

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, Not referred for EBRT late 2019, subsequently referred late 2020.

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>)	No	Not referred for EBRT late 2019, subsequently referred late 2020
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	Not referred for EBRT late 2019, subsequently referred late 2020
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	

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Patient Details

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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	
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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	
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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

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Date of Appointment	23/02/2022	

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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	
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H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Phimosis / balanitis
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	
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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	
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H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment and treatment trialed

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		

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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	02/03/2022	

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Patient Details

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H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment and treatment trialed

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	
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9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

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H&C Number	
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Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment and treatment trialed

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
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9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

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Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment and treatment trialed

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Patient Details

Presenting Condition(s)	LUTS
Patient Summary	<p>Appropriate assessment and treatment trialled</p> <p>Attended Privately April 2019 and July 2019 and 22/8/2020. letter done 22/8/2020 covering these attendances and added to waiting list at this point but back-dated to 6/7/2019 on WL.</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	
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9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

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Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	02/03/2022	

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 assessment and treatment trialed

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	02/03/2022	

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Patient Details

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

Patient Details

Presenting Condition(s)	Pelvic / bladder pain syndrome
Patient Summary	Appropriate assessment and treatment trialed

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.

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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	

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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

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Title	Consultant	
Date of Appointment	02/03/2022	

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Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment and treatment trialed

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	
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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

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Patient Details

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Patient Details

Presenting Condition(s)	AML (tuberous sclerosis)
Patient Summary	Appropriate 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	
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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

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Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment / 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	
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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	
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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

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Date of Appointment	09/03/2022	

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H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Small renal mass
Patient Summary	Appropriate initial management. No FU after MDM July 2017, CT Dec 2017 no letter to show patient informed of result and no further FU 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		

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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>)	Unable to Determine	No continued FU after CT Dec 2017 arranged other than RV OPA (which did not happen presumable due to backlog).No evidence of consultation after MDM July 2017, No evidence of patient contact after CT Dec 2017
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

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Patient Details

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

Patient Details

Presenting Condition(s)	Prostate cancer
Patient Summary	Appropriate initial management. MDM outcome 2016 = curative treatment. Started on Bicalutamide 150mg and not referred for RT until March 2017. Therefore received 9/12 longer ADT (and SE) than needed - See OP 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		

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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	
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9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?	No	

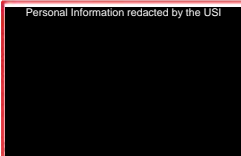
Clinical Professional Reviewing Care

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Title	Consultant	
Date of Appointment	09/03/2022	

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Patient Details

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H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate cancer
Patient Summary	Appropriate investigation and initial management / referral. Prescribed bicalutamide 50mg for a period feb 2018 - Oct 2018 which is against guidance and at unlicensed dose

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	
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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 02/18 to 10/18

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	

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Patient Details

Presenting Condition(s)	Spina Bifida bladder management
Patient Summary	Appropriate 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	
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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

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Patient Details

Presenting Condition(s)	Epididymal cyst
Patient Summary	Appropriate assessment / 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	
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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	09/03/2022	

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 UST</div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Nocturnal enuresis
Patient Summary	Appropriate 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	09/03/2022	



UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

Presenting Condition(s)	loin pain / haematuria
Patient Summary	Appropriate assessment / 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	09/03/2022	

UROLOGY PATIENT REVIEW FORM

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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 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	09/03/2022	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

Presenting Condition(s)	Stones and urethral stricture
Patient Summary	Appropriate 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	

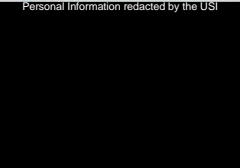
Clinical Professional Reviewing Care

Name	Mark Haynes	Submit
Title	Consultant	
Date of Appointment	09/03/2022	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate assessment / 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	
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No.	Question	Y / N / Unable to Determine	Details
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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	09/03/2022	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	<div style="background-color: black; width: 150px; height: 60px; margin-bottom: 5px;"></div>
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate 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	
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No.	Question	Y / N / Unable to Determine	Details
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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	09/03/2022	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Appropriate 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	09/03/2022	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

Presenting Condition(s)	Pelvic pain syndrome
Patient Summary	No issues with investigation or 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 Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the USI

Patient Details

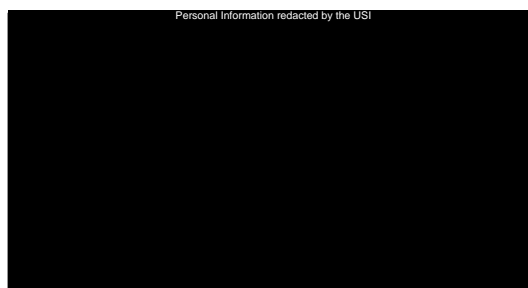
Presenting Condition(s)	Hypertension Budec
Patient Summary	<p>the 7 Budec Hypertension</p> <p>Treated 2 times</p>

	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?)	Y	<p>Assessed appropriately</p> <p>Correct diagnosis</p>
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	<p>Appropriately treated</p>

3	Were the correct Medications given? ("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)		Correct medications given
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Documented if not using local etc

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	2/12/21



UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	lt of recurrent urol
Patient Summary	<p>Reviewed every couple of years</p> <p>- no treatment at present</p> <p>- Discharged</p>

	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?)	Y	
2	Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	NA	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	Consultant Urologist
Date of Appointment	9/12/21

Personal Information redacted by the USI

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Right Flank Pain
Patient Summary	<p>had uroscopy (2) in 2015 - no stone found</p> <p>- subsequent CT - NAD</p>

	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?)	Y	
2	Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	✓	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Discharged

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	9/12/21



UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

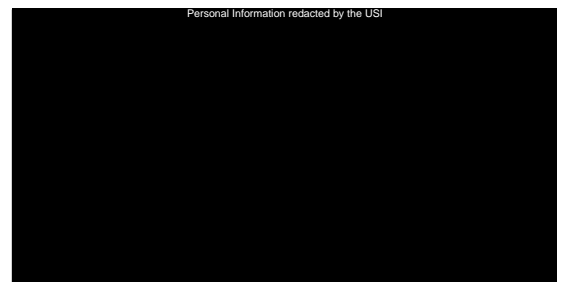
Presenting Condition(s)	He of left Epididymitis
Patient Summary	admitted to @ epididymitis 13/3/2018 all symptoms have resolved

	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?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	

3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Patient's symptoms have resolved → Discharged

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI	
Title	Consultant	Urologist
Date of Appointment	9/12/21	

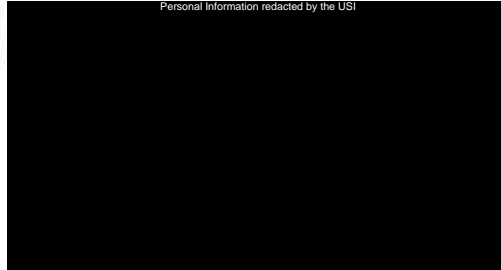


UROLOGY PATIENT REVIEW FORM

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 Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	High Pressure Chronic Urinary Retention
Patient Summary	<p>Personal Information redacted by the USI</p> <p>present to H&C</p> <p>in Jan 20.</p> <p>He initially wanted a long term catheter, he is now wanting a TURP privately</p>

	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?)	Y	
2	Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	n/a	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	n/a	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI	
Title	Consultant	Urologist
Date of Appointment	9/12/21	

Personal Information redacted by the USI

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the UST

Patient Details

Presenting Condition(s)	Recurrent UTIs, Bladder Storage Symptoms
Patient Summary	<p>Admission has been on Ciprofloxacin 250mg OD for 5 years - no culture since 2017.</p> <p>Does ISC x1 but manages storage symptoms otherwise</p>

	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?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	N	<p>on long term</p> <p>Ciprofloxacin 250mg OD since</p> <p>2017</p>

3	Were the correct Medications given? ("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	N	on ciprofloxacin 250mg since 2017.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	NA N/A	discharged to CTB advice re UTI management + appropriate treatment. ciprofloxacin stopped.

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Consultant Urologist
Date of Appointment	9/12/21

Personal Information redacted by the USI

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Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the USI

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	long history of LUTS Treated with Tamulosin + Finasteride LUTS not better same

	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?)	Y	Correct diagnosis
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	Correct pathway

3	Were the correct Medications given? ("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	y	Correct medications given
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		usi urinary tract diagnosed - 4 ~ AD, for DTC

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	2/2/21



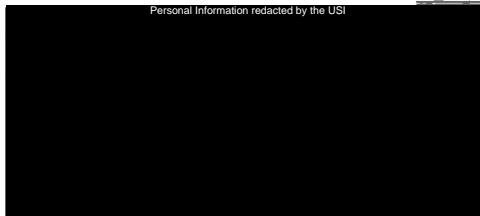


UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Recurrent UTI
Patient Summary	<p>History of recurrent UTI</p> <p>+ recurrent UTI</p> <p>- no real issues at present</p>

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?)	(Y)	
2 Was the correct Pathway adhered to? ('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	

3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	(Y)	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	(NA)	

Clinical Professional Reviewing Care

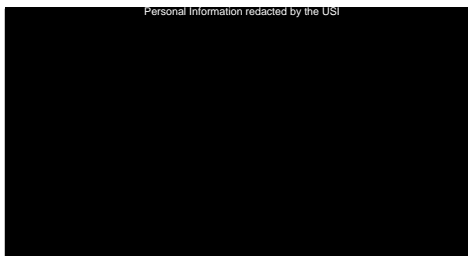
Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	13/01/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Hx of recurrent uroliths + recurrent UTI
Patient Summary	all symptoms have settled → Discharge

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?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	✓	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	✓	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	Urologist
Date of Appointment	13/01/22

UROLOGY PATIENT REVIEW FORM

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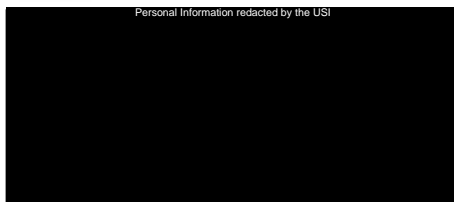
Patient Details

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Personal Information redacted by the USI

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	It is of orchidectomy 2020
Patient Summary	It is of Testicular Tumour 2020 (L) orchidectomy + (R) orchidectomy

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?))	(Y)	
2 Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	(Y)	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	 	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	<i>Clinical Consultant</i>
Date of Appointment	<i>13 / 07 / 22</i>

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name		
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	LUTS + ED
Patient Summary	<p>Troublesome urinary storage symptoms</p> <p>- also obstructive urinary symptoms</p> <p>- I have an underlying urodynamics</p> <p>ED is OK.</p>

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?)	(Y)	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	NA	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

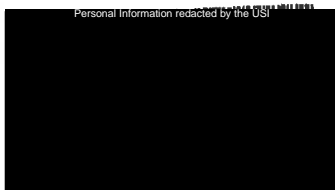
Name	
Title	Consultant Urologist
Date of Appointment	13/02/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Recurrent UTIs
Patient Summary	Has been on Pivmecillinam since 2019 (prophylaxis) - now stopped (13/01/22) otherwise generally well

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?)	(Y)	
2 Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(N)	not optimal on antibiotics since 2019

3	<p>Were the correct Medications given? ("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</p>	(N)	incorrect prescribing of pivmecillinam
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>	(N)	

Clinical Professional Reviewing Care

Name	Personal information redacted by the USI
Title	Urologist
Date of Appointment	13 / 01 / 22

UROLOGY PATIENT REVIEW FORM

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Service for Clinical Assuran

led to Sarah Ward, Head of

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	urethral stricture + LUTS.
Patient Summary	He of urethral stricture had several episodes within 6 months over the years Storage LUTS

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?)	(Y)	
2 Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	Consultant
Date of Appointment	13/0/22

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Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the UST

Patient Details

Presenting Condition(s)	Hx 2 left renal calculi
Patient Summary	Fell from ladder 2020 sustained (acc) fracture left kidney now well

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?)	(Y)	
2 Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	(Y)	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	(NA)	

Clinical Professional Reviewing Care

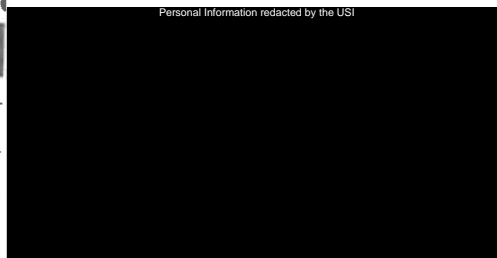
Name	<small>Personal Information redacted by the USI</small>
Title	Consultant Urologist
Date of Appointment	13/01/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	He of OAD
Patient Summary	<p>He of OAD + Bulbous urethra reflux</p> <p>- symptoms onset to bed, not (any medications) - discharge.</p>

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?)	(Y)	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	13/01/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	wheel chair bound in w/c for bath + episodes
Patient Summary	presently on warfarin changes diet himself every 3 weeks cancer episodes + bath + optimal medication

	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?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	

3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	No	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	14/04/22

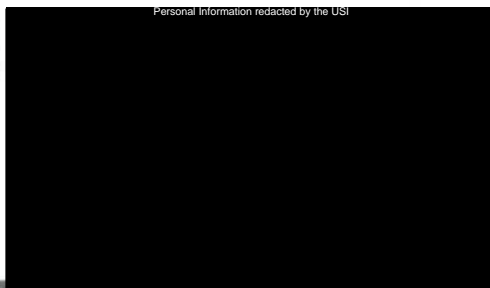


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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	14yr of circumcised pen
Patient Summary	well after circumcision → no further problems

	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?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	✓	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	NA	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	12/02/22



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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	the 4 symptoms described
Patient Summary	the 7 other strange symptoms + symptoms described I have looked recently at

	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?)	<input checked="" type="checkbox"/>	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	<input checked="" type="checkbox"/>	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	7	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title		Urologist
Date of Appointment		12/01/22

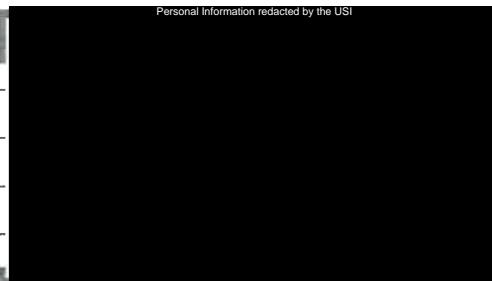


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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	the 9 dysuria
Patient Summary	<p>symptoms have settled —) discharged not seen by A&S since 2020</p>

	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?)	N/A	
2	Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	N/A	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	N/A	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Urologist
Date of Appointment	12/01/22



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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	1hr of chronic bladder pain / IC
Patient Summary	on long term nitrofurantoin - stopped after mild urinary tract infection

	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?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	(P)	on by GP - stopped after 6 weeks
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Consultant Urologist
Date of Appointment	14/02/22



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Patient Details

Name	
H&C Number	
Date of Birth	

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Personal Information redacted by the USI

Patient Details

Presenting Condition(s)	It's of neobladder
Patient Summary	in waiting list for hydrodissection - CANCELLED

	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?)	N	
2	Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	N	