

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>July 2019 CT scan OK</p> <p>Normal cystoscopy</p> <p>PSA now 0.47</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>Complex renal cyst</p> <p>Under surveillance – MRI's show stable appearance</p> <p>MDM review done</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) | Haematuria |
| Patient Summary | <p>AML 2012</p> <p>July 2020 VT – stable appearance</p> <p>Discharged</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) | LUTS |
| Patient Summary | <p>Ultrasound August 2019 normal</p> <p>Under review for elevated PSA (2.6 in February 2021 on finasteride)</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</p> | | 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> | | 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>Spina bifida</p> <p>CT June 2017 – right staghorn</p> <p>Atrophic right kidney Renogram March 2018 no-functioning. eGFR remained >60</p> <p>Complicated right ureteric stones treated</p> <p>Under review – no concerns</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> | | |
| 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> | | Impossible to say – no record of treatment of staghorn |
| 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) | LUTS |
| Patient Summary | Ultrasound January 2020 - bladder diverticulum otherwise OK |

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) | |
| Patient Summary | <p>Cystoprostatectomy 2010</p> <p>Haematuria</p> <p>November 2019 CT – normal upper tracts</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 |

| | | | |
|---|---|--|--|
| | <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 | Patient 5 | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | Haematuria |
| Patient Summary | <p>January 2019 15cm renal tumour into vein</p> <p>Radical nephrectomy March 2019</p> <p>December 2019 CT – sclerotic metastases – treated for Ca prostate</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> | | 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>Orthotopic bladder</p> <p>March 2019 normal ultrasound</p> <p>On w/l for urethral dilatation</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> | | 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) | Swollen testis |
| Patient Summary | Ultrasound February 2019 – left varicocoele, normal kidneys Coliform UTI Ultrasound March 2019 – residual 20ml Discharged |

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> | | 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</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 |  | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | Gleason 3+4 Ca prostate PSA 19 M0 MDM February 2020 – for radical treatment Referred for radiotherapy |

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> | | 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) | LUTS |
| Patient Summary | August 2019 ultrasound normal Discharged |

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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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>SLE/schizophrenia</p> <p>Complex Bosniak 3 renal cyst</p> <p>Stable – under review</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> | | |
| 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 | February 2020 pTa G3 TCC multifocal BCG delayed by Covid Recurrence October. Then received BCG |

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

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | <p>March 2019 CT shows stone and right hydronephrosis</p> <p>URS performed</p> <p>Ultrasound June 2019 normal</p> <p>No action required</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> | | 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) | Haematuria |
| Patient Summary | CT November 2019 normal Cystoscopy normal Discharged |

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? | | N/A |

| | | | |
|---|---|--|--|
| | <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> | | |

| | | | |
|---|---|--|------------|
| | | | |
| 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 | No urology notes or XRays found |
| | Died Personal Information redacted by the USI |

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>) | | N/A |
| 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> | | 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 | CT August 2020 shows stable left renal stone Further imaging planned in 12/12 |

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</i> | | Yes |

| | | | |
|---|--|--|--|
| | <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> | | 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) | |
| Patient Summary | <p>Endometrial carcinoma 2016 Haematuria June 2019 CT and cystoscopy normal (radiation cystitis)</p> <p>No further action required</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 (under oncology) |
| 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 | <small>Personal Information redacted by the USI</small> | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | Ultrasound 2017 OK Rising PSA MRI March 2020 PIRADS1 For annual PSA checks |

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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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>Nephrectomy 2019 for RCC May 2020 hepatobiliary metastasis</p> <p>Died <small>Personal Information redacted by the USI</small></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? (<i>'Secure Clinical Management</i></p> | | |

| | | | |
|---|--|--|--|
| | <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> | | 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) | Testis trauma |
| Patient Summary | Ultrasound November 2018 – 1.6cm lesion Ultrasound February 2019 DNA February 2021 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</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>November 2017 left staghorn with pyelonephritis Ureter stented. Stent changed May 2018 June 2018 renogram equal function October 2018 stone fragmentation November restented and further fragmentations in February 2019 and January 2020 and ESWL Ongoing care under stone team</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</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> | | N/A |
| 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 |
| 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 | 2017- haematuria Normal CT and cystoscopy Ultrasound in October 2019 – no significant abnormality |

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 action required |

| | | | |
|----------|---|--|--|
| | 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) | Raised PSA |
| Patient Summary | <p>June 2018 PSA 24.9</p> <p>Biopsies Gleason 3+5 Metastases on bone scan</p> <p>Treated with bicalutamide 50mg then Leuprorelin</p> <p>Good response - -under review</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 rationale fully noted?)</p> | | Yes |
| 3 | <p>Is a secure clinical</p> | | 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> | | 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) | Haematuria |
| Patient Summary | February 2019 TURBT pTa G2 TCC Radiology normal Cystoscopy April 2021 clear so discharged |

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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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 | CT September 2019 – small stone in kidney No correspondence seen but doesn't require follow-up unless he develops pain |

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 | | Not required |

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

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | <p>2018 – left ureteric and bladder calculi</p> <p>November 2018 litholapaxy and stent</p> <p>Left URS February 2019 – stent removed</p> <p>September 2019 no stone on plain film</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> | | 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> | | 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>September 2020 large solitary testis – no pathology seen</p> <p>No follow-up required</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 |

| | | | |
|---|---|--|--|
| | <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) | |
| Patient Summary | <p>August 2020 Gleason 8 Ca prostate Bone scan September – no metastases Started on hormones</p> <p>Died <small>Personal Information redacted by the USI</small></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> | | N/A |

| | | | |
|---|---|--|--|
| | <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> | | Yes |
| 6 | Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i> | | Yes |

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

Clinical Professional Reviewing Care

| | |
|----------------------------|----------------|
| Name | 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 | History of stones and TURP Ultrasound November 2020 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</i> | | Not needed |

| | | | |
|---|--|--|--|
| | <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> | | 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> | | |

| | | | |
|---|---|--|------------|
| | | | |
| 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 9 Ca prostate</p> <p>MRI January 2020 rT3b ?N1</p> <p>Started on bicalutamide 150</p> <p>Referred for radiotherapy</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> | | 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> | | 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) | Haematuria |
| Patient Summary | CT July 2019 normal Flexible cystoscopy 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</i> | | Discharged |

| | | | |
|---|--|--|--|
| | <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> | | 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) | Retroperitoneal fibrosis |
| Patient Summary | <p>Previous orchiectomy and radiotherapy</p> <p>2019 Bilateral hydronephroses – nephrostomies – multiple changes</p> <p>No concerns</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) | Raised PSA |
| Patient Summary | <p>Ultrasound December 2019 normal</p> <p>PSA fell</p> <p>Discharged</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) | Chronic retention – reduced renal function |
| Patient Summary | Catheterised November 2019 ultrasound normal – listed for TURP Renal function stable to March 2021 |

Regarding the patients current care

| 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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
|---|---|--|------------|
| 2 | 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>) | | N/A |
| 3 | Is a secure clinical management plan currently in place? | | Yes |

| | | | |
|---|---|--|--|
| | <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) | LUTS |
| Patient Summary | <p>April / November 2013 ultrasounds normal</p> <p>May 2019 TURP – good result</p> <p>November 2019 ultrasound 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> | | 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> | | 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) | Haematuria |
| Patient Summary | <p>March 2018 ultrasound – renal cyst</p> <p>March 2018 CT – small renal stones</p> <p>Cystoscopy normal</p> <p>Chronic retention</p> <p>Cancelled ultrasound in 2020 – does not want to rebook.</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> | | 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> | | 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? (‘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.) | | Yes |
| 8 | Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (‘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) | | 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 2019 left urteric stone</p> <p>August 2019 – stone passed</p> <p>No letters</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 letters |
| 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) | UTI |
| Patient Summary | <p>Ultrasound July 2019 normal No further plan documented</p> <p>Died <small>Personal Information redacted by the USI</small></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</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) | LUTS |
| Patient Summary | <p>Ultrasound September 2017 -residual 248ml March 2020 residual 57ml</p> <p>No urology letters</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> | | |
| 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 letters |
| 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>Bladder augmentation (Clam) 1993</p> <p>Problems with stones</p> <p>Regular cystoscopies</p> <p>2019 developed SCC bladder</p> <p>PET scan showed ??metastases</p> <p>Cystoscopic surveillance</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 | 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</i> | | 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> | | |
| 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>CT 2017 Small left renal lesion December 2020 ultrasound – increase in size January 2021 CT further increase</p> <p>Died Personal Information redacted by the USI</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) | Renal colic |
| Patient Summary | <p>August 2017 CT upper ureteric stone Fragmented – small fragment remained October 2019 CT small stone in right kidney</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>Panproctocolectomy</p> <p>2014 PSA 5.7 MRI scan normal</p> <p>Biopsies negative</p> <p>TURP 2016 benign</p> <p>2019 haematuria-normal CT and 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> | | 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> | | 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) | Urgency/incontinence |
| Patient Summary | MRI 2019 cancelled as patient went privately |

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? | | Under review |

| | | | |
|---|---|--|--|
| | <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) | Acute retention |
| Patient Summary | <p>Ultrasound March 2020 – bilateral renal cysts</p> <p>MRI May 2020 200ml gland PSA 32</p> <p>On finasteride</p> <p>CT shows left renal lesion – under observation</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> | | 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) | Raised PSA |
| Patient Summary | <p>July 2019 PSA 9.8 Biopsies Gleason 3+3 MDM -for surveillance PSA 5.3 in February 2021 – due further check in May</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> | | 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 | February 2019 ultrasound showed bilateral epididymal cysts Discharged March 2019 |

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? | | Discharged |

| | | | |
|---|---|--|--|
| | <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) | |
| Patient Summary | March 2020 AO'B requested spine MRI – no letters in notes re urological complaints |

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>) | | N/A |
| 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> | | 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 | Patient 124 | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | <p>August 2012 CT no stones</p> <p>September 2012 IVU normal</p> <p>2013 left ureteric stricture - dilated</p> <p>2016 ultrasound normal</p> <p>November 2018 CT normal</p> <p>2021 renogram normal</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> | | 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</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>November 2019 pT1G2 TCC bladder</p> <p>Treated with BCG</p> <p>December 2020 small recurrence</p> <p>CT February 2020 – no upper tract lesion</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> | | 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) | UTI |
| Patient Summary | May 2019 ultrasound normal Cystoscopy 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> | | 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>2010 Ultrasounds – right renal cyst, small epididymal cyst and varicocoele</p> <p>2017 – large right epididymal cyst</p> <p>2019 – even larger</p> <p>July 2019 CT multiple small renal stones</p> <p>Discharged</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> | | 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</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) | Haematuria and flank pain August 2018 |
| Patient Summary | <p>Previous colectomy</p> <p>CT August 2018 ? stone in bladder</p> <p>Normal cystoscopy</p> <p>January 2019 further haematuria</p> <p>February 2019 CT stone in right ureter – URS and stent. Stent removed in March</p> <p>September 2019 ultrasound normal upper tracts</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> | | No |
| 9 | <p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p> | | No |



| | |
|----------------------------|----------------|
| Name | Krishna Sethia |
| Title | Professor |
| Date of Appointment | |

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | |
| Patient Summary | <p>Bladder outflow obstruction</p> <p>Ultrasound March 2020 – residual 151ml</p> <p>No letters</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> | | Unknown |
| 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> | | 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 | <small>Personal Information redacted by the USI</small> | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | Non visible haematuria |
| Patient Summary | Ultrasound December 2019 normal Cystoscopy normal Discharged |

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</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) | Visible haematuria |
| Patient Summary | <p>January 2020 CT normal</p> <p>Cystoscopy normal – small stones</p> <p>On medication</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> | | |
| 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 | No urology notes/X-Rays |

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> | | 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 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) | Incontinence |
| Patient Summary | August 2019 ultrasound normal |

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? | | Was due review but not urgent |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | November 2011 ultrasound right hydrocoele I – discharged 2012 |

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

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | <p>2018 – T1G3 TCC bladder</p> <p>Under Mr Haynes</p> <p>Radiotherapy</p> <p>Ultrasound December 2018 – left hydronephrosis</p> <p>Nephrostomy inserted – stented – regular changes</p> <p>Under review</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> | | 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</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 | Failed to attend for two ultrasound exams and 3 clinic appointments – GP informed |

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</i> | | Yes |

| | | | |
|----------|--|--|--|
| | <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> | | 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) | Haematuria |
| Patient Summary | <p>Haematuria July 2019</p> <p>Normal cystoscopy</p> <p>6mm renal stone treated with ESWL</p> <p>CT in October 2020 shows all fragments have passed</p> <p>No further treatment required</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) | Renal colic |
| Patient Summary | <p>February 2019 CT – left VUJ calculus</p> <p>March 2019 CT – stone passed</p> <p>Ultrasound January 2020 – flecks in both kidneys</p> <p>Discharged</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> | | 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</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) | Enlarged prostate |
| Patient Summary | Ultrasound July 2019 normal |

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</i> | | None required |

| | | | |
|---|--|--|--|
| | <i>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) | Retention |
| Patient Summary | <p>Ultrasound January 2019 – upper tracts normal</p> <p>CT December 2019 – exophytic hyperdense cyst left kidney – reviewed at MDT - discharged</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>Elevated PSA</p> <p>MRI March 2012 Likert 3</p> <p>April 2021 PSA stable at 5.3, PSAD 0.07</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> | | No but having regular PSA's so looks OK |
| 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>July 2015 low volume Gleason 3+4 tumour PSA 7</p> <p>Active surveillance</p> <p>MRI 2017 no change</p> <p>On PSA review</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> | | 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> | | 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>2015 Renal mass detected during investigation of bowel cancer</p> <p>Slight increase in size in 2019 but stable in 2020</p> <p>Review planned – CT due in April 2021</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</p> | | 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> | | 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 | <div> <div> Patient 35 </div> </div> |
| H&C Number | |
| Date of Birth | |

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | |
| Patient Summary | Radiotherapy 2015 for Gleason 3+4 tumour Sudden rise in PSA in 2019 Diffuse metastases on bone scan Started on bicalutamide 150 Referred to oncology |
| | Died <div> Personal Information redacted by the USI </div> |

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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
| 2 | 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>) | | 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> | | 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> | | 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>Left partial nephrectomy 2013</p> <p>CT 2017 and September 2019 no recurrence</p> <p>Further scan booked 2022</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> | | 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> | | |

| | | | |
|---|---|--|------------|
| | <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) | Non visible Haematuria |
| Patient Summary | <p>Chronic retention on CISC</p> <p>Ultrasound January 2019 normal</p> <p>September 2019 cystoscopy no mucosal lesion</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 | No urological records found |

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 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) | |
| Patient Summary | <p>Bladder ultrasound 2019 – residual 197ml</p> <p>PSA 15.6</p> <p>Managed conservatively</p> <p>Died <small>Personal Information redacted by the USI</small></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> | | |
| 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 | CT May 2020 – bilateral renal stones Repeated October 2020 Plan for ESWL |

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? | | Yes |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | <p>Scrotal pain</p> <p>Ultrasound March 2021 – normal testes</p> <p>Pain improved after hernia repair</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> | | N/A |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | Stone former under Mr Young Saw AO'B in 2006 for stone removal – no contact since |

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</i> | | 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 USI |
| H&C Number | |
| Date of Birth | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | Non visible haematuria |
| Patient Summary | <p>January 2019 ultrasound showed cyst behind uterus</p> <p>Referred to gynaecology</p> <p>No urology follow up necessary</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 management plan currently in place?</p> | | N/A |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | <p>Advanced anal cancer July 2019 ultrasound – moderate left hydronephrosis Stent inserted</p> <p>Died <small>Personal Information redacted by the USI</small></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? (‘Secure Clinical Management</p> | | N/A |

| | | | |
|----------|--|--|--|
| | <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> | | 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) | |
| Patient Summary | <p>Ovarian cancer</p> <p>Right ureter stented October 2018</p> <p>No concerns</p> |
| Died | Personal Information redacted by the USI |

Regarding the patients current care

| | Question | Y / N / Unable to Determine | Details |
|---|--|-----------------------------|---------|
| 1 | Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?) | | Yes |
| 2 | Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?) | | N/A |
| 3 | Is a secure clinical management plan currently in place? | | N/A |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | <p>10/07/19 Augmentation cystoplasty for small capacity bladder</p> <p>Ultrasound January 2021 – normal upper tracts. 3ml post CISC.</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</p> | | Unclear |

| | | | |
|----------|---|--|--|
| | 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 | | GP can check renal function – OK n April 2021 |

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) | LUTS |
| Patient Summary | <p>Ultrasound May 2019 – small residual</p> <p>August 2019 symptoms not bad. Follow up planned but ? not seen</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> | | ? Discharged |

| | | | |
|----------|---|--|--|
| | <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) | AKI |
| Patient Summary | <p>CT June 2020 Left PUJ Stent inserted Found to have Ca pancreas</p> <p>Died Personal Information redacted by the USI</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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
| 2 | 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>) | | 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> | | Died |
| 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) | LUTS and scrotal swelling |
| Patient Summary | <p>July 2019 ultrasounds – normal kidneys, small hydrocoeles</p> <p>Presumably discharged but no letter</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</i> | | 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> | | 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</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) | Scrotal pain |
| Patient Summary | <p>Ultrasound April 2019 shows left varicocoele</p> <p>Not followed up – no GP letter</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 | | |

| | | | |
|----------|---|--|--|
| | 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) | Metastatic renal cancer |
| Patient Summary | <p>February 2020 large renal tumour with bone metastases</p> <p>Palliative radiotherapy</p> <p>+ sunitinib + nivolumab but disease progressed</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 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) | Recurrent UTI's |
| Patient Summary | June 2019 CT shows right renal scarring – no definite stone |

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</i> | | N/A |

| | | | |
|----------|--|--|--|
| | <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> | | 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) | |
| Patient Summary | <p>CT February 2019 obstructing left ureteric stone Left URS</p> <p>Died Personal Information redacted by the USI</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? (<i>'Secure Clinical Management</i></p> | | Died |

| | | | |
|----------|--|--|--|
| | <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> | | 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) | Elevated PSA |
| Patient Summary | February 2020 MRI PIRADS 2 PSAD 0.12 2021 MRI – no lesion 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>) | | 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> | | 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) | Loin pain |
| Patient Summary | Ultrasound April 2019 normal CT May 2019 normal |

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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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) | LUTS |
| Patient Summary | <p>2009 referred with LUTS TURP November 2010 T1a Gleason 6 tumour Regular PSA checks since</p> <p>Now on annual review – Oct 2020 PSA 1.4</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</p> | | 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> | | 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 | Metastatic breast cancer Bilateral stents – removed July 2019 |
| | Died <small>Personal Information redacted by the USI</small> |

Regarding the patients current care

| 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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
|---|---|--|------------|
| 2 | 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>) | | N/A |
| 3 | Is a secure clinical management plan currently in place? | | N/A |

| | | | |
|----------|---|--|--|
| | <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 | |

Personal Information redacted by the USI

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>2004 T3b renal tumour CT January 2021 OK</p> <p>No concerns</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</p> | | N/A |

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

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | |
| Patient Summary | <p>Haematuria SCC bladder April 2019</p> <p>Died <div>Personal Information redacted by the USI</div></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</i> | | N/A |

| | | | |
|---|--|--|--|
| | <i>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 |

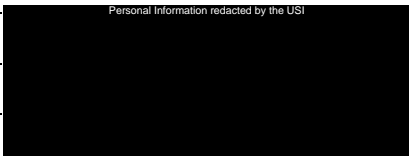
Clinical Professional Reviewing Care

| | |
|----------------------------|----------------|
| 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 | <small>Personal Information redacted by the USI</small>  | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | UTI |
| Patient Summary | Ultrasound February 2020 normal No follow-up No concerns |

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</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> | | 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 | August 2019 CT no upper tract cause Normal cystoscopy Referred for AAA |

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> | | 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) | Haematuria |
| Patient Summary | CT November 2017 large renal tumour January 2018 radical nephrectomy pT2b. Small lung lesions so referred to oncology Under review |

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

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | Renal colic |
| Patient Summary | <p>Long history of stones</p> <p>February 2019 CT left renal and ureteric stones</p> <p>Ureteroscopy</p> <p>April 2019 CT hydronephrosis resolved</p> <p>June 2019 bilateral stones and R ureteric stone</p> <p>June 2020 stone free</p> <p>No issues with management</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> | | 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>TURBT January 2020 – pT2 G3 tumour. Unfit for further investigation or radical treatment</p> <p>Died <small>Personal Information redacted by the USI</small></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? (‘Secure Clinical Management</p> | | Died |

| | | | |
|----------|--|--|--|
| | <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> | | 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) | Flank pain |
| Patient Summary | <p>Left renal colic. CT in October 2018 shows small stone with hydronephrosis</p> <p>KUB February 2019 – no stone</p> <p>Discharged</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> | | 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 UST | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | Recurrent UTI's |
| Patient Summary | July 2019 ultrasound normal Discharged November |

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> | | Yes |
| 6 | Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i> | | Yes |

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

Clinical Professional Reviewing Care

| | |
|----------------------------|----------------|
| Name | 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 | Ultrasound March 2020 normal Gleason 4+3 Ca prostate Radiotherapy |

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</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) | LUTS |
| Patient Summary | February 2019 ultrasound 267ml residual October 2019 residual 64ml (on finasteride) |

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

Clinical Professional Reviewing Care

| | |
|----------------------------|----------------|
| Name | 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) | Epididymo-orchitis and haematuria |
| Patient Summary | CT June 2020 no upper tract lesion Normal cystoscopy Infection settled |

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> | | 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>November 2019 CT ? ureteric stone</p> <p>Stent inserted</p> <p>January 2020 procedure – no record</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> | | |
| 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 record |
| 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>Detrusor overactivity</p> <p>2018 cystoscopy and Botox – good result</p> <p>Awaiting further injections</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 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>(‘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</p> | | 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> | | 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>2018 urgency treated with oxybutinin</p> <p>No review since</p> <p>No concern</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</p> | | 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 | | |

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>Suprapubic discomfort</p> <p>2017 urodynamics</p> <p>Fibroid uterus – referred to gynaecology</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</p> | | 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 | | |

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 | Complex renal cyst – under Mr Young No AO'B record seen MRI – no concern |

Regarding the patients current care

| 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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
|---|---|--|-------------------|
| 2 | 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>) | | N/A |
| 3 | Is a secure clinical | | Discharged |

| | | | |
|----------|---|--|--|
| | 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>Chronic retention</p> <p>TURP March 2015 – benign</p> <p>Satisfactory result</p> <p>No concern</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> | | 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> | | 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>2015 bilateral ureteric reimplantation and urethrotomy</p> <p>Started self catheterisation</p> <p>No concerns</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> | | 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 | Hydrodistension 2017 for hypersensitive bladder No follow up by AO'B but OK at review in 2021 |

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? | | Discharged |

| | | | |
|----------|---|--|--|
| | <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 follow up after 2017 |
| 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>2015 PSA 21</p> <p>Biopsies showed inflammation. PSA fell to 7.7 and 2.9 in 2016</p> <p>2021 – LUTS – oral medication</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>2017 recurrent UTI's</p> <p>Normal cystoscopy ?On CISC</p> <p>Seen again in 2018 normal ultrasound</p> <p>Reviewed in 2021 – general advice given</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 | No record found |

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>) | | N/A |
| 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> | | 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 UST |
| H&C Number | |
| Date of Birth | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | NO letters in notes UTI in 2014- normal ultrasound |

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>) | | 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> | | Unknown |
| 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>2017 LUTS ?Chronic retention No upper tract dilatation OK in 2021. No concern</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> | | 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> | | ? |
| 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 | <small>Personal Information redacted by the USI</small> | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | 2017 low bladder contractility Managing OK in 2021 |

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? | | Discharged |

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

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | |
| Patient Summary | 2019 intermittent haematuria Normal cystoscopy Under Mr Haynes for Ca prostate |

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> | | 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 UST | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | 2017 RCC pT3b Clear on follow up to 2020 (due further scan in December 2021) |

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> | | 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>Saw AO'B in 2015 with incontinence</p> <p>Prescribed oxybutinin</p> <p>No concerns</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 | Is a secure clinical | | Discharged |

| | | | |
|----------|---|--|--|
| | 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 | Seen for LUTS in 2011 and 2014 – no concern |

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</i> | | ? discharged |

| | | | |
|----------|--|--|--|
| | <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> | | 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) | |
| Patient Summary | <p>2010 varicocoele</p> <p>2016 haematuria – normal investigations</p> <p>Placed on list for TURP</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</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 | 2014 LUTS and PSA 5.2 – large prostate On W/L for TURP since 2017 |

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? | | Yes |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | <p>2006 Gleason 6 Ca prostate and lymphoma</p> <p>Radiotherapy 2010</p> <p>?Sclerotic bone lesions in 2013</p> <p>LHRHan stopped in 2013. Well in 2017 PSA<0.01</p> <p>No record of treatment after 2017 but no concern</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>(‘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) | |
| Patient Summary | <p>2018 TURP – benign</p> <p>OK in 2021</p> <p>No concern</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> | | Discharged |

| | | | |
|----------|---|--|--|
| | 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 | 2014 Post micturition dribble 2017 normal urodynamics Discharged 2021 No concerns |

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> | | 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 | Referred with raised PSA but DNA'd on several occasions |

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>) | | 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 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>2013 urinary frequency</p> <p>2014 Placed on list for cystoscopy but no letters</p> <p>2017 Hydrodistension</p> <p>2021 mild GSI Discharged</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 follow up after 2017 |
| 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 | 2018 non visible haematuria No AO'B record found |

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>) | | 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> | | Ultrasound appropriate |
| 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 records |
| 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 | 2 X hydrodistensions in 2014, 2017 – mixed pattern incontinence Awaiting further urodynamics |

Regarding the patients current care

| 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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
|---|---|--|------------|
| 2 | 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>) | | 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> | | 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 follow up after 2017 |
| 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>2015 put on W/L for ureteroscopy</p> <p>Nothing done until 2021 when CT shows bilateral lower pole stones</p> <p>No treatment required</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> | | On waiting list for over 6 years and procedure unnecessary |
| 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>2017 psoas abscess drained</p> <p>No further letters until 2020 review – abscess has resolved</p> <p>Discharged</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 follow up letters |
| 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 | No AO'B record found |

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>) | | N/A |
| 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> | | 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>2011 pTa G2 TCC bladder</p> <p>Developed stricture</p> <p>Discharged 2017</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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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>2007 pTaG2 TCC bladder No MDT record</p> <p>Discharged from routine follow up in 2017</p> <p>Died Personal Information redacted by the USI</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 | 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 | 2017 haematuria Normal bladder – prostate regrowth. Residual 220 Listed for TURP |

Regarding the patients current care

| 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 for further investigations / examinations to confirm diagnosis / diagnoses?</i>) | | Yes |
|---|---|--|------------|
| 2 | 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>) | | 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> | | 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 | Intermediate risk Ca prostate on surveillance 2018 started bicalutamide 150 Referred for radiotherapy |

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> | | 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 | Longstanding distal urethral stricture Repeated dilatations until 2015 – nil since |

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? | | ? discharged |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | 2009 LUTS Doing well in 2016 NO AO'B letters |

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> | | 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> | | 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 letters from AO’B |
| 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>2017 chronic retention ? listed for TURP at some stage</p> <p>Seen in 2021 – does not need surgery</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</p> | | 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> | | ? |
| 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> | | Lack of letters after 2017 |
| 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 | 2018 haemospermia Normal investigations Antibiotics |

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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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> | | yes |
| 6 | Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</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>Cystoscopy 2006 for UTI's</p> <p>Several episodes since managed with antibiotics/D-mannose etc</p> <p>No concern</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> | | |
| 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 | 2016 small stones ?+PUJ 2018 required stent for stone No further records ? has stent been removed |

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> | | 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> | | 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> | | No letters after 2018 |
| 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 | No AO'B records found |

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</i> | | Yes |

| | | | |
|----------|--|--|--|
| | <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> | | 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>2011 low volume Gleason 3+4 Ca prostate Started on bicalutamide 50mg PSA rise. MDM in 2014 suggested DXR – no record of this being discussed with patient On decapeptyl?</p> <p>No harm done but bicalutamide 50 inappropriate and should have been offered radiotherapy in 2014. Might then have avoided effects of ADT</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</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> | | ? |
| 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? | | 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 |
| 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 | September 2016 hydrostatic bladder distension ? for pain but bladder capacity good 2017 no symptoms |

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> | | 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>May 2016 bilateral hydronephroses</p> <p>Renogram – equal function, impaired drainage</p> <p>No record of any action since</p> <p>2021 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> | | ? |
|---|---|--|-----|
| 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> | | |
| 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 |  | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | <p>June 2012 Gleason 8/9 Ca prostate PSA 12 MDM recommends `ADT and DXR later Treated with bicalutamide 150 and later with leuprorelin Never referred for DXR</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> | | 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> | | Why not 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) ? | | 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 | No AO'B record found Under Mr Haynes on 2019 |

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? | | Discharged |

| | | | |
|----------|---|--|--|
| | <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 UST | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | |
| Patient Summary | <p>2019 Right exophytic renal mass</p> <p>Adrenalectomy - phaeochromocytoma</p> <p>No correspondence on file</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 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>(‘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</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 letters |
| 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>2018 right renal tumour Unfit for intervention</p> <p>Died <small>Personal Information redacted by the USI</small></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> | | 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 | Right AML 2018 No change over 3 years |

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? | | Discharged |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | 2014 adenomatoid tumour of epididymis – post op haematoma |

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? | | Discharged |

| | | | |
|----------|---|--|--|
| | <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 letter for 5 years! |
| 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>April 2017 bilateral ureteric stents AO'B saw her in October 2017 and planned stent change in April 2018 ? removed but no record found Subsequent ultrasound scans all normal</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</i> | | 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 USI | |
| H&C Number | | |
| Date of Birth | | |

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | Under Mr Young in 2019 for haematuria. Normal cystoscopy No AO'B 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>) | | 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 | | Discharged |

| | | | |
|----------|---|--|--|
| | 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 | 2018 erectile dysfunction Normal MRI scan No follow up by AO'B but now under review |

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> | | 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 | 2018 cystitis and haematuria Normal cystoscopy No concern |

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 | | |

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 | 2015 haematuria Normal investigations Treated for LUTS No follow up since 2017 but no concern |

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> | | 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) | |
| Patient Summary | 2014 LUTS and raised PSA – PSA normal in 2016 and after |

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? | | ?Discharged |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | <p>October 2018 raised PSA 7.1 (but variable)</p> <p>Prostate volume 29ml</p> <p>PSA fell to 4</p> <p>2021- ca prostate Gleason 3+4</p> <p>No harm</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> | | 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</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> | | ? |
| 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 | No AO'B letter found 2019 non-visible haematuria |

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

Patient Details

| | |
|-------------------------|---|
| Presenting Condition(s) | |
| Patient Summary | 2017 haematuria Ultrasound, CT and cystoscopy all OK |

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? | | Discharged |

| | | | |
|----------|---|--|--|
| | <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 | |

Personal Information
redacted by the USI

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>Tuberose sclerosis</p> <p>Renal AML under surveillance >11 years - stable</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> | | Yes |

| | | | |
|----------|---|--|--|
| | <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) | |
| Patient Summary | <p>2016 – recurrent UTI's</p> <p>Normal cystoscopy and ultrasound</p> <p>Frusemide/ amitriptyline</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 | | ? discharged |

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

Patient Details

| | |
|-------------------------|--|
| Presenting Condition(s) | |
| Patient Summary | 2013 LUTS. Normal cystoscopy. Tamsulosin Referred to London re ED |

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? | | |