

	<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	June 2018 PSA 25 Biopsies – Gleason 3+5 Started ADT August 2018 – Leuprorelin and bicalutamide – good response

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	pT1G2 TCC resected February 2019 check cystoscopies in July and November clear

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

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

Clinical Professional Reviewing Care

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Title	Professor
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Patient Details

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Date of Birth	

Patient Details

Presenting Condition(s)	Enlarged prostate
Patient Summary	PSA 32 Bone scan negative Biopsies extensive Gleason 9 disease One enlarged iliac node Started bicalutamide 150 January 2020 – changed to LHRH agonist in March 2020. Referred for radiotherapy

Regarding the patients current care

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

	<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>		January 2020 bicalutamide was not ideal – LHRH agonist better but was changed n March
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	

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Patient Details

Name	Patient 135
H&C Number	Personal Information redacted by the USI
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	PSA 22.5 October 2013 biopsies – Gleason 4+3 MDM review in October and November December 2013 started on bicalutamide 50mg (Mr Pahuja) 2014 – received radical radiotherapy (no notes) with LHRH agonist Biochemical recurrence 2017 Bone scan 2018 – M1 Enzalutamide 2019 Died Personal Information redacted by the USI

Regarding the patients current care

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes except Mr Pahuja in December 2013 but treatment rapidly changed
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a</i>		Yes

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
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Patient Details

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

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	Haematuria May 2018 Cystoscopy in June – TURBT pT1a MDM July 2018 Recurrence January 2019 Course of mitomycin Clear since

Regarding the patients current care

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	Rectal bleed
Patient Summary	Rectal bleed April 2019. Persistent anaemia Chance finding of renal tumour Developed metastatic disease Not fit for intervention (MDM decision) Died Personal information redacted by the USI

Regarding the patients current care

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

3	Is a secure clinical management plan currently in place? <i>(‘Secure Clinical Management 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>		
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a</i>		Yes

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Name	Personal Information redacted by the UST
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Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	CT scan April 2019 – bilateral renal tumours July 2019 Right partial nephrectomy – oncocytoma November 2019 left lesion enlarging (biopsy consistent with oncocytoma)

Regarding the patients current care

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

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>		
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a</i>		Yes

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

Clinical Professional Reviewing Care

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Date of Appointment	

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	Cystoscopy January 2018 – solid tumour MDM 01/02/18 TURBT 21/02/18 – pTa G2 MDM 01/03/18 recommended mitomycin Saw AO'B 30 March – letter typed 30 April MMC given by 18 June February 2019 – multiple recurrences. Resected in April – still pTa. Further course of MMC No recurrences since

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

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

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

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



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Patient Details

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

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Ca prostate 2005 treated with radiotherapy +ADT Ultrasound September 2019 normal Urethral stricture PSA OK

Regarding the patients current care

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

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

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	CT August 2019 not performed as an in-patient Died Personal Information redacted by the USI

Regarding the patients current care

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

	<i>patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Lower ureteric stone CT November 2019 shows it has 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? (<i>'Secure Clinical Management</i>		Discharged

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	May 2019 CT – left hydronephrosis with upper ureteric stone URS and stent 13/05/19 October 2019 retrograde Has stent been removed?

Regarding the patients current care

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

	<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
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Patient Details

Presenting Condition(s)	
Patient Summary	Chronic cystitis Ultrasound March 2019 bilateral hydronephroses June 2019 eGFR 10 Significant co-morbidities Died Personal Information redacted by the USI I cannot find plan for management of hydronephroses nor evidence of the extent they contributed to her death

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>)		I cannot say – insufficient detail in records
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if</i>		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>		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>		Unknown
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable?		Unknown

	<i>('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>		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>		
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

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Title	Professor
Date of Appointment	

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Patient Details

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

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	CT October 2019 – no upper tract cause Normal cystoscopy (huge prostate) ?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 Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		? does not really need 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>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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Date of Birth	

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	Ca lung December 2019 CT OK No record of 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>)		
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		N/A
3	Is a secure clinical		

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	CT October 2019 mild right hydronephrosis Large hernia containing bladder Fall in eGFR Failed trial of voiding Plan unclear ? awaiting hernia repair

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)		Yes
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and		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>		Unclear
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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Date of Appointment	

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

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

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>		Unclear why no further renal imaging and no nephrostomy
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
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Patient Details

Name	Personal Information redacted by the USI	
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Date of Birth		

Patient Details

Presenting Condition(s)	Tuberose sclerosis
Patient Summary	Ultrasound 2017 shows considerable enlargement of AML's Request for review by AO'B – did not happen until November 2018 Angiogram January 2019 – no dominant lesion Follow-up unclear

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>		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 – with delays
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

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

Clinical Professional Reviewing Care

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Title	Professor
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Patient Details

Name	Personal information redacted by the UST
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Patient Details

Presenting Condition(s)	
Patient Summary	Detrusor overactivity 2016 – suprapubic catheter On botox CT January 2019 OK Awaiting ileal conduit – reason unclear

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	2018 – chance finding of 2.2cm renal lesion August 2019 AO'B considered TURP – has not happened No recent kidney scan

Regarding the patients current care

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

3	Is a secure clinical management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		Not clear whether his other medical conditions make further kidney scan unnecessary.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
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Patient Details

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Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	November 2020 30/40 pregnant. Ultrasound shows right renal stone and hydronephrosis Needs follow-up

Regarding the patients current care

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Not yet
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i>		Yes

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

Clinical Professional Reviewing Care

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Date of Appointment	

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Patient Details

Name	Personal Information redacted by the UST	
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Date of Birth		

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	CT February 2019 no upper tract cause 09/02/19 Cystoscopy normal. Repeated in March – normal. 374ml prostate – booked for TURP but has not happened yet Should be reviewed before considering TURP if still symptomatic

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</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>		Not sure he is suitable for a 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>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No

Clinical Professional Reviewing Care

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Title	Professor
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Patient Details

Presenting Condition(s)	
Patient Summary	Ileal conduit CT February 2019 showed bilateral staghorn calculi but not confirmed on CT in May 2019. CT October 2020 shows stones Passed one stone Follow up plan unclear

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

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

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	Bilateral renal stones CT October 2019 – stent in L ureter Retrograde on 9 October No record of operation or whether stent removed/changed or follow-up

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)		Yes
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and		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		Needs checking

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

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

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	2018 - 17mm AML – no change on January 2020 ultrasound Scan should be repeated in 12-18/12

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if <i>diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)		Yes
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if <i>prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		N/A
3	Is a secure clinical management plan currently in place? (‘Secure Clinical Management		Not clear

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	2016 ultrasound normal June 2017 obstructing VUJ calculus April 2019 CT – bilateral renal stones, 2 bladder stones May 2019 litholapaxy

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

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

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

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		Yes
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		Yes – lost to follow up after June 2017 CT
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Admissions with haematuria due to bladder stones Luckily no loss of renal function

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Patient Details

Name	Personal Information redacted by the UST	
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Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Bilateral stones with left staghorn Was due review in 2020 Check review planned

Regarding the patients current care

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

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

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

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

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

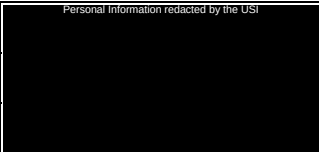
Clinical Professional Reviewing Care

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Patient Details

Name		
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Date of Birth		

Patient Details

Presenting Condition(s)	Abdominal pain
Patient Summary	CT July 2019 – normal kidneys Scan requested by AO'B but no letters on system so not clear if he has any urological problem

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	Left ureteric stent replaced February 2020 Plan to replace in December 2020 but has not happened Needs checking

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		N/A
3	Is a secure clinical		Not clear

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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

Patient Details

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

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Small renal mass 2018 Unchanged on CT in August 2019 No clear decision as to whether he should have further scans

Regarding the patients current care

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

3	Is a secure clinical management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Decision needed re further scanning if fit enough

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Name	Patient 30
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	
Patient Summary	January 2019 Gleason 3+3 5% PSA August 2020 10.2 (rising) MRI March 2021 – no definite progression Needs repeat PSA – if rising consider further biopsies

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

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

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Patient Details

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

Patient Details

Presenting Condition(s)	Haematuria (non-visible)
Patient Summary	CT October 2019 cancelled by patient No urology letters Probably OK but check

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)		
2	Are the current medications prescribed appropriate? (<i>'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		

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

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

Clinical Professional Reviewing Care

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Title	Professor
Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	UTI
Patient Summary	Ultrasound February 2020 ? bilateral small kidney stones Residual 103ml Follow up plan unclear -may be OK

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	Right hydronephrosis
Patient Summary	June 2019 CT - 11mm ureteric stone 20/06/19 right ureteric stent Further procedure December 2019 – no records found – needs checking Also did she have 6/12 with stent?

Regarding the patients current care

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

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

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

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

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		Yes
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		Long delay (from June to December 2019) before definitive treatment
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

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Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	TURP January 2019 for high pressure chronic retention Ultrasound in April showed hydronephrosis resolved Was due follow up but no letter eGFR February 2021 has fallen to 44 so perhaps should have another ultrasound

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
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Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	December 2019 right staghorn calculus Plan was for ureteroscopy but no record that this has been done Needs checking

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Ultrasound October 2019 – bilateral hydronephrosis, chronic retention Taught CISC Plan for UDS but not happened *NO record of renal function

Regarding the patients current care

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

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Patient Details

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

Patient Details

Presenting Condition(s)	
Patient Summary	Chronic retention with hydronephrosis March 2020 –litholapaxy Follow-up planned in June 2020 – I cannot see any record of this having happened – needs checking

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		To be checked

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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

Patient Details

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

Patient Details

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

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	Right AML (and liver Ihaemangioma) Ultrasound August 2019 – not well seen – suggested repeat in 6/12 – no evidence it has been done

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Name	Personal Information redacted by the USI	
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Patient Details

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

Regarding the patients current care

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		No - left hydronephrosis not adequately investigated
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i>		Yes

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

Clinical Professional Reviewing Care

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Patient Details

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Date of Birth		

Patient Details

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

Regarding the patients current care

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

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

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

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



Name	Krishna Sethia
Title	Professor
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Patient Details

Name		
H&C Number		
Date of Birth		

Patient Details

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

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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Patient Details

Presenting Condition(s)	Non visible haematuria
Patient Summary	October 2019 ultrasound normal ? Followed at Craigavon

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	Cystectomy and orthotopic bladder CT 2015 distal left ureteric stone. Left nephrostomy. Nephrostogram showed mild ureteric stenosis – stented November 2015 Pain recurred 2019 – CT gross hydroureter – stented Very poor attender – has failed to attend for renography and now for stent changes AO'B wrote to GP in April 2020 expressing 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</i>		Yes

	for further investigations / examinations to confirm diagnosis / diagnoses?)		
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)		N/A
3	Is a secure clinical management plan currently in place? (‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)		No ? because patient does not attend
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

Clinical Professional Reviewing Care

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Patient Details

Name	Personal Information redacted by the USI
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Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Investigated in 2019 Failed drug treatment – placed on waiting list for TURP on 30 June 2019 – no date yet

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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Date of Birth		

Patient Details

Presenting Condition(s)	PSA 5
Patient Summary	Ultrasound October 2019 34ml prostate MRI December 2019 PIRADS 3 lesion For surveillance Referred back to GP No PSA since December 2019

Regarding the patients current care

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

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

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

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	ESWL 2011 Stent removed June 2011 Follow up X-Ray in 8/52 – stones not seen Stone fragments in kidney but one dropped down the ureter - asymptomatic CT May 2012 ureteric stones with hydronephrosis Renogram July 2012 non-functioning left kidney Declined nephrectomy in 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</i>		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>		? moved to Personal information redacted by the USI
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice 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 but may be an error in interpretation of XRay of September 2011 which may have resulted in kidney loss
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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) ?		Yes

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	Personal Information redacted by the USI	
H&C Number		
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Patient Details

Presenting Condition(s)	
Patient Summary	Exophytic renal lesion 2013 Parkinsons – immobile Multiple renal calculi on CT in 2019 February 2021 renal function OK No follow-up of his renal stones but ? general health too poor?

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Title	Professor
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Patient Details

Presenting Condition(s)	
Patient Summary	Left pyeloplasty 2003 Increasing left hydronephrosis Renogram September 2019 – no change in left renal function (37%) Now has LUTS – UDS and flexi arranged Check follow up

Regarding the patients current care

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

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

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

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	2019 ultrasound requested for haematuria but not performed No letters re haematuria or its investigation If she had haematuria clearly needs investigatiing

Regarding the patients current care

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

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

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

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	CT January 2020 left renal calculus – infected Stent inserted 15/01/20 Ureteroscopy April 2020 failed to identify stone Stent replaced No record of any treatment 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? <i>(‘Secure Clinical 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		Needs urgent review ? further treatment and remove stent

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

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

	<i>requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		Yes until April 2020
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Unknown

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Patient Details

Presenting Condition(s)	
Patient Summary	Cis bladder in 2014 – several courses of MMC and BCG MRI 2019 – Bosniak 3 lesion – unchanged on January 2020 scan – no follow-up required Last cystoscopy February 2020 – due to further cystoscopy in February 2021

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)		Yes
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and		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 – to check on list for cystoscopy
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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Date of Appointment	

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Patient Details

Presenting Condition(s)	
Patient Summary	Left renal tumour ablated 2019 (slow increase in size) Last scan December 2020 Should be 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 management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		Probably
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	
Patient Summary	August 2018 low volume Gleason 3+3 tumour Ultrasound in October 2019 for UTI's – small residual Circumcision in private sector PSA April 2021 13.8 Review plan not clear

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</i>		N/A

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	
Patient Summary	Endometriosis Ureteric obstruction required stenting Renogram June 2020 – equal renal function Due repeat scan January 2021 – no result yet

Regarding the patients current care

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

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

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

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	June 2020 CT – 2 stones in left lower ureter Plan was for URS but no record of it being done

Regarding the patients current care

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

	<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		

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

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

Clinical Professional Reviewing Care

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	January 2020 normal ultrasound , Urine nad Previous haematuria in 2014 – normal cystoscopy CT showed upper tract dilatation but not confirmed on 2020 ultrasound 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</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>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		It is a matter of opinion but should consider another cystoscopy esp. if bleeding persists

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider 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 cystoscopy
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</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) ?		Probably not

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	Personal Information redacted by the USI	
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Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Gleason 3+3 cancer 2019 – surveillance MRI – August 2020 OK PSA 8.7 October 2020 No letters since MR

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
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Patient Details

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Patient Details

Presenting Condition(s)	Bladder outlet obstruction
Patient Summary	Ultrasound August 2019 normal November 2019 – for PSA surveillance No record of clinic/PSA since

Regarding the patients current care

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

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

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

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

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

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Patient Details

Presenting Condition(s)	Renal stone
Patient Summary	4mm lower pole stone. Stable appearance on 2018/2019 CT scans ? AO'B has placed on list for URS - ?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? <i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Name	Personal Information redacted by the USI
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Patient Details

Presenting Condition(s)	
Patient Summary	Right AML Ultrasound in August 2019 – 3.08cm (2.5 in 2017) Needs further scan now

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	CT February 2019 6mm right ureteric stone Removed in May – no stent Was due clinic review for remaining stone on left but no further imaging

Regarding the patients current care

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

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

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

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

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

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	Learning difficulties Left renal mass – July 2019 enlarging Cryoablation April 2020 No imaging 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		No

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	Very complex history – has ileal conduit for recurrent infections Immunoglobulin treatment CT in 2019 showed normal upper tracts

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		Possibly but not clear if further

	management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		upper tract imaging planned. Probably should have ultrasound scan in 2021
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

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Patient Details

Name	Personal Information redacted by the USI
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Patient Details

Presenting Condition(s)	
Patient Summary	November 2008 urethral dilatation. Repeated in September 2019 with hydrodistension Was due review by AO'B in December – cannot see any record June 2019 residual was only 9ml so probably does not need further treatment Under gynaecology 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>		Not needed
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

	<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>		Difficult to understand rationale for hydrodistension and further urethral dilatation in 2019
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		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

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Patient Details

Name	Patient 46	
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	2014 – T1b Ca prostate T2N0M0 Gleason 3+4 April 2014 started on bicalutamide 50 – stopped in June 2015 due to fatigue but restarted March 2019 PSA rising – started decapetyl April 2019 bone scan no metastases December 2020 PSA <0.01

Regarding the patients current care

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

	<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>		Not documented but he is having PSA checks
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		No bicalutamide 50 in 2014 was wrong
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

	<i>consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		MDM in 2014 suggested discussion re radiotherapy but this appears to have never happened
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		Very poor documentation
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No

Clinical Professional Reviewing Care

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Patient Details

Name	Personal Information redacted by the UST	
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Date of Birth		

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	September 2019 ultrasound – renal cysts and residual of 199ml No follow up July and August 2020 raised PSA – letter asking for recheck in December but no result

Regarding the patients current care

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
2	Are the current medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing is consistent with current best evidence based</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>		No follow up in 2016 No action after raised PSA in July 2020
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		?

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	Personal Information redacted by the USI
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Patient Details

Presenting Condition(s)	
Patient Summary	CT February 2019 – stone in lower pole left kidney. Right VUJ stone has passed PSA December 2019 9.3. Fell to 6.3 in February 2020 Should be rechecked

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	
Patient Summary	June 2019 ultrasound small kidney stone July 2020 bilateral stones No letters ?needs further X-Ray or ultrasound 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? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		Not clear
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

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Patient Details

Presenting Condition(s)	Raised PSA
Patient Summary	MRI September 2019 – no lesion seen March 2020 PSA had risen to 5.39 – not measured 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?		No

	<i>('Secure Clinical Management Plan' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Needs repeat PSA now ? by GP but no instructions sent

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

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

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

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Patient Details

Presenting Condition(s)	Abdominal pain
Patient Summary	CT May 2019 ? pyelonephritis I cannot see any urological input. If radiologists happy that the lesion in right kidney cannot be a tumour then no follow up needed. If there is a possible concern she should have an ultrasound scan now

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

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

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

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Patient Details

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

Regarding the patients current care

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

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

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

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

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

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Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	Previous urethroplasty. Haemosperia MRI June 2019 small collection behind urethra Elevated PSA – oscillates but 9 in May 2020 Negative biopsies Needs PSA 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</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>		Not clear
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	Bladder outflow obstruction Ultrasound March 2019 – residual 158ml Placed on waiting 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>		Needs confirmation
2	Are the current medications prescribed appropriate? <i>('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>		No flow rate?
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations 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>		Maybe

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

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Patient Details

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

Regarding the patients current care

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

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

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

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

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

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	Normal CT in May 2019 Normal ultrasound in July 2019 Plan for urodynamics not effected Raised PSA in July 2019 but recent infection - not repeated until March 2021 when has risen to 18.7 No clear follow-up plan

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		Needs plan re raised PSA depending on his general health

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		PSA should have been recechecked in 2019
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations 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) ?		Probably not but needs review

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	LUTS
Patient Summary	November 2019 ultrasound normal Was due urodynamics ? not 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 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		Review of symptoms

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>('Appropriate' to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes
5	Were the medications prescribed appropriate? <i>('Appropriate' to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations 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>		Not made

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	Personal Information redacted by the USI
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Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	Detrusor overactivity Botox 2017 CT November 2019 for haematuria normal Plan was for cystoscopy but no record of this

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 but check that she doesn't need cystoscopy

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	Renal colic
Patient Summary	Feb 2019 4mm upper ureteric stone but repeat March 2019 CT did not see stone Ao'B said he thought stone was still visible in the lower ureter in June but then discharged him in July 2019

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)		It is possible (but ? unlikely) he still has a ureteric stone
2	Are the current 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>		No
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		He requires review of the March 2019 CT by a radiologist to decide if there could be a lower ureteric stone. If there is ? repeat CT now

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

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

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

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Patient Details

Name	Personal Information redacted by the UST
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Patient Details

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

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

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Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	Epididymal cyst
Patient Summary	Ultrasound showed microcalcification in testis Not clear if further follow up planned

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (<i>'Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?</i>)		Yes
2	Are the current medications prescribed appropriate? (<i>'Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		N/A
3	Is a secure clinical		Not clear if any further scans

	management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		are planned – no letters to GP about last scan in 2019
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	Pyeloplasty aged 4 2019 Loin pain and haematuria Mag 3 Renogram 22% function on right (was 30% on DMSA in 2012) Discharged June 2019 There is an argument for performing a further DMSA scan to ensure there has been no further deterioration

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</i>		N/A

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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Patient Details

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

Regarding the patients current care

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

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

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

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	Right ureteric and renal stones. CT September 2019 confirms still present Retrograde November – no record of operation but I assume stone removed. ? could have stent. Plan for renal stones unclear

Regarding the patients current care

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

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

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

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

	<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

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Patient Details

Presenting Condition(s)	
Patient Summary	Right hydrocoele confirmed on scan February 2020 Placed on waiting 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? (<i>'Secure Clinical Management</i>		No operation yet but presumed delays

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

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

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

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

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Patient Details

Name	Personal Information redacted by the UST	
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Patient Details

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

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	Ureteric stones 2018 CT November 2019 – multiple bilateral renal stones Now under oncology for Ca lung No comment on stones on April 2021 plain film Check films to ensure no follow-up needed

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 UST
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Date of Birth	

Patient Details

Presenting Condition(s)	PSA 7.8
Patient Summary	MRI August 2019 – no lesion. PSAD 0.1 PSA not checked since November 2019 (now on finasteride)

Regarding the patients current care

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

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

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		Yes to 2019
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further</i>		

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Presenting Condition(s)	
Patient Summary	CT August 2020 – bilateral renal stones – stable appearance March 2021 eGFR 52 February 2020 plan was for URS – not clear what plan is now? ? delayed by Covid

Regarding the patients current care

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

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	Gleason 4+3 cancer PSA 47 Radical radiotherapy and ADT December 2019 haematuria. Ultrasound normal ? No 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 management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		Yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

No.	Question	Y / N / Unable to Determine	Details
4	Were appropriate and complete investigations carried out for all relevant conditions? <i>(‘Appropriate’ to consider if investigations consistent with current best evidence based practice at the time of review, are deviations from guidance recorded and rationale fully noted?)</i>		No cystoscopy in December 2019 for haematuria
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a</i>		Yes

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

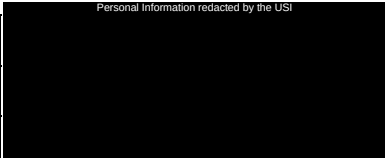
Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	
Patient Summary	November 2019 MRI – PIRADS 2 PSAD 0.18 Decision to defer biopsies if PSA<6 March 2021 PSA 6.5 Need review and decision re biopsies

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>		
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		

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

Clinical Professional Reviewing Care

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Patient Details

Name	Personal Information redacted by the UST	
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Patient Details

Presenting Condition(s)	Renal stones
Patient Summary	May 2015 CT – right ureteric calculus December 2015 PUT right VUJ stone March 2016 CT stone passed July 2019 lower left ureteric stone – still there on PUT in August 2019 Was to be offered ESWL but no documentation or further X Rays

Regarding the patients current care

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

2	Are the current medications prescribed appropriate? <i>(‘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 until 2019 Not clear if stone treated
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A

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



Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Name	Personal Information redacted by the USI	
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Date of Birth		

Patient Details

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

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
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UROLOGY PATIENT REVIEW FORM

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Patient Details

Presenting Condition(s)	
Patient Summary	No urology record seen

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	October 2018 ultrasound residual 177 PSA 10.8 PSA fell to 6.3 but on Combodart? December 2020 PSA 7.61 2021 MRI's show normal prostate but stable iliac nodes

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</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 but MR should have been performed in October 2018
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations from guidance recorded and rationale fully noted?)</i>		N/A
6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is</i>		Yes

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

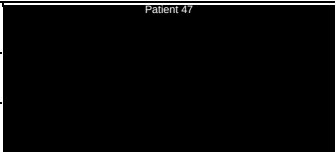
Clinical Professional Reviewing Care

Name	Krishna Sethia
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Patient Details

Name		
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	Ca prostate 2010 T2c N0 M0 PSA 21.8 No letters from AO'B MDM note November 2020 - Was on bicalutamide 150. The stopped. Still on tamoxifen and dexamethasone and leuprolide

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>		Yes

	<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 in 2010
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing 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 He should have been discussed at the MDM and considered for radical treatment
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays 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) ?		Statistically possibly

Clinical Professional Reviewing Care

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Date of Appointment	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form 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
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Patient Details

Presenting Condition(s)	Raised PSA
Patient Summary	PSA 8.8, 8.0 Ultrasound showed 85ml gland Started on Tamsulosin and finasteride and discharged No repeat 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 but not fully investigated
2	Are the current medications prescribed appropriate? <i>('Appropriate' to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and</i>		N/A

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

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

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

	<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 Incorrect to discharge without arrangement to recheck PSA
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		No
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		If his PSA has now risen he may have suffered harm

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Presenting Condition(s)	
Patient Summary	Bilateral renal stones No change on March 2020 CT Not clear if any follow-up required

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
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Patient Details

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

Regarding the patients current care

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

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

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

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

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

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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	Metastatic prostate cancer 2019 PSA 600 Very poor attender Recommended ADT February 2021 PSA >6000 so probably not on adequate hormone treatment MDM March 2021 recommends follow-up with Mr O'Donohue

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 but likely to be due to fact that patient not attending appointments
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Conversation with GP

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

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

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Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	Renal colic
Patient Summary	Bilateral ureteric/renal stone 2019 – ureteroscopy + ESWL On routine follow up Last scan February 2021

Regarding the patients current care

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

	management plan currently in place? <i>(‘Secure Clinical Management Plan’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</i>		being arranged in 18-24 months time but not clear in notes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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

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Patient Details

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Patient Details

Presenting Condition(s)	LUTS PSA 5.9
Patient Summary	January 2019 ultrasound Bosniak 2 cyst. MRI no target PSAD 0.16 Discrepancy between March 2019 letter and MRI findings and no PSA since needs repeat PSA +/- biopsy

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</i>		N/A

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

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	Left nephrectomy 2013 Retention. Bladder biopsies – squamous metaplasia 2014 prostate chippings ? leukoplakia December 2014 filling defects in right upper tract Not called for ureteroscopy until 2018 2018 CT staghorn calculus July 2019 failed ureteroscopy CT January 2020 small renal stones Slight loss of renal function since 2014

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes

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

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

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

6	Were the diagnosis / diagnoses reasonable? <i>(‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		Yes
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		Yes – with solitary kidney further investigation should have happened in 2014/5
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		No



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Patient Details

Presenting Condition(s)	AKI
Patient Summary	July 2019 – left ureteric and renal stone Stented For readmission in March 2020 but did not happen ? Not admitted yet Needs 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</i>		N/A

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	
Patient Summary	December 2013 ultrasound normal Recurrent UTI's November 2016 ultrasound residual 96ml February 2019 CT normal No further plan – should she have had cystoscopy?

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

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Title	Professor
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Patient Details

Name	Personal Information redacted by the USI	
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Patient Details

Presenting Condition(s)	
Patient Summary	Under Mr Glackin Haematuria. Hyperdense renal cyst and pTa G2 bladder tumour Due cystoscopy in 2021 - no record thereof

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)	Haematuria
Patient Summary	Ultrasound November 2019 – VUJ stone CT December 2019 normal No letters

Regarding the patients current care

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

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Patient Details

Name	Personal Information redacted by the USI	
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Date of Birth		

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	April 2012 ultrasound normal Acontractile bladder Ultrasound 2019 – thickened bladder with diverticula On ISC

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

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

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

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Name	Personal Information redacted by the USI
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Patient Details

Presenting Condition(s)	Raised PSA
Patient Summary	MRI February 2020 no target lesion No PSA result since January 2020 (GP was asked to repeat it)

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)		Yes
2	Are the current medications prescribed appropriate? (‘Appropriate’ to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and		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>		Not followed up in April/May 2020 as planned?
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

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

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

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Patient Details

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Date of Birth		

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Ultrasound April 2019 normal PSA 4.9 – not followed up

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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

Patient Details

Presenting Condition(s)	Recurrent UTI's
Patient Summary	September 2019 ultrasound normal No letters

Regarding the patients current care

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

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

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

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

	<i>investigations / examinations to confirm diagnosis / diagnoses?)</i>		
7	Was the clinical management approach taken reasonable? <i>(‘Reasonable’ to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>(‘Unreasonable Delays’ to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		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

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Patient Details

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Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	November 2018 CT – VUJ stone DNA'd December CT appointment No letters

Regarding the patients current care

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
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Patient Details

Name	Personal Information redacted by the USI	
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Date of Birth		

Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	Ultrasound May 2019 – normal Cystoscopy normal Discharged

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

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Patient Details

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Patient Details

Presenting Condition(s)	
Patient Summary	October 2013 Ultrasound – prominent PUJ March 2014 renogram – partial PUJ. Function OK Ultrasound follow up but July 2019 scan cancelled by AO'B – not clear why

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

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Name	Personal Information redacted by the USI	
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Date of Birth		

Patient Details

Presenting Condition(s)	
Patient Summary	VVF after hysterectomy in Irrelevant information redacted by the USI 2016 March 2019 being considered for ileal conduit Seen by stoma nurses in May 2019 but no appointment since. No tumour recurrence

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		

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

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Patient Details

Name	Personal Information redacted by the USI
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Date of Birth	

Patient Details

Presenting Condition(s)	Renal colic
Patient Summary	CT December 2018 renal and VUJ stone May 2019 ultrasound normal September 2019 CT stone in proximal ureter Further CT's showed stone did not pass November 2019 ureteroscopy – no record/follow up

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

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Date of Appointment	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form 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	MS CT August 2018 – ureteric stone and left cortical atrophy November 2019 left ureteric stent changed July 2020 AO'B to arrange removal of stent and lithotripsy No evidence that this has happened (letter 26/07/21 says stent still in for one year but ? for two)

Regarding the patients current care

1	Is the present diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes

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

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

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

6	Were the diagnosis / diagnoses reasonable? <i>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried at the time of review, was there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</i>		Yes
7	Was the clinical management approach taken reasonable? <i>('Reasonable' to consider if clinical management plan if the patient treatment pathway at the time was optimal and in line with best evidence based practice and guidance available at that time.)</i>		Yes but nothing since 2019
8	Were there unreasonable delays within the Consultants control with any aspect of care (reviews, prescribing, diagnostics, dictation etc) <i>('Unreasonable Delays' to consider if diagnosis required more urgent treatment / intervention that was received based on best evidence based practice and guidance available at that time. The Southern Health and Social Care Trust will consider any delays in treatment highlighted to assess if these were within the Consultants control or due to systematic issues e.g. length of waiting lists)</i>		?
9	On balance, did the patient suffer any harm or detriment as a result of any of the above questions (4-9) ?		Unknown



Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Presenting Condition(s)	
Patient Summary	CT February 2020 obstructing left ureteric stone Stone fragmented Further CT shows bilateral stones Ultrasound June 2020 DNA

Regarding the patients current care

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

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

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

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

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

Clinical Professional Reviewing Care

Name	Krishna Sethia
Title	Professor
Date of Appointment	

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Patient Details

Presenting Condition(s)	Haematuria
Patient Summary	December 2018 CT normal January 2019 ultrasound normal No letters no 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</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>		?
5	Were the medications prescribed appropriate? <i>(‘Appropriate’ to consider if prescribing was consistent with current best evidence based practice at the time of previous review, are deviations 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

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Patient Details

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	Upper pole renal mass on CT September 2019 Has enlarged No clear plan but records may be incomplete

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>		Unclear

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

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

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

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

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Patient Details

Presenting Condition(s)	
Patient Summary	Left ureteric stone treated by URS and stent August 2019 No record of stent being removed although that was plan ? Not resident in N Ireland

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	

Quality Care - for you, with you

13th December 2021

Via Email

Personal Information redacted by the USI
Personal Information redacted by the USI

Mr Paul Rajjayabun
Consultant Urological Surgeon

Dear Paul,

RE: UROLOGY SERIOUS ADVERSE INCIDENT REVIEWS

Thank you for agreeing to participate in the Structured Clinical Record Review (SCRR) process relating to Urology services within the Southern Health and Social Care Trust, specifically related to a number of cases attributed to a surgeon.

I am writing to confirm that the Southern Health and Social Care Trust will provide indemnity for you with regards to this engagement in relation to any civil claims arising out of your professional or clinical review of this matter, subject always to your acting at all relevant times in good faith and with reasonable care and skill within the normal limits of reasonable professional and clinical competence.

Best regards,

Personal Information redacted by the USI

Dr Maria O'Kane
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Southern Urology Co-Ordination Group Minutes

Thursday 25th November 2021, 3.30pm

Via Zoom

	Item	Actions
1		
	In Attendance Melanie McClements (Chair) Martina Corrigan Stephen Wallace Heather Trouton Jane McKimm Mark Haynes Sarah Ward Caroline Cullen Ronan Carroll Sylvia Irwin Damian Gormley Apologies Dr Maria O’Kane Paul Cavanagh Dr Brid Farrell	
2	Actions from Previous Meeting	
	• Welcome & Apologies - Melanie welcomed everyone to the meeting Melanie explained that going forward the Urology Inquiry would consist of 3 separate sections, (i) Urology Inquiry - led by Heather (ii) Lookback Exercise - led by Melanie (iii) Service Improvement - led by Dr O’Kane. Melanie noted that the Service Improvement section would be further divided into Cancer Clinical Services, (Ronan, Sarah & Dr Tariq’s remit) and the Medical Director’s Office, (Dr O’Kane/Stephen Wallace). The purpose of this meeting will be to bring together updates from the various strands identified above with HSCB/PHA colleagues. Caroline agreed with this analysis and suggested that going forward the agenda would be based around these separate areas. Melanie noted that in discussions at earlier meetings it had been suggested that the Lookback Guidance recommended this meeting would be chaired by her as	

	Director of Acute Services. However, she noted that having read the guidance in great detail, she was unable to find this reference to responsibility for chair of these meetings as Director of Acute Services. Melanie also noted the governance aspect of the meeting being chaired by Trust staff. Caroline agreed to follow this up with Paul and get back to Melanie. • Minutes of the Previous Meeting 28th October - The minutes of the meeting held on 28th October were agreed. • Matters Arising from Meeting 28th October Melanie gave an overview of the Matters Arising and the following points were noted. <u>Action 1 - UAG update</u> - The Trust agreed to forward the Trust update reports to Caroline prior to the next UAG meeting mid-December. <u>Action 53 - Stephen/Caroline to liaise re SAI Learning/Recommendations</u> - This is ongoing. <u>Action 64 - Melanie to provide update to Paul once Internal Audit report has been reviewed internally</u> - Melanie confirmed the Internal Audit report had been shared with the confidential Trust Audit Committee and the Trust Governance Committee. She confirmed that she will forward the Governance Committee update to Paul for information. <u>Action 85 - Martina - To share 3 patient requests received about sharing their experiences, with P Ferguson, DoH</u> - Action completed October 2021 <u>Action 88 - Heather to share Trust proposal for Urology Group Structure going forward</u> - Heather agreed to forward proposal to Caroline as soon as possible. <u>Action 89 - Martina to share final draft of Lookback Risk Assessment by Friday 29th October</u> - Martina confirmed this action is now null and void as the Trust is now going to write out to all patients.	Caroline to discuss Chair updates meetings with Paul & update Melanie Sarah to forward update reports to Caroline by mid-December Melanie to forward Governance Committee update on Internal Audit report to Paul?? Heather to share Trust proposal for Urology structures going forward with Caroline
3	Terms of Reference for Southern Urology Oversight Group	
	Melanie noted this draft was based on the Regional Group and the Trust document should mirror the external group. Sarah shared the draft document and discussed each of the main points with the group. The main points of the discussion were: • Risk Assessment will be an agenda item at each of the Trust future weekly meetings going forward. • The Trust is now in Stage 2 of the process. The Terms of Reference will be revised to make it specific to Stage 3, once this commences. • Heather noted the reference to 'recall' should be removed and replaced with 'Lookback'	'Recall' to be replaced by 'Lookback' in Terms

	• Scope for each element (Point 4) - This should be used as a checklist to ensure the Trust continues to meet all its requirements. • Action/Work Plan (Point 6) - The Trust will detail the methodology used to date and to be used going forward. • Database of patients - Martina is progressing this and it is near completion. Reports will be provided at the fortnightly meetings • Securing Additional Resources (Point 11) - The need to secure additional resources as required by the team • Communication (Point 12) - The Trust will agree on the information to be provided to service providers included in the Lookback. Melanie noted these Terms of Reference were only specific to the Lookback Review section of the Inquiry and the meeting was more than Lookback. She questioned if a broader Terms of Reference would also be required for all 3 strands of the Inquiry. Caroline suggested that an overarching Terms of Reference for all 3 strands would be appropriate. She agreed to discuss this with Paul. Heather confirmed that she has drafted Terms of Reference for her element of the Inquiry, and she will share with Caroline as soon as they have been finalised. Ronan confirmed there was also a Terms of Reference available for the Service Improvement side of the Inquiry. From the Medical Directorate side of the Inquiry, Stephen confirmed they will begin to develop a Terms of Reference within the next few weeks and this will be included in the Service Improvement Terms of Reference.	Caroline to discuss with Paul the need for an overarching Terms of Reference for all 3 strands of the Oversight Group Heather/Ronan to share their draft Terms of References for Inquiry element and Service Improvement element with Caroline
4	Public Inquiry Update	
	Heather noted the Terms of Reference for the Public Inquiry had been received in September and this was followed by the Section 21 request in October with a deadline for a response by 4th November. She confirmed the Trust had managed to reply to 90% of the Section 21 request by the deadline date. In respect of the final outstanding requests (no. 77), Heather noted that she had requested clarification on some of the information requested and an extension had been granted to 10th December. There were also some areas in respect of witness statements and an extension had been granted for these also to 10th December. In respect of Point 58, the release of patient names to the Inquiry, Heather noted the Inquiry team had been made aware of the dilemma this has caused the Trust. The response received from the panel was that it was the Trust's decision whether or not they contact individual members of the public, but the Inquiry team would be making contact soon. Heather confirmed Trust colleagues are in agreement that they will contact all patients within the next few weeks, prior to being contacted by the Inquiry team, in order to prevent causing unnecessary distress to patients. Heather also noted that a second Section 21 request has now been received and this includes a further 27 additional requests for information. This second request is focussing more on the why, how, wherefore timeline of all events that escalated to a Public Inquiry. This would be a breakdown of the decision making process from June	

	2020 to date and has a deadline for response by 3rd December. Heather also referred to a separate information request which detailed a list of staff members, retired, due to retire and thinking of retiring who will be required to partake in the Inquiry process, if necessary. Heather also advised that the solicitor for the Public Inquiry had contacted DLS to record their appreciation and gratitude to the Trust staff involved for their commitment and efficiency to date and for their openness and transparency. Martina noted this had been approx. 2,500 pieces of information provided to the Inquiry. Caroline on behalf of HSCB/PHA colleagues also acknowledged the commitment of all the Trust staff involved in the process to date. Heather also acknowledged Martina's contribution to the whole process to date and acknowledged that she has been pivotal to the whole process.	
5	Medical Directorate Update	
	Melanie noted this section of the meeting would be broken up into the following sections, detailing what the ask is, what the data tells us and the way forward. The summary of patients update table was shared with the group and it was noted that the original starting position of 2,346 patients had been reduced to 2,176 patients. This was due to the fact that 237 patients who had been originally included as patients of Mr AOB had never been under his care and had therefore have been removed from the overall total, leaving a balance of 2,176. Of the 2,176 total patients, 503 are yet to be reviewed; however this could change due to decisions at weekly SCRR meetings. The report also identifies those patients who need to be prioritised (287 patients) and their records will be sent to Professor Sethia for review. The remaining 63 will then be reviewed following this. The SCRR and information line patients will be managed in-house. Sarah talked through the second table which detailed the number of patients reviewed to date and the different types of review undertaken. The remaining 238 patients have had a desktop review carried out by Professor Sethia and will now go through the SCRR process. These patients may then be followed up with a face to face or telephone review. Melanie acknowledged the achievement in 1,673 patients already being seen. She also noted the plan to deal with future patients would be discussed at the Trust internal meeting later today. Caroline raised the issue of a GANTT chart to display the different elements of the process to date but it was felt this would not be suitable. It was felt the patient update table was more appropriate Damien questioned if the patients with concerns were mostly historical issues regarding the right treatment path. Mark noted the majority of concerns were historic with some relating to patients on Bicalutamide. The patients with concerns	

are highlighted in the top 2 lines of the patient update report and consist mostly of patients who have contacted the helpline requesting clarification if they are at risk and who will see them.

Damian also questioned the removal of the some patients, previously recorded as under the care of Mr AOB, although seen by another doctor. Mark clarified that these 238 patients had been under the care of 2 different consultants and not Mr AOB. Martina noted that only a very small number of patients fell into this category.

Ronan noted that in summary, 503 patients remain to be seen and 238 patients already seen with concerns, but yet to be reviewed.

Caroline asked if additional causes for concern were identified in 238 patients to be seen would the process be SAI or SJR. Stephen noted that to add more caseload to the SJR process was unlikely to add any additional value and Dr O’Kane has agreed to seek advice from Dr L Geoghegan.

Mark added that as patients are identified they go through a screening process. If the issue has already been addressed, the patients will be written to advising of this. However, if the process is not already addressed, the cases will go to SJR process.

- IS Capacity - Sarah confirmed the draft specification is with DLS. Ten sets of redacted notes have now been passed to 3FiveTwo Medical and 10 consultants have piloted the Patient Review Form to be used. Feedback on this has been very positive. The Patient Review Form has been reduced from 9 to 4 questions and has been well received. The process will commence once the go ahead is received from the Trust.
- Support from Other Trusts - Melanie referred to a letter received from HSCB Chief Executive earlier today acknowledging current challenges faced by the Trust. It highlighted additionality from Kingsbridge, Hermitage and 3FiveTwo. Additional capacity from SEHSCT was also referenced in the letter and it was acknowledged that the Board will continue to work with the Trust to support them during this challenging time.

In respect of the additional help from WHSCT, Caroline noted that she had hoped to discuss with David McCormick. Caroline agreed to update Melanie once she had discussed with David.

- Core Capacity - Ronan confirmed core capacity contracts had also been agreed with 3FiveTwo. Urology waiting lists are starting to go down.
- Continued SJR Process - Of the 77 screened, Sarah confirmed that 37 have been completed and a further 20 will go for screening on Monday. Of the 37 screened to date 7 didn’t need an SJR, although there may have been other concerns. In the 30 to go through SJR, Mark highlighted the 2 main issues as delayed referral for radical radiotherapy and management using unlicensed treatment. Mark requested clarification if the records could be reviewed as two batches or if a sample from each batch could be taken for screening

Caroline to discuss repatriation of WHSCT patients with D McCormick, PMSI and report back to Melanie

purposes. Stephen suggested that for this first batch the records could be screened as batches but questioned what the response to individual patients would reflect. Damian suggested that clarification should be sought from DoH.

Ronan noted that in terms of SAls they had been looked at collectively but each family received a separate individual response. It was noted that this may not simplify the process and it was agreed that Stephen will discuss further with Dr O’Kane to agree the way forward. Stephen noted the number of SJRs could increase tenfold and therefore the Trust would require an exit strategy to be in place. Melanie noted that if reviews were undertaken as groups, this would free up Urologist’s time. It was also noted this process would not affect NI core capacity. Mark noted that it was likely that only 2 issues had been identified as these SJRs were as a result of his first review of prostate cancer patients in November 2020.

- Task & Finish Group - Ronan advised the Task & Finish Group continues to meet weekly with the close working group to discuss progress of implementing the 11 recommendations. Meetings are also continuing with the larger group monthly and the family representatives group monthly. He noted that tangible evidence of implementation should begin to be apparent within the next few weeks. Ronan also advised that Dr Tariq is working with MDM chairs on the operational side and Jacqueline Morton, Quality Improvement will commence process mapping. Ronan also advised of an offer from an external body for assistance in processing mapping and QA of the Trust process. The Trust would be keen to avail of this offer.

Ronan noted the majority of recommendations should be implemented by Spring 2022. A further update will also be provided to families in January 2022.

Caroline noted that her assumption was this process would not be cost neutral. Ronan noted some resources would be required specifically for additional consultant PAs for MDMs and also for tracking the 62 day pathway. Melanie noted the issues currently facing the Trust in relation to job plans etc. were not specific to Southern Trust but were Regional issues.

Caroline highlighted the upcoming interviews for the 7th Consultant post and the anticipated additional capacity. Melanie noted that an IPT had been submitted for approx. £2.1m but no funding had yet been received. HSCB and Trust finance colleagues are in discussion regarding the costs associated with the IPT. Heather noted that if the IPT was not funded the Trust would be in an overspend position. Mark noted that any slippage from the 7th consultant post would be required to fund locums. Martina agreed to forward a copy of the IPT to Caroline and Caroline agreed to follow up with HSCB finance.

Martina to forward a copy of IPT to Caroline & Caroline to discuss with HSCB finance

- Service Improvement - Stephen advised that one key piece of work would be around the Private Practice work based on the internal audit report and looking at how it works off-site and on-site. An 8b post is to be appointed to look at patient revalidation and this is also part of the IPT costs. Enhanced

	medical appraisal is also being progressed along with quantitative audits for appraisals. Damian noted the ongoing issue of performance review and the focus on divisional medical director jobs. Stephen noted that next year will focus on performance management of medical staff and performance support and this would be system wide. The three areas of focus would be job plans, appraisal revalidations and performance management support. ➤ <u>Communication</u> - Jane advised that since the Public Inquiry had commenced external requests had been reasonably quiet. Two documents have been drafted and will be shared internally within the next 2 weeks, explaining the Inquiry process and staff obligations to the process. Jane agreed to share with Caroline. The Trust is meeting next week to discuss communication processes going forward. It was also noted that once the patient letter is sent out next week the patient line will likely see an increase in calls and the patient information line details will be included in the letter to patients.	Jane to share internal communications documents with Caroline
6	Outcomes Report	
	Melanie noted there was nothing further to report but once the Trust started to work through the remaining 503 patients, a summary outcomes report will be produced by May 2022. The issue of the Patient Referral form was discussed and Caroline highlighted if 9 or 4 questions were to be used. Meanie noted the Trust had a series of discussions over the last few weeks regarding the format of the form to try and resolve this. Melanie referred to the different drafts, one with 3 questions, one with 4 questions and one with 9 questions. It was agreed internally that it was better to limit the form to 3 or 4 questions. Damian noted that if the Trust sticks with 9 questions, the number of people willing to undertake a review would be narrowed down. If limited to the first 4 questions then the process could confirm whether or not the patient is on the right current treatment pathway. Melanie noted the 4 questions have been used by Professor Sethia to date. The 4 questions are: (i) Is present diagnosis reasonable (ii) Was the correct pathway adhered to (iii) Was the medication correct (iv) Management Plan?? Damian also noted that although the 9 question format was preferable, the 4 question format was more aligned to the requirements. Melanie noted this was still a work in progress but would have to be concluded soon and she would update Caroline accordingly.	Melanie to advise Caroline on final format of Patient Review Form (4 or 9 questions)
7	AOB	

	Nothing further to discuss.	WIT-10292
8	Date of Next Meeting	
	The general agreement was that monthly meetings were now more appropriate. The date of the next meeting will be Thursday 6th January 2022, 3.30pm.	
9	Action Log	
	➤ Caroline to discuss Chair of future meetings with Paul & update Melanie ➤ Sarah to forward update reports to Caroline by mid-December ➤ Melanie to forward Governance Committee update on Internal Audit report to Paul ➤ Heather to share Trust proposal for Urology structures going forward with Caroline ➤ 'Recall' to be replaced by 'Lookback' in Terms of Reference document ➤ Caroline to discuss with Paul the need for an overarching Terms of Reference for all 3 strands of the Oversight Group ➤ Heather/Ronan to share their draft Terms of References for Inquiry element and Service Improvement element with Caroline ➤ Caroline to discuss repatriation of WHSCT patients with D McCormick, PMSI and report back to Melanie ➤ Martina to forward a copy of IPT to Caroline & Caroline to discuss with HSCB finance ➤ Jane to share internal communications documents with Caroline ➤ Melanie to advise Caroline on final format of Patient Review Form (4 or 9 questions)	

Southern Urology Co-Ordination Group Minutes

Thursday 30th September 2021, 3.30pm

Via Zoom

	Item	Actions
1		
	In Attendance Paul Cavanagh (Chair) Maria O’Kane Martina Corrigan Stephen Wallace Heather Trouton Sylvia Irwin Melanie McClements Caroline Cullen Apologies Jane McKimm Helen Rogers Brid Farrell Ronan Carroll	
2	Actions from Previous Meeting	
	• Welcome & Apologies - Paul welcomed everyone to the meeting and apologies were noted. • Matters Arising from Meeting 16th September Paul confirmed that all the outstanding Matters Arising would be covered in the main agenda.	
3	Trust Update	
	• <u>Summary of Patients under the care of AOB</u> Heather advised that her main focus in future would be on the Public Inquiry as opposed to the Lookback Exercise but this would be discussed in more detail under AOB. Martina advised that the UAG paper was near completion and she would forward to Paul as soon as possible.	Martina to forward UAG paper to Paul as soon as possible

Martina confirmed that all 9 SAIs had been finalised and shared with the Public Inquiry Team. Following the Chief Executive's brief to the families in July, the first update to the families would be forwarded today. The update is related to the Task & Finish Group associated with the SAI recommendations.

The report includes information on the 2 meetings that have taken place to date, and notes that a 3rd meeting is planned for 11th October. The membership and Terms of Reference for the group has been agreed. Martina confirmed the group has also completed a baseline audit on MDTs.

Paul requested that this information is included in the UAG update along with a copy of the generic patient letter.

Caroline advised that the UAG planned for 25th October had been postponed, but it was agreed that the UAG update would be made available as soon as possible.

Patient Involvement - Martina noted there was nothing further to report but a meeting was planned for Thursday 7th October. Of the 2 representatives, Martina noted that 1 was the daughter of a patient and the second representative was a patient. The patient has been approached to sit on the Regional Cancer Group, (CRG), which is more specific to Urology. Martina noted that the patient was happy to take on this role.

GMC - Martina confirmed GMC have also received all the 9 SAI reports and these will be considered as part of the ongoing investigations into Mr AOB's practice. The patient notes have also been shared with the GMC.

Summary of Activity - 1 additional call to the helpline. Martina also advised that some patients had been in contact with the Trust with a view to be able to tell their own story. Of the 2 patients to date, 1 patient want to share their negative experience and 1 patient wants to share their positive experience. Martina advised the Trust was deciding on the best way to take this forward. Paul requested this information is shared with Paula Ferguson, DoH.

Clinics - Martina advised that no further clinics had been held since the last meeting, however, she noted that she was meeting once a week with Mark Haynes to go through all the patients who require a 2nd opinion. This table will also be included in the UAG report.

Private Practice - The Trust have met with RQIA and DoH on 28th September to discuss how to obtain Private Patient records. A revised correspondence is to be developed, involving Trust, RQIA and DoH. Stephen provided more details on the discussions that had taken place at the meeting. This is currently being progressed by DoH.

Additional Support to see more Patients - Martina advised that the Trust is still in discussions with the Independent Sector (IS) and Directorate of Legal Services (DLS) regarding securing additional support. She noted this has not been

Martina to share 3 patient requests received about sharing their experiences, with P Ferguson, DoH

straightforward due to issues around indemnity from Trust to Private Sector and the difference in views around indemnity in NI and England. Paul noted that the Trust should be able to provide the necessary support for the Trust but if HSCB can help in any way, the Trust should contact Dermot McAteer.

Caroline noted that conversations she had with Lesley Leeman earlier confirmed the complexities around securing additional help via IS.

Melanie questioned what the next plan, from a Commissioning perspective would be, if the Trust was unable to secure additional IS help. Paul confirmed the only other option would be to escalate the matter to UAG/DoH.

Repatriation to WHSCT - Martina confirmed that the re-validation process had been completed and she would follow this up with Caroline on how best to transfer these patients. She added that the majority of patients to be repatriated still wanted to be seen. Paul acknowledged that the numbers affected by the repatriation process were relatively small but noted this would help in some small way.

Structured Clinical Record Review - Martina confirmed that 76 patients had now been identified from the review of the patients undertaken to date. The Trust has contacted BAUS to seek additional help and 8 more Consultant Urologists have been identified. Martina confirmed she had met one of the Subject Matter Experts along with Stephen and Damian last Friday and she was hopeful that the Structured Clinical Record Reviews would commence shortly.

Internal Audit - Martina confirmed the Trust had started to work through the recommendations and will be discussed further at a meeting due to take place on 14th October at the Trust's Finance Committee.

- **Risk Assessment for Implementing a Lookback Review Template**

Heather advised that the document had been revised to reflect the changes requested at the last meeting. Martina also advised that the age range had now changed from 0-96 years to 3-96 years of age.

Heather also noted that the main changes had been in the final box, 'Recommendations to the Steering Group'.

Martina noted that the first cohort of patients, (January 2019 to June 2020 - Point 1), who had no issue with their care should now be sent a letter to reassure them that their care was appropriate. This is approx. 1,000 patients. A further 76 patients from this cohort had issues identified with their care and a separate letter will need to go to these patients. Martina also noted that a decision needs to be made as to the best way to inform these patients of the issues associated with their care and further discussion has to happen regarding this.

It is anticipated that a further 300 patients will have to have their records reviewed by the end of October.

Martina discussed that the Trust recommended that that the remaining approx. 1,200 patients should not be contacted until there is a plan in place to review them, i.e. IS additional support. This is in order to avoid unnecessary stress to the patients. The timescale for this review is yet to be agreed but once this is known, the Trust will be able to write out to these 1,200 patients.

Martina also confirmed the Trust is awaiting feedback Royal College of Surgeons as this will recommend how far back the next cohort needs to include and also if it will include all patients, or just patients with specific conditions that there are issues with.

In regards to Point 1, 'Cohort 1 Patients', Stephen noted that NHSCT had made the decision regarding the review of its Radiology patients, that if a patient had died and there were no concerns regarding the level of care, the family would not receive a letter, as there would be no added value in informing them of this outcome.

Paul questioned if there were any issues in terms of duty of candour. Maria noted that although the Trust would wish to be open and honest with the families, this would have to be weighed up with any potential harm. Maria noted that currently the Trust did not have the mechanism in place to deal with this.

Paul suggested that a phrase should be written into the risk template to reflect this and this was agreed by Maria.

Paul acknowledged that the template had yet to be shared with DoH colleagues. He also noted that in writing out to 1,200 patients the issue may attract further media attention. It was agreed that before this happens, the Trust should notify the Minister for Health and DoH colleagues.

Heather advised the Trust had met internally last week, along with the Chief Executive and she noted the concerns internally around contacting 1,200 patients. She stated that this goes back to the duty of candour and that the Trust was mindful of the impact of informing patients by letter; however it was felt that more harm would be caused by not informing patients and their families of what was happening.

Paul acknowledged the Trust's difficult position and noted he would be guided by the Trust. He added that this seemed a reasonable approach but acknowledged this would need further discussion/agreement with DoH colleagues.

It was agreed that once revised to take account of today's discussions, the draft document could be shared with DoH colleagues. Paul noted the communications issues associated with this were considerable and an offline discussion may be required with DoH colleagues.

Melanie raised the issue of deceased patients and noted that a letter may give them some assurance, even though the family member had passed away. In

Trust to amend Risk
Template to reflect

	general it was agreed this could be helpful but the letter would have to be worded differently. Maria agreed the Trust would discuss further on how to address this. Melanie agreed that a separate line would be included in the risk template to reflect this.	
4	RQIA Involvement in Inquiry Process	
	Caroline referred to an e-mail she had received from Emer Hopkins, RQIA which stated that in respect of Neurology Review, RQIA had been represented on DoH Oversight Group, co-ordinating all the work-strands, but they had not been represented on any of the local groups at Trust or HSCB level. In respect of Neurology Review undertaken by BHSCT, RQIA had undertaken the following roles:- 1. A Review of Governance in the Independent Sector 2. A review of Governance in high Volume specialist in the BHSCT 3. A Review of Records of deceased patients of Doctor Watt. Heather noted this had been a significant input from RQIA in the early stages of Neurology Inquiry. Stephen noted that Emer had referred to the SCRR and she acknowledged that the Trust appeared to have things in hand; however Stephen noted that external scrutiny was important for the Trust but the way forward was not agreed. Paul questioned was there a specific task the Trust felt could be undertaken by RQIA that he could ask them to consider. Heather acknowledged it was more the importance of the expert outside independent validation role that was felt to be necessary. Paul agreed to liaise with RQIA/DoH further, if the Trust felt this was necessary. Maria noted that RQIA were open to being helpful with the inquiry but it was exploring what their role could be. Maria agreed the Trust would put some parameters around this and discuss further with RQIA. To be discussed further at future meetings	
5	Outcomes Report	
	Paul noted that progress had been made in regards to identifying the first cohort of patients in the Outcomes Report. He added that it would likely be Spring 2022 before the Outcomes Report for Cohort 1 would be completed and this would be shaped by the Risk Assessment Template document. Paul requested Caroline to draft a short paper to be presented to the next UAG as to what the Outcomes Report will look like and share with Trust colleagues for comments prior to the next UAG.	Caroline to draft short paper on proposed format of Outcomes Report & share with Trust prior to next UAG
6	UAG Prep	
	Nothing further to discuss.	
7	AOB	
	<u>Urology Group Structures Going Forward</u>	

Heather updated on the separate roles of the Urology Inquiry process and the Lookback Exercise, although she acknowledged that they are undoubtedly linked. She noted that she had looked at clarifying the roles and responsibilities associated with both areas and shared her findings with the group.

Heather shared the Lookback Guidance document and noted proposed structures within the Trust. All groups would report ultimately to Trust Board via SMT from the Lookback Steering Group, (recommended in the Lookback Guidance). This Steering Group would be chaired by Melanie McClements, Director of Acute Services, who would take responsibility for the clinical aspect of the Review. The key members of the Steering Group would be a non-executive director, relevant professional directors, risk & governance rep, Head of Communications, IT Manager, Medical Records Manager, senior Urology Personnel and PHA/HSCB representatives.

Heather questioned if this current working group could effectively become the Lookback Steering Group, if it was expanded out to include others mentioned above that are not already involved.

Paul noted that he felt it should be kept simpler by standing this group down in favour of the new Lookback Steering Group as required within the guidance. Paul suggested that this should be agreed with DoH colleagues before any changes were implemented. He also noted that DoH were supportive of his role as Chair of the current group, although he had no personal preference that the meetings should be chaired by him.

Heather suggested that both groups could meet separately going forward, but Paul noted that he felt to operate 2 groups would be unmanageable.

Paul acknowledged that the Lookback Policy did not reference the current co-ordination group's role, which had been based on Neurology Inquiry guidance.

The Lookback Management Team would report to the Lookback Steering Group and would be co-chaired by Ronan Carroll and Mark Haynes. This group would have responsibility for the day to day management of the Lookback exercise. The key members of this group are still to be agreed. Heather noted her intentions were not intended to influence the role of this current group but to consider the separate roles associated with the Lookback Exercise and the Public inquiry.

Heather added that her role would be responsibility for the Public Inquiry aspect and she would Chair this group. She also noted that similar guidance to the Lookback Guidance was not available to clarify the Public Inquiry aspect of the work, but she had grouped it into 3 sub-sections. Heather also noted that it was unclear what role HSCB/PHA colleagues would have in the Inquiry aspect. Paul noted that in his opinion HSCB/PHA colleagues did not have a specific role in the Public Inquiry, although each organisation has separate corporate responsibilities to fulfill.

Heather noted that going forward future Lookback Steering Group meetings would have to include Ronan and Melanie as key Trust representatives.

Heather to share
Trust proposal for

	Paul asked Heather to share her proposals with HSCB/PHA colleagues and he would share with DoH colleagues for comments.	Urology Group Structure going forward
8	Date of Next Meeting	
	The date of the next meeting will be Thursday 14th October, 3.30pm.	
9	Action Log	
	➤ Martina - To forward UAG paper to Paul as soon as possible ➤ Martina - To share 2 patient requests received about sharing their experiences, with P Ferguson, DoH ➤ Trust - To amend Risk Template to reflect changes discussed and revised document to be shared with DoH colleagues ➤ Caroline - To draft short paper on proposed format of Outcomes Report & share with Trust prior to next UAG ➤ Heather - To share Trust proposal for Urology Group Structure going forward	

Regional Guidance for Implementing a Lookback Review Process Final Draft

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Regional Guidance for the Implementing of a Lookback Review Process

1.0 Introduction

A Lookback Review Process is implemented as a matter of urgency where a number of people have been exposed/potentially exposed to a specific hazard in order to identify if any of those exposed have been harmed, and to identify the necessary steps to ameliorate the harm (e.g. repeat diagnostic test/ investigation/ referral to relevant clinical service etc.).¹

This Regional Guidance, along with the accompanying policy document, has been drafted in order to standardise and update the approach taken to Lookback Reviews by the HSC in Northern Ireland. It replaces HSS (SQSD) 18/2007, issued by the Office of the Chief Medical Officer on 8 March 2007.

A Lookback Review is a process consisting of four stages; immediate action including a preliminary investigation and risk assessment to establish the extent, nature and complexity of the issue(s); the identification of the service user cohort through a service review or audit of records to identify those potentially affected; the recall of affected service users; and finally closing and evaluating the Lookback Review Process and the provision of a report including any recommendations for improvement (see summary diagram of Lookback Review Process (Diagram 1) and Lookback Review Process Checklist Appendix 5).

The triggering event or circumstances under which a Lookback Review would be considered include; faulty or contaminated equipment, missed/delayed/incorrect diagnosis relating to diagnostic services, failure of safety critical services or processes, competence issues with a practitioner(s) or identification of a practitioner with a transmissible infection or underlying health problem that may impact on performance (see also Policy on the Implementation of a Lookback Review Policy Section 1 for a more comprehensive list).²

¹ Health Service Executive (HSE) 'Guideline for the implementation of a Look-back Review Process in the HSE'. HSC National Incident Management and Learning Team, 2015. Section 7.1 Page 10.

² See also 'Policy for the Implementation of a Lookback Review Process' Section 1 Page 3.

The existence of a hazard exposing a number of people to a risk of harm is not always immediately apparent. The triggering event may have been raised as a concern by a service users and/or their family/carers or it may have been highlighted by a service review/audit or it may have come to light as a result of a concern expressed by a colleague or through a Serious Adverse Incident (SAI) Review or Thematic Review undertaken by the Regulation and Quality Improvement Authority. The triggering event will alert the Health and Social Care (HSC) organisation that a number of people may have been exposed to a hazard and the need to instigate a Lookback Review Process should be immediately considered.

1.1 What does a Lookback Review Process involve?

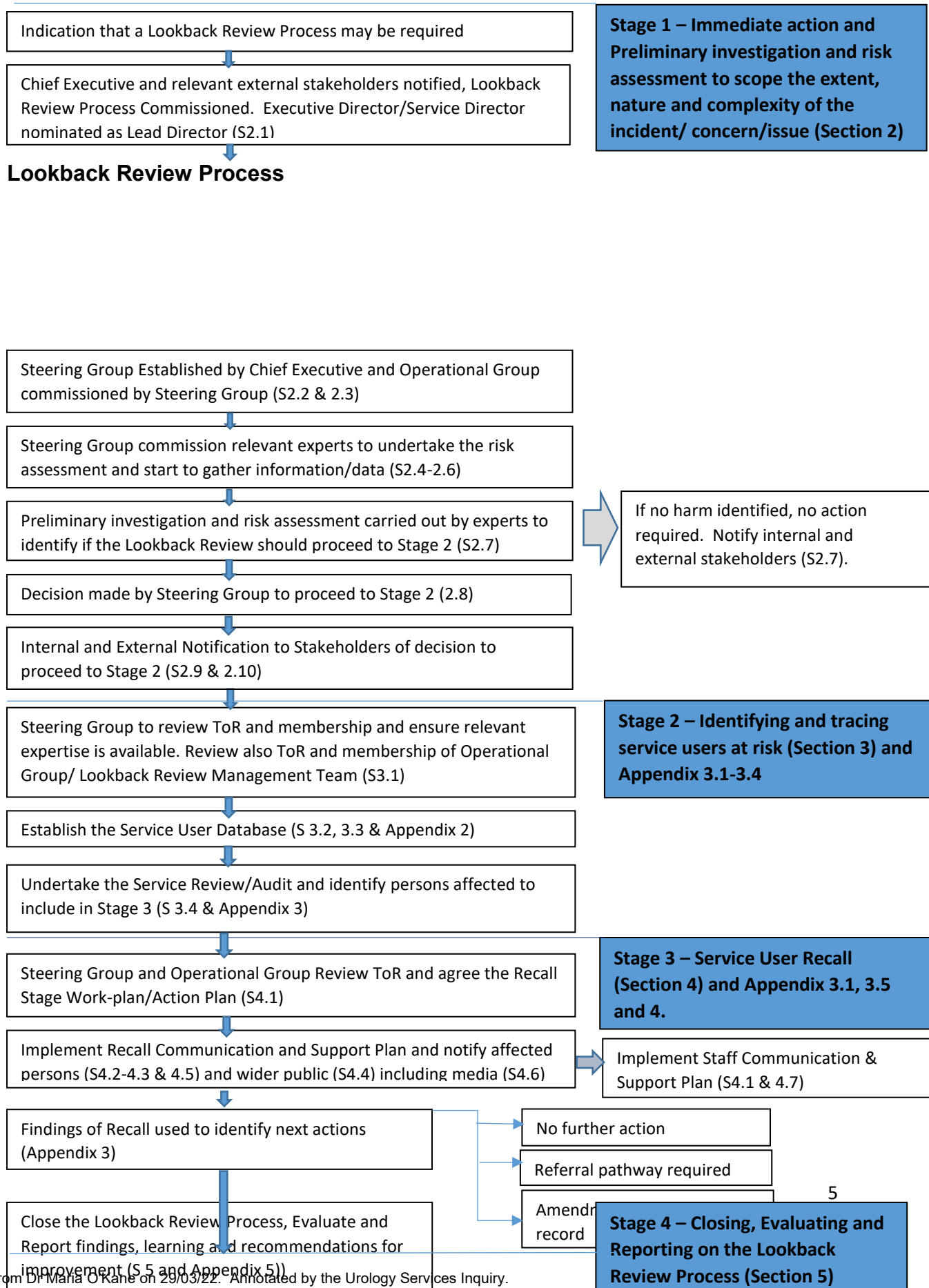
The Lookback Review Process involves:

- Identifying, tracing, communicating, and providing appropriate ongoing advice to, and/or management of, the group of service users who have been exposed or potentially exposed to a hazard and who may have been harmed, or are at risk of future harm or loss;
- Notification internally to Trust Board and to appropriate external stakeholders (see Sections 2.1, 2.9 and 2.10);
- Notification to the wider public as and when required. While openness and candour are guiding principles in a Lookback, it is essential that communication occurs at a time when clear messages can be conveyed whilst ensuring that the 'at risk' population has been identified and communicated with before the wider public is alerted. Relevant healthcare professionals including General Practitioners should also be identified and communicated with in advance of any public statements. This is essential to maintain public confidence and prevent unnecessary anxiety and to ensure that services can be focused on the correct group of people (See Section 4 below).

The following diagram (Diagram 1) provides a summary of each stage of the Lookback Review Process and may be used in conjunction with the Lookback Review Process Checklist (see Appendix 5). The Process, as laid out below is a step by step guide. It is important, however, that the primary focus should remain on harm and risk of harm to service users. Therefore, there will be occasions where it is

clear from the outset that a Lookback Review will be necessary and where the organisation effectively runs more than one of these stages consequently.

Diagram 1 Flowchart - Summary of Stages in a



1.3 Governance Arrangements

The HSC organisation should ensure that the Lookback Review Process is managed in line with extant Governance and Assurance Framework arrangements.³ The Steering Group (Section 2.2) should be seen as a 'task and finish' group within the HSC organisation's Governance/Assurance Framework structure reporting to Trust Board through the Senior Management Team/ Executive Team of Trust Board. The Steering Group should commission an Operational Group or Lookback Review Management Team to take forward the operational aspects of the Review Process (unless the Lookback Review is anything other than limited in terms of nature, extent and complexity).

When scoping the nature, extent and complexity of the Lookback Review Process (Section 2.6 – 2.7) the Steering Group should evaluate and escalate the risk in line with the organisation's Risk Management Strategy. This will ensure that the risk(s) identified will be included in either the organisation's Board Assurance Framework, Corporate Risk Register or Directorate Risk Register and managed in line with the Risk Management Strategy.

The Lookback Review Process should be outlined in the mid-year Assurance and/or annual Governance Statement as required. The annual Governance Statement is the means by which the Accounting Officer provides a comprehensive explanation on the HSC organisations' approach to governance, risk management and internal control arrangements and how they operate in practice.⁴ The Statement provides a medium for the Accounting Officer to highlight significant control issues which have been identified during the reporting period and those previously reported control issues which are continuing within the organisation.

1.4 Other Related Incident Management Processes including Investigations

As stated previously, Lookback Reviews are carried out in order to identify if any of those exposed to a hazard have been harmed, and to identify the necessary steps to take care of those harmed. The incident giving rise to the Lookback Review Process or issues identified as a result of the process may require review as a Serious

³ DoH 'An Assurance Framework: a Practical Guide for Boards of DoH Arm's Length Bodies.' April 2009.

⁴ Department of Finance 'Managing Public Money NI (MPMNI)' AS.1

Adverse incident (SAI).⁵ This will require a parallel (though interlinked) review which should be undertaken in line with Health and Social Care Board guidance ⁶ to identify key causal and contributory factors relating to the triggering event (see Sections 2.10 and Section 5). In some circumstances, a Lookback Review Process may have been prompted by a preceding SAI review.

The circumstances leading to a decision to implement a Lookback Review may require the HSC organisation to notify other statutory agencies such as the Coroners Service for Northern Ireland and/or the Police Service for Northern Ireland (PSNI). The reporting of the Lookback Review as an SAI to the Health and Social Care Board (HSCB) will work in conjunction with, and in some circumstances inform, the reporting requirements of other statutory agencies and external bodies. In that regard, all existing local or national reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in tandem with this Regional Guidance.

A Memorandum of Understanding (MoU) has been agreed between the Department of Health (DoH, on behalf of the Health and Social Care Service (HSCS), the Police Service of Northern Ireland (PSNI), the Northern Ireland Courts and Tribunals Service (Coroners Service for NI) and the Health and Safety Executive for Northern Ireland (HSENI).⁷ The MoU applies to people receiving care and treatment from HSC in Northern Ireland. The principles and practices promoted in the MoU apply to other locations, where health and social care is provided e.g. it could be applied when considering an incident in a family doctor or dental practice, or for a person receiving private health or social care provided by the HSCS.

A Lookback Review Process may raise issues of professional competence/conduct. HSC organisations will then be required to instigate performance management, capability and disciplinary reviews or investigations in line with their internal Human Resource policies, procedures and relevant professional regulatory guidance for

⁵ Health and Social Services Board (HSCB) 'Procedure for the Reporting and Follow-up of Serious Adverse Incidents'. November 2016 Version 1.1.

⁶ *Ibid.*

⁷ DoH 'A Memorandum of Understanding' developed to improve appropriate information sharing and co-ordination when joint or simultaneous investigations/reviews are required into a serious incident'. HSS (MD) 06/2006, February 2006.

example Maintaining High Professional Standards (MHPS).⁸ These processes should run as a parallel process to the Lookback Review, although relevant information from one process may inform the other. In such circumstances, confidentiality in respect of the member of staff must be taken into consideration.

⁸ DoH 'Maintaining High Professional Standards in the Modern HPSS'. HSS (TC8) 6/2005. November 2005.

2.0 Stage 1 – Immediate Action, Preliminary Investigation and Risk Assessment

Immediate action should be taken to ensure the safety and wellbeing of the service users.

2.1 Notification of the need to consider a Lookback Review Process

The Director of the service involved should be notified immediately that a hazard or potential hazard has been identified which may require the organisation to consider implementing a Lookback Review Process. The Director will report the issue(s) internally through the Chief Executive to the Board of Directors in line with the organisation's risk escalation processes. The relevant Director will also need to consider if the hazard might affect other HSC Organisations or private/ independent providers.

It is recognised that at this early stage there may be limited information available to the HSC organisation until information and intelligence is gathered and the risk assessment is undertaken (see Sections 2.6 and 2.7), however, in line with extant guidance, the Director should notify the DoH of the emerging issues by way of an Early Alert (see also Section 2.9).⁹ The Early Alert should make clear, if the information is available, the details of other organisations/services potentially involved in NI or in other jurisdictions, the timeframe during which the issue may have been relevant and the potential volumes of services users who may be affected. The Director should also consider if the findings, given the potentially limited information could be considered as an SAI at this time (see Section 2.10).¹⁰ If in doubt, the extant SAI guidance provides the opportunity for the organisation to declare the matter as an SAI, which can then be 'de-escalated' later.¹¹ The HSC Organisation will also have to consider possible notification of the event(s) to the Coroners Service for NI and/or the PSNI (see Section 1.4).

It is also important to advise the organisation's Head of Communications/Communications Manager at an early stage so that a communication plan including media responses can be prepared in advance.

⁹Department of Health 'Early Alert System' HSC (SQSD) 5/19.

¹⁰ HSCB 'Procedure for the Reporting and Follow up of Serious Adverse Incidents. November 2016.

¹¹ *Ibid.*, Section 7.6 Page 21

2.2 Establish Steering Group

A Steering Group should be convened as soon as possible after the disclosure of the issue of concern to develop an action plan and oversee its implementation. Depending on the extent, nature and complexity of the triggering event the Steering Group should be chaired by either the relevant Service Director or in some circumstances it may be chaired by the relevant Executive Director/Professional Lead.

If other investigation processes are in place (e.g. Capability/Performance Management Reviews) these should run as parallel processes, however, information from the other investigative processes, taking into account confidentiality and the information governance requirements that will apply to these parallel processes, may be used to inform the decision making of the Steering Group.

The Steering Group will need to meet on a regular basis to ensure that they receive feedback/ situation reports (SITREPS) from the Operational Group/Lookback Review Management Team and provide a co-ordinated approach to the oversight of the Process. SITREPS should also be shared as required with internal stakeholders (Executive Team/Senior Management Team and Board of Directors) and external stakeholders i.e. HSCB, Public Health Agency (PHA) and DoH.

2.3 Composition of the Steering Group

The composition of the Steering Group will be dependent on the service involved and the nature and extent of the Lookback Review Process. The Steering Group should not normally involve personnel who may have been directly involved in the event/hazard that triggered the Lookback Review Process.

Depending again on the extent and nature of the Lookback Review the HSC organisation should consider the following as core members; a Non-Executive Director, the Director of service/speciality concerned, relevant professional Executive Director(s), Risk and Governance representative, Head of Communications, Information Technology manager, Medical Records manager and senior service representatives with expertise (including clinical and/or social care) in the services/processes which are the subject of the Review Process, a PHA representative and an HSCB representative (in the case where the Lookback Review has been

identified as an SAI, the role on the Steering Group will be clearly identified to ensure that the independence of the PHA/HSCB is not jeopardised).

The organisation may also wish to consider a member of a relevant service user representative/advocacy group is included as a member of the Steering Group.¹² In these instances, a confidentiality agreement must be signed by the service user representative. The representative should not have access to service user identifiable data. Such an agreement should be proportionate and reflect the need of the organisation to protect the information of individuals and to ensure that information disseminated is accurate, proportionate and timely and that support mechanisms are in place for service users and staff.

The Steering Group should also commission an Operational Group or Lookback Review Management team which should report to and support the Steering Group in taking forward the operational aspects of the action plan e.g. establishing the service user database (Section 3.2) and supporting the Recall Stage (Section 4).

2.4 Role of the Steering Group

Within 24-48 hours from being established the Steering Group should decide on the immediate response which includes;

- Methodology to determine the size/magnitude, complexity and nature of the risk/harm to service users/carers in order to plan an appropriate Lookback Review Process e.g. risk assessment (see Section 2.7 below);
- Determine if the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations as well as the independent sector and organisations in other jurisdictions;
- Determine the extent of notifications to the DoH, HSCB and PHA that is required, if these notifications have not already been initiated (see Section 2.1 above and Sections 2.9 and 2.10);
- Address and manage notification internally through the Senior Management Team/Executive Team to the Board of Directors;

¹² The Patient and Client Council (PCC) is responsible for delivering and/or providing access to advocacy and support services as specified by the DoH and HSCB guidance in supporting families through a 'hub and spoke' model of service delivery working with providers of advocacy services. Other independent services may be accessed as required through the PCC, including the development of a network of available advisory services.

- Agree on the formation of an expert advisory sub group comprising experts in the area of concern, relevant clinicians, and department or directorate heads to undertake the risk assessment and service review or audit . Consideration should be given as to whether or not that expertise should come from outside the organisation;
- Agree on a service user communications plan. Communication with the service user/family is a priority and the organisation should be proactive in managing the manner and timing in which affected service users receive relevant information (see Section 4.2).
- Agree on a communication plan/liaison plan for other HSC organisations or independent/private providers which might be affected.
- Agree on a media/communications management plan if required, that aims to be proactive in disclosure to the general public and considers responses to media enquiries (see Section 4.6).¹³

2.5 Steering Group Terms of Reference and Action Planning

The Steering Group should develop and approve Terms of Reference and establish a Lookback Review Action Plan for Stage 1 of the Process. Both the Terms of Reference and action plan should be reviewed and revised as and when the Process proceeds to the next stages.

The action plan should include as a minimum; the management of immediate safety issues, identify those who may have been exposed to harm, care for those who may have been harmed/affected, actions to prevent further occurrences of harm, a communication plan, contingency planning for business continuity of the service and plans for potential service user follow-up.

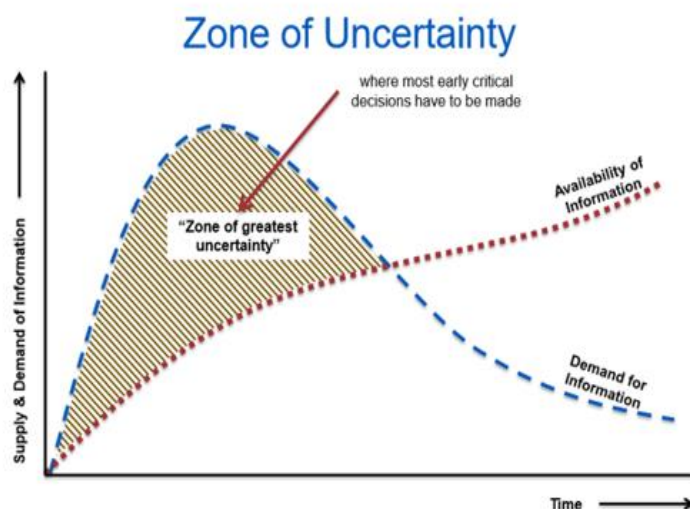
2.6 Gathering Information and Intelligence to Scope the Extent, Complexity and Nature of Harm

¹³ New South Wales 'Lookback Policy Directive', Clinical Excellence Commission Safety & Quality, System Performance & Service Delivery, September 2007. Section 4 Page 5.

Key decisions have to be made at this early stage of the process when minimal information may be available to the Steering Group. Decision making should be based on a joint understanding of risk (see below) and shared situation awareness.¹⁴ Situation awareness is having a common understanding of the circumstances, immediate consequences and implications of the triggering event along with an appreciation of the available capabilities and the priorities of the response.¹⁵

It is important that internal and external stakeholders are aware that the Steering Group may be required to make decisions during a time of uncertainty (or zone of uncertainty) about the level of risk or harm to service users (see Figure 1 below).¹⁶ Depending on the extent, nature and complexity of the Lookback Review Process it can be difficult for the Steering Group to predict when it has gathered the optimum level of information to make decisions such as the decision to announce the Service User Recall stage.

Figure 1 Zone of Uncertainty



At the early stage, as above when limited information is available upon which the Steering Group will be required to make crucial decisions then a Decision Making Model, widely used amongst the emergency services as a tool, could be considered. Tools to aid decision making include for example the Joint Decision Making (JDM)

¹⁴ Joint Emergency Services Interoperability Principles (JESIP) ' www.jesip.org.uk

¹⁵ *Ibid.*

¹⁶ *Ibid*

Model (Figure 2)¹⁷ which helps bring together the available information, reconcile objectives and make effective decisions.

Figure 2 Joint –Decision Making Model



Further information and use of the JDM are available via the **Joint Emergency Services Interoperability Principles (JESIP)**.¹⁸

All decisions should be recorded/logged, justified, seen to be reasonable and proportionate to the information available at the time. Therefore the Steering Group will require the services of an experienced minute-taker or ‘loggist’¹⁹ to ensure an accurate record of actions and decisions is maintained at each stage of the process.

2.7 Risk Assessment ²⁰

¹⁷ Joint-Decision Making Model @ www.jesip.org.uk/joint-decision-model

¹⁸ *Ibid.*

¹⁹ A term used in Major Incident Planning a loggist is the person who is responsible for capturing, through decision logs, the decision making process that might be used in any legal proceedings following an incident ‘www.epcresilience.com

²⁰ HSE. *Op.Cit* Section 7.6 Preliminary Risk Assessment Page 115-16.

As indicated above, the first stage in the process is to undertake a risk assessment to determine whether the scope, size/magnitude, complexity and nature of harm arising from the triggering event should progress to the next stage(s) i.e. a service user lookback and potential service user recall. In order to do this, the Steering Group should commission relevant experts to undertake this risk assessment. As above (Section 2.3), the relevant experts may include but are not exclusive to: people with the clinical or social care expertise in the services/ processes which are the subject of the Lookback Review Process, Risk and Governance Managers, and a Public Health Specialist. This will be determined by the Steering Group on a case by case basis.

A decision to undertake the completed Lookback Review Process has significant implications for service users, providers and resources. The risk assessment, therefore, should provide a thorough assessment of the chance of harm and the seriousness of that potential harm. It must be conducted in a manner that balances the need to identify and address all cases where there might be safety concerns on the one hand, with the need not to cause any unnecessary concern to service users or to the public on the other.²¹

The risk assessment should look at:

- If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;
- The potential extent of the issue and the level of exposure to the hazard;
- Evidence of harm that has occurred;
- The likelihood of future harm occurring;
- The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;
- The potential impact of the issue;
- The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);
- The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

²¹ *Ibid.* Appendix 1

- The manner in which harm would be ameliorated (e.g. repeat investigation/ onward referral for treatment).

The **HSC Regional Risk Matrix and Impact Table** may be used as guidance to evaluate the risk.²² A template for undertaking a preliminary risk assessment is included in Appendix 1 of this Guidance.²³

The Steering Group will use the information obtained from this assessment to decide if the Process should continue to the Service User Lookback and Recall stages (see Section 2.8). If there is no harm or risk to service users, the Lookback Review Process can be closed. The Steering Group will inform the relevant internal and external stakeholders. It is advised that the Early Alert is updated to indicate that the process has been closed, outlining clear reasons for the decision. The HSC organisation should consider the incident as a 'near miss' and undertake a systems analysis to establish contributory factors, learning and recommendations.

2.8 Decision to proceed to Stage 2 Service User Lookback and Stage 3 Service User Recall

The decision to proceed to the Service User Lookback and Recall stages is a difficult and complex one and should not be taken lightly. As above, the decision should only be considered in circumstances where it is indicated following careful risk assessment, which may necessitate external peer review and advice from senior decision-makers and/or others with knowledge and experience in the specialty in which the Process is being considered and with advice from those who have experience in conducting a Lookback Review Process (see Section 2.7 Risk Assessment).²⁴ The decision should also include consideration of the impact on other service users (i.e. not the 'at risk' cohort) for potential delays in diagnosis and treatment.

Lookback Reviews by their nature are often high-volume, involve high-complexity and high-cost (including opportunity cost which diverts time and resources from ongoing care.) As described above, they involve a number of stages and logistical challenges.

²² HSCB. *Op.cit.* Appendix 16.

²³ HSE. *Op.cit.* Preliminary Risk Assessment Stage pages 15 to 16 and Appendix 1.

²⁴ *Loc.cit.*

The Steering Group should ensure that business continuity plans are considered and implemented, where necessary, including providing for additional health and social care demands which may arise as a consequence of the Lookback Review. The HSC organisation is responsible for securing service capacity and for ensuring that the necessary resources are allocated to conduct all the stages of the Review Process and subsequent follow-up processes. If the resources required exceed what is available then this should be escalated to the organisation's Board and if necessary to the Health and Social Care Board.

The Steering Group should be prepared for the fact that when a full Lookback Review Process is being considered this information can often become publicly known at the planning stage and should have a contingency plan in place for notification of affected persons and the wider public if this should occur.

2.9 Early Alert Notification ²⁵

The established communications protocol between the Department and HSC organisations emphasises the principles of 'no surprises', and an integrated approach to communications. Accordingly, HSC organisations should notify the Department promptly (within 48 hours of the event in question) of any event which has occurred within the services provided or commissioned by their organisation, or relating to Family Practitioner Services. Events should meet one or more of the following criteria;

1. *Urgent regional action may be required by the Department, for example, where a risk has been identified which could potentially impact on the wider HSC service or systems;*
2. *The HSC organisation is going to contact a number of patients or clients about harm or possible harm that has occurred as a result of the care they received. Typically, this does not include contacting an individual patient or client unless one of the other criteria is also met;*
3. *The HSC organisation is going to issue a press release about harm or potential harm to patients or clients. This may relate to an individual patient or client;*
4. *The event may attract media attention;*

²⁵ Department of Health 'Early Alert System' HSC (SQSD) 5/19.

5. *The Police Service of Northern Ireland (PSNI) is involved in the investigation of a death or serious harm that has occurred in the HSC Service, where there are concerns that a HSC service or practice issue (whether by omission or commission) may have contributed to or caused the death of a patient or client. This does not include any deaths routinely referred to the Coroner, unless:*
 - i. *there has been an event which has caused harm to a patient or client and which has given rise to the Coroner's investigation; or*
 - ii. *evidence comes to light during the Coroner's investigation or inquest which suggests possible harm was caused to a patient or client as a result of the treatment or care they received; or*
 - iii. *the Coroner's inquest is likely to attract media interest.*
6. *The following should always be notified:*
 - i. *the death of, or significant harm to, a child, and abuse or neglect are known or suspected to be a factor;*
 - ii. *the death of, or significant harm to, a Looked After Child, a child on the Child Protection Register or a young person in receipt of leaving and after care services;*
 - iii. *allegations that a child accommodated in a children's home has committed a serious offence; and*
 - iv. *any serious complaint about a children's home or persons working there.*
7. *There has been an immediate suspension of staff due to harm to patient/client or a serious breach of statutory duties has occurred.*

The next steps will be agreed during the initial contact/telephone call and appropriate follow-up action taken by the relevant parties. In **all** cases, however, the reporting organisation must arrange for the content of the initial contact to be recorded on the updated pro forma attached at Annex C, and forwarded, within 24 hours of notification of the event, to the Department at [Personal Information redacted by the USI] and the HSC Board at [Personal Information redacted by the USI]

The Early Alert must provide a succinct description which clearly outlines the key issues and the circumstances of the event. Information contained within the brief is to include:

- urgency;
- determining who has been affected and how - physical and/or psychological harm, or no known harm;
- process for determining risks;
- need for Department participation/involvement/oversight.

2.10 SAI Notification and Investigation

In some circumstances an SAI review may have triggered the Lookback Review Process (Section 1). However, often the Lookback Review will be triggered by a concern that has been raised by a service user or their family/carers or a member of staff. The Steering Group should consider at an early stage if the findings of the Lookback Review meets any of the criteria for reporting the concerns as an SAI (see also Section 7.2.1). The criteria for reporting an SAI are defined within the HSCB Procedure for the Reporting and Follow up of Serious Adverse Incidents, November 2016 at www.hscboard.hscni.net ²⁶

²⁶ HSCB Loc. Cit Section 4

3.0 Stage 2 Identifying and tracing service users at risk

One of the most important stages of the Lookback Review Process is the accurate identification and tracing of the service user cohort who have been identified as being affected by the triggering event. The HSC organisation is responsible for the identification and tracing of the affected service users must allocate appropriate resources to ensure that this is undertaken.

In the context of the Lookback Review process, this Stage involves the review of care/ processes against explicit standards and criteria to identify those who may not have received the required standard of care or where the procedure used did not adhere to explicit standards and criteria.²⁷

3.1 Role of the Steering Group –Terms of Reference and Action Planning

The Steering Group should continue to ensure the management of immediate safety issues and care for those harmed or potentially harmed by the triggering event.

The Steering Group is responsible for ensuring the identification and tracing of the cohort of service users to be included in the service user lookback and recall phases of the Lookback Review Process. The Steering Group will need a clear definition of which service users should be recalled/ offered further tests/assessments, what they should be recalled for, how test/assessment outcomes will be categorised and how each category will be managed/followed-up (Sections 3.2 – 3.4 and Appendix 3).

The Steering Group should review their Terms of Reference and Group membership at this stage and consider if additional membership from the service area/support services and from service users advocacy services are required for either the Steering Group or the Operational Group/ Lookback Review Management Team if applicable (see Section 2.3). The extent and complexity of the Lookback Review Process will determine the resources and responses required.

The Steering Group should also review the Lookback Review Action plan (Section 2.5). As required, expert advice or linkages may be also made with resources such as relevant Professional Bodies and Faculties (e.g. Royal Colleges) to assist with this stage of the Lookback Review.

²⁷ HSE. *Op.Cit.* Section 7.7 Page 17

The Steering Group should also consider the service user recall methodology for the next stage and further develop the Communication Plan (including the formation of Helplines/Information Lines and use of the organisation's web page to provide general information and Frequently Asked Questions and responses Section 4.4).

The Steering Group will need to meet on a regular basis to ensure that they receive situation reports (SITREPS) and provide a co-ordinated approach to the oversight of the Process. SITREPS should also be shared with internal stakeholders (Executive Team/Senior Management Team and Board) and external stakeholders i.e. HSCB, PHA and DoH.

3.2 Establish the Service User Database

The HSC organisation will need to develop a service user database to collate the details of the service users that have been identified for inclusion in the service review/ audit stage of the Process. It is important to consider the output from the service user notification database at the outset. The list of service users will be needed to:

- Generate letters to service users;
- Check if service users at risk have made contact;
- Keep track of who requires further review/testing;
- Record who has had results;
- At the end of the Lookback Review Process to generate information on numbers of service users identified, further assessed and their outcomes.

The database needs to be updated, by administrative staff, on a regular, and at some stages at least on a daily basis. This will ensure the information held is the most up to date and reliable.

The database may already exist on one of the organisations Information Technology (IT) systems. In some circumstances (for example service users who have not been reviewed for a period of time), it may be necessary to check the service user details with the General Register Office for NI to identify if any of these service users have

since deceased.²⁸ Information Technology staff are essential members of the sub team to assist in accessing existing databases/establishing databases. Specific data variables, will be determined by the nature of the triggering event and the audit methodology to be applied. If a database of service user details does not already exist then a suggested core dataset for service users at risk has been outlined in Appendix 2.

The Steering Group should give special consideration in the Lookback Review Action Plan as to whether or not the cases of deceased persons meet the inclusion criteria, how their records should be handled and how best to communicate with their relatives.²⁹

3.3 Establish the Process for the Identification of Affected Service Users³⁰

The Steering Group should establish and record clear processes for the identification of the service users/ staff to be included in the Recall Stage. This will include the development/ agreement of the:

- Audit criteria (criteria as to what will be considered within acceptable practice limits, minor or major discrepancy, the clinical significance of these discrepancies, and actions to be taken in each category, guided by national and international best practice, faculty requirements etc.);
- Scope of Audit (including timeframes and definition of records to be reviewed);
- Audit Methodology;
- Audit Tool;
- Instructions to ensure consistent recording of audit results;
- Instructions for analysis of audit data;
- Procedures for ensuring the validity and reliability of the audit to ensure that all auditors interpret and apply audit criteria in the same way;
- Process for the submission of audit outcomes to the Steering Group.

The HSC organisation should take account of extant guidance in relation to maintaining service user confidentiality.^{31 32 33} The audit of service user's healthcare

²⁸ General Register Office for Northern Ireland @ www.gov.uk.

²⁹ HSE. *Op.Cit.* Section 7.7.4, page 18.

³⁰ Ibid. Section 7.7.3 Page 17

records should be undertaken by the healthcare team who would ordinarily have the right to access the service user's healthcare records as part of the delivery of health and social care. However, if the audit team is extended to include healthcare personnel who would not have a right to access the service user's healthcare records, and consent has not been provided by the service user for these personnel to access their records, then these records must be sufficiently anonymised, such that an individual is not identifiable to those undertaking the audit.³⁴

3.4 Undertaking the Audit

The Steering Group will commission the audit of the healthcare records of the affected service users as identified in Stage 1 (risk assessment). The audit methodology and tools will have been defined by the Steering Group (see Section 3.3).

The audit will involve clinical staff with the necessary skill and knowledge of the specialty involved. However, depending on the nature, extent and complexity of the Lookback Review the HSC organisation may need to commission relevant experts to undertake the audit or service review.

Again, depending on the nature of the Lookback Review the team may initially be required to screen the service users' notes/x-rays/test results etc. to establish if they are in the affected cohort. A system for the initial identification of the service users including flow charts, service review proformas and service user notification letters are contained in Appendix 3. These are examples only and are provided as reference material and should be adapted by the HSC organisation for the specific health and social care trigger event on a case by case basis.

Following initial screening and identification of service users affected, further assessment may be required.

The service user database will be used to document the service users/ staff who are included and excluded following each stage of the Lookback Review Process (see

³¹ EU Data Protection Regulation (GDPR) 25 May 2018 @ <https://eugdpr.org>

³² Data Protection Act 2018 @ www.legislation.gov.uk.

³³ DoH 'Code of Practice for protecting the confidentiality of service user information' 31 January 2012 @ www.health.n-i.gov.uk

³⁴ HSE. *Op.cit.* Section 7.7.3.

Section 3.2 above). In general, it will be used to track persons affected and to record actions, interventions and outcomes.

Upon completion of the audit, the service review team will provide the Steering Group with the results of the audit which will inform the Steering Group of the persons affected to be included in the Recall Stage.

4.0 Stage 3 Service User Recall

4.1 Planning the Recall

Following completion of Stage 2, the Steering Group will move to the third stage, the Service User Recall Stage. The Steering Group and Operational Group should ensure that their Terms of Reference include the following; purpose of Recall, scope, method and timeframe.

The Steering Group will also establish the Recall Team(s) which will consist of experts in the subject area/ discipline which is covered by the Lookback Review Process.

The Steering Group must agree with the Recall Team(s) a realistic work-plan with timelines that reflect the urgency and complexity of the Lookback Review Process.

The Steering Group will have to consider the following which will form the basis of the Operation Group/Lookback Review Management Team work-plan:

- Identify venue for the conduct of the Recall stage;
- Secure administrative support;
- Establish an appointment system including DNA management;
- Secure clinical and other specialist support e.g. laboratory/x-ray etc.;
- Arrange transportation of samples and results;
- Manage arrangements for assisting service users affected to attend the Recall Stage (for example car parking, site maps, signage/ 'meet and greet' arrangements, public transport, taxis, meals);
- Agree a system for recording of results;
- Ensure that counselling and welfare services are available to service users and to staff;
- Agree the communication and service user support arrangements (see Section 4.3);
- Consider the arrangements for overtime/out-of- hours working for staff.

Ideally, a liaison person/team should be appointed to oversee the seamless conduct of each attendance a service user has as part of the Recall stage, whether they are clinic appointments or repeat tests/x-rays etc. Responsibilities would include; providing a point of contact, follow-up of DNAs , quality assurance of the Process (correct letter to correct person) and checking that the service user affected are referred into the 'system' for subsequent follow-up.³⁵

Depending on the extent, nature and complexity of the Process, the Steering Group will have to meet on (at least) a daily basis to ensure they receive SITREPS and continue to have an accurate oversight of the Lookback Review at this Stage (see Section 3.1).

4.2 Service User Communication and Support

One of the most important areas of managing any Lookback Review Process is the communication with all the affected service users. When communicating it is equally important to be able to say who is not affected. The timing of any communication is critical and every effort should be made to notify the entire group simultaneously. The method of doing this will be dictated by the numbers of service users involved (see Section 4.3). Service user notification must be co-ordinated with public announcements made by the organisation. In an ideal situation service users should be contacted before a media announcement is made. However, this is not always possible given the nature/scale of some Lookback Review Processes or if there is a breach in confidentiality at an earlier stage. Where applicable, the Steering Group should identify any service user representative bodies/third sector and brief them.

The Steering Group should agree key messages to ensure consistent and accurate information to provide confidence in the process. The Steering Group should consider the person(s) best suited to communicating bad news with affected service users, their families and/or carers. A spokesperson, should be identified to act as the organisation's spokesperson and be available for interview by the media etc. Media training should be provided on a case to case basis (see also Section 4.6).

The following should be included in the service user communication and support plan:

³⁵ *Ibid.* Section 7.8.2 Page 22.

- access to professional interpreters as required;
- a designated point of contact for service users, their families and/or carers;
- regular and ongoing information updates provided to service users and families and/or carers;
- affected service users offered a written apology by the health service organisation;
- establishment of a Helpline/Information Line/website to ask questions and to obtain information (see Section 4.5 and Appendix 4 for practical guidance);
- affected service users who need additional consultation have these appointments expedited to allay any anxieties or concern that they may have.

Communication and support of families should include:

- identifying immediate and ongoing management needs of service users, their families and/or carer;
- ensuring that service users understand the processes for ongoing management and have written advice/fact sheets concerning this;
- ensuring that relevant fact sheets containing information on the lookback review are published on the health service inter/intranet website;
- ensuring adequate resources are in place to provide the level of service required;
- provide counselling and welfare services;
- initial communication should be direct, either face-to-face or via telephone, where the service user must be given the opportunity to ask questions.

4.3 Service User Notification by Letter

Depending on the extent of the Lookback Review Process notification may be by a letter sent to the service users affected by the issue. As above, the timing of service user notification must be carefully choreographed with any public announcement made by the organisation. If the Process has affected small numbers of service users organisations may wish to consider alternative forms of direct communication

e.g. telephone calls in first instance which should be supplemented by a follow-up letter containing the pertinent information. A sample of letters has been provided in Appendix 3 for reference/guidance.

The service user letter should be signed by the Chief Executive or a Director of the HSC organisation. Service user letters should be sent by first class post in an envelope marked “Private and Confidential -To be opened by addressee only” and “If undelivered return to...(the relevant Trust)...”

Letters to the service user should include the following if appropriate:

- Unique service user identifier number;
- Service user information leaflet/ fact sheet;
- The website/freephone helpline number(s) and hours of opening;
- Location map with details of public transport routes;
- Free access to parking facilities;
- Arrangements for reimbursement of travelling expenses.

It can be helpful to include a reply slip with a pre-paid envelope to confirm that service users have received the letter. Alternatively, the organisation may consider using a recorded delivery service or hand delivering the letters if number are manageable.

Depending on the individual Lookback Review Process the HSC organisation may need to identify any service users under 16 and/or other vulnerable groups to write to their parent/guardian/ representative.

The Steering Group should plan for how service users who do not respond to an invitation and/or ‘lost to follow-up should be managed. The Steering Group should ensure that ‘every reasonable effort’ is made to contact all service users at risk for example by telephone or through General Practitioners. It is accepted that service users may have moved out of the region or abroad.

4.4 Public Announcement of the Recall Stage

The Steering Group will determine the timing of the Public Announcement of the Recall Stage of the Lookback Review Process. Communications management throughout the Lookback Review Process should be guided by the principles of

'Being Open'³⁶ balanced with the need to provide reassurance and avoid unnecessary concern.

Recall Stage will be announced to the public by the relevant HSC organisation lead Director in line with the Communication Plan (Section 4.2 and 4.6). As stated in Section 4.3, it is vital that the Steering Group strive to ensure that the Lookback Review Process is not publicly announced until all of the persons affected have been notified and a clear public message can be given regarding the extent of the cohort and those that are not affected. This is not always possible, as breaches of confidentiality may occur and therefore the Communication Plan should be prepared for this eventuality at all times.

When it is determined that communication with the public is required it should not be announced until all of the service users affected have been notified. As above it is recognised that this is not always possible. Key principles of public announcements include:

- Being open with information as it arises from the Lookback Review Process;
- Ongoing liaison with the media throughout the Lookback Review Process;
- Preliminary notification being made public where a situation requires additional time for the discovery of accurate information to be provided to service users and the wider public.

It is essential that the findings in relation to the Lookback Review Process should not be released into the public domain until the Process is complete, all the findings are known and all affected service users are informed of the implications of the findings for them.³⁷

4.5 Setting up a Service User Helpline/ Information Line

Once it has been agreed that the Lookback Review process is to be publicly announced HSC organisations need to have in place a system to deal with potentially large numbers of enquiries from service users, their families and the general public. It is recommended that site-specific helplines are considered for persons affected and a more general information line for the wider public.

³⁶ DoH 'Saying sorry – when things go wrong'. January 2020.

³⁷ HSE *Op Cit* Page 20

Consideration should also be given to providing information on the Trust's website for example Frequently Asked Questions (FAQs) and responses. Planning at this stage is vital to ensure that public confidence in the service is not further eroded. Guidance on setting up a service user helpline/information line are contained in Appendix 4.

4.6 Communication with the Media

Adverse incidents, especially those involving a service user lookback generate intense media attention. Regardless of the nature or intensity of media inquiries, information given to them should never exceed that which has been shared with the service users affected.³⁸

The Steering Group should consider developing a 'media pack' (see below). The Head of Communications/Communications Manager should take a lead on developing this strategy. Depending on the extent, nature and complexity of the Lookback Review Process the Head of Communications/Communications Manager will liaise with the DoH Communications branch to seek advice on the communication strategy for the media and general public.

As part of the Communications Plan for dealing with the media, the Steering Group should:

- nominate a spokesperson for public and media communications;
- minimise the delay in response to the public and the media
- develop a media pack which should contain;
 - o key messages
 - o frequently asked questions (FAQs) and answers
 - o draft media statements for each phase of the review process.

Media statements in relation to the issue, should be accurate and not add to the anxiety of the service users and their families/carers. Media statements should not be released prior to notification of the Lookback Review Process (see Sections 4.3

³⁸ *Ibid.* Section 7.11.2 Page 26

and 4.4). In the circumstances where a media statement is released it should state that a Lookback Review Process is being carried out, and immediately limit the area of concern to time period, region and service area within which the Process is being conducted. It should detail the numbers of persons affected being included in the recall stage of the process and the expected timeframe for the completion of the recall stage, if known.³⁹

The media statement should note that all service users affected have been contacted (and method of contact) and that a Helpline/Information line/website has been established, giving the opening time(s) of the line and the contact details. The FAQs can be provided to the media as well as any additional briefing information such as an information leaflet.

All media statements and briefing notes should be ratified by the Steering Group.

4.7 Staff Communication and Support

While the public will need to be reassured that every effort is being made to conduct a full and thorough review, it is essential that the involved healthcare workers are protected and supported during this time. They need to be kept fully informed at all times during the exercise. Support from a peer and counselling should be offered by the employer. This is particularly important during the early stages of the lookback review process when there will be intense media interest. One point of contact, such as the **Director of Human Resources** should be identified to lead on this aspect throughout the process. In the case of an individual(s) being managed under the HSC organisation's capability/performance management/disciplinary procedures then the relevant HR policies should apply. These parallel processes are not included in the scope of this guidance (see Section 1.3).⁴⁰

A communication and support plan should be devised for staff. This should include communication and support for:

- All staff who are managing the lookback process;
- All staff working in the area of concern;
- All other staff that may be affected.

³⁹ *Ibid.* Page 27.

⁴⁰ DoH Policy for Implementing a Lookback Review Process Section 4.

5.0 Stage 4 Closing, Evaluating and Reporting on the Lookback Review Process

A Lookback Review Process Guideline Checklist has been included in Appendix 5. The Checklist is a memory aid only and must be used in conjunction with the guidelines.⁴¹

The Steering Group are responsible for formally closing the Lookback Review Process when all service users affected have been reviewed and the care of service users requiring further treatment and care management have been transferred to the appropriate service and all the service users have been written to with the outcome of the review.

At the end of any Look Back process it is the responsibility of the Lead Director/Chair of the Steering Group to evaluate the management of the Lookback Review to assess the efficiency and effectiveness of the process and to identify any lessons learned from the process. Key measures should be assessed and strategies for further improvement should be implemented and reported to the Chief Executive as required.

The findings should be included in a **Look Back Review Report**. The content will be unique to each Lookback Review Process. The report should be shared with all relevant internal and external stakeholders. This report should be used to form the basis of the Serious Adverse Incident Report (Section 2.10) to facilitate the dissemination of learning across the HSC as a whole.

For the purposes of a report on a Lookback Review Process the report should contain the following information:

- **Introduction including:**
 - o **Details of Terms of Reference(s) (include Terms of Reference(s) in the Appendices section of the report)**
 - o **Composition and roles of the Safety Incident Management Team**
 - o **Composition and roles of the Audit Team**
 - o **Composition and roles of the Recall Team**
- **Methodology applied to the Look-back Review Process including:**

⁴¹ HSE. *Ibid.* Appendix 8.

- o Methodology applied to preliminary review/Risk Assessment
 - o Clear audit methodology for the Audit Stage including:
 - Audit Criteria
 - Scope of Audit
 - Audit Methodology
 - Audit Tool
 - o Procedures for ensuring the validity and reliability of the Audit stage to ensure that all auditors interpret and apply audit criteria in the same way.
 - o Recall Stage methodology
 - o Communications Plan
 - o Information and Help Line Plan
 - o Plans for follow up for persons affected following both the Audit and Recall Stage
- Results/ Findings of Stage 1 Preliminary Findings/Risk Assessment;
 - Results/ Findings of Stage 2 service review/ audit;
 - Results/ Findings of the Recall stage;
 - Actions taken to date to address findings;
 - Learning and further recommended actions to address findings.

Peer review publication of issues relating to the Lookback Review Process, for instance; the development of an audit tool, logistics and communication with service users/families and staff may be of benefit and should be encouraged.⁴²

⁴² HSE. *Op. Cit.* Section 7.10.

Glossary

Term	Definition
Adverse Incident	Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation.
Audit	In the context of the lookback review process, audit involves the review of care/processes against explicit standards and criteria to identify those who may not have received the required standard of care or where the procedure used did not adhere to explicit standards and criteria.
Clinical Review	A re-examination of a medical and or clinical process/es which has delivered results that were not to the expected quality standard.
Cohort	A group of people who share a common characteristic or experience within a defined period (e.g., are currently living, are exposed to a drug or vaccine or pollutant, or undergo a certain medical procedure) i.e. a sub-group selected by a predetermined criteria.
Contributory factor	A circumstance, action or influence which is thought to have played a part in the origin or development of an incident or to increase the risk of an incident.
Database	The ability to record information for retrieval at a later date. In this instance it may be on paper if the numbers involved are small. If the numbers are large, ITC equipment and competent administration staff may be required.
Harm	1 Harm to a person: Any physical or psychological injury or damage to the health of a person, including both temporary and permanent damage.

	2 Harm to a thing: Damage to a thing may include damage to facilities or systems; for example environmental, financial data protection breach, etc.
Hazard	A circumstance, agent or action with the potential to cause harm.
Lookback Review	A re-examination of a process(es) which has delivered results that were not to the expected quality standards.
Proforma	A page on which data is recorded. The page has predefined prompts and questions which require completing.
Quality Assurance	A check performed and recorded that a certain function has been completed. Negative outcomes must be reported and actioned.
Recall	An act or instance of officially recalling someone or something. In the context of the Lookback Review Process, the recall will involve the examination of the service user and/ or the review all relevant records in line with the Terms of Reference and will identify any deviations from required standards of care. Appropriate corrective actions will be identified as appropriate.
Risk	The chance of something happening that will impact on objectives.
Risk Assessment	A careful examination of what could cause harm to people, to enable precautions to be taken to prevent injury or ill-health.
Serious Adverse Incident	In the context of a Lookback Review Process an SAI is any event or circumstance that meet the specific criteria laid out within the HSCB Procedure for the Reporting and Follow up of SAIs 2016 at www.hscboard.hscni.net .

Service Review Team/expert advisory group	A specially selected group of individuals, competent in the required field of expertise, to perform the Lookback Review Process
Service User	Members of the public who use, or potentially use, health and social care services as patients, carers, parents and guardians. This also includes organisations and communities that represent the interests of people who use health and social care services.
Triggering Event	The initial concern(s) or adverse incident which lead to the HSC organisation considering the initiation of the Lookback Review Process.

Appendices

Template for Risk Assessment

Appendix 1

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual

harm that has been caused as a result of this issue):

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	
High	
Medium	
Low	

Information about the potential cohort of service users affected (number, gender, age range):

Details of Immediate Action Required

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Establishing the Service User Database – Core Dataset**Appendix 2**

The data below is a minimum dataset, it is however subject to change depending on the individual situation. Ideally the use of an existing HSC organisation database(s) is preferred.

- Unique identifier number;
- Surname;
- Forename;
- Title;
- Date of birth;
- Sex;
- Address line one (House name, number and road name);
- Address line two (Town);
- Address line three (County);
- Postcode.

- GP name;
- GP address line one;
- GP address line two;
- GP address line three;
- Postcode.

- Named consultant;
- Date of appointment/procedure 1;
- Date of appointment/procedure 2;
- Date of appointment/procedure 3;
- Procedure one description;
- Procedure two description;
- Procedure three description.

- Reviewer 1 description;
- Reviewer 2 description;
- Data entered by – identification;
- Data updated 1 by – identification;

- Data updated 2 by – identification;
- Data updated 3 – identification.

Appendix 3**Initial Identification of Service Users involved in the Service Review/ Audit Stage**

See Flow Chart - Process for advising that all service users who may have been affected (Appendix 3.1 Section 1)

See Flow Chart - Process for advising all service users known to be the affected cohort (Appendix 3.1 Section 2)

The retrieval of notes/x-rays/test results must be co-ordinated with the support from Medical Records staff.

A Service Review Proforma (Appendix 3.2) is attached to each set of notes.

The service user database needs to be updated after completion of this Proforma.

A quality assurance check is provided by Administration which is essential to ensure that the correct letter is sent to the correct service user.

The Service Review Proforma should be transferred from the front of the notes and filed into the service users' records.

Conducting Further Assessment (Notes/X-rays/Test Results etc.)

A Notes/X-ray/Test Results Review Proforma (Appendix 3.3) is attached to the front of each set of service user notes.

The service review team will undertake a further detailed audit of the notes to review the outcomes of previous assessment/scans/tests.

The service review team will then decide if previous outcomes/diagnosis were accurate.

The Proforma will be completed by the Service Review Team.

- A green or red sticker is placed on the pro forma. The **green** sticker identifies a positive outcome and that no further follow up is required - Letter D is sent to service user.
- A **red** sticker identifies a negative outcome that requires a further assessment – Letter E is sent to service user.

The service user database needs to be updated after completion of this pro forma.

A quality assurance check is provided by Administration which is essential to ensure that the correct letter is sent to the correct service user.

The Notes Review Pro forma should be removed from the front of the notes and filed into the healthcare record.

Conducting Further Assessment (Clinical)

A Clinical Review Pro Forma (Appendix 3.4) is attached to the front of each set of healthcare record.

The service review team will undertake a clinical examination/test/scan etc. as appropriate to determine a positive or negative outcome. One must bear in mind that timescales for test/scan results may differ depending on individual situations.

The pro forma is then completed by the Service Review Team. A **green** or **red** sticker is placed on the pro forma.

- The **green** sticker identifies a positive outcome and that no further follow up is required - Letter F is sent to service user.

- A **red** sticker identifies a negative outcome that requires further treatment which should be managed within normal clinical arrangements – Letter G is sent to service user.

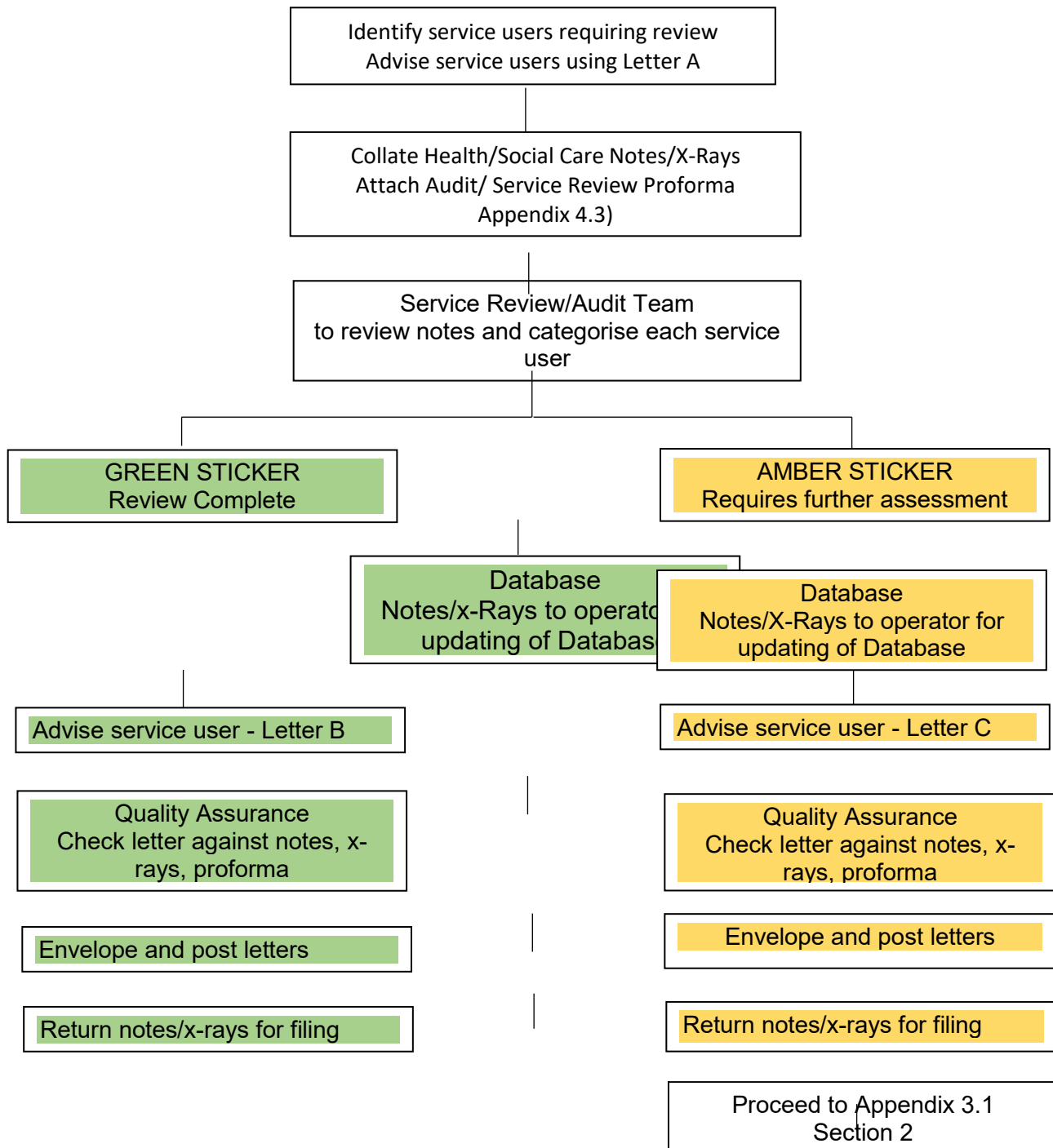
The service user database needs to be updated after completion of this proforma.

A quality assurance check is provided by Administration which is essential to ensure that the correct letter is sent to the correct service user.

The Clinical Review Pro Forma should be transferred from the front of the notes.

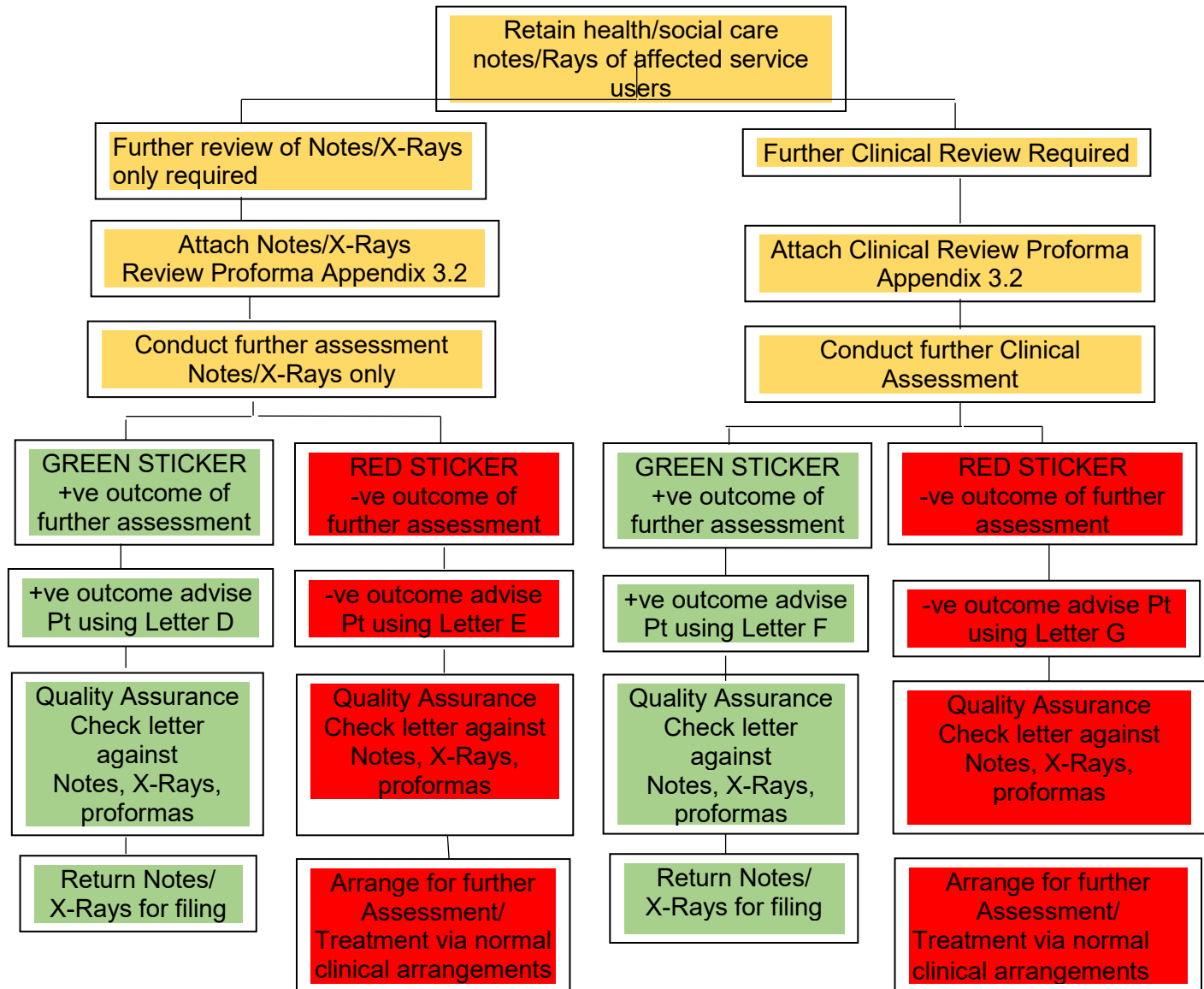
- If it has a **green** sticker attached: file into service user notes.
- If it has a **red** sticker attached: return service user notes and pro forma to admin support for processing within normal clinical arrangements.

Appendix 3.1 (Section 1) Advising service users who may be in the affected service user cohort



Appendix 3.1 (Section 2)

Process for Advising Service users known to be in the affected cohort.



Appendix 3.2 Service Review
Proforma

SERVICE USER DETAILS (ATTACH LABEL)

CASENOTES REVIEWED ☐

X-RAYS REVIEWED ☐

OTHER MEDICAL DIAGNOSTIC/DATA REVIEWED ☐

(Give details)

DATE OF APPOINTMENT/SCAN/EXAMINATION REVIEWED ☐

REVIEWER 1

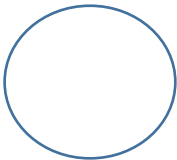
REVIEWER 2

Signature & date

Signature & date

GREEN STICKER – REVIEW COMPLETE

AMBER STICKER – FURTHER FOLLOW UP REQUIRED



DATABASE UPDATED ☐ (Signature & date)

ADMIN QA CHECK ☐ (Signature & date)

LETTER SENT



(Signature & date)

Appendix 3.3 NOTES/X RAY REVIEW PROFORMA

SERVICE USER DETAILS (ATTACH LABEL)

ADDITIONAL

INF
OR
MAT
ION

CASENOTES REVIEWED

☐

X-RAYS/SCANS REVIEWED

☐

OTHER MEDICAL DIAGNOSTIC/DATA REVIEWED

☐

ADDITIONAL TESTS/SCANS/X-RAYS REQUIRED

☐

CLINICAL REVIEW REQUIRED

☐

REVIEWER 1

REVIEWER 2

Signature & date

Signature & date

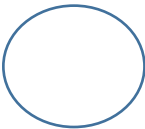
GREEN STICKER – REVIEW COMPLETED

RED STICKER – FURTHER FOLLOW UP
REQUIRED

DATABASE UPDATED

☐

(Signature & date)



ADMIN QA CHECK

☐

(Signature & date)

LETTER SENT

☐

(Signature & date)

Appendix 3.4 CLINICAL REVIEW
PROFORMA

DETAILS (ATTACH LABEL)

	OUTCOME	
	+VE	-VE
CLINICAL EXAMINATION	☐	☐
TEST	☐	☐
SCAN/X-RAY	☐	☐
BIOPSY	☐	☐

OTHER MEDICAL DIAGNOSTIC/DATA REVIEWED
(Give details)

YES

NO

FURTHER FOLLOW REQUIRED:
PROCESS INTO NORMAL CLINICAL ARRANGEMENTS

CONSULTANTS SIGNATURE: _____

DATE: _____

GREEN STICKER – REVIEW COMPLETED

AMBER STICKER – FOLLOW UP REQUIRED
PROCESS INTO NORMAL CLINICAL ARRANGEMENTS

**RED STICKER - FOLLOW UP REQUIRED
REQUIRED URGENT REFERRAL****DATABASE UPDATED** ☐ (Signature & date) _____**ADMIN QA CHECK** ☐ (Signature & date) _____**LETTER SENT** ☐ (Signature & date) _____**Appendix 3.5 DRAFT LETTERS**

Although there will be one “master” letter, you will need to generate several variants from it for different circumstances e.g. when the service user is a child.

The following are provided for suggested content only.

LETTER A: Advising of a Lookback Review Process**LETTER B: No further follow up required****LETTER C (version 1): Further follow up is required – Notes only****LETTER C (version 2): Further follow up is required – Clinical****LETTER D: Positive outcome of further assessment – Notes only****LETTER E: Negative outcome of further assessment –Notes only****LETTER F: Positive outcome of further assessment – Clinical****LETTER G: Negative outcome of further assessment – Clinical****LETTER H: Letter to General Practitioner to advise them that the service user(s) are being included in the Recall Phase of Lookback Review Process**

LETTER A: Advising of a service review/lookback review process

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear < Title>

<Title of Lookback Review Process>

It has come to the attention of <HSC organisation> that < a healthcare worker/system> has <brief outline of the incident>.

We have decided as a precautionary measure to review each of the cases with which this <healthcare worker/system> has been involved since <date range>.

Your case will be included in this review, which will be a substantial process <involving.....>. We have initiated a Service Review Process and will endeavour to deal with this as timely as possible.

I wanted to inform you directly about this rather than letting you hear it through another source and I believe it is important that you are kept fully informed of the review process. We will write to you immediately after your case has been reviewed to advise you whether or not it will be necessary for you to have <a follow up appointment/test>.

If in the interim you have any queries, a special telephone helpline has been set up on <freephone/Tel:xxxxxxx> so that you can discuss any concerns. It is staffed from <date and time to date and time>. This line is completely confidential and operated by professional staff who are trained to answer your questions.

Although there are a large number of call handlers, there will be times of peak activity and there may be occasions where you may not get through. In this event I would ask you to please call again at another time.

<Enclosed is a factsheet with more detailed information, which you may find helpful>.

Please have your letter when you call the helpline, as you will be asked to quote the unique reference number from the top of the page.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER B: No further follow up required

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

We had previously written to advise you that <HSC Organisation> had decided, as a precautionary measure, to review your individual case.

Your case was reviewed <by xx / using the protocol> and I am pleased to inform you that your <case notes/assessment/test> has now been reviewed and that **no further follow up is required.**

I fully appreciate that this has been a worrying time for you and I apologise for any upset this may have caused. However, I am sure you will understand that, although the risk <of missed diagnosis/contracting xx> was thought to be very low, we had an obligation to remove any uncertainty.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER C (version 1): Further follow up is required – Notes only

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

We had previously written to advise you that <HSC Organisation> had decided, as a precautionary measure, to review your individual case.

Your case was reviewed <by xx/using the protocol> and the <clinician/consultant> has advised that **further follow up is required**. I must emphasise that this does not necessarily mean that <illness/infection> has been detected but that more investigation is required to reach a definite diagnosis.

I fully appreciate that this has been a worrying time for you and I deeply regret that your previous <assessment/test/treatment> has been found to be inadequate.

We have made special arrangements for <name and grade of person> to <review notes/assessment> and we will contact you again as soon as this is complete.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER C (version 2): Further follow up is required – Clinical

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

We had previously written to advise you that <HSC Organisation> had decided, as a precautionary measure, to review your individual case.

Your case was reviewed <by xx/using the protocol> and the <clinician/consultant> has advised that **further follow up is required**. I must emphasise that this does not necessarily mean that <illness/infection> has been detected but that more investigation is required to reach a definite diagnosis.

I fully appreciate that this has been a worrying time for you and I deeply regret that your previous <assessment/test/treatment> has been found to be inadequate.

We have made special arrangements for you to be seen in <where> on <date & time of appointment>.

Our service review team will be available at this appointment to discuss the clinical aspects of your case. I have enclosed directions to <xxxxxxx> and information on parking arrangements.

If you are unable to attend this appointment please contact <Tel xxxxxx> to allow us to reorganise this for you.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER D: Positive outcome of further assessment – Notes only

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

Further to our letter dated <date> regarding the need for further assessment of your individual case.

I am pleased to advise you that your case has been reviewed by <name and grade of person> and we would wish to reassure you that <he/she> is satisfied with the quality of your original <assessment/investigation/test>.

We would however wish to offer you the opportunity to be reviewed by <whomever> at a forthcoming clinic. This will give us the opportunity to examine you and to help reassure you of the outcome of the Service Review Process we have undertaken.

If you wish us to arrange an appointment please contact <Tel xxxxx> quoting the unique reference number at the top of this letter.

Once again I would take this opportunity to apologise for the distress and anxiety caused by conducting this review. However, I am sure you will understand that, although the risk <of missed diagnosis/contracting xx> was thought to be very low, we had an obligation to remove any uncertainty.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER E: Negative outcome of further assessment – Notes only

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

Further to our letter dated <date> regarding the need for further assessment of your individual case.

Your case has been reviewed by <name and grade of person> and we are sorry to advise you that <he/she> has confirmed that the quality of your original <assessment/investigation/test> was unsatisfactory.

As a result of this we have arranged for you to be seen by <whomever> at <where> on <date and time>. This will give us the opportunity to examine you and to assess what further treatment you may require.

If the appointment above is unsuitable, please contact <Tel xxxxx> quoting the unique reference number at the top of this letter, so that we may reorganise it for you.

I would take this opportunity to apologise for the distress and anxiety caused by this letter, I have enclosed a fact sheet which may help answer any further queries you may have ahead of your appointment.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER F: Positive outcome of further assessment – Clinical

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

Thank you for attending <special clinic> on <date> for follow up assessment.

Your results have been reviewed by <name and grade of person> and we are pleased to advise you that <he/she> has confirmed that your <investigation/test> result was **NEGATIVE**. This indicates that you have not been exposed to <infection/illness>.

We would however wish to offer you the opportunity to be reviewed by <whomever> at a forthcoming clinic. This will give us the opportunity to examine you and to help reassure you of the outcome of the Service Review Process we have undertaken.

If you wish us to arrange an appointment please contact <Tel xxxxx> quoting the unique reference number at the top of this letter.

Once again I would take this opportunity to apologise for the distress and anxiety caused by conducting this review. However, I am sure you will understand that, although the risk <of missed diagnosis/contracting xx> was thought to be very low, we had an obligation to remove any uncertainty.

Yours faithfully

(Chief Executive/Director of HSC Organisation)

LETTER G: Negative outcome of further assessment – Clinical

Healthcare Reference Number

Confidential Addressee Only

DD Month Year

Dear <Title>

<Title of Lookback Review Process>

Thank you for attending <special clinic> on <date> for follow up assessment.

Your results have been reviewed by <name and grade of person> and we are sorry to advise you that <he/she> has confirmed that your <investigation/test> result was **POSITIVE**. This indicates that you have been exposed to <infection/illness>.

As a result of this we have arranged for you to be seen by <whomever> at <where> on <date and time>. This will give us the opportunity to examine you and to assess what further treatment you may require.

If the appointment above is unsuitable, please contact <Tel xxxxx> quoting the unique reference number at the top of this letter, so that we may reorganise it for you.

I would take this opportunity to apologise for the distress and anxiety caused by this letter, I have enclosed a fact sheet which may help answer any further queries you may have ahead of your appointment.

Yours faithfully

(Chief Executive/Director of HSC Trust)

Letter H: Letter to General Practitioner (informing them of the inclusion of their patient(s) in the Recall Phase of the Lookback Review Process)

Service user name & address

Dear <Doctor Name>

<Title of Lookback Review Process>

<Service Name> recently reviewed <Procedure> undertaken at the hospital in <Date(s)/Year(s)>. This review was part of a quality assurance process as we were not satisfied with the quality of a number of <Procedure(s)> carried out. As a precautionary measure our medical advisors have recommended that a number of service users who attended for <Procedure> are offered a <Specialty> outpatients appointment.

Our records show that your patient <Name> previously attended <name of location> for <name of procedure>. We have written to your patient to advise them that their file was reviewed as part of this process and to offer them an outpatient appointment.

If you have any queries about this letter, please contact <Name person and contact details>.

Yours Faithfully

(Chief Executive/Director of HSC Organisation)

Appendix 4 Setting up a Service User Helpline or Information Line

Once it has been agreed that the Lookback Review process is to be publicly announced HSC organisations need to have in place a system to deal with potentially large numbers of calls from service users, their families and the general public. It is recommended that site specific helplines are considered for persons affected and a more general information line for the wider public.

The following points should be considered by the Steering Group:

- An individual, such as a senior manager should be identified to coordinate and implement the Telephone Help Line;
- A meeting needs to be convened with a small number of individuals, with the necessary knowledge of the speciality, to establish the necessary systems to support the helpline/information line. It may be that Lead and Specialist Nurses are ideally placed to assist at this crucial stage of planning;
- Information Technology staff are essential members of this team to assist in establishing databases and the necessary technology. A senior member of staff from the Telephone Exchange is invaluable at this stage in planning.

Identification of Venue for Helpline/Information Line

- Ideally the Helpline should not be isolated from the main hub of the organisation. Staff need to be able to access others to seek advice while the Helpline is operational. However, it does need to allow confidential conversations to take place and requires a dedicated space.
- Cabling to allow sufficient telephones is required. Once the media report on the issue is in the public domain then there is likely to be an influx of calls.
- Free phone telephone numbers need to be agreed with Telephone Exchange staff or relevant department.
- It is advisable to have a failsafe system to capture additional calls if the telephone lines become blocked with calls. This may involve agreeing with the Telephone Exchange staff to take details from those callers who are unable to get through quickly and ensure one of the Helpline staff return the call within an acceptable timeframe.

- Once the number of Helpline stations are agreed, personal computers are required for each to facilitate easy access to service user information. IT staff will assist in accessing the necessary cabling and hardware.

Briefing Paper for Helpline Staff

- It is important that those manning the Helpline should be trained and briefed. They should be provided with training and background information on the circumstances surrounding the Look Back exercise.
- Files should be prepared and updated daily with the initial press release and briefing notes on the subject (see Key Messages below).

Production of Algorithms

- Staff manning the Helpline will find it useful to have simple algorithms which assist in giving accurate information to callers. It may be that the caller has no reason to be alarmed when they are informed they are not within the affected group of service users.

Production of Key Messages

- Helpline staff need to be confident in the messages they are giving to callers. To assist this “key messages” should be agreed with the clinical teams and these are read to callers in response to specific questions. Helpline staff must not deviate from these messages.
- Some anxious callers will ring on many occasions and it is vital that if they speak to different Helpline staff they are being given a consistent message.
- Key messages will change as the review progresses. These then require to be updated in the individual files for Helpline staff.

Production of Proforma

- As each call is received it is important to maintain a record. A proforma should be designed to capture the relevant information. It should not be so detailed that the caller feels annoyed, however there needs to be sufficient to ascertain if follow up action is required.
- If the Helpline staff believe that follow up is required then a system needs to be agreed to segregate proformas, perhaps by identifying follow up calls with

a red dot. By the following day these need to have been actively followed up, probably by clinical staff in the speciality being reviewed.

- For completeness and post Look Back audit purposes a database of Helpline calls might be helpful.

Production of Rotas

- The Helpline opening times need to be agreed at the outset so that rotas can be produced. However as stated earlier the extent to which the matter is covered in the media will largely dictate when the calls might be made and some flexibility might be required. There is a strong correlation between media reports and number of calls made.
- In the early stages it will be essential to have staff with good communication skills. Staff will need to be released very quickly from their “normal” duties to assist with this work. There may need to be back filling of these posts to release these staff to assist.
- While staff should not be asked to work more than 6 hours at any one time on the Helpline, it is recognised that in the first few days resources may be stretched. On occasion some normal hospital business may need to be suspended temporarily. Overtime and out-of-hours arrangements should be considered and agreed through the Human Resources Department prior to the commencement of the Helpline.
- Ideally if new staff are coming onto the rota there should always be one member of staff who is familiar with the system and can advise others and co-ordinate overall. As far as possible the help lines should be staffed by experienced people with an understanding of the governance and duty of care responsibilities. Briefing on this area is helpful to understand the corporate responsibility.

Staff Briefing

- Briefing of staff, particularly in the early stages of the exercise is vital. A leader needs to be identified to take this role. This would normally be an Executive Director.

- Staff need to feel they are being listened to during the exercise. If they believe that the system could be improved they should have that opportunity to discuss their views at a daily staff briefing session.
- Catering arrangements should be in place for staff who assist in this work. Regular coffee breaks should be accommodated.

Appendix 5 Lookback Review Process Guideline – Process Checklist Template

	Look-back Review Process The purpose of the check-list is to act as an aide memoir to managers and staff to assist them to ensure compliance with the HSE Look-back Review Process Guidelines. The check-list must always be used in conjunction with the Lookback Review Process Guidelines. References to the relevant sections of the Guideline have been included in the check-list.	You should refer to the relevant Guideline Section(s) for guidance on each stage of the process.	Tick as appropriate		
1	Stage 1: Scoping the extent, nature and complexity of the Lookback Review	Section	Yes	No	N / A
1.1	Chief Executive notified that a Lookback Review Process may be required	2.1			
1.2	Chief Executive or nominated Director has established a Steering Group and Terms of Reference were agreed	2.2 – 2.4			
1.3	The Risk Assessment was commissioned by the Steering Group	2.7			
1.4	Using the information obtained from the Risk Assessment, the Steering Group made a decision to progress to the Service Review/ Audit and Recall stages of the Lookback Review Process	2.7 – 2.8			
1.5	The Chair of the Steering Group has notified the relevant bodies (DoH, HSCB, PHA) of the decision to progress with the Lookback Review Process	2.9 – 2.10			
2	Stage 2: Identifying and Tracing Service Users at Risk	Section	Yes	No	N / A
2.1	The Steering Group agreed the Scope and the Terms of Reference of the Service Review/ Audit and Recall stages of the Lookback Review Process	3.1			
2.2	The Steering Group developed a Lookback Review Action/Work Plan to inform the Audit and Recall Stages of the Lookback Review Process	3.1 – 3.2			
2.3	A database was established to collate and track the information gathered by the Lookback Review Process	3.2 – 3.3			
2.4	The Service Review/ Audit was undertaken by nominated team or experts commissioned by the Steering Group	3.4			
2.5	The Service Review/Audit identified persons affected to be included in the Recall stage	3.4			
2.6	The Helpline/ Information Line was established by the Steering Group	4.2 , 4.5 & Appendix 4			

3	Stage 3: Recall Stage	Section	Yes	No	N / A
3.1	The Recall stage was announced by the relevant Director	4.3 – 4.4			
3.2	The Recall stage was announced after persons affected had been informed of their inclusion in the Recall stage of the Lookback Review Process	4.4			
3.3	The Recall Team(s) implemented the Recall stage as per the Steering Group Action Plan	4.1			
3.4	The Recall Team identified actions to be taken to address any deviations from required standards of care	4.1			
3.5	The Recall Team implemented actions and/ or communicated required actions to the Steering Group	4.1			
3.6	The Steering Group undertook an evaluation of the Lookback Review Process and developed an anonymised report with recommendations and learning	5			
3.7	The Chair of the Steering Group submitted the anonymised report to Chief Executive and relevant external bodies	5			

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Consultant A were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3062 patient records reviewed with a further 1139 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust catchment area (Fermanagh patients). There is also an unknown quantity of patients that would have been seen privately in Mr O'Brien's home premises. However, it should be noted that the Trust have written on a number of occasions to Mr O'Brien to try and determine this information.

Evidence of harm that has occurred

To date there have been 9 patients that have met the SAI threshold and a further 21 who have met the trigger criteria for an SAI review, with other patients being identified as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 and has currently been suspended by the General Medical Council but there is no matrix to determine future harm occurring however, there still would be concern for patients that had been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With the review to date actual issue are (1) missed diagnosis (2) patients on the wrong medication (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review will take quite a number of years to complete.

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) have identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien seen in his private practice. The Trust is unaware of these patients so these patients may be affected also

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

There is also the risk of cost to the public funds and the reputation of the Trust and the Health Service in general.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The areas of concern are:

(a) Clinical decision making including clinical pathways, prioritisation and prescribing

(b) Consultant A's limited engagement with multi-disciplinary team processes. And the consequences of this are that patients have come to potential harm.

The issues are:

(c) Missed diagnosis

(d) Patients on the wrong medication

(e) Patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	☒
High	☐
Medium	☐
Low	☐

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) have identified 2346 patients. Age range is from 1 year to 96 years.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 and the number affected would be 10, 623

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

1. Cohort one patients - (January 2019-June 2020) who have been reviewed or had their record reviewed and have no issue with their care should be sent a letter as per the Lookback Guidance to reassure them, that their care has been reviewed and that they are on the correct management plan, this equates to 1000 patients. The Trust will also write to those patients that have been identified for a Structured Clinical Review (69 as of 30 September) and advise them we are looking into their care and that we will advise them of the outcome from this review.
2. It is anticipated that a further 300 patients will have their records reviewed by end of October 2021 and when completed the Trust will write to these patients
3. For the remaining patients approximately 1200 it is recommended that due to current capacity within the Urology Service that these patients should not be contacted until there is a plan in place to review them (currently working with the Independent Sector as a solution) and it is deemed that this will avoid unnecessary stress and anxiety for the patients. Timescale for this review is still to be worked through.
4. The Trust await the report from Royal College of Surgeons as this will determine how far back the next cohort needs to include and if it will include all patients or just patients with specific conditions that there are issues over.

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Consultant A were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3062 patient records reviewed with a further 1139 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust catchment area (Fermanagh patients). There is also an unknown quantity of patients that would have been seen privately in Mr O'Brien's home premises. However, it should be noted that the Trust have written on a number of occasions to Mr O'Brien to try and determine this information.

Evidence of harm that has occurred

To date there have been 9 patients that have met the SAI threshold and a further 21 who have met the trigger criteria for an SAI review, with other patients being identified as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 and has currently been suspended by the General Medical Council but there is no matrix to determine future harm occurring however, there still would be concern for patients that had been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With the review to date actual issue are (1) missed diagnosis (2) patients on the wrong medication (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review will take quite a number of years to complete.

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) have identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien seen in his private practice. The Trust is unaware of these patients so these patients may be affected also

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

There is also the risk of cost to the public funds and the reputation of the Trust and the Health Service in general.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The areas of concern are:

(a) Clinical decision making including clinical pathways, prioritisation and prescribing

(b) Consultant A's limited engagement with multi-disciplinary team processes. And the consequences of this are that patients have come to potential harm.

The issues are:

(c) Missed diagnosis

(d) Patients on the wrong medication

(e) Patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	☒
High	☐
Medium	☐
Low	☐

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) have identified 2346 patients. Age range is from 3 year to 96 years.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 and the number affected would be 10, 623

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

1. Cohort one patients - (January 2019-June 2020) who have been reviewed or had their record reviewed and have no issue with their care should be sent a letter as per the Lookback Guidance to reassure them, that their care has been reviewed and that they are on the correct management plan, this equates to 1000 patients. The Trust will also write to those patients that have been identified for a Structured Clinical Review (69 as of 30 September) and advise them we are looking into their care and that we will advise them of the outcome from this review.
2. It is anticipated that a further 300 patients will have their records reviewed by end of October 2021 and when completed the Trust will write to these patients
3. For the remaining patients approximately 1200 it is recommended that due to current capacity within the Urology Service that these patients should not be contacted until there is a plan in place to review them (currently working with the Independent Sector as a solution) and it is deemed that this will avoid unnecessary stress and anxiety for the patients. Timescale for this review is still to be worked through.
4. The Trust await the report from Royal College of Surgeons as this will determine how far back the next cohort needs to include and if it will include all patients or just patients with specific conditions that there are issues over.

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Mr O'Brien were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Mr O'Brien's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3043 patient records reviewed with a further 1653 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold and at the moment this figure has increased to 75 patients, please note that only 21 of these are aware that there is a review of their care being carried out.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust catchment area (Fermanagh patients). There is also an unknown quantity of patients who were seen privately in Mr O'Brien's home premises. However, it should be noted that the Trust has written on a number of occasions to Mr O'Brien to request this information.

Evidence of harm that has occurred

To date there have been 9 patients who have met the SAI threshold a further 21 who have met the trigger criteria for an SAI review and another group of patients identified potentially as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 and has currently been suspended by the General Medical Council. This reduces the likelihood of future harm occurring however, there is still concern for patients who have been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With patients who have been reviewed to date the actual outcome of issues that have been identified are:

- (1) missed diagnosis
- (2) patients on the wrong medication
- (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review will take quite a number of years to complete.

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien saw in his private practice. The Trust is unaware of these patients so these patients may be affected also.

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The areas of concern are:

(a) Clinical decision making including clinical pathways, prioritisation and prescribing

(b) Consultant A's limited engagement with multi-disciplinary team processes. And the consequences of these are that patients have come to potential harm.

The issues are:

(c) Missed diagnosis

(d) Patients on the wrong medication

(e) Patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	☒
High	☐
Medium	☐
Low	☐

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients. Age range is from 3 year to 96 years.

For the purposes of the Inquiry, the Trust had requested information on all patients from 2009 and the number identified is 10, 623

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

1. Cohort one patients - (January 2019-June 2020) who have been reviewed or had their record reviewed and have no issue with their care should be sent a letter as per the Lookback Guidance to reassure them that their care has been reviewed and that they are on the correct management plan. This equates to 1000 patients some of which are now be deceased. It should be noted that the Trust intend to use a different approach for any families whose family member is deceased and were included in the cohort of patients reviewed.
2. The Trust will also write to those patients that have been identified for a Structured Clinical Review (75 as of 30 September) and advise them we are reviewing their care and that we will advise them of the outcome from this review.
3. It is anticipated that a further 300 patients will have their records reviewed by end of October 2021 and when completed the Trust will write to these patients
4. For the remaining patients approximately 1200 it is recommended that due to current capacity within the Urology Service that these patients should not be contacted until there is a plan in place to review them (currently working with the Independent Sector as a solution) and it is deemed that this will avoid unnecessary stress and anxiety for the patients. Timescale for this review is still to be worked through.
5. The Trust await feedback from Royal College of Surgeons as this will recommend how far back the next cohort needs to include and if it will include all patients or just patients with specific conditions that there are issues over.

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Mr O'Brien were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Mr O'Brien's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3043 patient records reviewed with a further 1653 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold and at the moment this figure has increased to 75 patients, please note that only 21 of these are aware that there is a review of their care being carried out.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust catchment area (Fermanagh patients). There is also an unknown quantity of patients who were seen privately in Mr O'Brien's home premises. However, it should be noted that the Trust has written on a number of occasions to Mr O'Brien to request this information.

Evidence of harm that has occurred

To date there have been 9 patients who have met the SAI threshold a further 21 who have met the trigger criteria for an SAI review and another group of patients identified potentially as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 and has currently been suspended by the General Medical Council. This reduces the likelihood of future harm occurring however, there is still concern for patients who have been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With patients who have been reviewed to date the actual outcome of issues that have been identified are:

- (1) missed diagnosis
- (2) patients on the wrong medication
- (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review will take quite a number of years to complete.

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien saw in his private practice. The Trust is unaware of these patients so these patients may be affected also.

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The areas of concern are:

(a) Clinical decision making including clinical pathways, prioritisation and prescribing

(b) Consultant A's limited engagement with multi-disciplinary team processes. And the consequences of these are that patients have come to potential harm.

The issues are:

(c) Missed diagnosis

(d) Patients on the wrong medication

(e) Patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	☒
High	☐
Medium	☐
Low	☐

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients. Age range is from 3 year to 96 years.

For the purposes of the Inquiry, the Trust had requested information on all patients from 2009 and the number identified is 10, 623

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

1. Cohort one patients - (January 2019-June 2020) who have been reviewed or had their record reviewed and have no issue with their care should be sent a letter as per the Lookback Guidance to reassure them that their care has been reviewed and that they are on the correct management plan. This equates to approx 1000 patients some of which are now deceased. It should be noted that the Trust may consider a different approach for any families whose family member is deceased and were included in the cohort of patients reviewed.
2. The Trust will also write to those patients that have been identified for a Structured Clinical Review (77 as of 27 October 2021) and advise them accordingly.
3. It is anticipated that a further 300 patients will have their records reviewed by end of October 2021 and when completed the Trust will write to these patients
4. For the remaining patients approximately 1200 it is recommended that due to current capacity within the Urology Service that these patients should not be contacted until there is a plan in place to review them (currently working with the Independent Sector as a solution) and it is deemed that this will avoid unnecessary stress and anxiety for the patients. Timescale for this review is still to be worked through.
5. The Trust await feedback from Royal College of Surgeons as this will recommend how far back the next cohort needs to include and if it will include all patients or just patients with specific conditions that there are issues over.

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Mr O'Brien were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Mr O'Brien's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3043 patient records reviewed with a further 1653 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold and at the moment this figure has increased to 75 patients, please note that only 21 of these are aware that there is a review of their care being carried out.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust catchment area (Fermanagh patients). There is also an unknown quantity of patients who were seen privately in Mr O'Brien's home premises. However, it should be noted that the Trust has written on a number of occasions to Mr O'Brien to request this information.

Evidence of harm that has occurred

To date there have been 9 patients who have met the SAI threshold a further 21 who have met the trigger criteria for an SAI review and another group of patients identified potentially as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 and has currently been suspended by the General Medical Council. This reduces the likelihood of future harm occurring however, there is still concern for patients who have been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With patients who have been reviewed to date the actual outcome of issues that have been identified are:

- (1) missed diagnosis
- (2) patients on the wrong medication
- (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review will take quite a number of years to complete.

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien saw in his private practice. The Trust is unaware of these patients so these patients may be affected also.

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The areas of concern are:

(a) Clinical decision making including clinical pathways, prioritisation and prescribing

(b) Consultant A's limited engagement with multi-disciplinary team processes. And the consequences of these are that patients have come to potential harm.

The issues are:

(c) Missed diagnosis

(d) Patients on the wrong medication

(e) Patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	☒
High	☐
Medium	☐
Low	☐

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients. Age range is from 3 year to 96 years.

For the purposes of the Inquiry, the Trust had requested information on all patients from 2009 and the number identified is 10, 623

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

1. Cohort one patients - (January 2019-June 2020) who have been reviewed or had their record reviewed and have no issue with their care should be sent a letter as per the Lookback Guidance to reassure them that their care has been reviewed and that they are on the correct management plan. This equates to approx 1000 patients some of which are now deceased. It should be noted that the Trust may consider a different approach for any families whose family member is deceased and were included in the cohort of patients reviewed.
It should also be noted that out the 1000 patients reviewed that there has only been 306 reviewed face to face, the rest have either had a telephone review or else a virtual desktop review.
2. The Trust will also write to those patients that have been identified for a Structured Clinical Review (77 as of 27 October 2021) and advise them accordingly.
3. There are a further 287 patients who require a second review of their records and the Trust will write to these patients
4. For the remaining patients approximately 800 patients the Trust would wish to highlight that whilst they intend to write to all of these patients to advise them that their care is being looked into, there is currently no capacity to see these patients within the Southern Trust Urology Service. Therefore the Trust is cognisant of the stress and anxiety that this will cause to patients and their families whilst they wait for a review of their records. And the Trust has formally written to the HSCB to ask for help with Core work so as to release their urologists to see these patients.
5. The Trust await feedback from Royal College of Surgeons as this will recommend how far back the next cohort needs to include and if it will include all patients or just patients with specific conditions that there are issues over.

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Mr O'Brien were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Mr O'Brien's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3043 patient records reviewed with a further 1653 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold and at the moment this figure has increased to 75 patients, please note that only 21 of these are aware that there is a review of their care being carried out.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust catchment area (Fermanagh patients). There is also an unknown quantity of patients who were seen privately in Mr O'Brien's home premises. However, it should be noted that the Trust has written on a number of occasions to Mr O'Brien to request this information.

Evidence of harm that has occurred

To date there have been 9 patients who have met the SAI threshold a further 21 who have met the trigger criteria for an SAI review and another group of patients identified potentially as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 and has currently been suspended by the General Medical Council. This reduces the likelihood of future harm occurring however, there is still concern for patients who have been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With patients who have been reviewed to date the actual outcome of issues that have been identified are:

- (1) missed diagnosis
- (2) patients on the wrong medication
- (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review will take quite a number of years to complete.

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien saw in his private practice. The Trust is unaware of these patients so these patients may be affected also.

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The areas of concern are:

(a) Clinical decision making including clinical pathways, prioritisation and prescribing

(b) Consultant A's limited engagement with multi-disciplinary team processes. And the consequences of these are that patients have come to potential harm.

The issues are:

(c) Missed diagnosis

(d) Patients on the wrong medication

(e) Patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	☒
High	☐
Medium	☐
Low	☐

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) has identified 2346 patients. Age range is from 3 year to 96 years.

For the purposes of the Inquiry, the Trust had requested information on all patients from 2009 and the number identified is 10, 623

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review

(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

1. Cohort one patients - (January 2019-June 2020) who have been reviewed or had their record reviewed and have no issue with their care should be sent a letter as per the Lookback Guidance to reassure them that their care has been reviewed and that they are on the correct management plan. This equates to approx 1000 patients some of which are now deceased. It should be noted that the Trust may consider a different approach for any families whose family member is deceased and were included in the cohort of patients reviewed.
However, it should also be noted that out the 1000 patients reviewed that there has only been 306 reviewed face to face, the rest have either had a telephone review or else a virtual desktop review. With regard to the virtual desktop exercise the Trust advises that for a number of these reviews it was only in relation to an identified issue/condition and not a review into their full urological care, for example the review into patients who had/were prescribed the anti-androgen drug Bicalutamide by Mr O'Brien. For other reviews whilst this was for patients within a particular group, for example radiology results, when checking this group of patients and completing the patient review form the Subject Matter Expertise undertook a more comprehensive review of all urology care / decision making and highlighted any concerns to the Trust.
2. The Trust will also write to those patients that have been identified for a Structured Clinical Review (77 as of 27 October 2021) and advise them accordingly.
3. There are a further 287 patients who require a second review of their records and the Trust will write to these patients
4. For the remaining patients approximately 800 patients the Trust would wish to highlight that whilst they intend to write to all of these patients to advise them that their care is being looked into, there is currently no capacity to see these patients within the Southern Trust Urology Service. Therefore the Trust is cognisant of the stress and anxiety that this will cause to patients and their families whilst they wait for a review of their records. And the Trust has formally written to the HSCB to ask for help with Core work so as to release their urologists to see these patients.
5. The Trust await feedback from Royal College of Surgeons as this will recommend how far back the next cohort needs to include and if it will include all patients or just patients with specific conditions that there are issues over.

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :

Template for Risk Assessment**Appendix 1**

Information about the event or concern that has given rise to the need to consider a lookback review process (include information in relation to any actual harm that has been caused as a result of this issue):

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Consultant A were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there could be wider service impacts. The Trust is currently undertaking a comprehensive review of patients under Mr O'Brien's care from January 2019 until June 2020. To date there have been 3062 patient records reviewed with a further 1139 patient record reviews planned. This review has been carried out following extensive consultation with a number of professional bodies, including Royal College of Surgeons. This review is being carried out in advance of the publication of the Regional Policy and Guidance Implementing a Lookback Review Process (2021)

From this comprehensive review there are 9 patients who have met the SAI threshold. These 9 SAI's have now been completed. A further 21 patients and their families have been made aware that a review of their care has identified trigger criteria for an SAI review. We expect as we continue to review patients that there will be more patients' care which will meet the SAI threshold.

Information about the potential extent of the issue (include information about the number of people, number of HSC organisations that might be adversely affected by the issue):

Areas looked at for extent of issue:

If the Lookback Review Process is limited to one HSC organisation or if the process will involve a number of HSC organisations including the independent sector;

The patients impacted are patients from the Southern Trust and patients from the Western Trust area (Fermanagh patients). There is also an unknown quantity of patients that would have been seen privately in Mr O'Brien's home premises.

Evidence of harm that has occurred

To date there have been 9 patients that have met the SAI threshold and a further 21 who have met the trigger criteria for an SAI review, with other patients being identified as having received sub-optimal care.

The likelihood of future harm occurring;

The Consultant has retired since June 2020 there is no matrix to determine future harm occurring however, there still would be concern for patients that had been treated by Mr O'Brien prior to January 2019

The potential and actual (if relevant) outcomes of the issue e.g. missed diagnosis/ missed return appointments for follow up etc;

With the review to date actual issue are (1) missed diagnosis (2) patients on the wrong medication (3) patients having being lost in follow-up which may lead to catastrophic consequences for the patient.

There is also the potential harm should the Trust make contact with all patients in the potential cohort as this contact may unnecessary stress and worry for them and their families whilst they wait for their records to be reviewed. Due to insufficient capacity this patient review may take up to six years

The potential cohort of service users affected (including service users of other HSC and non-HSC Organisations);

The first cohort of patients (January 2019 – June 2020) have identified 2346 patients and these are the patients currently under review.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 that were under the care of Mr O'Brien up until his retirement in June 2020 the total patients in this time period is 10,623.

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that consideration needs to be given to

There are also a number of patients that Mr O'Brien seen in his private practice. The Trust is unaware of these patients so these patients may be affected also

The potential impact on other service users (not in the 'at risk' cohort) e.g. potential delays in treatment and diagnosis;

All patients that are under the care of the Southern Trust Urology Service have the potential to be impacted due to the time needed to review all of the patients identified in each of the cohorts. The Regional Urology service is under immense pressure due to personnel and capacity issues and this clinical review has the potential to further compound these issues.

There is also the risk of cost to the public funds and the reputation of the Trust and the Health Service in general.

Information about the potential outcomes of the issue (include information about the potential consequences of the issue e.g. missed diagnosis / missed return appointments / harm from contaminated equipment):

The area of concern/issues:

- (a) Clinical decision making including clinical pathways, prioritisation and prescribing
 - (b) Consultant A's limited engagement with multi-disciplinary team processes.
- And the consequences of this are that patients have come to potential harm

Information about the risk level of the issue (include information about the severity of harm that might occur in the people adversely affected by the issue). Use the Regional Risk Matrix (Section 2.7) to evaluate the risk.

Please tick one:

Additional

Details:

Extreme	x
High	
Medium	
Low	

Catastrophic:

- Permanent harm/disability (physical/ emotional trauma) to more than one person.
- Incident leading to death.

Information about the potential cohort of service users affected (number, gender, age range):

The first cohort of patients (January 2019 – June 2020) have identified 2346 patients. Age range is from 1 year to 96 years.

For the purposes of the Inquiry the Trust had requested information on all patients from 2009 and the number affected would be 10, 623.???

It should be noted that the consultant was employed at Craigavon Area Hospital since 1992 so there is another potential cohort of patients that may need to be included.

Details of Immediate Action Required

Complete the internal current clinical review and await the report from RCS to determine are there more cohort of patients to be included in the review.

Recommendations to Steering Group regarding Stage 2 Lookback Review
(include recommendations for the Terms of Reference for the Lookback Review including recommended inclusion and exclusion criteria; and for scoping audit(s) of service users that might fall within the inclusion criteria):

Details of personnel who undertook the Risk Assessment:

Name	Title

Date of Risk Assessment :



Dr Maria O'Kane
Medical Director
Southern Health & Social Care Trust

SENT BY E-MAIL ONLY

24 February 2022

PRIVATE AND CONFIDENTIAL

Dear Dr O'Kane,

Thank you for your letter dated 20 February 2022 further to the invited clinical record review of 100 urological surgical records that commenced in June 2021. As the review involved the assessment of a substantial number of records (100 clinical records) and there were initial delays/issues in accessing the Trust's systems, the review team were not able to complete their initial review of the clinical records until late 2021.

We are working to complete the invited review report, which is currently being drafted, as soon as possible. Prior to issuing the final report to the Trust, the report will need to be quality assured by relevant members of the Invited Review Oversight Group and approved by the review team before it can be issued to the Trust. We estimate that the final invited clinical record review report will be ready later in April 2022.

The review team's full conclusions on the circumstances of the review and any recommendations made to address its terms of reference, will be contained in the final invited review report. These views will be based on consideration of the 100 clinical records provided to the review team by the Trust.

Please note that Romina Trinidad, Invited Review Programme Manager, has been in communication with Martina Corrigan (Assistant Director for Public Inquiry and Trust Liaison), in December 2021 and January 2022, regarding the delay in producing the RCS England review report for Southern Trust.

I hope the above information is useful and thank you for your patience. Should you have any further questions please contact Romina Trinidad by email - Personal Information redacted by the USI or by telephone - Personal Information redacted by the USI

Yours sincerely

Personal Information redacted by the USI

Professor Timothy Rockall FRCS
Chair of the Invited Review Mechanism

The Royal College of Surgeons of England
38-43 Lincoln's Inn Fields
London WC2A 3PE

T: Personal Information redacted by the USI
E: Personal Information redacted by the USI
W: www.rcseng.ac.uk

Registered Charity No. 212808

Corrigan, Martina

From: Romina Trinidad Personal Information redacted by the USI
Sent: 30 July 2021 09:40
To: Corrigan, Martina
Subject: RE: RCS Eng IRM: Review Planning

Dear Martina,
I hope this email finds you well.

Thank you for supporting the review team in accessing the clinical records, it has been a challenge getting to this point, with everything being done remotely.

In answer to your query, we have not set a timescale with the reviewers in completing their review of the clinical records. This is the first review that the College have had, that involved a huge amount of records being assessed remotely. Taking into account the difficulties in accessing the records and the time its taking them to view the cases, the reviewers took a while to get started.

Having said that, I do monitor their progress to ensure that all of them are working towards the same timeframe, with a view of meeting them in a couple of weeks' time to discuss their conclusions and report production.

Please note that the report will be issued to the Trust between 8-10 weeks after the review has been completed.

I hope the above information is useful, please do let me know if you need further assistance.

Kind regards,
Romina

Romina Trinidad
Invited Review Manager

Royal College of Surgeons of England
38-43 Lincoln's Inn Fields
London WC2A 3PE

T: Personal Information redacted by the USI
E: Personal Information redacted by the USI
W: www.rcseng.ac.uk

From: Corrigan, Martina Personal Information redacted by the USI
Sent: 26 July 2021 12:04
To: Romina Trinidad Personal Information redacted by the USI
Subject: RE: RCS Eng IRM: Review Planning

Good morning Romina,

I hope you are keeping well?

I have been liaising with 3 out of the 4 reviewers (Brian, Mark and Jonathan) and I hope they are getting on ok? it is a difficult exercise trying to do this remotely but I think that they are managing ok using our Electronic Care Record.

Dr O’Kane our Medical Director had asked me to get in touch regarding timescales for completing this piece of work (this was never agreed between Jessica and my colleague Stephen), so not sure if the Consultants are working to when this will be completed?

Many thanks and please do not hesitate to contact me if there is anything that I can do to help.

Kind regards

Martina

Martina Corrigan
Assistant Director for Public Inquiry and Trust Liaison
Craigavon Area Hospital

Telephone:

Personal Information redacted by the USI

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Corrigan, Martina

From: Romina Trinidad [Personal Information redacted by the USI]
Sent: 09 August 2021 10:43
To: Corrigan, Martina
Subject: RE: RCS Eng IRM: Review Planning

Dear Martina,
Thank you for your email.

I am meeting with the review team this week to assess their progress and discuss any findings from their review of the clinical records. If there are any urgent issues that require addressing, I would normally put this in writing as part of our process and will share with you and the Trust prior to issuing the report (if necessary). However, the overall conclusions will be detailed on the report that I will issue within 8-10 weeks from when the review is completed.

I will consider the review team's feedback and determine if there are any concerns that require immediate attention following our meeting this week.

Please let me know if I can assist further.

Kind regards,
Romina

From: Corrigan, Martina [Personal Information redacted by the USI]
Sent: 06 August 2021 09:30
To: Romina Trinidad [Personal Information redacted by the USI]
Subject: RE: RCS Eng IRM: Review Planning

Good morning Romina

Hope you are keeping well?

Many thanks for your response and apologies for the delay in responding.

I agree that this exercise has been a challenge due to having to do it all remotely, but can you pass on my thanks to the Consultants for sticking with me on this and being understanding of the challenges.

This is good that you are keeping in touch with them and thanks for the timescale for the report. Can I ask in advance if there are any major clinical concerns that the team finds with any of the patients that this can be shared with me please? It is just that as we are picking issues up we are dealing with them to ensure that the patients come to no more harm, so this would be useful whilst waiting for the report.

Many thanks and I hope you have a good day and a lovely weekend

Kind regards

Regards

Martina

Martina Corrigan