

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?)		Nitrofurantoin Correct dose but not indefinitely I would suggest
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Scan arranged. Flw $\frac{1}{12}$

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant
Date of Appointment	Personal Information redacted by the USI

24. 7. 22.

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)	Single kidney + ureteroceles.
Patient Summary	Standard follow up USS + Bloods (acute)

	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	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)		Yes

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		I agreed scans + blood checks which would have occurred if offered on appt on time

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name			
Title	Consultant		
Date of Appointment			

24/1/22

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)

Erectile Dysfunction


Patient Summary

Penile angulation - on w/2
LUTS. frenuloplasty

	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?)		Plan. was Correct - to have USS & flow at this apt.
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)		Yes: on w/2. & for r/w to make sure it wished this path.

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?)		Yes. trial of tablets correct course + correct dose.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		- still on w/lenabiprosty - Bladder tablet commenced today as sound bladder issue as opposed to prostate as flow rate today is good.

Clinical Professional Reviewing Care

Name	<div style="background-color: black; width: 100%; height: 1.2em;">Personal Information redacted by the USI</div>
Title	
Date of Appointment	

24.7.22

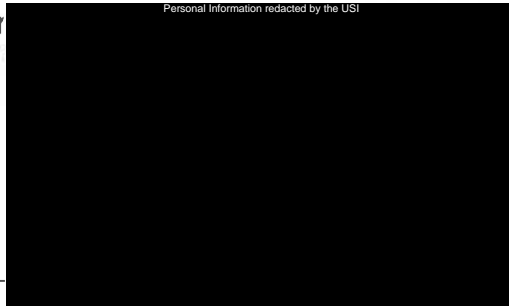


UROLOGY PATIENT REVIEW FORM

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	



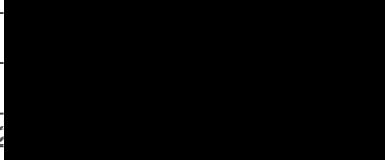
Patient Details

Presenting Condition(s)	Re evaluation of LUTS
Patient Summary	on w/lz for. with history + IS RTI = flow is good procedures 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?)		initially symptoms were of poor flow but investigations of flow rate were good not sure if test
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)		done before or same day after letter done letter should have commented on flow. not just cystoscopy findings.

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		Remove from w/h acc per pt wishes also

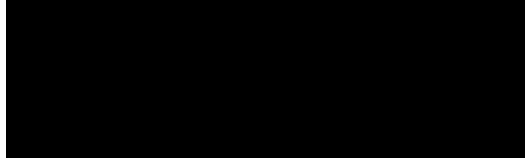
Clinical Professional Reviewing Care

Name		<small>Personal Information redacted by the USI</small> 	
Title	Consultant		
Date of Appointment	24.1.22		

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)	Long term. lower urinary tract symptoms
Patient Summary	Severed yrs since assessed To be re-evaluated

	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	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)		Yes

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>)		Yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Plan to review

Clinical Professional Reviewing Care

Personal Information redacted by the USI

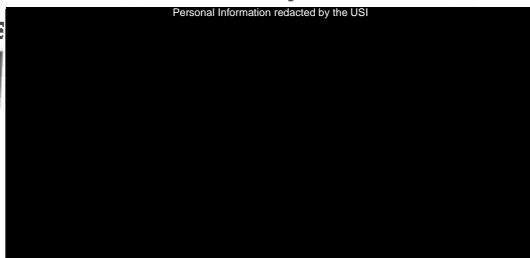
Name	
Title	
Date of Appointment	22-2-22

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 As

Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	UTI.
Patient Summary	Has bladder dysfunction. No UTI for some time. be observed

	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	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)		Yes.

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?)		Nitrofurantoin 50p for 10 yrs Sweet A/13 but too long
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Re-evaluating LUTS

Clinical Professional Reviewing Care

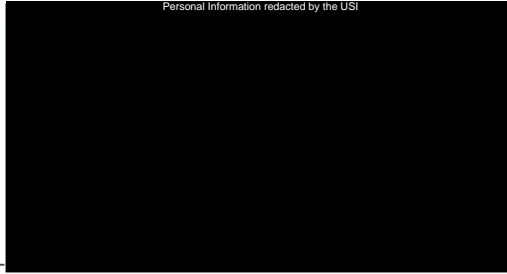
Name		Personal Information redacted by the USI	
Title			
Date of Appointment		22.2.22.	

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 Assu

Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	asymptomatic. (under surveillance) - 5/c
Patient Summary	new outlet symptoms start of investigation

	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	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)		Yes

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>)		Yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		yes

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	
Date of Appointment	22.2.22

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


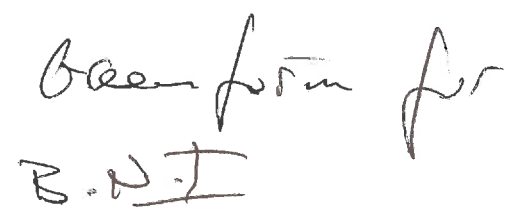
Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	outlet symptoms
Patient Summary	has had urodynamics + Cystoscopy. IPSS 27 flx 10/15. Boarded for Bladder Neck Release

	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	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)		Yes

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		Personal Information redacted by the USI	
Title			
Date of Appointment		22.2.22	

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	

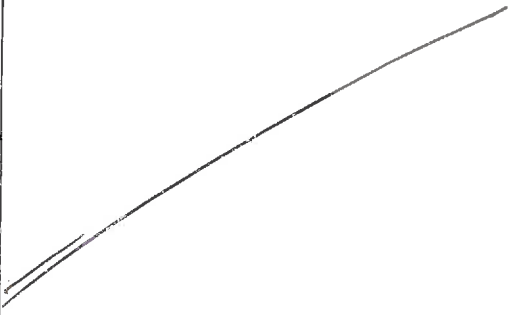
Personal Information redacted by the USI	

Patient Details

Presenting Condition(s)	Incontinence
Patient Summary	Prost Hydrostatic balloon worked for some years Sensory urgency

	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	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)		Yes.



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		<i>For same reason.</i>

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	
Date of Appointment	<i>22.2.23</i>

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 DetailsPresenting
Condition(s)


Patient Summary

overactive bladder

Had clean ileosigmoidostomy
2 is due Flex cystoscopy

	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	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)		Yes



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		<i>already on WL for e/u</i>

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	
Date of Appointment	<i>22.6.22</i>

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)	had wetteral stone/we
Patient Summary	had cystoscopy & wetteral now open Flow rate excellent - Remove w/c for repeat procedure

	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	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)		Yes

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	<div data-bbox="646 1039 1045 1153" data-label="Text"> <small>Personal Information redacted by the USI</small> </div>
Title	
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 Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Personal Information redacted by the USI

Name

H&C Number

Date of Birth

Patient Details

Presenting
Condition(s)

overactive Bladder

Patient Summary

	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	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)		Yes

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>		yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		D/C

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	
Date of Appointment	22-2-22

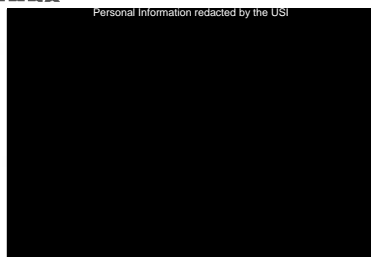


UROLOGY PATIENT REVIEW FORM

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)	ureteric reimplants post
Patient Summary	Pelvic Surgery Re-evaluation of LUTS. which is now.

	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	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)		Yes



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		<i>pt very compliant w/ MS O'Brien's care.</i>

Clinical Professional Reviewing Care

Personal Information redacted by the USI

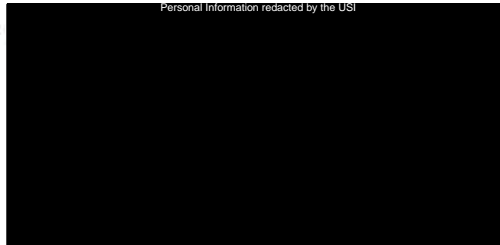
Name	
Title	
Date of Appointment	22-2-22.

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)	outlet obstruction
Patient Summary	Continue E plan for TRAP

	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?)		Neg
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)		Yes

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>		Yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Yes.

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name		
Title		
Date of Appointment	22.2.22	

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 Assu

Patient Details

Name

H&C Number

Date of Birth

Patient Details



Presenting
Condition(s)

Incontinence

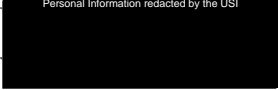

Patient Summary

mostly better from long
term cond.

	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	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)		Yes

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		

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI 
Title	
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 Sarah Ward, Head of Service for Clinical Assurance

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	urinary freq.
Patient Summary	Improved in time & now off medication It had been hoped for Botox, without performing urodynamics [explanation given] Well now. - Advice given Discharge remove w/h

	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?)		U/eg
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)		Possibly should have had urodynamics [but an explanation was given]

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>)		Yes.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		D/c

Clinical Professional Reviewing Care

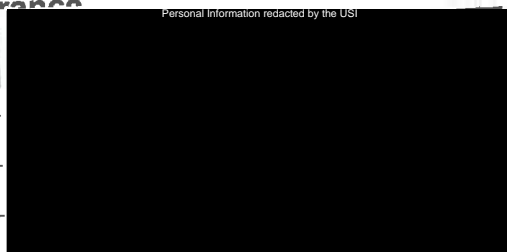
Name		Personal Information redacted by the USI	
Title			
Date of Appointment		22.2.22	

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)	urethral stenosis
Patient Summary	they were operation helped very well now voiding better had overactive bladder

	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	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)		Yes



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>)		Yes.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		only needs a Rtw in one yr, as Routine.

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title		
Date of Appointment		22.2.22.

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

Patient Details

Presenting Condition(s)	assessment structure
Patient Summary	<p>flor flu was clear.</p> <p>no isc for some time</p> <p>scan - not empty</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?)		yes
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)		yes.

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>)		<i>Yes</i>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<i>referable for other reasons made. otherwise D/L</i>

Clinical Professional Reviewing Care

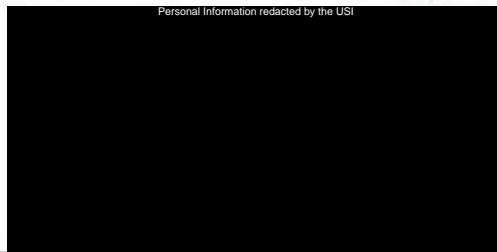
Name	<small>Personal Information redacted by the USI</small>
Title	
Date of Appointment	<i>22.2.22</i>

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


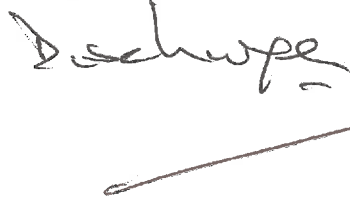
Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	lower urinary tract symptoms
Patient Summary	+ pelvic pain. 2012. ok since. till recent UTI not clear why not seen in interm. but looks like a hospital appoint issue - - pt has been 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?)		Yes
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)		Yes

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	
Date of Appointment	

24.2.22

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)	Prostate Cancer - Brachytherapy - RCH.
Patient Summary	Stutter for Diabetic SD → strong wodynamics - overactive + obstruction on w/2 urethral dilation - to start Bladder 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?)		Yes. had detailed tests.
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)		Yes

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>		<p>Yes</p>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<p>on w/c we had started already.</p>

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title	Consultant	
Date of Appointment		

24.2.24.

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

Personal Information redacted by the USI

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS assessment
Patient Summary	Possibly on w/c for TURP — suspend.

	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?)		Reasonable
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)		Put on w/c for TURP. yet flow rate fast.



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>)		<u>Yes</u>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Remove from w/L - TURP R/o 6/12

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name		
Title		
Date of Appointment		2/3/22

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 UST

Patient Details

Presenting
Condition(s)

Patient Summary

on - w/L Hydroscotex

Sensory wpe. investigation

	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	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)		Yes



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?)		<i>Yes</i>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<i>on w/L. Hydrocortisone suitable for L.U.H. list</i>

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title		
Date of Appointment		<i>7/3/22</i>

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

Personal Information redacted by the USI

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS assessment
Patient Summary	<p>on w/c, for TURP.</p> <p>- had flex-ck. + flow rates + USS</p> <p>- PSA recorded. clinical assessment.</p> <p>→ TURP.</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?)		Reasonable.
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)		Reasonable

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>		Yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Suspected TURP D/W 3/12

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title		
Date of Appointment		

UBL - 18 March - CH.

7/3/22 -

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

Personal Information redacted by the USI

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	for stones 10 yrs ago
Patient Summary	also has 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?)		Yes
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)		Yes



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?)		<i>W/X</i>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<i>pathway in place for LUTS</i> <i>RW 4/12</i>

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI	
Title			
Date of Appointment			

7/3/22



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)

Patient Summary

UTIs

Has been seen by M.H.
+ COS further advice

	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	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)		Yes



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>)		Yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		D/C

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	
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 Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate Cancer
Patient Summary	assessment of PSA - 11.2 ng/ml Pt was informed of result.

	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 ok
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)		ok



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		New referral being sorted

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title		Consultant
Date of Appointment		7/3/22

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)

LUTS.

Patient Summary

	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?)		Reasonable
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)		Did not have a flow rate initially yet logged for TURP. Σ flow rate was never pool?



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>)		<i>Yes</i>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<i>for Review</i>

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	
Date of Appointment	<i>7/8/22</i>

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)	LUTS as suspect.
Patient Summary	<p>— storage + irritative synch</p> <p>— w/ wodynemia</p> <p>— still - needs.</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?)		yes
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)		yes



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?)		W/A.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		will check other wady namis planned

Clinical Professional Reviewing Care

Name	<small>Personal information redacted by the USI</small>
Title	Consultant
Date of Appointment	7.3.22

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 UST

Patient Details

Presenting Condition(s)

Patient Summary

Structure assessment.

	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?)		<i>Yes</i>
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)		<i>Yes</i>

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		Needs for 4u. ? seen at Kingsbridge <u>Tam</u> No out Comp

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	
Date of Appointment	1/3/22

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)	LUT & assessment.
Patient Summary	as above

	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	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)		Yes.



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>		Yes.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		D/L

Clinical Professional Reviewing Care

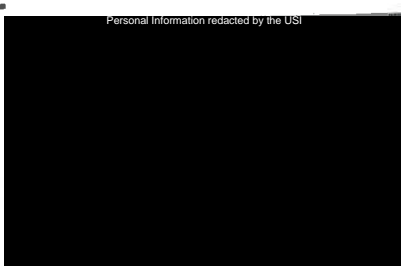
Name		Personal Information redacted by the USI	
Title			
Date of Appointment			7/3/22

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)	LUTS
Patient Summary	am wait post for TURP.

	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?)		Had urodynamics
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)		Yes

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?)		Could of had more medication This being tried
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		maintain w/L TURP R/W 3/12

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI	
Title			
Date of Appointment			7/3/22



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

Personal Information redacted by the UST


Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Prostate cancer to start
Patient Summary	irritable bladder + UTI. Now well - JG

	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	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)		Yes

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?)		b.p to be A/B reasonable. all sorted now & off A/B
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		Personal Information redacted by the USI	
Title			
Date of Appointment			7/3/22

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 A

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Post Vasectomy Issues
Patient Summary	(1) Pain (2) Continued test samples

	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	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)		Yes



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>)		<i>n/a</i>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<i>advice</i>

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
Title		
Date of Appointment		

7/3/22

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	

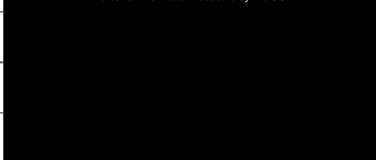
Patient Details

Presenting Condition(s)	Complete Hydrocele
Patient Summary	Rt- DNA + 2. & have moved to Belfast - D/C.

	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	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)		Yes

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				
Date of Appointment				

14/3/22

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

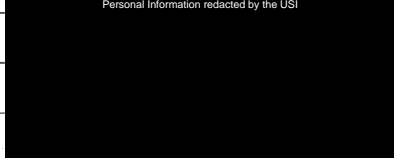
Patient Details

Presenting Condition(s)	LUTS assemblant
Patient Summary	Since last seen. has recently developed Retention due to UTI. Had been content.

	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	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)		Yes. Had USS and aware. Referred.

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		New-Symptoms added in Medtrac and copy TROC. & RW

Clinical Professional Reviewing Care

Name		<small>Personal information redacted by the USI</small> 	
Title			
Date of Appointment			

14/3/22

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.


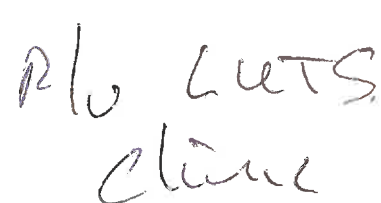
Patient Details

Name	
H&C Number	
Date of Birth	

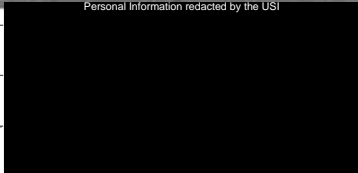
Patient Details

Presenting Condition(s)	Prostate Symptoms
Patient Summary	on w/L for TURP. Recent UTI, Investigation of PSA.

	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?)		Reasonable had cystoscopy + clinical history
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)		No 1 PSS No flow rate No post void residual had MRI + Biopsy

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		<div data-bbox="818 1039 1177 1211" data-label="Image">  </div>
Title		
Date of Appointment		

✓ = 14/3/22

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

Patient Details

Presenting Condition(s)	awaiting TURP.
Patient Summary	Resection. still need surgery

	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	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)		Yes

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		Personal Information redacted by the USI
Title		
Date of Appointment		

14/3/22

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)	Retention Wisc
Patient Summary	Post pelvic surgery had my successful TROC away to RW

	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	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)		Yes



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		advice to GP.

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI	
Title			
Date of Appointment			

14/3/22.

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)	Incontinence
Patient Summary	<p>wife + stress</p> <p>Ref seen by Pelvic floor nurse + gynaecologist.</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?)		<p>yes + cyst.</p> <p>had urodynamics previously</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)		<p>yes → Pelvic floor team</p>

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		yes → gynae.

Clinical Professional Reviewing Care

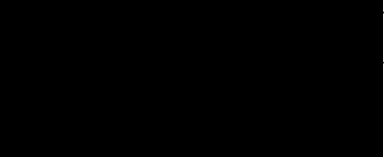
Name		Personal information redacted by the USI	
Title			
Date of Appointment		14/3/22	

pt has no issues e care

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)	neurogenic bladder post
Patient Summary	spinal injury - medication + Botox. - symptoms deteriorated since last consult. [expected]

	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. investigations recently, & up to date
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)		Yes

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>		<u>yes</u>
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Needs a flet etc + Botox. - added to W/L.

Clinical Professional Reviewing Care

Name	
Title	
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 [redacted] and copied to Sarah Ward, Head of Service for Clinical [redacted]

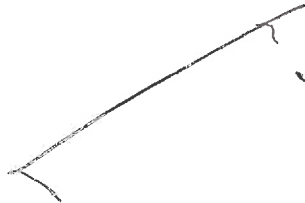
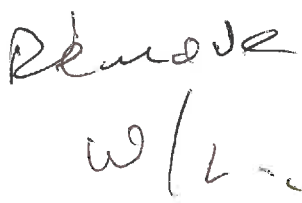
Patient Details

Name	[redacted]
H&C Number	[redacted]
Date of Birth	[redacted]

Patient Details

Presenting Condition(s)	on list for Tm.2
Patient Summary	Re - evaluation

	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	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)		yes but - symptoms improved

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	
Title	
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 Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Not sure why at Sent for this clinic as M.H. Sorted 12/1/22.</p>

	Question	Y / N / Unable to Determine	Details
1	<p>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?)</p>		
2	<p>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)</p>		



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		

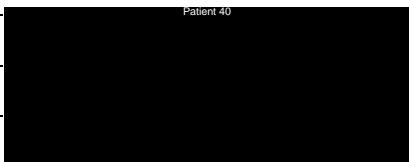
Clinical Professional Reviewing Care

Name	
Title	
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		
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2008 Gleason 4+3 Ca prostate</p> <p>Started on bicalutamide 50, later increased and leuprorelin added</p> <p>No MDM discussion at the time</p> <p>Radiotherapy completed 2013</p> <p>Doing well now</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</i></p>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		Discharged
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
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		Should have started radiotherapy in 2008/9
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) ?		Probably not Stayed on antiandrogens for too long

Clinical Professional Reviewing Care

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)	
Patient Summary	<p>CT February 2020 obstructing left ureteric stone</p> <p>Stone fragmented</p> <p>Further CT shows bilateral stones</p> <p>Ultrasound June 2020 DNA</p>

Regarding the patients current care

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>		N/A
3	<p>Is a secure clinical</p>		

	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>		
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>		N/A
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</i>		Yes

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Right nephrectomy 1993</p> <p>Left pyeloplasty 1994</p> <p>Left renal pain 2018 with hydronephrosis</p> <p>CT March 2020 no evidence of obstruction</p> <p>February 2020 eGFR >60</p>

Regarding the patients current care

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>		N/A

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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Right renal pelvis dilatation April 2019</p> <p>Failed to attend for CT and FU appt</p> <p>Under rheumatologists – should they arrange scans??</p>

Regarding the patients current care

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</i></p>		N/A

	<i>rationale fully noted?)</i>		
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>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2017 right PUJ obstruction 2018 46% function Awaiting repeat renogram

Regarding the patients current care

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>		N/A
3	Is a secure clinical		Yes

	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>		
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>		Should have had follow-up renogram before 2021
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>		N/A
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</i>		Yes

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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) ?		Probably not

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	Haematuria and UTI
Patient Summary	<p>August 2019 ultrasound normal</p> <p>No evidence of a cystoscopy</p>

Regarding the patients current care

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>		N/A
3	<p>Is a secure clinical management plan currently in place?</p>		

	<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>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Needs cystoscopy

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
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>		N/A
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>		

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>		
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>		
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2016 rising PSA to 4.5. MRI no target</p> <p>Due for review in May 2018 – delayed by 1 year due to backlog</p> <p>May 2019 PSA 8.3. MRI shows PIRADS 4 lesion</p> <p>Biopsies Gleason 3+4</p> <p>Referred for radiotherapy</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</i></p>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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 but possible a systems delay? (one year backlog)
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>October 2019 right ureteric stone – CT in December shows it moved 2cm. Small left renal stones</p> <p>January 2020 stone at VUJ</p> <p>Stented in January 2020 and stent removed in April</p> <p>October 2020 normal ultrasound</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</i></p>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		No
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	<p>March 2020 ultrasound – normal urinary tract</p> <p>No follow-up information</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>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>		
2	<p>Are the current medications prescribed appropriate? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>		N/A
3	<p>Is a secure clinical management plan currently in place?</p>		

	<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>		
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>		
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>		N/A
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>		

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Left renal stone</p> <p>CT June 2019 no stone in ureter – thickened bladder wall</p> <p>Ultrasound June 2020 – normal bladder</p> <p>No correspondence</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</i></p>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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 – one year between CT report and bladder ultrasound
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>November 2012 Ct ureteric stone and hydronephrosis. Ureteroscopy</p> <p>2018 ? right ureteric stone – repeat CT not obvious</p> <p>2019 CT – right renal stones unchanged</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>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? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>		N/A

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>		
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>CT April 2015 solitary left kidney. Large ureteric stone</p> <p>Retrograde study. Stent</p> <p>Treated privately</p> <p>February 2019 1.8cm stone ?in lower ureter</p> <p>Left ureter stented</p> <p>No evidence stent has been removed</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	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>		N/A
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>		?
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>		N/A

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>		
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		



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)	Retention
Patient Summary	<p>PSA 42 T1a Ca prostate Gleason 8 Bone scan August 2019 – metastases Started on bicalutamide 50 Changed to decapeptyl in March 2019 PSA continued to rise</p> <p>Died <div>Personal Information redacted by the USI</div></p>

Regarding the patients current care

1	<p>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?)</p>		Yes
2	<p>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</p>		N/A

	<i>rationale fully noted?)</i>		
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>		N/A
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 – incorrect dose of bicalutamide
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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 apart from bicalutamide dose
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) ?		Probably not

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	Testicular pain
Patient Summary	<p>All ultrasound scans normal</p> <p>March 2018 letter recommended cystoscopy under AO'B for UTI but I cannot see any record thereof or any further urology follow-up</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>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>		
2	<p>Are the current medications prescribed appropriate? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>		N/A

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>		No
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>		
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>		N/A
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</i>		

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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>		
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		

Clinical Professional Reviewing Care

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)	UTI
Patient Summary	Ultrasound October 2012 normal 2019 UTI Ultrasound normal No letters found but MSU reverted to normal

Regarding the patients current care

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>		N/A
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>		
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>		N/A
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</i>		

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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>		
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	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)	
Patient Summary	<p>Known detrusor overactivity March 2019 ultrasound PVR 59</p> <p>March 2019 AO'B planned cystoscopy and urodynamics – no record thereof – really necessary?</p>

Regarding the patients current care

1	<p>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?)</p>		Yes
2	<p>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</p>		N/A

	<i>rationale fully noted?)</i>		
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>		?
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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)	
Patient Summary	<p>Cystectomy and orthotopic bladder</p> <p>CT 2015 distal left ureteric stone. Left nephrostomy. Nephrostogram showed mild ureteric stenosis – stented November 2015</p> <p>Pain recurred 2019 – CT gross hydroureter – stented</p> <p>Very poor attender – has failed to attend for renography and now for stent changes</p> <p>AO'B wrote to GP in April 2020 expressing concern</p>

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement</i>		Yes

	for further investigations / examinations to confirm diagnosis / diagnoses?)		
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?)		N/A
3	Is a secure clinical management plan currently in place? (‘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)		No ? because patient does not attend
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? (‘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?)		Yes
5	Were the medications prescribed appropriate? (‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous		N/A

	<i>review, are deviations from guidance recorded and rationale fully noted?)</i>		
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	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)	
Patient Summary	CT December 2019 – 6mm right renal stone No follow up (? Not necessary but check)

Regarding the patients current care

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>)		N/A
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>		
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>		N/A
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Known stone former
Patient Summary	CT 2017 bilateral renal stones Several treatments but no record since June 2019 – needed further treatment

Regarding the patients current care

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>)		N/A
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>		
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>		N/A
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

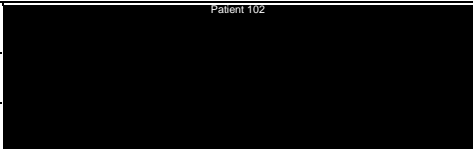
Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

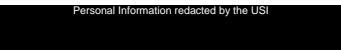
UROLOGY PATIENT REVIEW FORM

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		
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2012 Gleason 6 prostate cancer Started on bicalutamide 50 – 2013 stopped due to side effects. Restarted bicalutamide 150 January 2014. Referred for radiotherapy - ?referral went astray Received radiotherapy March 2016. Did well LUTS. May 2019 ultrasound normal</p>
	<p>Died </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
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		
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>		Bicalutamide 50mg in 2012 was not indicated
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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) ?		Side effects of bicalutamide in 2012/3 (but no record of problems in 2014)

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>March 2017 tiny renal stone on CT</p> <p>November 2019 small bilateral stones</p> <p>No follow up plan documented (had hd ureteric colic)</p>

Regarding the patients current care

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>		N/A

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>		No
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 biochemical screen
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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	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	Personal Information redacted by the USI
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2014 Gleason 9 Ca prostate</p> <p>Started on bicalutamide 50</p> <p>2019 admitted with urosepsis. Bicalutamide increased to 150</p>
	<p>Died</p> <p>Personal Information redacted by the USI</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>		N/A

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>		
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 – wrong dose of bicalutamide
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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) ?		Probably not

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>May 2019 obstructing stone at Right PUJ. Left stent Ureteroscopy May 2019</p> <p>No record of ureteroscopy in November 2019 – was stent removed?</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>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? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>		N/A
3	<p>Is a secure clinical management plan currently in place?</p>		Don't know

	<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>		
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>		
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>		N/A
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>		Not clear what happened in November 2019
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Unknown

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Ultrasound January 2020 normal (PVR 230) No follow up

Regarding the patients current care

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>)		N/A
3	Is a secure clinical management plan currently in place?		No

	<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>		
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>		N/A
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 – but should be followed up
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	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	Personal Information redacted by the UST	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	No urology record seen

Regarding the patients current care

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>)		
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>)		
3	Is a secure clinical management plan currently in place? (<i>'Secure Clinical Management</i>		

	<i>Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		
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>		
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>		
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>		

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>		
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>		
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	Left renal stones
Patient Summary	<p>May 2019 CT – filling defect in R ureter</p> <p>June 2019 ureteroscopy and biopsies</p> <p>No record of left stent being removed but not mentioned in 2021 letter</p> <p>To check</p>

Regarding the patients current care

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>		N/A

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>		Discharged
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Gleason 4+3 cancer PSA 47</p> <p>Radical radiotherapy and ADT</p> <p>December 2019 haematuria. Ultrasound normal</p> <p>? No cystoscopy</p>

Regarding the patients current care

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>		N/A

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 cystoscopy in December 2019 for haematuria
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	<p>CT scans in 2017, 2019 and 2021 show left hydronephrosis now with distal ureteric stone</p> <p>No plan</p>

Regarding the patients current care

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>		N/A
3	Is a secure clinical		No

	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>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Stone needs treatment

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 - left hydronephrosis not adequately investigated
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>		N/A
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</i>		Yes

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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
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) ?		Depends on current function of left kidney. If reduced he may have been harmed

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	Raised PSA
Patient Summary	Declined to attend for MRI PSA not checked since November 2019 and no letters so needs checking

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>)		
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>)		N/A
3	Is a secure clinical management plan currently in place?		No

	<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>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Needs PSA check ?by GP

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>		
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>		N/A
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>		

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>		
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) ?		

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>August 2010 TURP – incontinence after</p> <p>November 2010 ultrasound – normal kidneys</p> <p>November 2019 put on list for injection of bulking agent</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>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? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>		N/A
3	<p>Is a secure clinical management plan currently in place?</p>		Yes but debatable

	<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>		
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>		N/A
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 – he was incontinent in 2011 but no treatment then
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>January 2019 UTI. Ultrasound normal</p> <p>No letters on system</p>

Regarding the patients current care

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>		N/A
3	<p>Is a secure clinical management plan currently in place?</p>		

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

Patient Details

Presenting Condition(s)	Bladder outflow obstruction
Patient Summary	May 2019 ultrasound normal No follow up letters

Regarding the patients current care

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?)		N/A

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>		
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>		
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>CT September 2019 – RPF with left hydronephrosis</p> <p>Left stent inserted</p> <p>August 2020 – planned stent change – not clear if this has happened</p>

Regarding the patients current care

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>		N/A

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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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 changing stent
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Unknown

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	Raised PSA (5.14 November 2019)
Patient Summary	<p>Ultrasound December 2019 – normal urinary tract</p> <p>Started finasteride January 2020</p> <p>September 2020 PSA 3.6</p> <p>Needs further PSA check</p>

Regarding the patients current care

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</i></p>		N/A

	<i>current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		No record
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if</i>		Yes

	<i>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>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>February 2019 CT – probable left AML 11mm Discharged by AO'B</p> <p>? should have repeat imaging to ensure lesion not growing</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
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		N/A

	<i>rationale fully noted?)</i>		
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>		
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>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>July 2018 Gleason 9 Ca prostate</p> <p>MDM suggested assessing fitness for oncology opinion (AO'B)</p> <p>August 2018 bicalutamide 150</p> <p>Bone scan in September 2018 normal</p> <p>November 2019 bone scan suggests metastases</p> <p>Should he have had radiotherapy?</p> <p>Died</p> <p>Personal Information redacted by the USI</p>

Regarding the patients current care

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</i></p>		Yes

	<i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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?		Yes

	<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>		
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 but why not considered for radiotherapy
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) ?		Possibly

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>MS</p> <p>2015 ultrasound – normal bladder</p> <p>2019 scan cancelled by patient</p> <p>Renal function worsened in October 2019 – follow up in Armagh planned – did it happen?</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable?</p> <p>(‘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?)</p>		Yes
2	<p>Are the current medications prescribed appropriate?</p> <p>(‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and</p>		N/A

	<i>rationale fully noted?)</i>		
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>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Recurrent UTI's
Patient Summary	<p>Colovesical fistula</p> <p>Suspicious bladder lesion – benign</p> <p>Unclear what follow-up is planned</p>

Regarding the patients current care

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>		N/A

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>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Decision re treating fistula (or not)

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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Ca prostate, rectum and lung with lung and ? prostate metastases</p> <p>Prostate – 3+4 diagnosed 2011. No MDM discussion</p> <p>Started on Bicalutamide 50</p> <p>Rectal tumour diagnosed 2012 - chemoradiotherapy</p> <p>Died</p> <p>Personal Information redacted by the USI</p>

Regarding the patients current care

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</i></p>		N/A

	<i>rationale fully noted?)</i>		
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>		
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 50 was wrong
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		Should have been referred for radical treatment in 2011
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) ?		If he died of prostate metastases he may have suffered harm Complicated due to other tumours

Clinical Professional Reviewing Care

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	Patient 59
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Low volume Gleason 6 cancer in 2006 – surveillance</p> <p>2012 Gleason 3+4</p> <p>2019 PSA 15.2 – normal bone scan</p> <p>September 2019 started bicalutamide 50</p> <p>PSA fell to 1.3</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable?</p> <p>(‘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?)</p>		Yes
2	<p>Are the current medications prescribed appropriate?</p> <p>(‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and</p>		

	<i>rationale fully noted?)</i>		
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>		PSA should have been repeated before starting bicalutamide
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 - inappropriate dose of bicalutamide
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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) ?		Probably not but may have been better with continued surveillance

Clinical Professional Reviewing Care

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	Patient 6	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>May 2019 PSA 11</p> <p>Biopsies Gleason 3+4 ca prostate</p> <p>September 2019 – is on bicalutamide 50</p> <p>Increased dose to 150 in November then stopped taking it</p> <p>No discussion about radiotherapy as suggested by MDM</p>

Regarding the patients current care

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</i></p>		N/A

	<i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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 incorrect
6	Were the diagnosis / diagnoses reasonable?		Yes

	<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>		
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 for radiotherapy
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) ?		Probably not

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	December 2019 ultrasound residual of 120ml PSA 3.3 No follow-up information recorded

Regarding the patients current care

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?)		N/A

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>		?
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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		
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Non visible haematuria
Patient Summary	December 2019 ultrasound normal No letters in record

Regarding the patients current care

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>)		N/A
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>		
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 cystoscopy documented
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>		N/A
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>		

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>		
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>		
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	<p>February 2016 CT – small renal stones. Poor view of bladder</p> <p>No record of a cystoscopy</p> <p>Ultrasound August 2019 normal</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>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>		
2	<p>Are the current medications prescribed appropriate? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)</p>		N/A

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 cystoscopy
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Renal stones
Patient Summary	<p>Left staghorn</p> <p>Very poor attender</p> <p>Nephrostomy 2017</p> <p>Urosepsis 2019 - ? not fit for surgery so no further stone treatment</p>

Regarding the patients current care

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</i></p>		N/A

	<i>rationale fully noted?)</i>		
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>		
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>		Should she be on antibiotic prophylaxis?
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		probably
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	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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>November 2018 21mm right renal tumour</p> <p>November 2019 CT no change</p> <p>No follow-up since</p>

Regarding the patients current care

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>		N/A
3	<p>Is a secure clinical</p>		

	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>		
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>		N/A
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</i>		Yes

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Patient 63	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Cystoprostatectomy and ileal conduit 2009</p> <p>2010,2011, 2013, 2014 CT's – no recurrence</p> <p>December 2017 CT small nodule in lung – recommended repeat in 3/12 but not done</p> <p>December 2018 CT lesion larger – no action taken</p> <p>CT January 2020 – lesion larger – referred to lung MDT</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable?</p> <p>('Reasonable' to consider if <i>diagnosis / diagnoses is consistent with investigations and examinations carried out</i>)</p>		Yes

	<i>to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		N/A
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</i>		N/A

	<i>practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		
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
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 – he should have been referred to lung team in 2017
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) ?		To be determined by respiratory physicians

Clinical Professional Reviewing Care

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)	Recurrent UTI's
Patient Summary	<p>On CISC for hypotonic bladder Ultrasound January 2019 normal</p> <p>I think she should be reviewed. Not clear that ISC really necessary</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</i>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		No
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		? CISC unnecessary – maybe matter of opinion
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	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	Personal information redacted by the UST	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Recurrent UTI's
Patient Summary	<p>October 2019 ultrasound – ?calcification right kidney</p> <p>February 2021 ultrasound – renal scar</p> <p>No correspondence from AO'B or plan but has had US since</p>

Regarding the patients current care

1	<p>Is the present diagnosis / diagnoses reasonable?</p> <p>('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?)</p>		Yes
2	<p>Are the current medications prescribed appropriate?</p> <p>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and</p>		N/A

	<i>rationale fully noted?)</i>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the UST	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2016 ultrasound normal</p> <p>June 2017 obstructing VUJ calculus</p> <p>April 2019 CT – bilateral renal stones, 2 bladder stones</p> <p>May 2019 litholapaxy</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</i></p>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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 – lost to follow up after June 2017 CT
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Admissions with haematuria due to bladder stones Luckily no loss of renal function

Clinical Professional Reviewing Care

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>Irrelevant Personal Information</div>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>April 2018 Large renal tumour</p> <p>May 2019 further scan being arranged</p> <p>CT August 2019 – no change</p> <p>Follow-up unclear</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>		N/A

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>		No
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>		N/A
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</i>		Yes

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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	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	Personal Information redacted by the USI
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	<p>CT September 2019 left hydronephrosis and bladder mass</p> <p>Plan for left nephrostomy – not performed – why?</p> <p>No further renal imaging</p> <p>pT1 G2 TCC treated with BCG</p>

Regarding the patients current care

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</i></p>		N/A

	<i>rationale fully noted?)</i>		
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>		Unclear why no further renal imaging and no nephrostomy
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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>		
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Unknown

Clinical Professional Reviewing Care

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Endometrial and colonic tumours</p> <p>Haematuria</p> <p>CT May 2019 mild hydronephroses and large bladder</p> <p>Ultrasound June 2019 PVR 237ml</p> <p>Creatinine January 2020 119, October 137</p> <p>No record of any other investigation or procedure</p> <p>No cystoscopy</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>		

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>		N/A
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>		No
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 but is renal function now deteriorating due to chronic retention?
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>		N/A

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Uterine sarcoma Renogram October 2016 Right PUJ 44% function Laparoscopic pyeloplasty 2017</p> <p>February 2018 renogram Right 27% August and November 2018 Right 16% Repeated stent changes</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</i>)</p>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
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>		Not clear why she needed a pyeloplasty in the first place Why was kidney not salvaged in February 2018?
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>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
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>		
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>		
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		

Clinical Professional Reviewing Care

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)	
Patient Summary	January 2020 ultrasound – normal left testis ? right testis in groin

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>)		N/A