

	<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	2011 LUTS not keen on surgery 2017 haematuria – normal investigations

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

Clinical Professional Reviewing Care

Name	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 vasectomy and circumcision</p> <p>2017 – some sperm – no correspondence to the patient</p> <p>Reviewed and discharged in 2021</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 letter re vasectomy result
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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2016 epididymitis – antibiotics No record of reviews 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		?Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>		?
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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	Recurrent stone former – under Mr Young (saw AO'B in 2014 and referred back to stone service)

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

Clinical Professional Reviewing Care

Name	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 2017 Gleason 4+5 ca prostate Started on ADT and referred for radiotherapy 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>		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Ta bladder tumour 2019 No concern</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>		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		?
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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> [REDACTED]	
H&C Number	[REDACTED]	
Date of Birth	[REDACTED]	

Patient Details

Presenting Condition(s)	
Patient Summary	2017 chronic retention – catheterised On list for TURP

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

Clinical Professional Reviewing Care

Name	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	<p>Chronic cystitis – various procedures – all reasonable</p> <p>Has never had bladder biopsy</p> <p>Now referred for specialist treatment</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</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>		Should have had bladder biopsy at some stage
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing 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	2013 LUTS treated with oral agents 2015 placed on list for TURP

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

Clinical Professional Reviewing Care

Name	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	2013 T1a Gleason 6 Ca prostate Active surveillance PSA has stayed low 2017 detrusor overactivity

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2017 haematuria – normal investigations apart from lung nodules on CT – referred on.

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

Clinical Professional Reviewing Care

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

Clinical Professional Reviewing Care

Name	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	<p>LUTS Ultrasound 2015 residual 46ml No letters from AO'B</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>		

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

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

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

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

Patient Details

Presenting Condition(s)	
Patient Summary	<p>TURP 2011 Saw AO'B in 2013 with LUTS Urodynamics planned but no record of being done</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>		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? (<i>Appropriate</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</p>		
5	<p>Were the medications prescribed appropriate? (<i>Appropriate</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</p>		N/A
6	<p>Were the diagnosis / diagnoses reasonable? (<i>Reasonable</i> to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</p>		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 UDS done
9	On balance, 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	<small>Personal Information redacted by the USI</small>	
Date of Birth	<small>Personal Information redacted by the USI</small>	

Patient Details

Presenting Condition(s)	
Patient Summary	2018 left renal tumour Unfit for surgery No change on ultrasound in 2019 Died <small>Personal Information redacted by the USI</small>

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

Clinical Professional Reviewing Care

Name	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	2015 LUTS . Combodart Was listed for TURP but better in 2021 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	<p>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></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2014 inflamed bladder – biopsies never happened LUTS – poor bladder emptying Offered list for TURP or CISC</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>		

	<i>(‘Secure Clinical 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	<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>		? why no biopsies in 2014
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	No AO'B records Apparently placed on list for TURP by AO'B However OK in 2021 off medication

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Unknown
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		?
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</i></p>		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>		Unknown
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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 O'Donoghue in 2019 with haematuria Normal investigations 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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>TURP 2011 Saw AO'B in 2013 with LUTS Urodynamics planned but no record of being done</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>		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? (<i>Appropriate</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</p>		
5	<p>Were the medications prescribed appropriate? (<i>Appropriate</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</p>		N/A
6	<p>Were the diagnosis / diagnoses reasonable? (<i>Reasonable</i> to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</p>		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 UDS done
9	On balance, 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 On waiting list for TURP</p> <p>2016 complex renal cyst – follow up scan not arranged</p> <p>2017 ultrasound – no change</p> <p>No follow up scan since</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</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>		?still on waiting list for TURP
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Delay in arranging 2017 ultrasound and no further scan since despite radiology recommendation
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing 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) ?		Probably not

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	2014 placed on list for TURP Reviewed 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		? yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	2015 metastatic teratoma Orchiectomy and subsequent RPLND Under oncology

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2019 haematuria (under Mr Haynes) 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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 75	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2011 Gleason 9 Ca prostate M0 Treated with bicalutamide 50 2013 detrusor overactivity 2014 radiotherapy Bicalutamide stopped in 2015 by AO'B</p> <p style="text-align: right;">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</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>		Should not have stopped bicalutamide in 2015
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>		See above
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No

Clinical Professional Reviewing Care

Name	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 ultrasound for LUTS No letters from AO'B

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>		
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>		?
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		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>		?
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 letters
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		Unknown

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	2015 Epididymitis- followed 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?		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>		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	<p>Gleason 3+4 Ca prostate 2011 Treated with bicalutamide 50 No MDM discussion then Stopped bicalutamide in 2012 (gynaecomastia) but restarted 50mg dose later that year</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>		Not then

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		No – wrong to prescribe bicalutamide in 2011 and wrong dose
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</i></p>		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>		No Should have had surveillance or radiotherapy in 2011/2
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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) ?		Gynaecomastia from bicalutamide No effect on life expectancy

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	Mixed incontinence Anticholinergics in 2016 Under review now

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2016 bladder outflow obstruction and DO Listed for TURP and Botox No further record</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>		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
6	<p>Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i></p>		Yes

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

Name	Patient 78	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2009 Gleason 3+4 Ca prostate Bicalutamide 50 into 2016 By 2017 increased to 150mg (? No evidence of metastatic disease)

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>	No	

	<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>		No Bicalutamide not indicated in either dose
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>		No Should have been either for surveillance or active treatment in 2009
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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) ?		Unnecessary treatments Possible loss of life expectancy but not seen yet

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	2016 UTI with significant residual Listed for TURP
	Died <small>Personal Information redacted by the USI</small>

Regarding the patients current care

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		No flow rate ?Could have had oral agents before listing for TURP
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing 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	<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>		See above
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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 PUJ stone and PUJ obstruction Follow up delayed due to waiting lists

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

Clinical Professional Reviewing Care

Name	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	Seen 2016 with BXO Circumcision 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		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>Small bladder Hydrodistension in 2013 and Botox in 2014 – no help 2021 – under further investigation</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>		yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	No AO'B record found (under Mr Haynes in 2019) and discharged

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

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	2019 non visible haematuria Normal investigations 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	

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>August 2014 and January 2016 PSA 12 July 2019 PSA 15.2 – not followed-up by AO'B 2020 PSA 7.1</p> <p>2018 on waiting list for TURP since 2016 – to be expedited April 2018 TURP benign</p> <p>June 2018 cystoscopy and bladder biopsies - benign</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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

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

Clinical Professional Reviewing Care

Name	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 LUTS + ED Referred for urodynamics but no record of these being done On oral agents Discharged 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</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>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	2017 T2 N0 M) Gleason 4+3 Ca prostate MDM recommended radical treatment Treated with EBR and brachytherapy

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Cerebral palsy Unable to tolerate catheter ? bladder stone – awaiting cystoscopy

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2019 ? testicular lesion but ultrasound scan 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?		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	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>		yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	2015/6 recurrent UTI's Normal ultrasound Resolved 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	<p>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></p>		Discharged
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Laparoscopic deroofing of renal cyst 2016 (Mr Haynes)

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

Clinical Professional Reviewing Care

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

Clinical Professional Reviewing Care

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

Clinical Professional Reviewing Care

Name	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	Saw AO'B in 2017 – listed for TURP Reviewed 2021- remains on list

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

Clinical Professional Reviewing Care

Name	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	<p>Hypersensitive bladder Hydrodistension 2015 AO'B placed on W/L in 2016 for Botox – never done. March 2021 remains on list</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the UST</small> [REDACTED]	
H&C Number	[REDACTED]	
Date of Birth	[REDACTED]	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>LUTS Hydrodistension 2012 Under review in 2021 for irritative symptoms</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2008 hypersensitive bladder – cystodistension 2015 normal CT 2017 cystitis 2021 UTI's and cystitis – 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	<p>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></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Under Mr O'Donohue and Mr Haynes but 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>		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	Tuberose sclerosis Nephrectomy 1997 – repeated ultrasounds since Remaining kidney normal 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		Discharged

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

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

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Overactivity – Botox 2014/2017 Awaiting further Botox

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

Clinical Professional Reviewing Care

Name	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 2016 2017 for CISC Further issues in 2021 under investigation

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

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

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

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

	<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>		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	<p>2017 urethral trauma</p> <p>OK in 2021</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>		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2019 haematuria. CT – normal kidneys Cystoscopy 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	2020 under Mr O'Donoghue ? saw AO'B for overactive bladder but no record

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
2	Are the current medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		N/A
3	Is a secure clinical management plan currently in place?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		?
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No AO’B letter
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	2015 sensory urgency Hydrostatic distension Reviewed in 2021 – on antimuscarinic

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Bosniak 3 SMR on surveillance No letters in 2018/9 but no change in 2020</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	<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 letters 2018/9
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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 Glackin for LUTS

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

Clinical Professional Reviewing Care

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

Clinical Professional Reviewing Care

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

Clinical Professional Reviewing Care

Name	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	Left seminoma 2015 Referred to oncology No concern

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		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2011 UTI's - normal cystoscopy and IVP 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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 LUTS – reviewed 2017 and 2021 – OK on alfuzosin

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

Clinical Professional Reviewing Care

Name	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	Spina bifida occulta Urinary frequency -low compliance 2012 Botox 2016 hydrodistension No records since

Regarding the patients current care

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

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
3	Is a secure clinical management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		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 nocturnal enuresis treated with anticholinergics and desmopressin 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		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 left renal pelvis lesion on CT Added to waiting list for ureteroscopy No record f procedure ? referred to BCH

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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2013 vesico-vaginal fistula repair LUTS afterwards – solifenacin improved symptoms Discharged 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	<p>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></p>		Discharged
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

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

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

Clinical Professional Reviewing Care

Name	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	2012 urge incontinence 2018 Botox OK at 2021 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		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>Circumcision 2014 Further problems with splitting and spraying on 2016 On waiting list for redo circumcision and urethrotomy</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>		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>2017 acute retention Raised PSA 2018 but compatible with prostate volume Under investigation in 2021</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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)	
Patient Summary	2019 non visible haematuria Normal investigations

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

Clinical Professional Reviewing Care

Name	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	2016 – correction of penile curvature and circumcision 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		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Chronic cystitis. Several hydrodistensions Nothing after 2015

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
2	Are the current medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		N/A
3	Is a secure clinical management plan currently in place?		No

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes

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

Clinical Professional Reviewing Care

Name	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	Renal tumour in 2012. On surveillance. Increased size on 2017 then no change to 2021 Biopsy Fuhrman 1

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2016 BXO listed for circumcision No record of surgery

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

Clinical Professional Reviewing Care

Name	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	Overactive bladder treated with mirabegron No AO'B record

Regarding the patients current care

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		No record
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing 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	<p>Was the clinical management approach taken reasonable? (<i>'Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.</i>)</p>		?
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) (<i>'Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists</i>)</p>		No records
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	On CISC for atonic bladder since 2008 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	Detrusor overactivity 2 X Botox Now OK on Tamsulosin and oxybutinin

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 FU/ 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	2016 – UTI's with significant residuals AO'B planned hydrodistension Unclear if it was performed in May 2016

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		

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

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

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

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		No indication for distension in presence of residual urine and UTI’s
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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) ?		Unknown

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Incontinence - previous TVT 2016 for suprapubic catheter

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

Clinical Professional Reviewing Care

Name	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	Recurrent UTIs Antibiotics and oestrogens 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		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 epididymo-orchitis No follow up 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>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

Clinical Professional Reviewing Care

Name	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	2018 bilateral hydronephrosis post EVAR No obstructive lesion on CT Renogram ? PUJ obstruction – no relative function given 2021 eGFR>60

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if 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 follow up letters as planned but no harm
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No

Clinical Professional Reviewing Care

Name	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 recurrent UTI's Normal cystoscopy Conservative management

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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		
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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	AO'B placed on W/L in 2017 for TURP Reviewed 2021 – still wants surgery

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

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

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

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2015 phimosis No record of having had circumcision

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

Clinical Professional Reviewing Care

Name	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	2019 scans for UTI's No records of any urological treatment

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

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 renal hydatid cyst excised Chest changes on CT stable in 2019 (seen by chest physicians)

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		DNA'd for last scan

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
6	<p>Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Ca lung 2018 scan showed complex renal cyst MDM – for surveillance</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</p>		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2008-2010 LUTS Not seen after? High grade lymphoma</p> <p>Died <small>Personal Information redacted by the USI</small></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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 LUTS and right PUJ obstruction Renogram 45% function on right (improved) Symptoms managed conservatively</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>		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
6	<p>Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2015 Haematuria – normal investigations Put on list for TURP – probably not necessary

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

Clinical Professional Reviewing Care

Name	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 seen with LUTS – oral medication 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>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

Clinical Professional Reviewing Care

Name	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	Prostate biopsies 2008, 2013, 2019 all showed low volume Gleason 6 Ca prostate On surveillance

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2013 TURP shows low volume Gleason 3+4 Ca prostate Active surveillance PSA remains low (2.01 in May 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	<p>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></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>2013 retention after severe back pain – 4 xTWOC failed Flow rate April 2013 32ml/sec. Unable to catheterise for UDS Further retention – under orthopaedics On CISC Symptoms improved after spinal surgery No concern</p>

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
2	Are the current medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing is consistent with current best evidence based</i>		N/A

	<i>practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
3	Is a secure clinical management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if 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>2103 TURP benign 2018 non visible haematuria Under Mr Young/ Mr Glackin/ Mr Haynes No AO'B record found</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? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		No
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>2016 left ureteric stone Follow up CT cancelled Ultrasound 2018 – normal Awaiting further CT</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	<p>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></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Not clear why CT not repeated
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>		I think a repeat CT was indicated but it appears that radiology cancelled it
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Probably not

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	2017 UTI and LUTS Normal ultrasound in October 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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>TURP 2016- benign. Ne letters before so indication unclear</p> <p>Still symptomatic in 2017</p> <p>? lost to follow up</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>		Unknown
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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		No
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

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

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

Patient Details

Presenting Condition(s)	
Patient Summary	2017 – pyelonephritis with stone Stent and ureteroscopy – no records but subsequent ultrasound 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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2018 clot retention To be followed up privately

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

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> [REDACTED]	
H&C Number	[REDACTED]	
Date of Birth	[REDACTED]	

Patient Details

Presenting Condition(s)	
Patient Summary	2016 LUTS Urodynamics showed obstruction Normal kidneys Advised TURP

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Retention 2017 TURP 10 gram benign 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		? Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>		?
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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 2018 LUTS – drug treatment Due review in November 2018 but no further urology records

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
6	<p>Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i></p>		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
9	On balance, 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	December 2015 LUTS placed on list for TURP

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

Clinical Professional Reviewing Care

Name	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	2014 PSA 8, negative biopsies 2018 PSA 9.2 treated with Combodart November 2020 PSA 2.8

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 ? discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	UDS may 2014 poor contractility. Flow rate 11ml/sec and complete bladder emptying 2014 TURP 6 grams 2015 BNI 2017 CISC

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		<p>Probably not I don’t think from the record available that obstruction was proven.</p>

	<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>		Probably not Not clear that he needed a TURP – particularly given his age
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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 USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>LUTS Poor bladder emptying. 2017 Combodart ? no follow up</p> <p>Now on list for TURP</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</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>		yes
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 follow up record 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	Patient 142	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Right staghorn URS x2 – stent broke. Fragment removed Nothing since 2017 – was to be referred to Mr Young

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	<p>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></p>		No
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 but long delays between procedures
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		Yes. Too long between ureteroscopies
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	<small>Personal Information redacted by the USI</small> <div style="background-color: black; width: 100%; height: 20px;"></div>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2016 on list for TURP Normal CT

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>		Unknown as no correspondence before 2016
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>		?
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing 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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		?
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		?
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

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	<p>2016 T1b Gleason 6 Ca prostate Conservative management</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? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Personal Information redacted by the USI	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2009 Gleason 6 Ca prostate 2015 Gleason 3+4 Discussed at MDM's Remains on surveillance - under Mr Haynes 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</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	<small>Personal information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Testicular pain and ED
Patient Summary	Under AO'B since 2014 On testosterone since 2018 PSA in 2021 OK (not checked before) 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	<p>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></p>		Discharged
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Patient 17	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>March 2011 Gleason 6 cancer 2012 rising PSA ?started on bicalutamide 50mg (no letter) Not referred for radiotherapy as per MDM discussion Switched back to surveillance in 2021</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</i></p>		No

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		No
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>		No – should have been referred
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Probably not

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Under Mr O'Donoghue for LUTS Discharged after normal UDS

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

Clinical Professional Reviewing Care

Name	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	Spina Bifida with Mitrofanoff On list for SPC 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		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	Prostatitis
Patient Summary	<p>2017 hydrodistension and periprostatic injections for pain No follow-up letters</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		No
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>		probably
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	2015 ureteric stone 2021 bladder stone – on waiting list 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		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small> <div style="background-color: black; width: 100%; height: 20px;"></div>	
H&C Number	<div style="background-color: black; width: 100%; height: 20px;"></div>	
Date of Birth	<div style="background-color: black; width: 100%; height: 20px;"></div>	

Patient Details

Presenting Condition(s)	
Patient Summary	<p>History of right renal stones Saw AO'B in 2016 – hypersensitive bladder – put on list for hydrodistension and ? ureteroscopy No record of any further treatment</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</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>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Ca prostate 2016 treated with radiotherapy Monitored since 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		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Under Mr Glackin and Mr Young but 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>		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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 – loin pain and non visible haematuria Diagnosis shingles Ultrasound normal No cystoscopy but haematuria resolved

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2014 LUTS – on medication 2016 retention – successful TWOC 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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 TURP T1a Ca prostate On PSA monitoring 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		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	Spina bifida occulta Small capacity bladder ?DO Hydrodistension 2014 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	<p>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></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2016/7 frequency and enuresis Drug management - resolved

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

Clinical Professional Reviewing Care

Name	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	2016 seminal vesicle abscess – drained transurethrally Failed to keep further appointment

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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2017 raised PSA but fell to normal 2019 PSA 3.3

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

Clinical Professional Reviewing Care

Name	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	Partial nephrectomy 2010 no recurrence 2017 mild detrusor overactivity

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

Clinical Professional Reviewing Care

Name	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 Gleason 8 metastatic Ca prostate Treated with LHRH an and Docetaxel May 2021 doing well

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>)		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 On waiting list for TURP – no letters why Stones under Mr Young

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	<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>		Probably
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 letters in c2016
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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	LUTS 2018 – finasteride Improved and OK in 2020

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

Clinical Professional Reviewing Care

Name	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	Patient of Mr O' Donoghue with bilateral renal stones Under My Haynes with prostate enlargement Saw AO'B in 2017 and listed for TURP

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>		Unclear if he needs TURP
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

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

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

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

	<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>		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 haematuria – normal investigations Normal PSA

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

Clinical Professional Reviewing Care

Name	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	2013 small renal lesion 2018 no change in size Multiple comorbidities Died <small>Personal Information redacted by the USI</small>

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		N/A

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

Name	Patient ID	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2012 – T2 Gleason 3+4 Ca prostate MDM recommended ADT Started on bicalutamide 150 PSA fell

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>		Should have been on LHRH an ? intermittently

3	<p>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></p>		No
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		No
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</i></p>		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)	Ca penis
Patient Summary	2013 Glansctomy – no recurrence Now under MH for raised PSA 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		Yes

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2014 testicular pain No review after 22015 but OK then so probably not needed

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2018 ureteric stone with hydronephrosis Repeat CT shows that stone passed

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

Clinical Professional Reviewing Care

Name	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	2015/2017 testicular pain Normal cystoscopy 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 practice, are any deviations from guidance recorded and rationale fully noted?)</i>		N/A
3	Is a secure clinical		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal Information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>2014 chronic retention eGFR 55 (lower than 2013) not rechecked</p> <p>2017 TURP 2.6 grams benign – symptoms improved</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? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Discharged
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		<p>No Electrolytes should have been monitored in 2014ff and operation expedited</p>
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		<p>N/A</p>
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</i></p>		<p>Yes</p>

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

Clinical Professional Reviewing Care

Name	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 on list for TURP and monitoring of renal cyst – no change in 2018

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

Clinical Professional Reviewing Care

Name	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	<p>LUTS 2016 UDS show detrusor overactivity Listed for TURP but seen by Mr Glackin in 2018 – normal ultrasound No letters since</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</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>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		Unclear whether TURP was indicated
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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 Normal cystoscopy ?On CISC Seen again in 2018 normal ultrasound Reviewed in 2021 – general advice given</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Discharged
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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>2015 found to have stone on suture after gynaecological surgery</p> <p>No record of it being removed but cystoscopy in 2020 showed no stone</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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		? Discharged
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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 of stone removal
9	On balance, 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	2018 left ureteric stone – stented Ureteroscopy OK and stent 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?		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	<p>Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i></p>		Yes
8	<p>Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i></p>		No
9	<p>On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?</p>		No

Clinical Professional Reviewing Care

Name	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> [REDACTED]	
H&C Number	[REDACTED]	
Date of Birth	[REDACTED]	

Patient Details

Presenting Condition(s)	
Patient Summary	2016 Frequency Peak flow 29.6 ml/sec Listed for TURP

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>	No	
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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

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

	<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>		No
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Not yet

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	2011 urinary diversion 2018 revision of stoma due to fistula 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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	<small>Personal information redacted by the USI</small>	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2018 LUTS On Dutasteride Discharged 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		

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

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

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

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

Clinical Professional Reviewing Care

Name	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 Gleason 4+5 Ca prostate M0 Started on bicalutamide 150 PSA 2020 = 0.11

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

Name	Patient 24	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	<p>Bladder neck stenosis after radical prostatectomy and radiotherapy 2016 UDS show DO and obstruction – oxybutinin Under review by Mr Haynes</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? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i></p>		Yes
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>		

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
6	<p>Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a</i></p>		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 LUTS and raised PSA 2021 PSA 11 on finasteride – fell to 2.34

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

Clinical Professional Reviewing Care

Name	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	LUTS 2015 placed on W/L for TURP Operation expedited in 2017 but still no record of being done

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		

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	2017 LUTS improved on tamsulosin N 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?		No

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes

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

Clinical Professional Reviewing Care

Name	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	2016 recurrent UTI's 2017 normal urodynamics Prophylactic 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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i></p>		Yes
5	<p>Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i></p>		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</i></p>		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	No record but saw AO'B privately in 2018 with epididymal cysts 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		Discharged

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

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

No.	Question	Y / N / Unable to Determine	Details
4	<p>Were appropriate and complete investigations carried out for all relevant conditions? (<i>Appropriate</i> to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</p>		Yes
5	<p>Were the medications prescribed appropriate? (<i>Appropriate</i> to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</p>		N/A
6	<p>Were the diagnosis / diagnoses reasonable? (<i>Reasonable</i> to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</p>		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	Preputial adhesions – resolved without surgery

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	