved by - Ensuring a culture primarily focused on patient safety and respect for the opinions of all members. The SHSCT must take action if it thinks that patient safety, dignity or comfort is or may be compromised. Issues raised must be included in the Clinical Cancer Services oversight fortnightly agenda. There must be action on issues escalated	2.NMC & GMC Registration and requirements to Revalidate & Assurance that Safe to Practice	Line Managers/ Revalidation Teams	1. All registrants of both medical and nursing professions Revalidate in line with the professional body they are aligned to. - what are the processes within Trust to ensure Revalidation is completed and employees are fit to practice	1. Revalidation team for nursing staff. Monthly emails to staff and line managers to ensure prompt submission of documents/ fees to ensure no lapse in status on register 2. What is process for medical staff?		Please refer to: **Appendix 16**		
		3. Data that supports the "healthiness" of the Organisation		1. Datix 2. Complaints/ Compliments 3. Speciality Meetings etc(in which cancer teams) including Cancer Checkpoint Meeting 4. Supervision % 5. Cancer Peer Review 6. Patient Feedback	1. Themes in incident reporting 2. Themes in complaints/ compliments 3. What % staff have had 2 supervisions/ year within Cancer specialities 4. Review of last Cancer Peer review and recommendations 5. Refreshed staff survey ? in CNS		Please refer to: **Appendix 17** **Appendix 18** **Appendix 19** **NiCcan Cancer Guidance** **Improving Cancer Outcomes**		

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
4	The Trust must ensure that patients are discussed appropriately at MDM and by the appropriate professionals. **How This Will Achieved From SAI Report**	1. MDM process follows Guidance from National Cancer Action Team. Including: - referral was appropriate in first instance		1. Quorum at MDT has not been agreed regionally at a set %. Identify gaps in speciality at each MDM 2. Ownership of implementing MDM recommendations is clear 3. Recording of variances in recommendations	1. Baseline assessment of MDM across all tumour sites - identify themes/ gaps -action plan to address deficits -acknowledge resource issues -practice of recording discussion/ variances/ change to plans 2. Process map of patient referred to MDM. Complete and benchmark against guidance- do we get MDM chairs to pick a patient from each tumour site to benchmark against the guide?		Please refer to: **Appendix 4**		
	This will be achieved by - All MDMs being quorate with professionals having appropriate time in job plans.This is not solely related to first diagnosis and treatment targets. Re-discussion of patients, as disease progresses is essential to facilitate best multidisciplinary decisions and onward referral (e.g. Oncology, Palliative care, Community Services).	2. MDM Chairs will have Job Planned sessions for MDM role. This is reflected also in Job Description	Dr Tariq & Stephen Wallace	1. Job plans reflect the required attendance at MDM 2. Job descriptions clearly detailing roles and responsibilities for the Chair in keeping with the Effective MDT principals.	1. Baseline review of all MDM chairs job plans - who has it/ who doesn't -how does MDM chair record this in their activity? -		Please refer to: **Appendix 20** **Dr Tariq sourcing recommendations for % attendance at MDM**		

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
5	The Southern Health and Social Care Trust must ensure that MDM meetings are resourced to provide appropriate tracking of patients and to confirm agreed recommendations / actions are completed	1. Regionally tracking is for 31 & 62 days only.		1. Regional guidance on tracking 2. Resources required for managing current tracking and additional required for further 3. No funding for tracking beyond 62 days	1. Current tracking data -volume of patients - targets	1. Green *	Please refer to: **Appendix 21**		
	How This Will Achieved From SAI Report								
	This will be achieved by - Appropriate resourcing of the MDM tracking team to encompass a new role comprising whole pathway tracking, pathway audit and pathway assurance. This should be supported by fail-safe mechanisms from laboratory services and Clinical Nurse Specialists as Key Workers A report should be generated weekly and made available to the MDT. The role should reflect the enhanced need for ongoing audit / assurance. It is essential that current limited clinical resource is focused on patient care.	2. Systems and Processes in place to alert staff responsible for patient of results to enable prompt MDM discussion and care planning.		1. Tracking responsibility incorporated to role of CNS/ Keyworker ? Is this reasonable 2. Reports generated to allow cross checking of results with patients within the tracking process	1. Trust is first in the region that will have a Pathology report generated of all pathology results allowing cross reference of patients within Cancer tracking system. - awaiting this to commence -will require clear responsibility allocated for checking this -? Will need SOP 2. The role of MDM coordinator- will this have				

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
6	The Southern Health and Social Care Trust must ensure that there is an appropriate Governance Structure supporting cancer care based on patient need, patient experience and patient outcomes. **How This Will Achieved From SAI Report**	1. This relates to recommendations 1: - Patient Feedback Survey		1. What feedback processes have we used to date and establish a live feedback structure and undertake a refreshed survey with patients	1. Service User Group to advise on a survey template we could use to collect fresh feedback 2. Review of the historical feedback and establish what was the themes and what was implemented to drive change from these				
	This will be achieved by - Developing a proactive governance structure based on comprehensive ongoing Quality Assurance Audits of care pathways and patient experience for all. It should be proactive and supported by adequate resources.This should have an exception reporting process with discussion and potential escalation of deficits. It must be multidisciplinary to reflect the nature of cancer and work with other directorates.	2. This relates to recommendations 2: - Allocation of Keyworker/ Nominated CNS - HNA process - Patient information - CNS KPI's audit framework		1. Information provided to patients is: -specific to their diagnosis -given at the right time -easily accessible -easy to understand - details support to patients/ families -Patient records reflect the information given 2 Patients are aligned to a Keyworker/ Nominated CNS on diagnosis 3.Key Worker/ Nominated CNS make contact with the patient within ???? what timeframe 4. Patients with a cancer diagnosis have an HNA completed. Including electronic HNA and Face to Face 5. Robust regular process for submitting data to ascertain the level of performance and	1. Snapshot review of cohort of patient records across various cancer sites 2. Survey of patients with diagnosis specific to information provided and support offered 3. Snapshot review of cohort of new diagnosis patient records across various cancer sites and how many record the allocation of Key Worker/ Nominated CNS 4. HNA survey 5. CNS self assessment of Core Competency Domains and Learning Outcomes 6. Identify key themes/ areas for addressing 7. HNA workshop is also to establish how the KPI audit will look:				

				compliance to the regional KPIs for CNS 6. Monthly reports to CNS identifying % performance against standardised elements and action plan for addressing areas that require attention	-what are key indicators - how will they be audited -how many to audit -how will report look - what will be the outcomes				

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
7	The role of the Chair of the MDT should be described in a Job Description, funded appropriately and have an enhanced role in Multidisciplinary Care Governance. **How This Will Achieved From SAI Report** Not specifically set out in the recommendation of the overarching report								

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
8	All patients should receive cancer care based on accepted best care Guidelines (NICAN Regional Guidance, NICE Guidance, Improving Outcome Guidance). **How This Will Achieved From SAI Report** This will be achieved by - Ensuring the multi-disciplinary team meeting is the primary forum in which the relative merits of all appropriate treatment options for the management of their disease can be discussed. As such, a clinician should either defer to the opinion of his / her peers or justify any variation through the patient's documented informed consent.								

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
9	The roles of the Clinical Lead Cancer Services and Associate Medical Director Cancer Services should be reviewed. The SHSCT must consider how these roles can redress Governance and Quality Assurance deficits identified within the report. **How This Will Achieved From SAI Report** Not specifically set out in the recommendation of the overarching report								

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
10	The families working as "Experts by Experience" have agreed to support implementation of the recommendations by receiving updates on assurances at 3, 6 and 12 monthly intervals. **How This Will Achieved From SAI Report** Not specifically set out in the recommendation of the overarching report								

Rec	From SAI Report	How This Will Be Achieved?	Action Owner	What Are The Key Outputs?	How Will This Be Measured?	Progress	Supporting Guidance/ Policy	Time scale	RAG
11	The Southern Health and Social Care Trust should consider if assurance mechanisms detailed above, should be applied to patients or a subset of patients retrospectively. **How This Will Achieved From SAI Report** Not specifically set out in the recommendation of the overarching report								

MDM Location	Primary Casenote	HCN	Cancer Status Description	Diagnosis	MDM Date	MDM Actions	Comment	M.D.M. Outcome Actioned
CRAIGAVON AREA HOSPITAL	Personal Information redacted by the USI		Suspected Cancer		06/01/2022	Discussed at Urology MDM 06.01.22. Mrs Personal Information has a small indeterminate 1.5cm right renal lesion. Mr Khan has had a discussion with her daughter and she is for no further follow up.	**Updated letter sent to GP by Mr Khan on 06/01/2022**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Kidney, except renal pelvis	06/01/2022	Discussed at Urology MDM 06.01.22. For review with Mr Glackin to discuss options including conservative management versus ureteroscopy and biopsy, with a view to considering laparoscopic nephroureterectomy and dialysis and discuss the implications of dialysis.	**Mr Glackin review 24/01/22 - discussed all options - patient decided on RF Ureteroscopy which was performed 08/04/22**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Kidney, except renal pelvis	06/01/2022	Discussed at Urology MDM 06.01.22. Mr Glackin to refer to the SRM MDT for discussion.	**Discussed at SRM MDT 20/01/2022**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Prostate	06/01/2022	Discussed at Urology MDM, 06.01.22. For review with Mr Haynes to discuss all options. Cambridge prognostic Group 2.	**Mr Haynes review 01/02/22 - referred to oncology**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Prostate	06/01/2022	Discussed at Urology MDM 06.01.22. Mr Adams has high risk localised prostate cancer, he has been referred to radiation oncology team. Cambridge prognostic Group 5.	**No action required as patient has already been referred to oncology**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Kidney, except renal pelvis	20/01/2022	Dicussed at Urology MDM 20.01.22. For all treatment options including nephrectomy. Results with Mr Curry to discuss.	**Discussed at Regional MDM 20/01/2022 - Attended Dr Curry on 24/02/2022**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Prostate	20/01/2022	Discussed at MDM 20.01.22 : Mr Personal Information MRI does not show any features of concern in the urachal remnant. Mr O¿Donoghue to write and recommend a further MRI in 1 year.	**Mr O'Donohue sent letter 24/01/2022- MRI for Dec 2022 requested**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Prostate	20/01/2022	Discussed at Urology MDM 20.01.22 : Mr Personal Information s PSA is rising with a doubling time of approximately 3 years. Mr Tyson to review and discuss options of watchful waiting or treatment with EBRT. If he wishes to pursue EBRT he will need local staging with an MRI.	**Mr Tyson review 16/02/22 - continuing on PSA Surveillance/Watchful Waiting**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed		20/01/2022	Discussed at Urology MDM 20.01.22 : Mrs Personal Information most likely has metastatic upper tract urothelial cancer. Mr Khan to review, if she wants to explore if surgery is an option then for repeat CT Chest / Abdo / Pelvis and further MDM discussion	**Mr Khan review 26/01/22 - Patient decided to have surgery in Personal Information, which was performed in February 2022.**	**Yes**
CRAIGAVON AREA HOSPITAL			No Cancer Diagnosis Confirmed By Trust		20/01/2022	Discussed at Urology MDM 20.01.22 : Mr Personal Information s prostate biopsies are benign. Mr Glackin to review and recommend PSA monitoring	**Mr Glackin review 24/01/22 - PSA monitoring- next PSA April 2022**	**Yes**
CRAIGAVON AREA HOSPITAL			Suspected Cancer		27/01/2022	Discussed at Urology MDM 27.01.22.Defer for radioloy as no radiologist present at the meeting.	**Listed and discussed at Urology MDM 03/02/2022**	**Yes**
CRAIGAVON AREA HOSPITAL			Cancer Diagnosis Confirmed	Bladder, unspecified	27/01/2022	Discussed at Urology MDM 27.01.22. Mr Personal Information is for flexible cystoscopy in 12 months as per protocol.	**Mr Khan review 31/01/22 - on WL for Flexible Cystoscopy**	**Yes**

Received from SHSCT on 02/11/2022. Annotated by the Urology Services Inquiry.

CRAIGAVON AREA HOSPITAL	Personal Information redacted by the USI	Cancer Diagnosis Confirmed	Prostate	27/01/2022	Discussed at Urology MDM 27.01.22. Defer for radiology as no radiologist present at the meeting.	**Listed and discussed at Urology MDM 03/02/2022**	**Yes**
CRAIGAVON AREA HOSPITAL		No Cancer Diagnosis Confirmed By Trust		27/01/2022	Discussed at Urology MDM 27.01.22. Mr Personal Information prostate biopsies are benign, to be reviewed by Mr Haynes to recommend PSA monitoring.	**Mr Haynes review 01/02/22 - PSA monitoring recommended**	**Yes**
CRAIGAVON AREA HOSPITAL		No Cancer Diagnosis Confirmed By Trust		27/01/2022	Discussed at Urology MDM 27.01.22. Mr O'Donoghue to organise an up to date MRI scan and prostate biopsies.	**MRI requested on 27/01/2022 & letter sent to patient on 07/02/2022. MRI performed on 15/02/2022**	**Yes**

MDT UROLOGY CANCER MEETING
THURSDAY 12th May 2022
VENUE: Mandeville MDM room

PRESENT
Mr Tyson (Chair), Mr Glackin, Mr Khan, Dr Uprichard, Dr Baird (BCH), Dr Williams, Dr Connolly, Stephanie Reid, Patricia Thompson, Shauna McVeigh (minutes).

MINUTES

1. **APOLOGIES**

2. **MINUTES OF LAST MEETING**
Minutes from last meeting circulated on the 06th May 2022.

3. **PRESENTATION OF CASES**
Meeting started @ 2:15pm and finished @ 4:10pm
29 cases were listed to be discussed.

4. **A.O.B**
We had no pathologist present at the meeting however pathology Reports were sent to the MDM room before meeting commenced.

Angela Muldrew (MDT Administrator and Projects Officer) had completed a snapshot audit, on Urology MDM outcomes, a random sample of 5 patients were taken to ensure adherence to Urology MDT outcomes were met. Mr Glackin advised all outcomes were appropriately followed.

5. **DATE AND TIME OF NEXT MEETING**
The next meeting is to take place at 2.15pm on **Thursday 19th May 2022.**

NCAT Section / Characteristic	Generic issue	Action/s to address	Action Product	Action owner	Action End date	Status update	RAG rating	Evidence when completed	Cross-reference to Urology SAI recommendation/s
Section 1: The Multidisciplinary Team									
1.1.1 / 1.1.3	All relevant specialities are represented in the team, cross cover for some specialities	Audits of attendance at MDM should be more regular (?quarterly) rather than review at annual business meeting - this will also assure on quoracy and allow for issues to be addressed earlier	Audit of MDT Attendance on regular basis	MDT Administrator / Projects Officer & MDT Leads	Will be on-going quarterly	Dr Tariq has written to all MDT Leads to ensure that attendance is being accurately recorded at MDT meetings. Audits of attendance to take place on a monthly basis starting from Feb 2022. Quorarcy to be shared with MDT Leads and Cancer Management Team		Monthly report of all MDT attendances available from Feb 2022 and circulated to the MDT Leads and Cancer Management Team for review and further escalation as required	Recommendation 1
1.2.1	Dedicated time in job plans for preparation & attendance at MDT	Ensure job plans of all MDT members has dedicated time included to prepare and attend the MDT meeting	Review of MDT Job plans	Dr Tariq / C.Quin	Dec-21	Dr Tariq has written to the surgical & medical directors to clarify that MDT time is included in the job plans of all MDT members. Attendance at the MDT meeting has been confirmed for all tumour sites. Preparation time is not included and falls under the time allocated for general patient admin time. C.Quin has checked with all CNS's - they all attend MDTs as required though not all have formal job plans. C.Quin to link with J.Davenport to confirm oncology input to the local MDTs.		Confirmation received per speciality that all core MDT members have dedicated time to prepare and attend MDT. Awaiting confirmation by BT in relation to oncology input to local MDTs.	Recommendation 1; Recommendation 4
1.2.6	Extended members / non-members attend for cases relevant to them	To be agreed by the MDT and detailed in the MDT operational policy	MDT Operational Policy	MDT Leads / SIL / MDT Administrator	30th Jan 2022	Discuss with MDT Leads and include agreed process in each MDT operational policy. MDT Administrator / SIL to ensure this is documented in the Operational policies.		Detailed in MDT Operational Policies. Reference 1.6 Principle Doc re. quality indicator required to audit/monitor.	Recommendation 1
1.3.5	MDT Leader has a broader remit not confined to MDT meetings	Develop role description of the MDT Lead and ensure adequate time is alocated in their job plan	Job description for MDT Lead role	Dr Tariq; Stephen Wallace	Jan-22	Dr Tariq has liaised with Stephen Wallace in relation to MDT Lead role description. A draft has been circulated to all MDT Leads for review / comment.		MDT Lead role description agreed and signed off	Recommendation 7
1.4.1	Each member has clearly defined roles / responsibilities in the team which they have signed up and included in their job plans	Define and detail the roles and responsibilities of all members involved in the MDM meetings	Review of MDT operational policies to ensure all MDT members roles are clearly defined; Review of MDT job plans	MDT Leads; MDT Administrator & Projects Officer; Medical & Surgical Speciality;AMD	Mar-22	MDT Administrator & SIL to review all MDT Operational policies with MDT Lead to ensure roles and responsibilities are included. To date LGI, UGI policies have been reviewed / updated.		Clearly detailed in each MDT Operational policy.	Recommendation 1
1.5.2	Networking opportunities to share learning & experiences with other MDTs locally	Provide opportunity for MDTs to meet locally, at least once per year, to share learning and experiences	Set up an Annual networking meeting for all MDTs	Dr Tariq; CD for Cancer; AD for Cancer services	Mar-22	Dr Tariq to contact MDTs Leads for feedback on the format and content of an annual networking event and to seek a date early 2022		An annual networking event is arranged if agreed by MDT Leads	Recommendation 6
Section 2: Infrastructure for meetings	**0**								
3.2.5	Locally agreed minimum dataset of information about patients for discussion collated and summarised prior to meeting (pathology, radiology, clinical, co-morbidities, psychosocial & spec palliative care needs	To develop MDT Proforma per tumour site with locally agreed minimum dataset	MDT Proforma	MDT Administrator / Projects Officer & MDT Leads	Mar-22	MDT proforma for Urology MDT agreed and will be rolled out from 4 Jan 22. Proformas for Lung, UGI and LGI to be considered next.		Each MDT has a proforma implemented for referrals to the MDM	Recommendation 1
3.2.6	Members know what info from locally agreed minimum dataset of info they will be expected to present	To be detailed in the MDT Proforma	MDT Proforma	MDT Administrator / Projects Officer & MDT Leads	Mar-22	To be developed in a phased approach for all MDTs, beginning with Urology MDT (Jan 22)		Each MDT has a proforma implemented for referrals to the MDM	Recommendation 1
3.3.1/3.3.2	It is clear who wants to discuss a patient & why being discussed / a locally agreed dataset of information is presented on each patient including diagnostic information	To develop MDT Proforma per tumour site with locally agreed minimum dataset, clear reason for discussion and sign off from the presenting clinician	MDT Proforma	MDT Administrator / Projects Officer & MDT Leads	Mar-22	To be developed in a phased approach for all MDTs, beginning with Urology MDT		Each MDT has a proforma implemented for referrals to the MDM	Recommendation 5
3.3.5	Core data items are collected during meetings and datasets completed in real time	Review and agreement of which data fields should be completed during MDT discussion and by whom, this should be detailed in MDT Principles/Protocol	Audit process agreed to review and monitor	MDT Leads; MDT Administrator / Projects Officer & MDT Co-ordinators; OSL	Mar-22	To start review with Breast & Gynae MDTs as they have more experienced trackers		Completion of core data fields during MDT meeting & process implemented to check compliance (ref 2.1 Principle doc)	Recommendation 5
3.4.1	Processes in place to ensure patients info needs are assessed and met; to ensure actions agreed are implemented;	CNS to use the Cancer Information Recording form to record the information provided by the clinical team to the patient and file in the patient notes. Holistic needs assessment offered to all newly diagnosed patients and a care plan developed to address concerns raised. All patients offered a written record of their management plan with diagnosis and contact details before they leave clinic.	Audits to check completion of Cancer information recording form & permanent record of consultation. Roll out of electronic health needs assessment by CNS's across all tumour sites.	HOS Cancer, Lead Nurse for Cancer and MDT Administrator / Projects Officer	Feb-22	Audits to take place when MDT Administrator is in post		Roll out of audits to check compliance	Recommendation 2
3.4.2	ensure MDT is notified of significant changes made to recommended treatment/care-plan	Any variation from recommended treatment/careplan should be documented at a MDT meeting. Develop an SOP with a clear pathway on whose role it is to capture , record and document and how this will be done per MDT for any patients that have declined further treatment.	Develop SOP; Include in MDT Principle's document (ref 2.6); agree audit process to check compliance	MDT Leads; MDT Administrator & Project Officer	Mar-22	Principles document developed and agreed. SOP to be developed and audit process to be agreed (ref 2.6 Principles Doc)		Roll out of audits to check compliance	Recommendation 5
Section 4: Patient Centred Clinical Decision-making									

4.1.1	Local mechanisms to identify all patients where discussion at MDT is needed	Define and detail what failsafe mechanisms are in place to ensure that there is a safety net to identify all patients who require MDT discussion	Failsafe mechanism agreed with Pathology	Pathology Clinical Lead; MDT Administrator & Project Officer	Mar-22	A report has been developed by Cellular Pathology & Lab service in Belfast and is currently being reviewed and tested.		Process in place to run a report to enable a cross-check across all the MDTs	Recommendation 5
4.1.3	Local agreement about if/when patients with advanced/recurrent disease should be discussed	MDT site specific agreement if/when patients with advanced or recurrent disease are listed for discussion and this is detailed in operational policy. Audit process to monitor this to be detailed in MDT Principles doc and rolled out.	To be guided by what is agreed and funded regionally. MDT Principles Doc details audit process to be caried out.	MDT Leads; OSL; HOS Cancer; MDT Administrator & Projects Officer	Mar-22	Regional discussion required to agree enhanced tracking definitions and funding secured to implement . Reference 2.6 MDT Principles Doc in relation to audit mechanism		To be guided by what is agreed and funded regionally. Audit process agreed and rolled out.	Recommendation 4
4.2.3	Named individual at MDT has responsibility for identifying a key worker for the patient	To be detailed in MDT Principles doc and audit process required; additional field to be added to CAPPs to idenitfy key worker	MDT Principles document; CAPPs	MDT Leads; HOS Cancer; SIL; MDT Administrator & Project Officer	Feb-22	Principles doc agreed, audit process to be set up once the additional field is added to CAPPs		Audit process agreed and implemented across all MDTs	Recommendation 5 & Recommendation 2
4.2.4	Named individual at MDT ensures patients information needs are assessed and addressed	To be detailed in MDT Principles doc and key worker identifed on CAPPs	MDT Principles document - audit of compliance to be agreed	MDT Leads; HOS Cancer; SIL; MDT Administrator & Project Officer	Feb-22	Principles document agreed. Meetings ongoing with CNS's to ensure that patient info needs are assessed and documented appropriately.		Audit proces in place to monitor compliance (ref. 2.8 Principles Doc)	Recommendation 2
4.3.1	A locally agreed minimum dataset of info is provided at the MDT meeting	To develop MDT Proforma per tumour site with locally agreed minimum dataset	MDT Proforma	MDT Leads; MDT Administrator & Project Officer	Mar-22	Proforma for Urology MDT developed and agreed, this will be used from 4 Jan 2022. Next tumour sites for consideration are Lung, LGI and UGI.		Audit process agreed and implemented across all MDTs	Recommendation 1; Recommendation 5; Recommendation 8
4.3.3	MDTs have access to all current clinical trials, consider patients suitability, relevant research nurses attends MDT where feasible	Ensure that all MDTs have access to clinical trials and recruitment is considered as appropriate	MDT Principles document (ref 2.11)	MDT Leads,Clinical research nurses; Peter Sharpe; Irene Knox;	Ongoing	When Principles doc is agreed by MDT Leads, process will be agreed to ensure that MDTs are aware of clinical trials and consider patients suitability		Audit process agreed and implemented across all MDTs	Recommendation 1;
4.3.12	MDTs collect social demographic data (age, ethnicity & gender) & consider data periodically to reflect on equality of access to active treatments	To review systems to identify how this information can be collected and agree a clear process on how this info is captured, whose role it is to do this and when this will be considered by the MDTs	Data collection	OSL/ MDT Administrator & Project Officer / SIL	Feb-22	MDT Administrator to raise at next regional CAPPS meeting. Meeting held with NICR and info request to be submitted in Spring 2022.		Data is collected and reviewed by MDT Leads	Recommendation 6
Section 5: Team Governance									
5.1.1	Organisational support demonstrated via adequate funding/resources in terms of people, time, equipment for MDT meetings to operate effectively	Review of MDT Leads job plans, clear process in place to escalate any issues that may impact negatively on the effectiveness of the MDT meeting, new MDT room suitable equipped for meetings	MDT job plans; MDT room for meetings; process in place to escalate issues of concern, monthly Cancer checkpoint meetings, attendance at MDT AGMs	Cancer Services Management Team	Jan-22	MDT Leads job plans all reviewed; room allocated for MDT meetings; MDT Administrator post; regular meetings set up to escalate issues / concerns		MDT job plans reviewed and adequate time allocated; new MDT room operational for MDMs; clear process in place to escalate concerns; monthly checkpoint meetings; Cancer management attendance at MDT AGMs	Recommendation 9
5.1.2	Trusts consider their MDTs annual assessments and act on issues of concern	Cancer Services team attend MDT annual meetings and process in place to enable escalation of MDT areas of concern	Clear process in place and communicated to all MDT Leads to escalate issues of concern; Representation from Cancer Management Team at MDT annual business meetings	Cancer Services Management Team	Feb-22	Escalation Process agreed and circulated to all MDT Leads; Schedule of MDT business meetings to be agreed at start of each year and communicated to management team to ensure		MDT annual meetings to be agreed for 2022 and Cancer services management representation agreed for all meetings; escalation of other issues of concern as per agreed	Recommendation 3
5.2.1	Data collection resource is available to the MDT	Identify what data support is required by MDTs and explore funding sources with Trust SMT and commisioners	Data resource allocated	AD / HOS Cancer / OSL /	Feb-21	The MDT Administrator took up post on 04/01 and additional data support will be considered		Adequate data support is available to all the MDTs	Recommendation 6
5.2.2	Key info that directly affects treatment decisions is collected by MDT (staging, performance status, co-morbidity)	To ensure this info is captured in the MDT Proforma	Sytems review / MDT Proforma	MDT Administrator / Projects Officer; OSL; MDT Leads	Feb-22	This has started with the Urology MDT and will be rolled out across all of the MDTs in a phased approach		Key info is collected and considered by the MDT in relation to treatment options	Recommendation 5
5.2.3	Mandated national datasets are populated prior to or during MDT meetings or shortly afterwards	Detailed in MDT Principles doc and clear process detailed on what info is collected and by whom	MDT Principles document	MDT Co-ordinator / OSL / MDT Administrator	30th Nov	Draft presented to MDT Leads at Cancer checkpoint meeting and to the Urology Task & Finish Group meeting. Document is now finalised. Audit process to be implemented.		Monitoring process is undertaken as defined in the MDT Principles Doc (ref 2.1) and results shared with MDTs	Recommendation 6
5.2.4	Data collected during MDT meetings (including social demographic data) is analysed and fed back to MDT to support learning	Agree what data is collected, who will collect & analyse it and when this will be shared with the MDTs for consideration	Data collection process agreed per MDT	MDT Leads; MDT Co-ordinator; OSL; SIL	Mar-22	Liaise with HSCB to get a regional steer on social demographic collected. Meeting held with NICR and info request to be submitted in Spring 2022.		Data collected is analysed and fed back to the MDT for review and learning	Recommendation 6
5.2.5	MDT takes part in internal and external audits of processes & outcomes, reviews audit data and takes action to change practice where necessary	MDTs to identify and agree their audits at the annual business meeting including whi will lead and what support is required	Completion and and log of audits per MDT	MDT Leads / Dr Tariq / AD / Clinical audit team	Mar-22	Dr Tariq to write to MDT Leads to seek input on completion and review of future audits and the process for this to be discussed and agreed. Additional audit resource to be secured from the Clinical Audit Team		MDTs to take part in audits, both internal and external, and takes action as appropriate. All audits are logged.	Recommendation 6
5.2.7	Patient experience surveys include questions relevant to MDT working and action is taken to implement improvements in response to pt feedback	Local patient experience surveys per MDT should be rolled out at least once every two years.	Patient experience surveys	CNS's / SIL / MDT Leads	Mar-22	Scope what patient experience surveys have been undertaken and identify any gaps across MDT teams		All MDTs undertake patient experience surveys and action plans developed in response to findings	Recommendation 6
5.3.1	Data collection resource is available to the MDT	Identify what data is required for the MDTs and by whom and how often	Data resource calculated	OSL / MDT Administrator / HOS Cancer / MDT Leads	Feb-21	This will be considered further once the MDT Administrator has had to time to settle into the post		Data support is available to all MDTs	Recommendation 6

5.3.3	User Partnership Groups are given the opportunity to advise on the development of MDT policy and practice	Re-establish the Cancer Service User Group and agree the process for involvement in MDT policy and practice	Establishment of Cancer Service User Group	HOS Cancer; SIL ; Macmillan HWB Manager	Feb-22	Terms of reference developed; recruitment process underway; Group is re-established. Further discussion required to agree process for MDT involvement.		Trust cancer service user group is involved in the development of MDT policy and practice	Recommendation 6
5.3.5	Mechanisms in place to record MDT recommendation v actual treatment given and alert MDT if these are not adopted and reason for this; ensure MDT is alerted to serious treatment complications and adverse/unexpected events/death in treatment	To be detailed in MDT Principles document including quality indicator to audit; additional resource to support this needs to be identifed and secured.	MDT Principles Document; Additional resource secured	AD; DMD; OSL; MDT Administrator & Projects Officer	Mar-22	Principles document is agreed. BT audit process to be reviewed and implemented intially for the Urology MDT to test and ascertain resource required.		Mechanisms and audit process are in place	Recommendation 8
5.3.6	Strategies in place to monitor: proportion of pts discussed without sufficient information to make recommendations & proportion of patients offered and/or receiving information recommended by MDT	Agree how this data is collected & analysed for MDTs, by whom and when this will be shared with the MDTs for consideration	Data collection & analysis - AUDITS	MDT Leads; MDT Administrator & Project Officer;	Jan-22	To be agreed with MDT Leads once MDT Administrator & Projects Officer is settled into post		Agreed mechanism and audit process in place	Recommendation 1; Recommendation 2
5.3.7	MDT shares good practice & discusses local problem areas with MDTs in own trust/network	Provide opportunity for MDTs to meet locally to share learning and experiences (see 1.5.2)	MDT networking event	Cancer Services Management Team	Feb-22	Dr Tariq has contacted MDT Leads to seek feedback on whether an event is required or to agree other mechanisims to share learning		Agreed mechanism in place between MDTs to share learning	Recommendation 3
5.3.9	Significant discrepancies in pathology, radiology or clinical findings between local and specialist MDTs should be recorded and subject to audit	This is currently done on a one-to-one basis, a process needs to be developed and implemented	To develop an MDT Communications Protocol	MDT Administrator / MDT Leads /	Mar-22	Dr Tariq to liaise with MDT Leads to discuss process. M.Haughey and A.Muldrew to review BT communications protocol in relation to communication back to local MDTs and advise accordingly.		Agreed process and audit in place	Recommendation 6
5.3.10	MDTs reflect annually on equality issues	Data to be agreed and collected for MDT annual reports for review & reflection by the MDT members	Data collection	MDT Leads / MDT Administrator & Projects Officer	Mar-22	Data and process for collection to be agreed when MDT Administrator & Projects Officer is settled into post. M.Haughey to check with NICR.		Process agreed to collect data which are reviewed by MDTs	Recommendation 1; Recommendation 6
Additional areas	Overall governance of MDT and decisions arising from MDTs	Review of JDs for ADs, CDs and AMDs – both for cancer and specialties.	Process set up to review JDs	AMD / Medical Directorate / Specialities	Mar-22	This is ongoing via the Medical Directorate		Clear governance structure and process in place	Recommendation 6; Recommendation 7

RAG Rated Scale for Actions	
	Action not progressed
	Process in progress
	Process complete and action implemented