

Oral Hearing

Day 2 – Wednesday 22 June 2022 (Closed)

Being heard before: Ms Christine Smith QC (Chair)
Dr Sonia Swart (Panel Member)
Mr Damian Hanbury (Assessor)

Held at: Bradford Court, Belfast

Gwen Malone Stenography Services certify the following to be a verbatim transcript of their stenographic notes in the above-named action.

Gwen Malone Stenography Services

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1 THE HEARING COMMENCED ON WEDNESDAY,
2 22ND DAY OF JUNE, 2022 AS FOLLOWS:

3
4 CHAIR: Good morning everyone. Patient 84 .

5 Patient 84 : Hi.

10:07

6 CHAIR: Good morning. We haven't met, so I should just
7 tell you that I'm Christine Smith, Chair of the
8 Inquiry. Beside me is Dr. Sonia Swart, who is my
9 co-panellist and Mr. Damian Hanbury who is the
10 Urological Assessor for the Inquiry.

10:07

11
12 I presume you have been told that I am the one who will
13 be asking you questions, but at the end of your
14 evidence, Dr. Swart, Mr. Hanbury or Mr. Wolfe QC may
15 have some questions to ask you also.

10:07

16
17 If at any stage you need a break please tell us,
18 there's no problem with that. And if you're unsure
19 about what I am asking you, don't be afraid to say so,
20 there's no right or wrong answer here. This is your
21 opportunity to tell us what you want the Inquiry to
22 hear and to tell us how you felt about the treatment
23 you received in the Southern Health and Social Care
24 Trust. Okay.

10:08

25 Patient 84 : Okay.

10:08

26 CHAIR: You should have received a bundle of papers,
27 and can I assure you that we have read all of these
28 papers, and if you want to refer to any of them, if you
29 could just use the number that's on the top right-hand

1 corner and that way we'll know that everybody is
2 looking at the same document.

3
4 And I also need to remind you, Patient 84, that we
5 cannot, as an Inquiry, make any decision about the 10:08
6 clinical care that you received or the standard of it.
7 That has been looked at and it is being looked at with
8 the GMC and the Trust, so that's matters for them. So
9 if you're now happy I'd ask you to take the oath,
10 please. 10:09

11
12 Patient 84, HAVING BEEN SWORN, GAVE HIS EVIDENCE
13 TO THE INQUIRY, AS FOLLOWS:

14
15 CHAIR: All right. Just to sum up, Patient 84, you had 10:09
16 a kidney stone that required a stent?

17 A. Yes.

18 1 Q. And that was in March 2016?

19 A. Yeah.

20 2 Q. You, after what happened to you, you wrote a letter of 10:09
21 complaint to the Southern Health and Social Care Trust
22 and that letter is in the documents that you have in
23 front of you at PAT-000011 -- sorry, 000200 and that
24 was a letter that you wrote in September 2016. And you
25 also set out similar issues in the questionnaire that 10:09
26 you completed for the Inquiry.

27
28 Could you, just in your own words please, describe the
29 treatment, perhaps using that letter if you find it

1 useful, and describe what happened to you, please?

2 A. Yeah. Yeah, the letter sort of describes it pretty
3 well. Obviously there's a bit of a word-dump on what
4 sort of happened over that five-month period. So I was
5 initially pretty grateful that it was sort of picked up 10:10
6 that there was a blockage in the ureter to start off
7 with.

8
9 Obviously I dropped everything to get that seen to
10 because it was obviously over the Easter holidays and 10:10
11 that kind of thing. So, yeah, I was seen to and looked
12 after correctly in that way and whatever. And then it
13 was the stent and I don't think I have ever had a stent
14 in before and stuff and I wouldn't be getting one
15 again, if I can help it. 10:10

16
17 But yeah, it was just from straightaway the pain, the
18 pain of it and stuff. Very sore. Just passing water
19 frequently and very urgently and that kind of stuff
20 from that like. And yeah, I was always having to top 10:11
21 up with water all the time kind of thing just to, in my
22 head, it was just to kind of flush things out and
23 whatever. Because always if I didn't, it was very dark
24 red, it was like a red wine kind of colour and stuff
25 like, so I had to keep on diluting it and stuff. And 10:11
26 obviously because of that I had to do it all the time,
27 I had to do it night-time and things like that because
28 if I didn't I would wake up in the morning and it was
29 very sort of --

1 CHAIR: Do you mind if I interrupt you for just a
2 moment?

3 A. Fire away, yeah.

4 3 Q. I just want to check, this was after you had had the
5 stent put in? 10:11

6 A. Yes, sorry, yeah.

7 4 Q. Can I take you back a stage further to, you were told
8 that you needed a stent?

9 A. Yes.

10 5 Q. And you needed to go into hospital obviously to have 10:11
11 that put in. And what happened, how were you told that
12 you needed, how were you contacted about coming into
13 hospital?

14 A. Yeah, I was phoned by, was it Mr. Tyson? I think I got
15 their name wrong the first time or whatever. But yeah, 10:12
16 it was just like an urgent emergency sort of thing and
17 it was a bit of a panic because I was actually packing
18 to go to my parents and stuff. So I was like, okay.
19 And then obviously I could see, they stressed that
20 urgency and stuff like, so I had to just drop 10:12
21 everything and said, right, when do I have to go and
22 whatever.

23

24 Then it was just a wee bit of communication there,
25 issues, no big deal really, but Sunday coming in, but 10:12
26 nobody was expecting me and that kind of thing. And
27 then I did go home and then re-admitted then on the
28 Monday morning and that kind of thing and stuff so,
29 yeah, communications.

1 6 Q. So you turned up at the hospital, you weren't expected
2 and you were sent home and had to come back the next
3 morning?

4 A. Yes, I came back. I kind of wanted to do that,
5 I didn't really want to stay the night in the hospital 10:12
6 if I could avoid kind of thing. So I sort of nipped
7 home and slept there and came back in the morning,
8 whenever they required me.

9 7 Q. And you had the operation in the hospital?

10 A. (WITNESS NODS). 10:13

11 8 Q. When you went back in on the Monday. And you then, as
12 you are describing, had problems subsequent to the
13 stent being inserted?

14 A. Yeah.

15 9 Q. What did you do when you were having these problems, 10:13
16 then, [REDACTED] Patient 84 ?

17 A. Well, I suppose I tried to manage it with painkillers
18 and plenty of water and that kind of thing. But then
19 obviously then that's when I suppose the communication
20 issues would arise when I was trying to contact 10:13
21 Mr. O'Brien's secretary and stuff and I wasn't getting
22 anywhere. I just wanted to get some kind of assurance
23 that you know, is this normal, obviously when is this
24 thing going to come out and that kind of stuff. It's a
25 foreign body in there and the body doesn't want it in 10:13
26 there and it was telling me so because of the pain and
27 things. And it wasn't exactly in relation to the --

28 10 Q. I'm going to interrupt you?

29 A. Go ahead, yeah, I don't mind.

1 11 Q. I just want to be clear, whenever you were operated on,
2 were you told how long the stent would be there?
3 A. Yeah, I was told about six weeks whatever, you know,
4 that seemed to be the clinical target kind of thing
5 that was communicated to me in anyway. 10:14

6 12 Q. Do you remember who told you that?
7 A. I can't exactly remember, no. Yeah, no. It was quite
8 a while ago now and stuff, I can't remember. Sometimes
9 you're told these things when you're actually just come
10 out of anaesthetic. I always find that strange, to be 10:14
11 honest, because you're just trying to find out where
12 you are really. And I think it was the only time maybe
13 that Mr. O'Brien came to me, to be honest, because
14 I didn't see him after that like.

15 13 Q. So you believe, as best you can recollect, that was 10:14
16 when you were told?
17 A. Yeah, because that's why I was making sure when is the
18 date, you know, when is it coming, when is it
19 happening. And then that was confirmed to me later in
20 August when consultants, like Mr. O'Donoghue and stuff, 10:14
21 told me it's usually six weeks. And that's when I was
22 kind of like, you know, why? why did it take so long
23 for me kind of thing? And that just kind of, yeah.
24

25 So it annoyed me and frustrated me because of the 10:14
26 problems that the stent could have posed because I was
27 getting those pre-op conversations and things that
28 there could be issues with it being removed and things
29 and encrustation and that kind of thing. And I was

1 like, is this going to lead to a tear or something in
2 the ureter and that kind of stuff and that was
3 obviously worrying and things, and it all could have
4 been avoided basically.

5 14 Q. I think you said there that you were trying to contact 10:15
6 Mr. O'Brien's secretary to see if what was happening to
7 you was normal?

8 A. Yeah.

9 15 Q. And what response were you getting?

10 A. Nothing. Just getting the fobbed-off. Go back to the 10:15
11 GP, that kind of thing. And the GP was very good like,
12 just trying to be supportive and that kind of stuff,
13 but they can only do so much. They're not specialists
14 and that. They just really were prescribing me more
15 antibiotics, Amoxicillin, and that kind of thing, and 10:15
16 painkillers and that kind of stuff like.

17
18 But yeah, she was just telling about the waiting lists
19 and that kind of stuff, but I was just looking for some
20 kind of commitment, some kind of a date, you know, at 10:16
21 least then something I could aim for and know that it
22 was happening then and then I could just manage it,
23 grin and bear it kind of thing. But there is no plan,
24 they just didn't seem to have a plan for me.

25
26 while I was grateful for removing the blockage, I just
27 thought there was no, I just felt there was a
28 makeshift, that will do for now, that will buy me time,
29 buy us time or whatever, you know, time to deal with

1 other things or whatever. So that's the way I felt and
2 I was just getting fobbed-off and I just wasn't getting
3 listened to kind of thing.

4
5 I just wanted to speak to somebody medical, just 10:16
6 somebody that just sort of says, this is normal, don't
7 worry, I'm trying my best, I'm trying to get this
8 waiting list down, I've got all this X, Y and Z going
9 on, you know, and there was just some kind of
10 commitment to get me sorted kind of thing and just to 10:16
11 hear someone, this is normal, that's fine, just do this
12 and do that, or whatever. I don't know like. But I
13 don't think there was much I could do really.

14 16 Q. You didn't get to speak to any of the medical?

15 A. No, that was one of my complaints in the letter, like 10:17
16 you know. That's one of my suggestions, don't be
17 leaving it to the Admin Staff. Obviously they were the
18 barrier to, I suppose, get rid of people and not get
19 near the consultants. But surely it could have been
20 delegated to a Junior Doctor or somebody, a nurse, 10:17
21 anybody, just to sort of say anything, I don't know.

22 17 Q. How did you feel? You described you thought you were
23 being fobbed-off, how did that make you feel?

24 A. It was just a bit helpless. You're just kind of like,
25 what do you do? You're speaking to your GP and stuff 10:17
26 and obviously they are supportive and things, but they
27 just issue painkillers and things and stuff. But then,
28 you know, I didn't want to take so many of them because
29 obviously they put stress on other organs and things

1 and stuff. I later found that taking ibuprofen like,
2 they're not good for the kidneys because they're
3 anti-inflammatories, I'm not pronouncing that properly.
4 But yeah, Amoxicillin and just throwing that stuff, but
5 that's the bog-standard antibiotics that anybody gets. 10:18
6
7 But then that's when I got worrying about the whole
8 infection and stuff, because is it because of the
9 overuse of antibiotics then this is going to lead to
10 some kind of superbugs and stuff? And then obviously 10:18
11 in hospital I had to get these different strengths,
12 they weren't working, the normal stuff, and then it's
13 just Tazocin and Meropenem and these kind of ones and I
14 have been told they're quite strong ones and whatever.
15 So it was kind of like, these better work. Like what 10:18
16 happens if they don't, sort of thing.
17 18 Q. You actually ended up back in hospital as an emergency
18 because?
19 A. Hmm.
20 19 Q. And how long had the stent been in at that stage? 10:18
21 A. Well, that was the end of March. And what was it, the
22 start of August when I got admitted that time. Yeah,
23 two-o-one, 6th August, five months later or so.
24 20 Q. So instead of what you understood, that the stent would
25 come out in six weeks, it was five months later? 10:19
26 A. It was five months, yeah.
27 21 Q. And it was still in?
28 A. Still in there, yeah. And it was only until I was just
29 so unwell, I can remember that. I think it was a

1 Saturday, I felt pretty - but again, I thought it was
2 because I was getting lack of sleep and that kind of
3 stuff. But yeah, Sunday, I remember just feeling real
4 lethargic and I couldn't barely move and stuff and I
5 said, I need to go to hospital here and stuff. And 10:19
6 that's when I got tested, white blood cell count and
7 the CRP count are, obviously the infection markers, and
8 there was an infection there kind of thing, so.

9 22 Q. Just in terms of your stay in the hospital and how you
10 were treated, is there anything you want to tell the 10:20
11 Inquiry about that?

12 A. No. Once I went in in August, they were great like.
13 No, just real helpful and, yeah, good at their jobs.
14 Just got it sorted like and stuff. No, no complaints
15 there at all. I thought they were very good. 10:20

16 23 Q. And what would you say then is the major complaint that
17 you have? I know the letter is there and, as I say, we
18 have read it. But what would you say your major
19 complaint would be?

20 A. It was that communication again, just back to that 10:20
21 communication, just to be able to speak to a medical
22 professional and stuff and just being some kind of
23 plan, just a commitment, this is going to get sorted.
24

25 I just feel I was being fobbed-off and things, and 10:20
26 obviously they mentioned about the cancer patients and
27 that stuff. Obviously you would think they are
28 priority and whatever, but I just thought why not,
29 I was a quick one, I was someone that could have been

1 dealt with and stuff, let's just deal with this person
2 that keeps on phoning, and just like get rid
3 of them, you know that would have been -- prioritise
4 them. That would have been dealt with and then they
5 could have focussed their attention and resources and 10:21
6 whatever on the cancer patients that they referred to
7 in their response.

8
9 But it was just, again, it was communication and the
10 lack of plan there. There was no commitment to sorting 10:21
11 me out. And then I had to endure that pain and
12 everything. It was like, it was pretty horrible just
13 the pain, and the frequency, and the urgency and
14 everything like, you know? I remember at work like,
15 mid-conversation, sorry, I have to go, and that kind of 10:21
16 stuff. It was just pretty painful and actually passing
17 it was painful. It was like, yeah, you were wincing
18 sort of thing and stuff like that, that kind of thing.
19 So yeah, it was too long. It was too long to...

20 24 Q. When you wrote, after you had recovered from the 10:21
21 treatment, you wrote and complained to the Trust. Can
22 I just ask you a little about how you feel that was
23 handled. You received a holding response within a week
24 of your letter going in and then an update four weeks
25 later, and then the following month you received a 10:22
26 formal response, if you like, and a more detailed
27 response. Were you ever told why it was taking so long
28 to investigate?

29 A. No, I did wonder like. But yeah, I could have guessed

1 that there was an issue like with the fact that they
2 couldn't get a response quicker, I was kind of
3 wondering. I actually meant to check that. When was
4 the date of Mr. O'Brien's letter? When was that?
5 There was -- this is in part of the pack this morning 10:22
6 that I seen. But his letter that informed the response
7 from the Trust or whatever, but I don't know what date
8 that was prepared by him.

9 25 Q. I'll check that. It's certainly in the bundle anyway?
10 A. I seen it at the end. There's no date there. I just 10:22
11 wondered because all of this holding replies was it
12 because they weren't getting a response from him or
13 they had a number of drafts or iterations before they
14 were content.

15 26 Q. I think if you look of page, PAT-000238, you will see 10:23
16 that Mr. O'Brien's response was 16th October '16?
17 A. Oh yeah, at the end. Yeah, 16th October.

18 27 Q. But it was still, I think, a while after that before
19 you received the formal response, that was December
20 then that you received the formal response. So they 10:23
21 would have spoken to, or at least received written
22 communication from Mr. O'Brien in or around mid-October
23 and it was still another six weeks before they
24 responded to you?

25 A. Yeah. I was happy enough with the holding letters to 10:23
26 know that I was being looked at and that kind of thing.
27 I wasn't overly concerned with that and stuff. It was
28 more, I was just relieved that it was sorted, to be
29 honest. After August it was just the pain was gone,

1 that was for me a huge bonus just, you know, the
2 quality of life and all that after that and stuff, just
3 to be able to get on with things. So after that, that
4 will take its due course or whatever.

5 28 Q. You did get then the response on the 1st or dated the 10:24
6 1st of December. You weren't happy with that?

7 A. No. It was, I just sort of felt, they focussed on the
8 wee smaller parts and really didn't really deal with
9 the main issue of the communication and the plan and
10 stuff. 10:24

11
12 They sort of focussed on wee things that I did, in
13 fairness mention in the letter about admission times
14 and communication and that kind of stuff, but for me
15 that's fine, that's not the end of the world you know 10:24
16 like. Things get misplaced and whatever like. But it
17 was the over, yeah, they just didn't address the main
18 concerns.

19
20 Obviously then they brought in the cancer patient stuff 10:24
21 and, you know, while obviously I have sympathy with
22 them, life-threatening conditions and things, but that
23 wasn't, I suppose you shouldn't be made feel guilty.
24 All the more reason for me to, get me dealt with and
25 then you can focus your time and efforts and energy on 10:25
26 those people that need it and stuff like. But yeah, it
27 just seemed a bit of a sort of a weak argument.

28 29 Q. Can I just check, you say that once the stent was
29 removed that your quality of life improved. Can I just

1 confirm you're feeling a lot better now?

2 A. Yeah. Yeah. Well I have got kidney stones issues. So
3 I don't know, it took me a while, I don't know if it's
4 because of the stent, but obviously the stent caused a
5 blockage and there's a backup. And in one of my 10:25
6 kidneys there's stones and it's embedded in the meat of
7 the kidney is the way I would describe it. So I don't
8 know if that was going to be caused because of my
9 make-up or whatever.

10 10:25
11 But it couldn't have helped and stuff and I just think
12 it took me ages, or a number of other procedures to get
13 rid of these stones and stuff. And I have only maybe
14 last year totally got rid of them. I actually have
15 another ultrasound next Tuesday about the kidneys and 10:26
16 stuff like. Something else came up there, it was just
17 a wee bit of discomfort and things. But I just think
18 it couldn't have helped having that blockage in an
19 already pretty small tube there.

20 10:26
21 And I have a history of stones, I just don't think the
22 stent was a good idea for it being in that long,
23 particularly for me because of the history of it. And
24 if it was somebody who wasn't complaining about a stent
25 then of course, you know, maybe go down the priority 10:26
26 list a bit. But for me with the history that I had,
27 because he's referring to 2002's and 2003's and stuff
28 like. So I should have been, I thought, maybe up the
29 list a bit, let's get this person's stent removed a bit

1 quicker because of the encrustation. There was a stone
2 lodged in there then beside it, Mr. Glackin removed
3 that one. Yeah.

4 CHAIR: Dr. Swart, would you like to ask?

5 DR. SWART: Just a couple of things. You said your 10:27
6 stay in hospital was great. What was the standout best
7 thing about the stay in hospital, why did you have such
8 a positive experience do you think, what was it that
9 made that?

10 A. I suppose it was just the staff. They were just, and 10:27
11 things were getting done, you know, there was actions
12 and plans and they were trying to get me better kind of
13 stuff. And then just the care from all the staff were
14 good. Yeah, that was the main thing, just the quality
15 of care really and stuff, it was good. Yeah, they 10:27
16 fixed the problem I suppose.

17 30 Q. Was the communication good during that stay?

18 A. Yeah, it was good. Yeah, yeah. They were keeping me
19 informed about the microbiologist and stuff, and you
20 know ESBL they picked up, and the testing and the 10:27
21 antibiotics, and the Tazocin, and that kind of stuff
22 and all. And I was probably, you know, not shy in
23 asking questions at the same time too. But yeah, no,
24 I was well-informed for that.

25
26 I was a wee bit, I suppose disappointed, obviously
27 because I got discharged and then I felt really unwell
28 then that time and had to get re-admitted and then I
29 think that was a stronger strength, if I am right, you

1 can tell me otherwise, the Meropenem and stuff.
2 I remember feeling really poorly then because I had to
3 go back to the GP because I was burning up like. And
4 they said go straightaway to the A&E and stuff like.
5 So that wasn't great. And maybe I could have been 10:28
6 managed a bit better. But obviously it was fine then
7 to be discharged from her thoughts like, like I would
8 have felt fine, I wouldn't have left if I didn't kind
9 of thing.

10 31 Q. So coming on to your complaints, you have written two 10:28
11 good letters. The second one is following the formal
12 complaint and the object of all our work is obviously
13 to make things better and I always like people to give
14 us a bit of a view on what they think the Trust could
15 do to improve the handling of complaints. 10:29
16

17 You mentioned that they focussed on the wee smaller
18 parts. Did anybody, following the complaints for
19 example, ring you to ask you what the main issues in
20 the complaint were for you, or did anything like that 10:29
21 that happen?

22 A. Sorry, just say the last wee bit again, sorry?

23 32 Q. Well, when you put your complaint in, did anybody ring
24 you to say, what's the most important aspect of this
25 complaint for you? 10:29
26

26 A. No, no, no, it was just those holding replies.

27 33 Q. If you had to give the Hospital some advice to make the
28 complaints process better, what would that be from your
29 perspective, from your experience? what would have

1 A. I think they have, yeah. It sounds like they have
2 reacted to that because I never would have had that
3 before. So, yeah, that's what was missing that time,
4 just letting me know that there was a plan in place and
5 you're going to be dealt with, and being able to speak 10:31
6 to a medical professional and stuff.

7 36 Q. In your letter to the Complaints Department you
8 mentioned the cancer demand and being made to feel
9 guilty about that?

10 A. Yeah. 10:31

11 37 Q. How do you feel about that now that things have
12 progressed a bit more?

13 A. Yeah, well I suppose I had sympathy for them because,
14 you know, I'm sort of young and fit. I had sympathy
15 for those people that are waiting for those kind of 10:31
16 things if they were under the same timelines as I was.
17 So I was always aware that people are worse-off than
18 yourself, kind of thing.

19
20 But yeah, as I said, I just thought they could have 10:32
21 dealt with me, just to be done with me, quick win, get
22 rid of me, let's focus on the people that maybe need
23 help over a longer period of time, like these cancer
24 patients and things. So, yeah, I had sympathy for
25 them. Because I always thought that if I had been 10:32
26 older or in poorer health, you definitely wouldn't have
27 wanted to be waiting that long with what I experienced
28 and things. Because as I say, luckily I was classed as
29 young and fit or whatever like, but yeah, it would be a

1 lot worse for other people.

2 DR. SWART: Thank you.

3 CHAIR: Mr. Hanbury?

4 MR. HANBURY: I have been listening to your compelling
5 evidence. As urologists we're acutely aware of the 10:32
6 risks of stents, as well their benefits, especially in
7 this scenario of stones and stents. It is fascinating
8 to hear your comments from there.

9

10 So before I go to my questions, just with respect to 10:33
11 the August admission when you went in with a bad
12 infection, temperatures and all the rest, you were
13 scheduled to remove the stone but that had to be
14 delayed for a couple of days. That's correct, isn't
15 it? 10:33

16 A. To clear up the infection, yeah.

17 38 Q. Then you had the procedure, then you went home, then
18 you had to come back in again, is that right? So just
19 tell us a bit about the second, the re-admission, that
20 was a few days later? 10:33

21 A. Yeah.

22 39 Q. What's your recollection of that?

23 A. I just remember feeling really, I think I was only two
24 or three days in between or whatever, in between like.
25 But I remember feeling really ill and I was burning up. 10:33
26 I went to the GP and then they said, go straight to A&E
27 and whatever. I was just admitted normally enough
28 like. But it was the fact that they started chatting
29 about septicaemia and stuff. And yeah, I remember

1 getting pretty worried at that time because I thought,
2 you know, they were saying that obviously your kidneys,
3 that kind of sump were sort of stagnant, sort of stuff
4 setting in there, that leads to blood poisoning and
5 septicaemia and whatever. So that when I get admitted 10:34
6 that is when I was sort of, yeah, I was getting
7 concerned like.

8 40 Q. And they treated you with further antibiotics and
9 fluids. You didn't need another procedure of any sort?

10 A. No. It cleared up through the Meropenem, whatever, and 10:34
11 stuff like there, yeah.

12 41 Q. Right. Okay, thank you.

13 A. No, the care was good there. Like I was grateful and,
14 yeah, it got sorted.

15 42 Q. So okay, coming back in time, you partly answered this 10:34
16 before about communication and things, so you have
17 mentioned that you would have liked to have spoken to
18 either Mr. O'Brien or one of his junior staff, or one
19 of the middle grades. How do you think that might have
20 changed things, how did you envisage? 10:35

21 A. Just to give me the reassurance that I was being looked
22 at and that they had a plan and that it was imminent or
23 whatever, or just some, just a personal touch. Just to
24 say, look, you know, I'm under pressure, I'm trying to
25 do this here, my hands are tied. You know, just that 10:35
26 there something planned really and that I was being
27 sort of acknowledged. I just felt like a bit of a
28 nuisance and stuff phoning up all the time and
29 whatever, you know.

1 43 Q. By "plan" you mean?
2 A. A plan as to how I was going to get, how I was going to
3 get the removal, the stent removal essentially.
4 44 Q. Okay.
5 A. And maybe just a medical person to just reassure me 10:35
6 that it's fine, do this, you know. I kind of knew to
7 keep up the water uptake and that kind of stuff. But
8 yeah, I suppose a bit of a reassurance at that time in
9 the earlier days and then just to have an idea of when
10 I was going to be seen. 10:35
11 45 Q. That's what I was sort of hinting at.
12 A. Yeah.
13 46 Q. But I wanted you to tell me, so a date for the proposed
14 procedure is really what you wanted?
15 A. Yeah, that's everybody - yeah, that's what you want, 10:36
16 isn't it. You want the sort of, yeah, when can I, when
17 will this thing come out?
18 47 Q. Thank you. And continuing with that theme, if you
19 could have had your stone removal and stent removal
20 earlier but by a different surgeon within the same 10:36
21 Trust, I mean would that have been acceptable to you?
22 A. Yeah. Totally. Yeah. No issues at all who does it
23 like. Yeah, no, it didn't matter. That was something
24 at the time I remember I was phoning the secretary and
25 they said they only do surgeries on a Wednesday or 10:36
26 something. Was it a Wednesday, or a Wednesday
27 afternoon or whatever? And then they were saying there
28 is a big backlog of so many hundred patients.
29

1 And I was just like, if you just do the maths how are
2 you going to catch up? That was in my head. How are
3 you going to physically catch-up, if you stop writing
4 and nobody else come in, how are you going to get
5 through that? And that to me was like, surely you need 10:37
6 more people, you need more resources, you need
7 something, you need more days doing the surgery. You
8 need to do something.

9
10 You know, if I'm right, you should correct me 10:37
11 otherwise, maybe you know differently, but that's four
12 days a month. Like you don't get much done out of how
13 many surgeries a day, on average four, five? I don't
14 know. But it doesn't take somebody too clever to work
15 out how quickly you need to go through that backlog. 10:37
16 And that's what I was sort of just thinking, so when am
17 I going to be seen.

18 MR. HANBURY: Thank you.

19 A. I don't know if I have responded to your question.

20 MR. HANBURY: You have, yes, that's fine. Thank you 10:37
21 very much. Thanks for that.

22 CHAIR: Mr. wolfe?

23 MR. WOLFE QC: Thank you, Chair. Patient 84, I just
24 want to ask you a few questions about this
25 communication issue. 10:38

26
27 Let's put a few dates down on the table. You were
28 admitted on 28th March, as I understand it, which was
29 Easter Sunday 2016. You went home, came back in again

1 on the 29th March. I assume you were either discharged
2 that day or the day after, after your stent
3 installation. And then you came back into the hospital
4 via Accident and Emergency on 6th August 2016?

5 A. Yeah.

10:38

6 48 Q. Help me with this, if you can: Between those two
7 dates, approximately, if you can remember, but
8 approximately how many communications did you attempt
9 to make into the hospital to raise the issues that you
10 were raising?

10:39

11 A. Ten times at least maybe, phone calls and stuff like
12 that. You know it was -- yeah, you know obviously at
13 the start I was trying to, this is just to manage it,
14 this is the way things are. But as that six week's
15 time, and I was getting to, obviously the holidays are
16 in there and stuff as well and I was keen to get that
17 sorted before then. But, yeah, no, I phoned quite
18 regularly, particular with the pain, it was just the
19 pain of it all.

10:39

20 49 Q. And I understand there were also e-mail communications
21 mentioned by Mr. O'Brien in his letters. So you were
22 e-mailing in as well?

10:39

23 A. I don't recall that as much because I am not sure if I
24 had an e-mail address for them that early. But it was
25 definitely the --

10:39

26 50 Q. Perhaps that is my fault. Perhaps Mr. O'Brien was
27 being e-mailed by his secretary, maybe that is --

28 A. No, it was more, I think it was Cathy, was it he called
29 her? But yeah, it was more phone calls to her. But

1 leaving voice-mails, all that kind of thing, you know,
2 'phone me back please' and that kind of stuff.

3 51 Q. And just to be clear, your only point of contact and
4 the only person you spoke to was Mr. O'Brien's
5 secretary, as you understood it? 10:40

6 A. Yeah.

7 52 Q. And in terms of the information that you were conveying
8 into them, into her, you've spoken about, in your
9 correspondence, about your deteriorating condition?

10 A. Yeah. 10:40

11 53 Q. Infections, et cetera, was that information shared with
12 her?

13 A. I suppose, well the infections didn't really come in
14 'til August that I was aware of, that I got tested for
15 and things. I suppose the GP was giving me Amoxicillin 10:41
16 and that sort of stuff. I don't think they did any of
17 them sort of CRP markers or tests and that kind of
18 stuff. It was probably just something that did...

19 54 Q. What about your earlier symptoms of pain?

20 A. It was just being managed with painkillers. 10:41

21 55 Q. In terms of communicating that in?

22 A. Yeah, yeah, that was the primary reason I was phoning
23 up like. Because it was like, particularly if you had
24 a bad night or whatever, and you were kind of phoning
25 up and saying, when is this happening or whatever? 10:41
26 But, yeah.

27 56 Q. I have listened to your answer to Mr. Hanbury and it
28 appears that your objective in phoning was to get
29 clarity in terms of, is there a plan for me? What's

1 happening? How do I manage this?

2 A. Yeah.

3 57 Q. Okay. In terms of the information back to you from the
4 secretary in any of the conversations that you had with
5 her, what kind of information was she conveying back? 10:41
6 what were the things that she was saying to you?

7 A. It was more just about how busy Mr. O'Brien was and,
8 you know, when they would get back to me kind of thing
9 or speak to your GP. But that to me was seen as a bit
10 of a backward step because the GP, they're a general 10:42
11 practitioner, they wouldn't know my case, they are not
12 specialists in urology and things. So that's when they
13 were supportive and sympathetic to, you know, sort of
14 my pain and that kind of thing and they'd just try to
15 give painkillers and try to do whatever they could 10:42
16 within their sort of control.

17 58 Q. Obviously then, as I have said, you made it back into
18 the hospital system via Accident and Emergency in
19 August?

20 A. Yeah. 10:42

21 59 Q. At any time before that were you given any indication
22 as to when it was likely that your stent would be
23 removed?

24 A. No. No, it wasn't. Just when I had the surgery,
25 obviously I was told about the six weeks thing. But 10:43
26 after that, no, I wasn't told any date. I didn't know
27 when it was happening, you know. So, yeah -- I haven't
28 a clue when I was -- in a way it was good that I was
29 admitted. I knew thinking, maybe, should I have put

1 the complaint in sooner, it might have put pressure on
2 Mr. O'Brien elsewhere, or do you just have to admit
3 yourself? But I was feeling sore and urgent frequency
4 in having to go. But was that enough to present myself
5 to A&E? You know, I was trying to like, others, there 10:43
6 are others, worse people off, you know, it's just a
7 stent, I need this out and I'll be fine, you know that
8 sort of thing.

9 60 Q. Could I come back to the six week point, you have given
10 evidence already that you don't know who it was who 10:44
11 told you, but?

12 A. No, not exactly.

13 61 Q. But when you left the hospital at or around Easter-time
14 after the stent was put in, you left, as I understand
15 your evidence, you left believing that this would be 10:44
16 removed within six weeks or at six weeks, is that what
17 you are telling us?

18 A. Yeah, I thought that was the sort of clinical target
19 and whatever. It was kind of re-confirmed to me by
20 Mr. O'Donoghue in August, that the six weeks, that's 10:44
21 what they tend to work to and that's why I made a
22 comment there about the wide-eyed or whatever,
23 expression I used there like. But six weeks, why was
24 I, why am I sitting here now five months later kind of
25 thing. 10:45

26 62 Q. Could I draw your attention to something that
27 Mr. O'Brien has said in his response to your complaint.
28 I am conscious that you won't have seen this until
29 earlier this morning. But if you turn towards the back

1 of your pack at 237, are you there?

2 A. Yes, sorry.

3 63 Q. And towards the top there is a paragraph
4 commencing [Patient 84], three lines into that paragraph, it
5 says:

10:45

6

7 "Another example of wrong communication is the advice,
8 information, or assurance that [Patient 84] claims to have
9 been given that this stent would or should be removed
10 during or after six weeks. In almost 25 years as a
11 Consultant Urologist, I have never ever committed
12 myself to perform a procedure within any particular
13 time unless I have actually fixed a date. However,
14 during those 25 years such commitments have been given
15 to patients on numerous occasions by junior staff who
16 have never once seen a waiting list."

10:45

10:46

17

18 So Mr. O'Brien is fairly clear that he didn't give you
19 a commitment to remove within any particular period of
20 time?

10:46

21 A. Yeah. It looks from that that, yeah, he is saying
22 that, I cannot recall who gave that sort of target and
23 whatever like, but yeah, somebody did within there.

24 64 Q. Yes.

25 A. The only time I recall him approaching me was when
26 I was probably just coming around from the general
27 anaesthetic. I always thought that that was a strange
28 time for consultants to come around to you because
29 you're not fully awake and things.

10:46

1 65 Q. I just want to be clear around this six week issue as a
2 target date or whatever?
3 A. Yes.

4 66 Q. However it is described. You mention in your
5 interaction with, I think it was Mr. O'Donoghue who saw 10:47
6 in one of your visits in August, one of your admissions
7 in August.
8 A. Yeah.

9 67 Q. Can you remember whether that was the first or the
10 second? 10:47
11 A. The first, it was the first.

12 68 Q. Did he discuss with you any issue about when the stent
13 was removed or any question of delay?
14 A. Well, he mentioned the six weeks and he mentioned that
15 sort of time, I remember that. And that's why I was 10:47
16 wondering if everybody else thinks this why is it
17 different there? But obviously he couldn't say so
18 much, like he's not going to badmouth, I suppose,
19 Mr. O'Brien or one of his colleagues and that kind of
20 stuff. But he did say, yeah, usually we aim for the 10:47
21 six weeks or whatever. So I was kind of surprised by
22 that like.

23 MR. WOLFE QC: Okay. I have nothing further for you,
24 thank you.

25 CHAIR: Patient 84, thank you very much for talking to 10:48
26 us this morning. Is there anything else that you feel
27 you'd like the Inquiry to know that you haven't already
28 told us, or anything that you would like to say?
29 Patient 84: No, not really, no. Yeah. It just there

1 seemed to be some kind of, as I alluded to there, there
2 seem to be changes there, they seem to be doing things
3 better and I think they need to do that. They just
4 need to dedicate more time to the patients and things
5 and have that medical staff to sort of chat to the
6 patients and set time aside.

10:48

7
8 I know Mr. O'Brien says, oh, that's nice in an ideal
9 world and that, but that should be an important part of
10 his job and find the time for that or whatever. I just
11 don't understand that one day-a-week sort of thing to
12 do surgeries, you bring more people in, then if that's
13 only the one day, what are you doing with the other
14 four days? I don't know if it's a resource issue or
15 whatever. I just think the patient communication could
16 be better and sort of give plans.

10:48

10:49

17
18 He says there about his 25 years, he has never
19 committed, maybe he should have, you know, and had
20 those dates and stuff so that the patient feels that
21 they are being listened to and dealt with and looked
22 after, and basically just get on with their day-to-day
23 life and that kind of stuff. So, yeah, there's
24 definitely things there to be learned. I am sure that
25 will come out of your Inquiry and whatever. But, no,
26 that's about it really as far as myself.

10:49

10:49

27 CHAIR: Thank you again, Patient 84. It's been very
28 helpful for us to hear first-hand your account of what
29 occurred in relation to you. So we very much

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appreciate you coming along here this morning.

THE WITNESS: No problem at all, thank you. Thanks.

CHAIR: Okay. So, short morning, Ladies and Gentlemen. Our next witness isn't here until 2 o'clock, but I am sure, like us, you have things to be getting on with in 10:50 the meantime. See you at two.

THE HEARING WAS CONCLUDED

Oral Hearing

Day 2 – Wednesday 22 June 2022 (Closed)

Being heard before: Ms Christine Smith QC (Chair)
Dr Sonia Swart (Panel Member)
Mr Damian Hanbury (Assessor)

Held at: Bradford Court, Belfast

Gwen Malone Stenography Services certify the following to be a verbatim transcript of their stenographic notes in the above-named action.

Gwen Malone Stenography Services

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1 THE HEARING COMMENCED ON WEDNESDAY,
2 22ND DAY OF JUNE, 2022 AS FOLLOWS:

3
4 CHAIR: Good afternoon, Ladies and Gentlemen. Good
5 afternoon, Patient's Daughter.

14:03

6
7 First of all, can I, on behalf of the Inquiry, express
8 our condolences on the loss of your father,
9 I appreciate it was some five years ago but I am sure
10 you still feel the loss every bit as though it was
11 yesterday.

14:03

12
13 I'm Christine Smith, Chair of the Inquiry, Dr. Sonia
14 Swart is my co-panelist and Mr. Hanbury is the Urology
15 Assessor to the Inquiry.

14:03

16
17 Thank you for coming to speak to us. I will be asking
18 you questions first and then my colleagues and
19 Mr. Wolfe may have some questions for you at the end.
20 But don't be afraid to say if you don't know the
21 answer. There are no right or wrong answers. Don't be
22 afraid to ask for a break if you want one. There's no
23 problem with taking a break at any time.

14:04

24
25 And just to let you know we have the same bundle of
26 papers that you have and we have read all of those.
27 And that if you need to refer to any of the papers in
28 it, if you could just use the number that's on the top
29 right-hand corner, then everybody will know what page

14:04

1 we're talking about.

2
3 Also just to remind you that the Inquiry cannot
4 actually make any determination about the standard of
5 care that your father received. That's being looked at 14:04
6 by others, such as the Trust and the GMC. But if
7 you're ready then can I now ask you to take the oath,
8 please.

9
10 Patient's Daughter , HAVING BEEN SWORN, GAVE HER 14:04
11 EVIDENCE TO THE INQUIRY, AS FOLLOWS:

12
13 CHAIR: Thank you, Patient's Daughter . Now, can I just ask you
14 really to set out what it is that you would like the
15 Inquiry to know about the care that your father 14:05
16 received and about the problems that he had, in your
17 own words, and if I need to interrupt you about
18 anything I will do that.

19 Patient's Daughter : Okay.

20 CHAIR: Sorry, can I just ask you to speak into the 14:05
21 microphone so that the stenographer can hear you.

22 Patient's Daughter : Yes. Certainly I feel that I had outlined
23 in my complaint just the issues as they were at that
24 particular time.

25 14:05
26 I suppose there are a number of tenets of that and one
27 of them particularly in relation to the communication
28 between both the other involved disciplines and
29 certainly us as a family with urology. In relation to

1 the communication, it was very clear that once we had
2 made the decision that dad was going to go for oncology
3 treatment in the form of chemotherapy, that it was
4 certainly very important that a stent was put in place,
5 and that certainly happened in a timely manner after 14:06
6 Oncology were advised that that was to be put in place.
7

8 Now the circumstances around that happening in the
9 sense that he actually wasn't on the list for surgery
10 on the day that he went in to have that operation, that 14:06
11 was quite an ordeal for him certainly on that day, but
12 everything went to plan. He had his treatment and we
13 were advised that once that treatment ceased that
14 Oncology would be advised that the stent needed to be
15 removed. 14:07

16
17 And you know, we could clearly see from reading up
18 around it that the optimum time for that was very much
19 within around sort of six to nine months. So his
20 treatment had lasted six months, you know, and it was 14:07
21 in situ at that point. Oncology, as far as I can
22 gather from the paperwork, were advised that treatment
23 had ended and that communication from the
24 professionals, from Oncology and Consultant Surgeons
25 continued on. 14:07
26

27 I was always quite taken aback by their advice that
28 that had to be in the form of a letter and they would
29 advise us that a letter has been sent off to Oncology

1 to advise that we are still waiting for the stent to be
2 removed.

3
4 And similarly, whenever -- that was October when they
5 were advised and shortly after that a phone call from 14:07
6 me to Urology, again informing him that dad was
7 starting to have after-effects, and I suppose to put it
8 in perspective, this is a man Personal Information redacted by USI

9 [REDACTED] suffered a spinal injury. So he was
10 very au fait with the whole world of neurology, 14:08
11 orthopaedics, and urology was another thing. Certainly
12 that he had a really long-standing relationship with
13 his consultants.

14
15 And I suppose he was very taken aback at the fact that 14:08
16 all through his life, I mean those 30 years, all he had
17 to do was to make a phone call to that particular
18 department. And that consultant, I mean that message
19 would be relayed and the consultant would then come
20 back to him and say look we'll bring your review 14:08
21 forward, or try this medication, or whatever. So
22 whenever that wasn't happening in response to the
23 communication from both Oncology and the surgeons in
24 relation to this particular, the stent being in place,
25 he was quite dismayed because it was a very different 14:09
26 experience to the one he had had all his life.

27
28 And that, as a family, to watch him suffer
29 unnecessarily, you know, given the fact that he had

1 already come through all of the, you know, a spinal
2 injury, the intensive rehabilitation that that required
3 and his resilience was always incredible and to find
4 then that he wasn't being listened to, that was very,
5 very difficult to watch and he was suffering, and he 14:09
6 knew why he was suffering and he could relay that very
7 clearly and he was a very articulate and intelligent
8 man and that was why we found it so difficult to accept
9 that no one was coming back.

10
11 And the communication, certainly from ourselves, both
12 dad would have rang and I rang and whatever, and you
13 never got a response to that. You know, the message
14 was relayed obviously but no one, the secretary didn't
15 come back to say, well, the consultant, you know, he's 14:10
16 on a waiting list, he will be seen in a couple of
17 months, in the meantime maybe you should try this or...
18 So it was that lack of reciprocation of communication
19 which was particularly upsetting.

20 1 Q. Can I just ask a little bit about that, if I may? 14:10

21 A. Yes.

22 2 Q. You talk about both Oncology and Urology?

23 A. Yes.

24 3 Q. Did you experience, or did your father rather,
25 experience the same problems in communicating with both 14:10
26 the Oncologist and with the Urologist?

27 A. In terms of Oncology, there were very set patterns for
28 reviews. So you usually knew it was kind of within six
29 or eight weeks each time. Now obviously going through

1 the treatment he seen them a lot more that, but in the
2 follow-up to that, once the treatment was completed,
3 the chemotherapy, the review appointments were very
4 steady and it was at each of those that the discussion
5 would be made in relation to the stent.

14:11

6
7 And I suppose it was the implication then eventually
8 where radiotherapy was mentioned as a treatment option
9 and I think that was first mentioned in January. And
10 we really were -- that was something, and not that we
11 had any sense of feeling that this was going to be a
12 solution to his problems, but we could see it as
13 possibly extending life and for that reason dad was
14 very willing to give it a go.

14:11

15
16 But then because of the stent removal and
17 reinstallation of that again was very dependent on the
18 treatment happening. I suppose, you know, Oncology
19 were actually relaying that to us and obviously from
20 the documentation they were informing Urology. But,
21 again, it's the fact that I could never understand why
22 that had to be in the format. I could never understand
23 why there wasn't a system on the internet or, indeed,
24 by e-mail or, you know, by phone to say, look, this
25 person's cancer pathway is very much dependent on your
26 intervention and, therefore, you know it was that kind
27 of lack of sense of -- and I felt it from the Oncology
28 as well.

14:11

14:11

14:12

1 Some more than others were very much, look, I will
2 write, we will write to the Department and in fact on
3 occasions they would say, we will write to someone else
4 in the Department in the Urology Department to see if
5 we can expedite this. There was maybe one, certainly 14:12
6 there was maybe a wee bit more passive in the dealings
7 with that, but in general you knew you were going to
8 see them at a particular time.

9
10 But I suppose it was the shock that we felt in that 14:12
11 December meeting whenever we were told that the
12 radiotherapy was no longer a treatment option and
13 I think that's whenever, you know, the annoyance and
14 the need then to formalise our concerns came about. As
15 I say, we never had any issues with the competency or 14:13
16 anything, it is just the whole system, the systemic
17 feelings as I see them to some degree in relation to
18 intervention that should have been more timely.

19 4 Q. Can I ask about a couple of things: In your
20 questionnaire to us, and just to let you know it's at 14:13
21 page PAT-000147.

22 A. Yes.

23 5 Q. You talk about the lack of consistent care provided by
24 Mr. O'Brien in the Urology Department in Craigavon Area
25 Hospital and that that was the first that your father 14:13
26 had every encountered in his dealings with the medical
27 profession?

28 A. Mm-hmm.

29 6 Q. You talk about him being advised to attend at the

1 Urology Department. Can you recall how he was advised?

2 A. Yes. I think there was a meeting with, following the
3 decision to proceed with chemotherapy, there was a
4 meeting set up with Urology. So we attended that
5 meeting. And it was at that meeting, it was an
6 out-patient meeting and we were advised, I'm just
7 trying to, is there a sequence of?

14:14

8 7 Q. If I can maybe direct you?

9 A. Yes, can you direct me.

10 8 Q. I will direct you to that point. Basically you go on
11 in that paragraph on that page to talk about, he was
12 advised to come in to get a stent put in.

14:14

13 A. Yes.

14 9 Q. And that would have been I think in May, or sorry,
15 March of '15, 31st March '15, but when your father
16 arrived he wasn't on a list?

14:14

17 A. Yes. Obviously it was the 26th March 2015 relating to
18 page 104 in terms of the sequence, and it was at that
19 meeting with, I think it was with the doctor,
20 Consultant O'Donoghue, I'm not quite sure. Again,
21 there was another person there on that particular
22 occasion and we were advised that, you know, the stent
23 would be inserted prior to treatment commencing and
24 that happened all very quickly.

14:15

25 14:15

26 And as I say, he was advised to attend then for
27 admission on the 31st, but it was on that particular
28 day, and I can see from the submission from Mr. O'Brien
29 that there was some level of confusion about surgery

1 lists et cetera. But this was a gentleman with a
2 spinal injury in a wheelchair who, you know, was in for
3 a procedure and we sat around in a corridor. We
4 clearly could see that there was great confusion as to
5 where he was to be placed, on whose list he was et
6 cetera, et cetera. 14:16

7
8 And absolutely, the staff in these Departments are
9 absolutely incredible. Like I have the utmost respect
10 for all people in the world of medicine, and the 14:16
11 mismatch between demand and capacity in all of these
12 departments is something that we all acknowledge, but
13 it's just a little bit of respect for the person in
14 question. And he should never have been privy to that
15 information that he wasn't on a list and that there 14:16
16 were issues with that. And it was - the sense of
17 relief when he was finally advised that he was going to
18 be, have the procedure because the thought of having to
19 come back on another day and go through the pre-op et
20 cetera, et cetera. 14:16

21
22 So that was, you know, a day that particularly sticks
23 out in my mind as one where he -- and there were many
24 days that were difficult, but that certainly was one
25 for him, as was the follow-up to the stent being taken 14:17
26 out. I mean that week afterwards he spent in a High
27 Dependency Unit. As I say, because he had such an
28 awareness of his own condition and the complications,
29 he foresaw exactly what was going to happen to him.

1 I mean he knew that that was a very, because it didn't
2 happen in a timely manner that that was going to have
3 serious complications for him and particularly given
4 his vulnerabilities after treatment and so on. And
5 that week was very, very difficult. But yet, because 14:17
6 of his resilience he bounced back and he was ready to
7 re-engage again with further treatment.

8 10 Q. Can I just, the removal of his stent was some time
9 after it was put in before it was removed, as we know
10 from the papers. 14:17

11 A. Mm-mm.

12 11 Q. And when did you start, do you recall, when did you
13 start contacting the Hospital about when it was going
14 to be removed?

15 A. As I said, you know, in relation to Oncology we were 14:18
16 advised from the outset this was just a measure that
17 had to be taken in order for the treatment to happen
18 and it would be removed and, if necessary, it would be
19 another one would be put in its place.

20 14:18
21 I suppose it was after the treatment ended and we knew
22 that Oncology had advised us that they had informed
23 Urology that the stent, it was a timely period maybe to
24 remove it. And it was then, you know, it was whenever
25 we sort of hadn't heard anything in relation to that 14:18
26 that I made a phone call to -- as a follow-up to that
27 and I think that may have been in December. So that
28 was whenever dad started to relay to us and to his GP
29 that he was having these issues. And I suppose that

1 was confirmed very much in the follow-up appointment
2 with a consultant surgeon that he was dealing with,
3 just to say that how you're describing, the symptoms
4 you're describing probably are in relation to that and
5 I will again make contact with Urology.

14:19

6
7 And I think, that was whenever I started, round about
8 the December of that year. And at that point after the
9 treatment, I think, from memory, it was probably in
10 situ for about six months. But there was an eight
11 month delay again before it was actually removed. And
12 just all of the complications around it being in for so
13 long, in dwelling for so long, were very much I think
14 came to bear for dad, you know.

14:19

15
16 And when we went to visit him after that procedure he
17 was able to describe how they had said it was encrusted
18 and all of the things and the urosepsis, which he
19 maintained, you know, he was probably, only that he
20 responded well to the antibiotic régime, it could have
21 been a very different outcome even at that point.

14:20

22 12 Q. What did you feel about the level of communication from
23 the Urology Department to your father about the removal
24 of the stent?

25 A. I have concerns on two levels. I have concerns, as
26 I say, the fact that there was no reciprocation of
27 communication. So all we would have asked for was
28 someone to get back and say we've spoken with one of
29 the consultants or whatever and, you know, we can

14:20

1 assure you he is on a waiting list, we can assure you
2 that it will be carried out, obviously we're under
3 severe pressure at the moment or whatever.

4
5 But there was never anything like that. It was almost 14:20
6 like you were speaking, you would give your message but
7 there was never anyone to come back to you. So as
8 I say, that communication I felt just wasn't
9 reciprocal. There was nothing coming back. It was
10 very much I'm making this phone call. 14:21

11
12 Now, again, looking through the documentation, the GP
13 would have told us and Macmillan nurse would have said
14 that they would have made contact, but there is no
15 reference to that in the documentation so I don't know 14:21
16 if that ever happened. But certainly it felt like it
17 was coming from various quarters and no one was getting
18 a response to it. So that communication, but I also
19 could never understand why there wasn't a more robust
20 mechanism for recording people who needed intervention, 14:21
21 you know.

22
23 So it doesn't matter, to me it's irrelevant who the
24 letter is addressed to, what the salutation is, whether
25 it is filed or it is not filed. Surely there is a 14:21
26 system that can go in place which shows this person is
27 about to breach the timeline for this intervention
28 happening, you know. And a good IT system surely would
29 be able to do that.

1 Now obviously then the pressures of operations and
2 availability of that facility, a lot of that is out of
3 control of the consultant or whatever. But it's just,
4 we always felt, and you know reading the documentation,
5 something was filed away, the letter was filed away. 14:22
6 well to me that's not good enough. You know, that
7 should have been put on a system that red-flagged that
8 this person is now, the stent is in place, it needs to
9 be removed within a particular timeframe. And to think
10 that that wasn't in place in that department, I mean 14:22
11 I don't know enough about it, but certainly from a
12 layperson I feel that there must be a more effective
13 and efficient way of recording those.

14 13 Q. What about whenever you complained, I think that was
15 about four months before you got a response, is that 14:23
16 correct?

17 A. Yes. So, again, the timeline for that was probably one
18 that we weren't expecting. Just for the record, making
19 a complaint was not something that either myself or my
20 father did easily. In fact after the first, after the 14:23
21 operation where the stent was taken away, I talked to
22 dad at that point because I was just so frustrated with
23 the way things were going. And I said, look, do you
24 want me to put this on a more formal basis? And he
25 said no, I do not. He said, you know, these people 14:23
26 have saved my life over the years, I relish and respect
27 the patient relationship with consultants and he said,
28 I don't want to engage in that.
29

1 But I suppose as time progressed and, as I say, that
2 particular, I suppose the crux of that was that day
3 that we were informed that treatment options were no
4 longer available. He just was so dismayed that he
5 said, yes, go ahead.

14:24

6
7 And within that period of time we made that complaint
8 and, as I say, because of the grief and the fact that
9 you are not in a situation where you can, I suppose,
10 rationalise things, the fact that that time meant
11 nothing to me, the fact that it was three months. But
12 I suppose then as time progressed and, again you can
13 see from the index, I started, again, to have to make
14 contact with the SAI.

14:24

15
16 When they advised me that it was going to be a SAI.
17 Again I knew nothing, no idea what that meant so I had
18 to research all of that myself. I thought, what does
19 that mean? And that was never the intention. It
20 wasn't that in any way you were trying to apportion
21 blame or anything like that, it was just a case of,
22 look, something has to be done here, this patient's
23 experience cannot be replicated, somebody has to
24 intervene.

14:24

14:24

25
26 So you know, whenever they said, I kind of had a look
27 at that and then I made a number of communications.
28 Now I have to say they were always responded to, be
29 that via an e-mail to say, we can't give you a

14:25

1 timeframe but certainly this is how the complaint is
2 progressing, we need to speak with such and such, we're
3 having a meeting. So there was definitely a lot of
4 communication. But I suppose it was the time.
5 I thought surely there has to be - this can happen 14:25
6 within a better timeframe.

7
8 So I also had to, at that point, involve the Ombudsman
9 and I felt that was whenever things started to move at
10 a greater pace once that intervention happened. And 14:25
11 I have to say, you know, the outcome of that, I respect
12 the recommendations and if they were put in place
13 I would be extremely content. But there was never an
14 opportunity to discuss the findings.

15
16 And I certainly requested that in a meeting, and as
17 you'll see from the documentation we were unfortunate
18 at the time whenever we had actually both - [REDACTED]

19 [REDACTED] Personal Information redacted by USI [REDACTED]

20 [REDACTED] whenever the meeting; it 14:26
21 was sprung upon me. I mean I was given a few days
22 warning. And I said, look it, I can't accommodate that
23 at the moment but certainly I really would appreciate -
24 and it was only when I started to prepare for the
25 filling in the questionnaire I realised, no, this still 14:26
26 hasn't...

27 14 Q. You still have not that had?

28 A. I still haven't come to a closure in relation to that.
29 And, again, that was pre-empted this time around you

1 know in preparation for today where I had to make
2 further contact. So I feel that system, while the
3 process is really good and very thorough, that the lack
4 of communication, the lack of the families actually
5 having an opportunity to see the response of the people 14:27
6 involved to the initial complaint.

7
8 So, you know, I have obviously been able to view
9 Dr. O'Brien's response and that has been very useful.
10 But obviously there's a response from Oncology as well 14:27
11 that we are not privy to. So there are certainly a few
12 things in relation to that process that possibly could
13 be improved as well.

14 15 Q. Just one other question: In terms of the SAI, you were
15 told no one ever explained what those letters stood 14:27
16 for?

17 A. Yes.

18 16 Q. And it certainly wasn't expressed fully in the letter
19 that you received.

20 A. Mm-mm. 14:27

21 17 Q. Did anyone ever offer an explanation as to why it took
22 so long from December 2016 when you complained, for the
23 SAI to come out in January '20?

24 A. No, other than the communication that was via e-mail.
25 There was a follow-up phone call more recently and it 14:28
26 was on in and around the 29th of December. I certainly
27 had a phone call from a gentleman and that was very
28 informative and he was very much happy to accommodate a
29 meeting and so on, but advised that I should set out a

1 number of questions that I would like addressed and
2 also that, to forward into them the initial complaint.
3 And that happened at that point in time, but
4 unfortunately, because of the size of the document or
5 whatever happened, it has bounced back. But you know, 14:28
6 certainly that was the first time really that I had a
7 chance to speak.

8 18 Q. When was that?

9 A. That was February of this year, it is the final...

10 19 Q. So February '22? 14:28

11 A. Yes. But again, as I said, there was an issue with the
12 e-mail that I sent. It was only whenever I re-sent it
13 again more recently that I realised it bounced back.
14 So that's certainly an issue on my behalf but that
15 conversation certainly was very useful. But it should 14:29
16 really have happened at the beginning, I think.
17 I suppose I found the Patient Client Council were very
18 good at explaining what exactly the SAI entailed et
19 cetera. So I think that sort of advocacy service
20 should be available to people who have to go through 14:29
21 the process.

22 CHAIR: Okay. Thank you. That is really very helpful.
23 I don't have anything else that I want to ask you, but
24 I am sure my colleagues will have a few questions.

25 DR. SWART: Thank you for telling that story, it must 14:29
26 be difficult still. I am quite interested in how
27 things can improve generally in healthcare in terms of
28 involving families in serious incident investigations.
29 And clearly you were a little bit floored by the

1 sequence and did not have a standard and now you do.

2
3 But going back to the beginning, if you had the chance
4 to sit down with senior people from the Trust and talk
5 about them about what you would like as a family or a 14:30
6 patient to happen in one of those investigations and
7 how your involvement should be fed in, what would be
8 some key messages from your perspective now that you
9 have had the benefit of hindsight and knowing what it
10 was all about? 14:30

11 A. I suppose whenever someone, it's navigating the system
12 as well. So it is when you make the decision, as I
13 said, it's with a heavy heart that you feel that you
14 have to put your concerns in writing. It's having
15 someone then to, it's navigating that system, it should 14:31
16 be clear I think to begin with. So you're having to
17 research how the Trust, how you do that as a lay
18 person. Then I suppose it is that initial response to
19 that, if someone could lift the phone and say, we have
20 received that, this is how it will be looked at and 14:31
21 this will be the possibility, there are a number of
22 possibilities.

23
24 And as I say with the SAIs, it seemed such a serious
25 kind of course of events to take that it was not 14:31
26 something that I had anticipated. So it's having
27 someone there to explain that and to advise of what
28 that would entail. And it's just in relation to the
29 timeframe of that as well, just to be kept updated.

1 You know, all it takes is someone to have on file, you
2 know, it is three months that have passed, we'll just
3 get back to that person who made the first complaint
4 and advise that, you know, we are still working on
5 this, you are still in our thoughts, but this is 14:32
6 possibly, this has maybe held things up a little bit.
7 It's all of that.

8
9 As you know, once you're kept in the picture people
10 will accept and are much more understanding. It is 14:32
11 when you're not informed and you feel that you're kept
12 out of that loop.

13 20 Q. Would you like the opportunity to contribute to the
14 Terms of Reference, for example?

15 A. Absolutely. I think that's certainly, when I look back 14:32
16 at even the expected outcomes that I had in that
17 original complaint, they are very much tied into the
18 Terms of Reference here. So it's very clear from the
19 outset what they were, you know, as an Inquiry what
20 you're looking for. That would have been extremely 14:32
21 helpful if we were advised why they had made that
22 decision.

23 21 Q. And how did you feel when you read that report that
24 Serious Incident Report, can you just tell me how that
25 made you as a family feel? 14:33

26 A. Well first of all, obviously dad wasn't there. So that
27 was the first thing. Because he was such, he's such a
28 sense of understanding of all of that, that I know that
29 he would have read that with great insight. So I'm

1 kind of coming at it from a different angle to him so
2 that was upsetting I suppose in the first and that's
3 unavoidable.

4
5 It was also something that we wanted for mum. We 14:33
6 wanted closure, you know, because she had been so
7 invested in his care over all the years. I mean this
8 is someone who [REDACTED] Personal Information redacted by USI, having
9 a young family, you know, in the process of developing
10 a thriving business. So she was so invested in him and 14:33
11 yet almost so upset at the way things had ended for him
12 and how his life had come to an end in such uncertainty
13 that she wasn't in a position to even be party to that
14 because it had taken so long for it to come through.
15 And that, I tried to reflect that in my communication 14:34
16 with them, so it is the timeframe and being able as
17 I said to you even just to have cognizance of the
18 responses to other people involved.

19 22 Q. Yes.

20 A. Because everybody has their own story. And as I say, 14:34
21 we always had such high respect for the National Health
22 Service and dad was such an advocate that, because he
23 had such a really good working relationship with so
24 many people over the years, that he just was a bit
25 thrown by how things had -- I'm digressing here. But 14:34
26 yes, that would be some of the recommendations.

27 23 Q. Did you have any contact where people described who
28 might be responsible for making the appropriate actions
29 as a result of those recommendations?

1 A. No. No. So there were, you know, even reference,
2 within the recommendations, I certainly would be in
3 agreement with all of them and I think a lot of them in
4 fact reflected the concerns and the expectations that
5 we had. But, again, there were a lot of unanswered 14:35
6 questions.

7
8 You know, I felt that the issue in relation to - they
9 were very clear that there was no causal link as such
10 between the stent not being taken out in time and his 14:35
11 possible treatment options. I felt that that was a
12 maybe something that could have been explored a little
13 bit further. And they talk about hindsight which is a
14 great thing, if we had all had access to that that
15 would be lovely. We were getting a very different 14:35
16 message from Oncology that this is definitely a
17 treatment option, but we are very much tied, time-bound
18 and like this, if we breach this it's not going to be
19 an option clearly and that was something that...

20 14:35
21 So there were issues I felt that weren't explored and
22 there were other issues that, as a lay person, I really
23 struggled to understand and felt I could have done with
24 clarification.

25 DR. SWART: If that was explained to you. Thank you 14:36
26 very much.

27 CHAIR: Mr. Hanbury?

28 MR. HANBURY: Thank you for your compelling evidence.
29 Just a couple of things, so I will take you back and

1 about your father, you may or may not know a lot about
2 this but his spinal cord injury, one of the long-term
3 problems is with bladder management.

4 A. Yes.

5 24 Q. And that can cause quite a lot of problems. I mean you 14:36
6 were complimentary about his urological care
7 beforehand, that was also at Craigavon or was it
8 elsewhere?

9 A. So dad would have been involved with I suppose various
10 Departments mainly based in Belfast. So he would have 14:36
11 spent almost a year following his accident in Musgrave
12 and at that point in time he would have had access to
13 all of those disciplines and he would have gone through
14 a very intensive régime of recovery.

15
16 But urology was something that particularly sticks in
17 my mind because he was a very strong willed person and
18 he had made a decision, probably not necessarily in
19 keeping with the advice of Urology, but definitely
20 respected by them. They wanted to put in an indwelling 14:37
21 catheter and he refused, he resisted that, and he
22 wanted to self-catheterise. He did that for the
23 remainder of his life.

24
25 That was very much respected and they did all they 14:37
26 could and over the years there were various other
27 interventions which made life easier for him. And he
28 was so grateful to that. But it was something that he
29 had such respect for and he really wanted to maintain

1 as much independence as possible and he would have
2 been, in terms of his response to his injury and so on,
3 he would have been very much seen as I suppose a model
4 patient. He would often have revisited, he would have
5 gone back to Musgrave for appointments, review 14:38
6 appointments, and they would have asked him to come on
7 to the ward just to meet other patients to say, look,
8 your life can be very much fulfilling and you can do so
9 much in terms of recovery if you're willing to put in
10 the effort. And his resilience was always something 14:38
11 that amazed us. He would come back.

12
13 And yet, you know, even when the cancer diagnosis was
14 given he just seen it as another battle he had to
15 endure and he was willing to do anything to be with us, 14:38
16 you know. But Urology was definitely something that -
17 as I say, the relationship was very much an open one
18 where he could have, he rarely made contact with them,
19 when he did he knew that someone would get back to him.

20 25 Q. Okay. Thank you for that interesting comparison there. 14:38
21 So moving on then to the initial stenting, which you
22 describe, and it wasn't expected, because obviously a
23 patient is often catheterised, neuropathic bladders,
24 and paraplegia are more complicated in terms of
25 anaesthesia and surgery. But nonetheless that seemed 14:39
26 to go okay?

27 A. Yes.

28 26 Q. Afterwards did you receive any letters or
29 correspondence about the procedure with a plan

1 afterwards, did you recall?

2 A. I don't. I don't recall that.

3 27 Q. Okay.

4 A. As I say, correspondence with us would have been very
5 much via oncology would have indicated that this is 14:39
6 something that is required for treatment to take place
7 and once treatment is completed he will back with
8 urology at that point to have it removed. So there
9 wouldn't have been.

10 28 Q. So you're not aware? 14:39

11 A. No.

12 29 Q. Okay. And were you under the impression there that
13 there would be a plan re-admission say at a certain
14 interval, for example, six months?

15 A. Absolutely. That was always very much clear in our 14:40
16 minds and that's why when that didn't occur, you know,
17 as planned, so in October they were advised. By
18 December I was starting to make contact on an
19 individual level because that hadn't occurred.

20 30 Q. And, again, you have spoken about the difficulties 14:40
21 there. Did Mr. O'Brien's service confirm that your
22 father was at least on a waiting list and was there,
23 but didn't have a date, or did you not have that
24 impression?

25 A. No. We never -- we knew obviously that it was a 14:40
26 procedure that was required. But we were never really
27 informed by anyone as to, you know, clearly the
28 oncologists were of the impression he was on a waiting
29 list for that to happen.

1 31 Q. Okay.

2 A. But their correspondence was very much, we haven't
3 heard anything back from Urology. So our next review
4 meeting with them or with the consultant surgeon would
5 have been very much, we still haven't heard anything 14:41
6 back but we have advised them that you are having
7 issues.

8 32 Q. Okay. Thank you. And then moving on then for six or
9 eight months until June, now that all happened in a
10 fairly fast timeframe. What was your -- 14:41

11 A. I don't know what the impetus for that was. We could
12 never figure that one out.

13 33 Q. That was my question, yes.

14 A. It just seemed to happen. There was certainly a
15 meeting in June with one of the Oncologists and it just 14:41
16 seemed to happen very quickly after that. There was a
17 scan and there was obviously signs of disease
18 progression. So I don't know whether that was it or
19 whether there had been further communication to Urology
20 just about the need for it increasing. I'm not sure 14:41
21 but, you know, we got the appointment.

22

23 As we did at the other end, whenever, having held that
24 meeting with Oncology on the 1st December 2016, we had
25 the phone call that night from Dr. O'Brien who advised 14:42
26 that he would set in place things for admission for the
27 stent to be removed again. We were concerned that it
28 would be left in again and that issues would reoccur.

29 34 Q. Okay. But in between times there was some complicated

1 stuff, wasn't there? Because it was difficult stent
2 change, in fact it couldn't be changed, and he had to
3 have this emergency tube put in the kidney?

4 A. Yes, exactly.

5 35 Q. So do you have any reflections about that and that sort 14:42
6 of short period?

7 A. That was kind of - I remember when we went in for that
8 procedure to happen, that was quite, you know, that
9 experience was fine in the sense that you know all was
10 planned and we knew what was happening. 14:42
11

12 I suppose certainly the people who were dealing with
13 him had indicated that, given the - they expected him
14 to be much iller (sic) than he was prior to that actual
15 procedure, given the fact that obviously the 14:43
16 information they had to hand. But once the procedure
17 happened then he seemed to deteriorate so rapidly. As
18 I say, it was the following day that the drain was put
19 in. It wasn't actually on the day of the stent being
20 removed, I think it was the following day if I can 14:43
21 recall correctly.

22

23 So you know, having visited dad, dad knew. He said,
24 I'm very ill, I know I'm very ill. And he said, look,
25 the antibiotics seemed to be beginning to work but that 14:43
26 took such a lot of out of him just trying to recover
27 from that particular procedure.

28 36 Q. Yes. So that little tube called a "nephrostomy".
29 A. Yes.

1 37 Q. So that was then changed I believe a few months later.
2 A. Yes.

3 38 Q. Did you have any comment on that, did that happen
4 easily or was there a problem there?
5 A. Well again, you know, if you refer back to it, it was 14:44
6 at the request of dad ringing again to say that he had
7 been told that it should be changed within 12 weeks and
8 he hadn't had an appointment. And you know, there is
9 reference there where they're advising that he wasn't
10 on a waiting list for that, didn't appear to be on a 14:44
11 waiting list for that and that's in the documents.
12

13 And, again, that doesn't surprise me because there
14 didn't seem to be a robust mechanism for flagging these
15 patients up again for procedures which were required. 14:44
16 It's not - I understand, as I say, there's a waiting
17 list and all of the demands that go with that. But if
18 someone requires a procedure as part of their journey
19 for cancer treatment, you can't wait. It's not
20 something that you can postpone. One was very much 14:44
21 dependent on the other.

22 39 Q. Yes. I would just say that that would normally be a
23 radiology as opposed to a urology procedure?
24 A. Okay.

25 MR. HANBURY: So it's complicated. Thank you. That's 14:45
26 all I have.

27 CHAIR: Thank you. Mr. Wolfe?
28 MR. WOLFE QC: Mr. Hanbury has pinched most of my
29 questions. Could I just ask you this: If you turn to

1 page PAT-000145 please, and this is at page seven of
2 the questionnaire and the box in the middle of page,
3 No. 3, details a number of contacts with Mr. O'Brien's
4 secretary, do you see that?

5 A. Mm-hmm. 14:45

6 40 Q. Does that purport to be a comprehensive description of
7 your contacts with Mr. O'Brien's secretary?

8 A. It's certainly - I can't recall whether there were
9 anything additional to that. But certainly they would
10 have been, as I say, both myself and dad would have 14:46
11 made contact. But we would have been advised by other,
12 as I said, by the Macmillan nurse and the GP that they
13 had also made contact. But there's no reference to
14 that within the documentation so I can't say if that
15 happened. 14:46

16 41 Q. And in terms of the contact that you were making with
17 Mr. O'Brien's secretary, again just for the avoidance
18 of any doubt, can you try to recall the kind of
19 information you were giving to her and what you were
20 expecting from that interaction? 14:46

21 A. From recollection it would have been asking if there
22 was kind of a timeframe, could we have any idea when it
23 was likely that the procedure would happen. And as
24 time progressed I can certainly remember it would have
25 been trying to explain some of the symptoms that he was 14:47
26 having that appeared to be in relation to the stent
27 being in place for too long. So it would have been dad
28 advising her of his symptoms.
29 And as I say, we would clearly have been told that that

1 would have been passed on and it clearly was, but it
2 was the fact that no one ever got back to say that
3 information has been passed to the correct source and
4 this will be the action that we will take as a result
5 of that.

14:47

6 42 Q. Did anyone on, you say no one got back to you. No one,
7 literally no one. Literally. Not a secretary and not
8 a medic?

9 A. No. I have no recollection of anyone ever returning a
10 phone call or advising. As I say, then we would have
11 been waiting on our next appointment with another
12 discipline, be that Oncology or the surgeon just to
13 kind of see if there had been any further movement.

14:47

14 43 Q. Did anyone in Urology ever apologise for how your
15 father had been treated throughout this process?

14:48

16 A. Certainly the phone call with Mr. O'Brien on that
17 evening of 1st December 2016, he did, he certainly
18 indicated that he was sorry for the way things had
19 occurred but that a lot of it was out of his control.

14:48

20
21 But I suppose I can certainly recall being extremely
22 upset and annoyed during that conversation, both with
23 Oncology and Mr. O'Brien. It all occurred on the same
24 day. He advised me that he was actually making the
25 phone call and he wasn't at work at the time because he
26 was recovering from a procedure himself. And I do
27 remember saying to him that I am sure that his
28 experience was very different from that of my father's.
29 But as I say, he certainly acted within - following

14:48

1 that there was an appointment sent out immediately and
2 I think dad was then admitted on, shortly after that
3 for the stent to be removed.

4 44 Q. You've recorded in your questionnaire response at page
5 PAT-000147 that your father found Mr. O'Brien to be
6 arrogant and dismissive in his dealings with him? 14:49

7 A. I suppose that certainly would have been in relation to
8 dad's concerns over the stent being in too long and the
9 experience that he had as a result of that. So it was
10 that period of time when he was extremely ill and he 14:49
11 just - he found, there was a sense of non-acceptance of
12 there being any issue in terms of delay and how that
13 would...

14
15 while certainly it was acknowledged that the issues 14:50
16 that dad was encountering or was encountering as a
17 result, that they were in relation to that, I suppose
18 there was a dismissiveness about that. Now that
19 didn't, in relation to previous experiences with
20 Mr. O'Brien, he was very thorough and I mean in terms 14:50
21 of his involvement with his patients, dad would have
22 said his ward rounds, he was very -- under -- explained
23 procedures, et cetera.

24
25 But in relation to that, I think it was just that 14:50
26 particular thing that dad felt that it was dismissed
27 the fact that this was very much an issue that
28 shouldn't really have, that could have been avoided.
29 He didn't have to go through that suffering. If things

1 had of happened as they should have in terms of the
2 timeframe that was acceptable for that procedure to
3 take place. So that's - when I discussed that, that's
4 in relation to that particular experience that he had.

5 45 Q. But ultimately, in fairness to Mr. O'Brien, there was 14:51
6 an apology for aspects of that?

7 A. The apology I think was in relation to the fact that,
8 you know, we were frustrated by how things had
9 progressed and the fact that things were not happening
10 in the timeframe that we were expecting it, yeah. 14:51

11 MR. WOLFE QC: Thank you.

12 CHAIR: Patient's Daughter, thank you very much for coming
13 along today, your evidence has been very helpful to us.
14 Is there anything else that you feel that you haven't
15 covered either in your evidence or in the papers that 14:51
16 we have that you feel you would like the Inquiry to
17 know?

18 A. No, I think from a family's perspective, as I say, in
19 an ideal world there are so many financial implications
20 and I think Urology is a Department that could 14:52
21 well-benefit from an injection of budget that would
22 oversee some of these issues. As I say, we certainly
23 respect the difficulties that Mr. O'Brien would have
24 had as Head of that Department and trying to deal with
25 that mismatch between demand and capacity. 14:52

26
27 But just I suppose in terms of code of conduct, it is
28 just having respect for the people involved. It's
29 having a more robust means of communication. And

1 probably maybe just even overlooking a review of how
2 patients with cancer who have involvement with a number
3 of disciplines, I think there is an easier way, there
4 has to be a more joined-up approach in terms of
5 multidisciplinary work.

14:52

6
7 And I think from Personal Information redacted's experience we saw that. You
8 know, we saw disciplines working very much together
9 where she had joint appointments with consultants from
10 both Belfast and South Eastern Trust who came together
11 and that worked really well, and there was that
12 advocacy as well service where, again, where there were
13 issues we were automatically able to make a phone call
14 and someone would look into that issue for us.

14:53

15
16 whereas with this, with dad's experience, you felt you
17 were very much as a family working alone. So I think,
18 I certainly still feel very strongly about the
19 recommendations that I would have made as part of the
20 initial complaint and I think they are very much
21 embedded in your Terms of Reference. So I would hope
22 they would be actioned.

14:53

23
24 So I would just like to take this opportunity to thank
25 Mr. Swann for the proactive way in which he has dealt
26 with the concerns raised, and certainly the Inquiry,
27 for allowing the families and patients to air their
28 experiences. I just hope that there will be
29 recommendations that can be actioned that will make the

14:53

1 journey for people and the safety of practice will very
2 much be addressed.

3 CHAIR: Thank you very much, Patient's Daughter. We appreciate
4 you for coming.

5 MR. BOYLE QC: Madam, I am not rising to ask a
6 question. But there is one aspect of the transcript
7 that I may have misheard, or it may have been
8 mis-transcribed and it's because of various 'ologies
9 that we are dealing with.

14:54

10
11 You may recall that when you were asking questions of
12 Patient's Daughter she gave a answer she had been able to view
13 Dr. O'Brien's response, she said that's been very
14 useful. But obviously there's a response from blank as
15 well that we are not privy to, and there was an 'ology
16 used.

14:54

17 CHAIR: The word was "Oncology", Mr. Boyle.

18 MR. BOYLE QC: Yes, and in the transcript it currently
19 reads "Urology".

20 CHAIR: I am sure that will be corrected before their
21 transcript goes up on the web-site. Thank you,
22 Patient's Daughter. Thank you very much again. Ladies and
23 Gentlemen, that is us until 10 o'clock tomorrow
24 morning.

14:54

14:55

25
26 THE HEARING WAS CONCLUDED

14:55