

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	26/06/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Ureteric stones / LUTS
Patient Summary	Appropriate management (reviewed by Mr Hennessey and Stone Meeting)

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	26/06/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Incontinence
Patient Summary	Appropriate investigation and management (initially seen by Mr Glackin and Mr Baillie)

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	26/06/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Seen initially by MDH and then UDS done by AOB. Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>	Yes	
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>	No	
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	26/06/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; color: white; text-align: center; padding: 5px;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Storage LUTS
Patient Summary	Initially seen privately, RF cystoscopy appropriately arranged for biopsy. Appropriate further investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance</i>)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	26/06/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation and management. 1 OP attendance with no letter

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan'</i> to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate'</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate'</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	no letter OP attendance May 2016
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	26/06/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Storage LUTS
Patient Summary	appropriate investigation and management (anticholinergics >> UDS >> botox)

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Haematuria associated with proven UTI
Patient Summary	haematuria with UTI, had no further episodes after 6months. US suggested possible renal stones, CT arranged.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	Yes	CT performed July 2018. was normal, patient not advised of result (was on review OP WL).
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;">Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Haematoejaculate / LUTS
Patient Summary	appropriate investigation. CT performed June 2018 (normal) and planned for OP with result. No evidence patient advised of result.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	CT performed June 2018 (normal) and planned for OP with result. No evidence patient advised of result.
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	haematuria / ureteric stone
Patient Summary	Delay in arranging FU (see below). Calcium and urate not checked.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	No	No blood tests for underlying causes of renal stone formation undertaken
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>	Yes	See comment re blood tests
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>	Yes	Attendance 22/12/2015 not dictated until 28/12/2016 and FU scan for ureteric stone not requested until 28/12/2016 = significant delay. FU CT request appears to then have been cancelled by radiology. no evidence action on this cancellation until attended for OP review Jan 2018 when US requested and undertaken April 2016. No evidence action of report (normal) or patient advised of result. No blood tests for stones (calcium and uric acid) undertaken.
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS / ED
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Recurrent UTI / LUTS
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS / ED
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	standard investigation (CTU and flexible cystoscopy). CT showed liver abnormality. MRI arranged + planned review appointment with result.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	Yes	MRI performed July 2018, was normal, patient not advised of result (was on review OP WL).
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	03/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS / possible renal mass
Patient Summary	Appropriate investigation and management. renal mass = hyperdense cyst on CT, LUTS stable and no Rx required

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>	Yes	
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>	No	
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS / scrotal swelling
Patient Summary	Seen privately (i do not have access to documentation). On basis of history given investigation and management appropriate

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>	Yes	
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>	No	
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Cystodistension 2017. Symptoms now resolved

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	No OP letter from attendance 13/6/21 (attached letter on ECR is for 2014 attendance)
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS / chronic retention
Patient Summary	Prior assessment by urogynaecology. Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>	Yes	
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>	No	
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation and management. TURP Feb 2018. Improved

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS >> TURP 2008
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	24/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	30/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	upper tract obstruction after hysterectomy
Patient Summary	appropriate investigation and management (managed by Mr O'Donoghue initially). Results of renogram (normal) not communicated to patient (awaiting RV OPA with result).

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	result of renogram not communicated with patient (normal result)
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	30/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Painful bladder / interstitial cystitis
Patient Summary	appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	some attendances (eg Feb 2015) with no letter
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	30/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Nephrectomy for renal cancer 1997 Tuberous sclerosis
Patient Summary	Appropriate management and FU

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	31/07/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	Personal Information redacted by the UST
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Frequency, urgency, pain on micturition
Patient Summary	<p>Working diagnosis of interstitial cystitis + prolapse</p> <p>Hydrodistension no help</p> <p>Vaginal hysterectomy 2017 no help</p> <p>2017 - Urodynamics showed low capacity, hypersensitive bladder</p> <p>April 2018 left hydronephrosis</p> <p>Saw AO'B in May 2018 -diagnosed detrusor hypocontractility. Started on furosemide, ranitidine and Elmiron. Changed to desmotabs in June 2018.</p> <p>October 2018 cystoscopy and bladder distension - normal mucosa, some improvement</p>

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)		Yes but diagnosis not firmly established. Difficult case

2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		Has stopped ialuril.
3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance</i>)		Has been referred back to Mr Khan
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?</i>)		Yes
5	Were the medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?</i>)		Individually yes. Perhaps a more logical approach would have been better (eg should not prescribe three medications together for various symptoms)

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>		Yes
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No



Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Dysfunctional voiding (retention / DOA / Painful ISC), SPC in situ, recurrent UTI
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate cancer
Patient Summary	RF referral Jan 2020, seen Feb 2020, biopsy then MDM Feb 2020. OP RV 18/3/20. No dictation at this time. Bone scan not requested until 10/5/21. Subsequent MDM 9/7/21 and referral to oncology 10/7/21.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	Delay in request of bone scan but received treatment in acceptable timescale so this delay did not impact on treatment pathway.
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Painful bladder symptoms
Patient Summary	Treatment under multiple urologists. No issues with investigation or management. Raised concern that Mr O'Brien did not make contact with investigation (radiology) results.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	Patient raised concerns was not contacted / made aware of investigation results when they were available. Raised this with GP.
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Chronic urinary retention
Patient Summary	Standard investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; color: white; text-align: center; padding: 5px;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS / Detrusor overactivity
Patient Summary	<p>Seen privately May 2012, letter from consultation dated May 2013. Urodynamics June 2013, letter dictated December 2013 at time of attendance for Botox injections.</p> <p>Subsequently had repeat urodynamics August 2016 - unsure of indication, demonstrated same findings as urodynamics 2013, further botox September 2016, FU Nov 2018 and repeat botox Jan 2020. Botox effective.</p>

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan'</i> to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate'</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)	Yes	2nd urodynamics August 2016 not essential to proceed with further botox treatment as previous urodynamics had shown DOA, and had derived symptomatic improvement with botox.
5	Were the medications prescribed appropriate? (<i>'Appropriate'</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
7	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>	Yes	see comment re 2nd urodynamic assessment
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>	Yes	Delay in private consultation correspondence. would appear to have been intended to add to WL for urodynamics at this time (May 2012) unsure if this occurred or if WLA was in May 2013. Correspondance from Urodynamics June 2013 completed at time of admission Dec 2013.
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LOTS / BOO
Patient Summary	Standard investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance</i>)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate cancer
Patient Summary	Needs screening for ?SCRR - see letter

Regarding the patients current care

Question		Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance</i>)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?</i>)	No	Bicalutamide 50mg initial treatment

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Unable to Determine	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	Yes	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	Unable to Determine	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Raised PSA / prostate cancer
Patient Summary	RF referral Oct 2018 seen Dec 2018 and appropriate investigation. Post MDM review Feb 2019, commenced on bicalutamide 150mg but not referred for radical treatment. subsequent FU Dec 2019 and Jan 2020. letter from January 2020 consultation which was referral for EBRT not dictated until 24/3/2020. Subsequently seen by oncology and treated.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	No	Should have been referred to oncology in February 2019
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	in addition to delay in referral to oncology (from Feb 2019) further delay with letter not dictated at attendance 24/1/20 until 24/3/20
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	Unable to Determine	delay in treatment of high risk prostate cancer is associated with a higher risk of failure of primary treatment, however currentl has had a good response to treatment

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Urethral stenosis / LUTS
Patient Summary	<p>No concerns regarding management</p> <p>Seen initially in private sector July / August 2019, surgery on NHS Sept 2019 - were waiting times consistent with NHS wait for similar condition / urgency at time?</p>

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	<p>Is the present diagnosis / diagnoses reasonable?</p> <p><i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i></p>	Yes	
2	<p>Are the current medications prescribed appropriate?</p> <p><i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i></p>	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Standard investigation and management (long wait for surgery but in keeping with waiting lists)

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	Yes	No dictation at time of 2014 consultation
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Spinal injury / neuropathic bladder / prostatic-cutaneous fistula
Patient Summary	<p>Contacted enquiry line '...want to know if impacted by enquiry + and if his operation was really necessary. Would like to speak to someone.'</p> <p>Questions relate to care in mid to late 90's. No notes available from this time so unable to comment.</p>

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	<p>Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)</p>	Yes	
2	<p>Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Unable to Determine	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Unable to Determine	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Unable to Determine	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Unable to Determine	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Unable to Determine	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	Unable to Determine	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Standard investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	No concerns with investigation / management (patient contacted info line as did not get results of US Nov 2019)

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	Yes	Patient contacted info line as did not get results of US Nov 2019
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	22/12/2021	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; color: white; text-align: center; padding: 5px;">Personal information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Urosepsis / ureteric stone
Patient Summary	Appropriate management. Stent remains in situ but plans for admission were made (patient did not attend).

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan'</i> to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate'</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate'</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS >> TURP
Patient Summary	Appropriate investigation and management.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i></p>	Yes	
7	<p>Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>	Yes	
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>	No	
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;">Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS >> UDS >> on WL for TURP
Patient Summary	Appropriate investigation and management.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan'</i> to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate'</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate'</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Raised PSA/prostate cancer
Patient Summary	RF referral with raised PSA, appropriate investigation and management and management of LUTS

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan'</i> to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate'</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate'</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation and management of LUTS (anticholinergics >> cystodistention / botox). no improvement. Note opinion Mr Duggan 2013/2014. Cystoplasty 2019. No improvement in symptoms

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Unable to Determine	note Mr Duggan opinion 2013/2014 re patient suitability for ileocystoplasty. Unclear from notes how these concerns were tackled prior to proceeding to surgery.
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	Unable to Determine	See Q7

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Raised PSA >> Prostate cancer
Patient Summary	Appropriate investigation and management.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance</i>)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS >> TURP
Patient Summary	Appropriate investigation and management.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;">Patient 125</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Raised PSA
Patient Summary	RF referral with raised PSA, appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	05/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	12/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;">Patient 81</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate cancer
Patient Summary	Intermediate risk prostate cancer 2012 MDM recommended ADT and referral for radiotherapy Commenced on low dose bicalutamide. Not referred for radiotherapy Switched to 150mg bicalutamide 10/17 and then LHRHa 10/21

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	No	Bicalutamide at unlicensed dose started 2012

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	No	No discussion of or referral for curative treatment for localised prostate cancer
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	Unable to Determine	Has not received curative treatment for prostate cancer which is now likely castrate resistant.

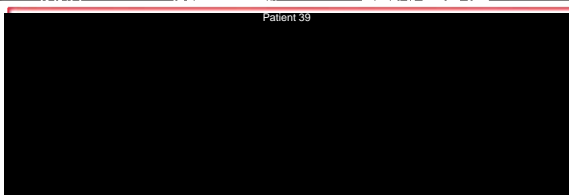
Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	12/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate cancer
Patient Summary	Not managed with standard treatment, has subsequently developed metastatic disease (see letter). Needs SCRR

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	No	Bicalutamide 50mg

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	No	Not referred for radical treatment. Has subsequently developed metastatic disease
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	Yes	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	19/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Bladder stones
Patient Summary	Required multiple procedures to clear but no issue with this Appears to be significant delay in discharge summary (June 2017 - dictated Nov 2018 and FU imaging requested at this point but FU images was satisfactory and so no harm

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	Yes	Appears to be significant delay in discharge summary (June 2017 - dictated Nov 2018 and FU imaging requested at this point but FU images was satisfactory and so no harm
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	19/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;">Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Epididymal cyst
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Recurrent UTIs
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Urethral stricture
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	renal / ureteric stones
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div> 
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation / management. Personally i would not proceed to TURP for this gentleman without urodynamics, so i have suspended on WL pending urodynamics.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	<p>Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i></p>	Yes	
7	<p>Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>	Yes	
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>	No	
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div style="background-color: black; width: 100%; height: 100%; text-align: center; color: white; font-size: 0.8em;"> Personal Information redacted by the USI </div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	BOO / Catheter in situ, on WL for TURP. MDH patient
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance</i>)	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? (<i>'Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	
5	Were the medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?</i>)	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	ED
Patient Summary	Appropriate investigation and management

Regarding the patients current care

Question		Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	12/01/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Added to WL for TURP with no objective evidence obstruction (no Flow rate or urodynamics) and documented mild symptoms only. Symptoms remain mild and does not want TURP >> removed from WL.

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	No	Added to WL for TURP with no objective evidence obstruction (no Flow rate or urodynamics) and documented mild symptoms only
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	No	Added to WL for TURP with no objective evidence obstruction (no Flow rate or urodynamics) and documented mild symptoms only
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	No	See above
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate investigation / management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Yes	
2	Are the current medications prescribed appropriate? ('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Phimosis
Patient Summary	Appropriate investigation and management

Regarding the patients current care

Question		Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Testicular maldescent
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>	Yes	
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Recurrent UTI
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Raised PSA
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Martina Corrigan, Head of Service.

Patient Details

Name	<div>Personal Information redacted by the USI</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Testicular maldescent
Patient Summary	Appropriate investigation and management

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Yes	

3	Is a secure clinical management plan currently in place? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>	Yes	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Based on the information available at the time of previous reviews, please answer the following to the best of your knowledge. If a determination cannot be made please give reasons why.

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>	Yes	

6	Were the diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)	Yes	
7	Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)	Yes	
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)	No	
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	23/02/2022	