

## **Oral Hearing**

**Day 3 – Thursday 23 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.

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**Gwen Malone Stenography Services**

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1 THE HEARING COMMENCED ON THURSDAY,  
2 23RD DAY OF JUNE, 2022 AS FOLLOWS:

3  
4 CHAIR: Good morning everyone. Good morning,

5 [REDACTED] Patient 13 .

10:10

6 [REDACTED] Patient 13 : Good morning.

7 CHAIR: [REDACTED] Patient 13 , thank you for coming today. And  
8 can I just say that we, as a panel, appreciate the fact  
9 that it can be quite nerve-racking to come to speak to  
10 a room of people and I do appreciate you coming to  
11 speak to us.

10:10

12  
13 I'm Christine Smith, I'm Chair of the Inquiry and  
14 I will do most of the talking and I will lead you  
15 through your evidence this morning, if that's of  
16 assistance to you.

10:11

17 [REDACTED] Patient 13 : Yes.

18 CHAIR: And at the end of us having a conversation  
19 then, Dr. Sonia Swart, who is my co-panellist may have  
20 some questions. Mr. Hanbury, who is the Urology  
21 Assessor to the Inquiry may also have some questions,  
22 and then Mr. wolfe might have some too. But if, at any  
23 stage, you feel you need a break please say so.

10:11

24 [REDACTED] Patient 13 : Thank you.

25 CHAIR: Or if at any stage you don't understand what  
26 I am saying or what the question is, just tell us, we  
27 can put it another way so that you do understand it and  
28 there are no right or wrong answers here. It is your  
29 opportunity to tell us about what you want us to know

10:11

1 about your treatment in the Southern Health and Social  
2 Care Trust.

3  
4 I just want to remind you that we cannot make any  
5 decision about the standard of care that you received 10:11  
6 from any medical professional and that's really a  
7 matter for other bodies and has been looked at by the  
8 Trust and by the GMC. So if you're ready then if  
9 I could ask you to take the oath please.

10 Patient 13: Yes. 10:12

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

14  
15 CHAIR: Now, Patient 13, if it makes things easier for 10:12  
16 you, if I can just assure you, you have a bundle of  
17 papers and we have the same papers and we have all read  
18 them. So if I maybe take you through what we see as  
19 the history of your treatment in the Urology Department  
20 and if I get anything wrong you can correct me. Would 10:12  
21 that work for you?

22 A. Yes, that's good.

23 1 Q. Well, first of all, you were a patient of Michael Watt  
24 in the Neurology Department in Belfast, is that  
25 correct? 10:13

26 A. And Victor Patterson, Victor Patterson was the  
27 consultant at the start and Michael was a Registrar,  
28 but then during my treatment Michael was upgraded then  
29 to consultant.

1 2 Q. And he took over your care?  
2 A. Well, he signed letters anyway so.  
3 3 Q. And you were prescribed a drug at that time, which, if  
4 I have got the pronunciation right, it's  
5 Cyclophosphamide? 10:13  
6 A. Cyclophosphamide, that's correct, yeah.  
7 4 Q. You know it better than I do, and that prescribed drug  
8 had an attendant risk of bladder cancer?  
9 A. It did, yes.  
10 5 Q. And you had been treated back in the '90's I think for 10:13  
11 some urology problem?  
12 A. It's another tricky one, well I had dermatomyositis, it  
13 was a wasting of the muscles diagnosed in November '95.  
14 I couldn't lift my leg out of the car. I was diagnosed  
15 and then I went to Quinn House in the Royal Victoria, 10:13  
16 I think it's demolished now, and that's where the  
17 Urology team were.  
18 6 Q. Yes, that's how you ended up on this particular drug?  
19 A. It was, yes. Yeah, yeah. I was in twice, maybe three  
20 times, you know, as a patient during '96. But it was 10:14  
21 actually I think the Haematology, a Mr. Jones really  
22 done the trick with the muscle disease. He weighed me,  
23 I remember I was 10 stone or 11 stone and he weighed me  
24 and then he put my blood out of this arm into like a  
25 big washing machine and then put it back into this arm. 10:14  
26 I got it done three times and wherever the third time,  
27 I just felt a complete change, you know, it really  
28 helped me, but then the drugs were possibly a good help  
29 too.

1 7 Q. Well, in fact you did have some bladder problems in the  
2 mid-90's?

3 A. Yes.

4 8 Q. And you were then discharged ultimately in 2001?

5 A. Yes. 10:14

6 9 Q. As a patient. But you then had a further incident  
7 where you needed to go and see your GP, isn't that  
8 correct?

9 A. That's correct.

10 10 Q. And your GP referred you into Craigavon's Urology 10:15  
11 Department?

12 A. That's correct.

13 11 Q. Okay, and that was, I think you probably know from the  
14 papers and from what you were told, that the GP  
15 referred it as a routine referral, when in fact it 10:15  
16 should have been a red flag referral?

17 A. Yes. Well Mr. Haynes told me that whenever I got a  
18 meeting with him, you know, whenever I got the meeting  
19 with Mr. Haynes he talked me through the whole process.  
20 So he said my GP obviously had, it's easy done he said, 10:15  
21 on the keyboard you can hit the wrong button.

22 12 Q. But in any event, it came into Craigavon as a routine  
23 referral and it wasn't triaged. And that would have  
24 meant that somebody would have looked at that referral  
25 from your GP and decided whether it was routine or was 10:15  
26 not routine and needed to be upgraded and that wasn't  
27 done in your case and you were told that, isn't that  
28 correct?

29 A. Well I know Dr. Brannigan, the GP, he mentioned it

1 first to me the SAI, as if he had initiated it, I'm not  
2 sure who, it was the obviously was the GP that started  
3 the SAI.

4 13 Q. well, it was the GP who would have referred you to the  
5 hospital? 10:16

6 A. Yes.

7 14 Q. And the Hospital cottoned-on, if I can put it in  
8 colloquial language, to the fact that you had not had  
9 your letter from your GP looked at?

10 A. Yes. 10:16

11 15 Q. That they realised that you should have been upgraded?  
12 A. The Hospital?

13 16 Q. The Hospital.

14 A. Right.

15 17 Q. And you then formed part of a Serious Adverse Incident 10:16  
16 Investigation involving not just you but some other  
17 people who were not triaged at the same time?

18 A. Yes.

19 18 Q. So it would have been the Hospital who instigated that?  
20 A. who initiated it, okay. well, it was Dr. Brannigan who 10:16  
21 told me about it first and then I started to get a few  
22 letters from the Southern Trust.

23 19 Q. In fact, if you don't mind, I'm just going to refer to  
24 the first letter that you would have got from the Trust  
25 which is at PAT-000431. And it basically tells you in 10:17  
26 that letter that you had received a urology referral  
27 from your GP and there was a delay in the processing of  
28 that referral.  
29

1 Now, we know from the papers that you were referred in  
2 on the 28th July of 2016 and this letter is coming to  
3 you then in February 2018?

4 A. Oh, yes, with the SAI.

5 20 Q. Yes. 10:17

6 A. Yes.

7 21 Q. And it then goes on, I'm not going to go into the  
8 details, but it explained to you in that letter what a  
9 Serious Adverse Incident Review entailed.

10 A. Yeah. 10:17

11 22 Q. It gave you the opportunity to participate in that  
12 investigation and encouraged you to do that. And it  
13 also then said it was your preference to wait until the  
14 SAI Report was complete, and did you contact the Trust  
15 at all when you got that letter about that SAI? 10:18

16 A. No, I just received the letters and I think I did maybe  
17 mention to Dr. Brannigan about it, the GP. I was just  
18 more concerned about trying to get better and trying to  
19 cope with what happened to me. I was just letting this  
20 SAI, it wasn't actually in my head every day like this 10:18  
21 here is, you know.

22 23 Q. Yes, you were just letting it take its course?

23 A. Just letting it take its course. I was more concerned  
24 about Dr. Brannigan, I was seeing him regularly, even  
25 Dr. Joe Hackett before that, I had been up maybe, I 10:18  
26 don't know how many times a year, just to keep an eye  
27 on my CK readings because I had told him about the  
28 muscle problem. And Dr. Brannigan was the same, I  
29 would have seen him regularly.



1 I think even in December '16 I was up with him, he  
2 checked my prostate and all, he said everything was  
3 grand. Then I went up after Christmas, that was  
4 January '17 and I told him that I had got no word from  
5 the urology and I don't think he really answered me at 10:19  
6 all. And then I think that was a Tuesday and then by  
7 that Friday I got the letter to say Thorndale unit the  
8 31st of January.

9 24 Q. And that was --

10 A. So I think only I had said it, that's how I feel, only 10:19  
11 I mentioned it to my GP who obviously had got in touch  
12 with them again, maybe he realised about the button  
13 issue, the routine on the... So I think if I hadn't  
14 have highlighted it, when was it going to be  
15 highlighted. 10:19

16 25 Q. Yes.

17 A. Until it was all spread through me?

18 26 Q. So you feel that if you hadn't gone to your GP, you  
19 feel he went back to the Trust on your behalf?

20 A. Obviously. Yes, that's how I feel and I still feel to 10:19  
21 this day. If I hadn't have been going to him so often  
22 and seeing my doctor, because I was worried about my  
23 health, I don't know when I would have gotten my  
24 referral, two/three years?

25 27 Q. Well, it is possible that the Trust were looking at 10:20  
26 cases that hadn't been triaged, that hadn't been looked  
27 at, the referrals letters hadn't been looked at, at the  
28 same time as your doctor maybe was ringing in and the  
29 two maybe coincided, we can look at that?

1 A. We can speculate about that, yes.

2 28 Q. In any event, there was a period really of six months  
3 before you were seen in the Urology Department after  
4 your GP wrote, isn't that correct?

5 A. That's correct. 10:20

6 29 Q. When you got the SAI report you then asked to speak to  
7 someone, is that correct, and that's when you met with  
8 Mr. Haynes?

9 A. Yeah. Well, I got a few letters and then I got a few  
10 phone calls as well. I always remember one name, 10:20  
11 Patricia Kingsnorth, and she gave me the telephone  
12 number Personal Information redacted by  
USI. I never actually rang them, but  
13 I got the few letters as well and the few phone calls.  
14

15 But the one phone call was, I forget the lady's name 10:20  
16 now, it wasn't Patricia, to say that everything was  
17 rosy in the garden, you're not involved in this  
18 Inquiry, whatever it was. I can't remember the exact  
19 details of it. And you know, you should be happy,  
20 you're happy the way you are. And I says, you couldn't 10:21  
21 be further from the truth. I said, how could I be  
22 happy, you know, the way I have been left?

23 30 Q. I think that phone call was maybe to alert you that  
24 there was going to be some Press report?

25 A. Well that's another phone call. 10:21

26 31 Q. That was a different one?

27 A. Yeah, yeah. That was on a Friday afternoon and my wife  
28 was beside me and I put it on loud speaker so she could  
29 hear it. I forget the lady's name as well. She said,

1 she told me she was from the Southern Trust and  
2 whatever. She possibly told me her name but I can't  
3 remember it. She says that there's going to be  
4 something in Monday's newspapers, we're trying to get  
5 it stopped at the moment because Mr. O'Brien is trying 10:21  
6 to get it stopped, but possibly if it's going to be  
7 published don't be worrying.

8  
9 And I said, but why are you ringing me for, because the  
10 last person told me it doesn't concern me, you know, 10:22  
11 everything is rosy in the garden with me. I said, so  
12 why are you ringing me to tell me not to buy a paper on  
13 Monday, which I did buy, and there was a 50-year-old  
14 gentleman with bladder cancer which had spread into his  
15 prostate to prostate cancer, and to me that was me. 10:22  
16 But I still don't know if it was me they were referring  
17 to in the paper.

18 32 Q. Well, in any event you did get these telephone calls  
19 from the Trust and you then had a meeting with  
20 Mr. Haynes. You asked for that meeting, is that right? 10:22

21 A. Well the lady was a nice mannerly lady on the phone but  
22 I just said to myself, look, you don't know what I am  
23 going through. This is only the start. This is the  
24 start of my journey here. So she says, I can see  
25 you're a wee bit upset, [Patient 13], I'll get one of 10:23  
26 the team that done the lookback to maybe have a word  
27 for you. Good enough for her, she arranged a meeting  
28 with Mr. Haynes.

29 33 Q. And you went in and you met him?

1 A. I met Mr. Haynes.

2 34 Q. And he certainly was able to answer all the questions,  
3 I think that was in November 2020 you met with him?

4 A. That's right, yeah.

5 35 Q. And he was able to answer all the questions that you 10:23  
6 asked about your treatment, about your bladder cancer,  
7 about the drugs --

8 A. Oh yes, he was very informed so he was, and he is a  
9 very good doctor too because he saved my Personal Information redacted by USI

10 [REDACTED] a few years ago and Personal Information redacted by USI 10:23  
11 [REDACTED]. I have good regards for Aidan as  
12 well and Michael watt, they done their best for me  
13 I thought at the time, you know. Obviously they were  
14 snowed in with work too maybe.

15 36 Q. But certainly in regards to the communication with 10:23  
16 Mr. Haynes, you felt that he was able to answer the  
17 questions that you were asking and that you wanted  
18 answers to?

19 A. Well, he answered the questions. But if they were  
20 satisfactory for me, I don't think they were, because 10:24  
21 I would have looked at some of them a different way  
22 but...

23 37 Q. I think one of the things that you were concerned about  
24 was whether or not the drug that you had been on had  
25 actually caused the cancer? 10:24

26 A. That's correct.

27 38 Q. Wasn't that the big worry?

28 A. Yeah, it was Mr. John Keane actually said it to me in  
29 the City Hospital that he done the -- he was the

1 surgeon and it was him said to me about the  
2 Cyclophosphamide, he mentioned. Anybody that I've  
3 went to, even the glaucoma in my eyes from 2000,  
4 Mr. Sharkey, the ophthalmologist, whatever you call  
5 them, he highlights the Cyclophosphamide. Every 10:24  
6 doctor or anything I've went to, this Cyclophosphamide  
7 keeps hitting me, you know, and nobody seemed to  
8 follow anything up, you know, I'm on such a high dose  
9 of it. 150 milligrams-a-day, 50 in the morning, 100  
10 at night or whatever it was. 10:25

11 39 Q. Just in relation to Mr. Haynes, there was one question,  
12 according to what you told us in your questionnaire and  
13 that's at PAT-000479, you had asked him if you hadn't  
14 gone back to your GP in early January 2017 to find out  
15 what was the delay in Urology contacting you, when did 10:25  
16 he think you would have been called and he didn't  
17 answer?

18 A. That's correct.

19 40 Q. But he seemed to give you reassurance that the delay  
20 hadn't adversely affected your bladder cancer? 10:25

21 A. That's correct.

22 41 Q. And that your treatment path would have been the same?  
23 A. Would have been the same, yeah. But he did mention it  
24 could be something to do about the invasive, something  
25 to do with the muscle, possibly could be one or the 10:25  
26 other I think in that letter too, type of a bladder  
27 cancer. Non-invasive or invasive, I'm not sure.  
28 I don't know if it's in the thing, maybe you have it in  
29 the letter there. But he answered the questions that

1 I asked him anyway.

2

3 I mentioned to him about this Cyclophosphamide again  
4 and he said that it was, smoking is the biggest cause  
5 of bladder cancer, and he said, do you smoke? And  
6 I says, well I did smoke until I got my diagnosis and  
7 I smoked about 10-a-day. So he seemed to be blaming  
8 more on the smoking end of it than being on that drug.

10:26

9 42 Q. Well I'm not a medical expert, I wouldn't like to  
10 comment at all on that. But did you ever, when you  
11 were told that there was this Serious Adverse Incident  
12 Investigation being carried out, you were told that in  
13 February 2018?

10:26

14 A. Mm-hmm.

15 43 Q. But you didn't get a report until two years after that,  
16 did you ever question the delay?

10:26

17 A. I was just more worried in living and trying to cope  
18 with the condition I was left with. And scans, and  
19 hoping scans, hoping the phone doesn't ring after you  
20 get a scan and things like that.

10:27

21 CHAIR: That's fine. Well [REDACTED] Patient 13, thank you very  
22 much. I don't have any more questions that I want to  
23 ask you, but I'm going to hand over to my co-panellist  
24 here, Dr. Swart, and she may have something that she  
25 wishes to ask.

10:27

26 DR. SWART: So thank you very much for telling us how  
27 it has impacted on you so far and I am sure you will  
28 have more to tell us. I'm interested in what  
29 information you were given at various stages about the

1 things that you were happening to you, going back to  
2 when you were started on Cyclophosphamide, but also  
3 later on. What did they tell you about it when you  
4 started to take it and it who told you?

5 A. Well Victor Patterson, the Consultant Neurologist, told 10:27  
6 me it was a life-threatening illness.

7 44 Q. Yes.

8 A. And that the Cyclophosphamide was part of getting  
9 better process, you know, but never was anything  
10 mentioned about the toxicity of it, or that it was - 10:28  
11 I didn't even know it was a form of chemotherapy.

12 45 Q. When did you find out that?

13 A. Just whenever everything started after the operation  
14 and these phone calls and letters and I started to  
15 enquire a few things about it. But I always knew that 10:28  
16 there was something about that drug that should have  
17 been, like on my doctor's notes, Dr. Hackett always had  
18 it on the paper notes from way back years, "allergies  
19 penicillin". Like it would have been so simple to  
20 write down four or five years of Cyclophosphamide 150 10:28  
21 milligrams below it, and just to keep a check on the  
22 red cells or whatever it is, you know.

23 46 Q. Yes. Do you think your GP understood about the risks  
24 of Cyclophosphamide?

25 A. Oh he was very thorough. I don't know if he knew the 10:28  
26 risks, he never mentioned bladder cancer to me now,  
27 nobody ever mentioned cancer to me at all about it. It  
28 was just whenever we looked up this John Hopkins and  
29 different things and my solicitor looked up things and

1 Mr. Keane had mentioned it too, that Cyclophosphamide  
2 was a dangerous drug as well. And I think it was  
3 actually in one of the books they handed to me in the  
4 Thorndale Unit, invasive bladder cancer. I can't  
5 remember, it's like a green and white book, I think the 10:29  
6 solicitor has it, and it does mention the  
7 Cyclophosphamide in it and then me and my wife, it sort  
8 of highlighted it more to us.

9 47 Q. And in the Thorndale Unit what information did they  
10 give you then? 10:29

11 A. On the 31st January?

12 48 Q. When you had your book about the bladder cancer?

13 A. Just take it home with you and read it. I went in that  
14 day and it was my Personal Information redacted by  
USI's birthday that evening  
15 and my wife was panicking to get things organised for 10:29  
16 his birthday. And I says, I shouldn't be too long  
17 here, it was only about 2 o'clock and I think it was  
18 near six before I got out of it.

19

20 But when I was on the treatment table the two nurses, 10:29  
21 they had to put a camera up in, and whatever they seen  
22 on the screen they called for Mr. Jacob and he come in  
23 and looked at it. And he went to his table and he  
24 started to write and the nurses started to hand me all  
25 these pages and sheets, and don't read too much into 10:30  
26 it, that's what they told me.

27 49 Q. Right.

28 A. So I still didn't know what was wrong with me but  
29 I knew there was something bad.



1 50 Q. They didn't sit down and talk to you at that time to  
2 explain --

3 A. Nobody said there was a possibility of cancer.

4 51 Q. Okay.

5 A. So that was another, but I don't know when it was. 10:30  
6 Good enough, it moved pretty quickly then. Every two  
7 weeks there was something, maybe 'til the end of  
8 February or March-time and then there was a long lull  
9 then to the operation in the City Hospital. But at  
10 that time, like I was really, whenever I wasn't being 10:30  
11 looked at by anybody, I was too much time to think  
12 about things and worry.

13 52 Q. Yes.

14 A. And my wife was saying we'll plant these wee flowers  
15 for summer. I says, I mightn't see summer, you know, 10:30  
16 I couldn't live really.

17 53 Q. Mm-hmm?

18 A. So then I had to go to the Tower Hill in Armagh.  
19 Dr. Damien O'Donnell sent me to it for - and I had a  
20 Personal Information redacted by USI 10:31  
21 [REDACTED].

22 54 Q. At that time, you know, if the Trust at that time could  
23 have handled that whole information thing a bit better,  
24 what do you think they could have done? what would be  
25 your advice to them having gone through this? 10:31

26 A. Well, I would highlight, I don't know if they're still  
27 using that drug, but if there's anybody still using it  
28 please keep an eye on them patients because it can lead  
29 to a lot of trouble.

1 55 Q. And what do you think you would have liked to have  
2 known as a patient?  
3 A. Well, I would like to have even a yearly check-up.  
4 Like I was going to my doctor, my GP regularly, maybe  
5 every two/three months for a long time. And then once 10:31  
6 the glaucoma in the eyes started to set-in I was more  
7 focussed on it. I had to get, as they call them, a  
8 "trapdoor" in each eye to let the pressure out and  
9 I was seeing Mr. Rankin in the Royal Hospital.  
10 I suppose really the "noughties", as they call them, 10:32  
11 was more to do with my eyes and still would have the  
12 weakness in the muscles as well.  
13  
14 And the bladder, the bladder was still, the bladder  
15 always played up, you know. I was up two/three times 10:32  
16 at night. I would only go to the toilet for a small  
17 while and then it would sort of get sore and then  
18 things would stop. So there always was a wee problem  
19 in my eyes. But it wasn't the end of the world and  
20 I wasn't going to torture the doctor about it. But no 10:32  
21 urology was ever mentioned from 2001. Mr. Wilson in  
22 the Poly Clinic in Banbridge and he just says, you're  
23 okay.  
24 56 Q. And by the time you were diagnosed with your bladder  
25 cancer and you needed to have an operation, did you get 10:32  
26 given appropriate information at that time?  
27 A. Oh Mr. Keane was excellent. He was a big loss to  
28 Belfast.  
29 57 Q. Yes.

1 A. An excellent surgeon.

2 58 Q. You felt informed then, did you, you felt you  
3 understood what it was all about?

4 A. Yes. Well, they told me, Mr. Keane said it was life  
5 changing but I think it was actually more than that, 10:33  
6 you know. It's more than life changing like.

7 DR. SWART: Thank you very much.

8 CHAIR: Mr. Hanbury?

9 MR. HANBURY: Thank you very much for your very  
10 enlightening evidence. I would just like to take you 10:33  
11 back to the mid-90's, 1996. This is on PAT-000446. So  
12 in fact you saw Mr. O'Brien around about that time when  
13 you had the bladder trouble from your Cyclophosphamide  
14 and had a bladder examination about that time.

15 A. It wasn't from the cyclophosphamide then. I think 10:33  
16 that's what they are trying to say now that the bladder  
17 problem has been ongoing. There's a different type of  
18 a bladder problem in '96. I hadn't maybe even started  
19 the cyclophosphamide at that stage. The  
20 dermatomyositis is a wasting of the muscles and I had, 10:33  
21 everything was going. They were worried about my heart  
22 because that was the biggest muscle and I couldn't  
23 brush my teeth, I had to hold the toothbrush like this.  
24 Couldn't get dressed. Couldn't get out of bed really.  
25 So the bladder, the problems that I had with my bladder 10:34  
26 were different, pre-Cyclophosphamide if you can  
27 understand that, then post-Cyclophosphamide I started  
28 to get different symptoms and blood as well I think.

29 59 Q. Right. Okay. But I think nonetheless Mr. O'Brien or

1 his team did the bladder examination?

2 A. Yeah, yeah, yeah.

3 60 Q. ...and did some biopsies. Then at 1997, according to  
4 the paperwork, on PAT-000447 there was a recommendation  
5 that you should have another bladder examination? 10:34

6 A. Yes.

7 61 Q. At an interval. But I don't think that ever happened,  
8 is that correct?

9 A. No.

10 62 Q. So did you chase that? What is your recollection about 10:34  
11 that, you just felt that...

12 A. I never chased it now. The GP never mentioned it to  
13 me. I think Mr. Hackett was still living then. So  
14 I still would have had the symptoms for it now, but  
15 there was no follow-up appointment. As I say, 10:35  
16 Mr. Wilson, he ended it all in 2001.

17 63 Q. I think there was --

18 A. You mean to say I should have maybe enquired?

19 64 Q. No, I'm not saying that, I wonder if you had  
20 communication from the Trust? 10:35

21 A. I don't think I had, no. No. Any appointment I would  
22 have went to it. Never cancelled any appointment and  
23 I have had quite a few.

24 65 Q. Absolutely yes, thank you. So then moving ahead to  
25 2017, you had had the operation at Craigavon. They had 10:35  
26 removed the tumour, or at least some of it through the  
27 telescope, and I think you saw Mr. Glackin. And this  
28 is PAT-000481. And you make a comment that that was  
29 quite a traumatic interview and you were told the

1 initial diagnosis?

2 A. Yes, it was for me and my wife.

3 66 Q. It was a shock, a new cancer diagnosis. Did you, apart  
4 from Mr. Glackin, were you offered any other  
5 individuals to see for more support at that time? 10:36

6 A. I'd say I was. The nurses would have maybe mentioned  
7 the Macmillan and different... I went to Charis in  
8 Cookstown which helped me. I went on my own steam, me  
9 and [REDACTED] Personal Information redacted by USI .

10 So we went up to Charis Cancer Centre and we had, just 10:36  
11 maybe once-a-week, you know, just for a bit of a  
12 therapy and a bit of pipe music or whatever they call  
13 it, that panpipes. It's was a great wee place for the  
14 cancer.

15 67 Q. So you had some, you felt you were supported at that 10:36  
16 time?

17 A. Yes.

18 68 Q. Which is good, okay, thank you?

19 A. I never hear tell of Macmillan though. I think I wrote  
20 to them or sent something, but I have yet to hear 10:36  
21 anything from Macmillan or financial help or anything.

22 69 Q. All right, thank you. Then things moved fairly quickly  
23 and you saw Mr. Keane in Belfast after that.

24 A. Yeah.

25 70 Q. Did you, I wasn't sure whether you had any chemotherapy 10:37  
26 leading up to that or?

27 A. Mr. Keane mentioned maybe a dose of chemotherapy, but  
28 then he said because of the one kidney, and he said it  
29 would probably lead to kidney dialysis later, I suppose

1 if you survived really, he thought it was too big of a  
2 risk.

3 71 Q. So you had a conversation that was offered?  
4 A. Oh, yes, Mr. Keane.

5 72 Q. Just to recap, you felt you were well-supported then 10:37  
6 with --  
7 A. Well, Mr. Keane was fantastic. But, you know, even  
8 seeing the stoma nurse. I didn't know what a stoma was  
9 that day I went in, maybe whatever it was, a couple of  
10 weeks before the operation. And she said, this is what 10:37  
11 is going to happen and it just more or less went over  
12 my head. I suppose I wasn't in the right place at the  
13 time, you know, it was a bit of a shock when I woke up  
14 again and seen it.

15 73 Q. Yes. 10:37  
16 A. The nurse, now the young nurse that drew, that comes  
17 around and draws the stencil on your stomach, she took  
18 a long time at measuring and moving this about in my  
19 stomach. And then it actually was the worst place you  
20 could have put it because it was, the sides of the 10:38  
21 stoma bag really goes into the indent of the belly  
22 button, and unfortunately when I was in the City  
23 Hospital I took MRSA and they had to keep the wound  
24 open.

25 10:38  
26 So I have actually two belly buttons and then the stoma  
27 bag, this is what caused the leakages a lot too. So  
28 I think the young nurse, now she had done her best, but  
29 I think if she had kept it even 2 centimetres over this

1 way just so the bag wouldn't be like a dent in it and  
2 it seems to leak.

3 74 Q. So that would have been a stoma therapy nurse probably,  
4 yes.

5 A. Yeah, yeah. 10:38

6 75 Q. But I believe in some of the paperwork you maybe are  
7 being considered to have that revised.

8 A. Hopefully. Now I'm seeing Mr. O'Kane, I think is my  
9 new consultant, this day next week down in the City  
10 Hospital so I have the appointment for it. 10:39

11 MR. HANBURY: Right, okay. I haven't got any other  
12 questions.

13 CHAIR: Mr. wolfe, have you any questions?

14 MR. WOLFE QC: Just one question, Patient 13. The  
15 Chairman referred you to page 431, PAT-000431, and 10:39  
16 that's the letter of the 19th February 2018 where they  
17 are telling you, that's the Trust are telling you, that  
18 there was a delay in the processing of your GP  
19 referral. Now, you got your initial appointment with  
20 the Trust on 31st January, the year before. 10:39

21 A. Yes.

22 76 Q. And then you were in to see Mr. Jacob in March and no  
23 doubt lots of contact?

24 A. Yes.

25 77 Q. With the Trust throughout 2017? 10:40

26 A. Yeah.

27 78 Q. Is this letter dated, as I say, February '18, is that  
28 the first time you were told that there had been this  
29 delay in processing your GP referral?

1 A. Well that's the first letter I got about it, yeah.  
2 I think the GP had mentioned it to me, I don't know the  
3 exact date, that there was a SAI ongoing. I didn't  
4 know what it meant so he explained it to me that  
5 because of the delay in maybe it being seen, you know. 10:40  
6 But I thought the GP had initiated it but...

7 79 Q. Yes, and that is what I was coming to. I said I was  
8 only going to ask you one question, but is it possible  
9 that the GP was initiating his own SAI or similar  
10 process because, if you like, the mistake made at their 10:40  
11 end, the failure to refer you as a red flag?

12 A. Well I didn't know that until the meeting with  
13 Mr. Haynes and he said to me the fault was at the GP  
14 end. That is what -- it's very easy done, that's the  
15 words he said. He said, you can accidentally hit, you 10:41  
16 scroll down and you could hit the wrong button. So it  
17 was a big mistake to make like in a way too.

18 80 Q. And I think in fairness to Mr. Haynes he was telling  
19 you there was a mistake at the GP end, but when that  
20 referral came in to the Trust there was a mistake at 10:41  
21 their end in that the responsible consultant didn't  
22 triage?

23 A. Well I don't think that's in my notes now, but he  
24 possibly did say that to me. But it was more, it was  
25 more focussing on the GP's mistake. 10:41

26 81 Q. Yes. If we turn to the notes of your meeting with,  
27 PAT-000434, you remember going in to see Mr. Haynes in  
28 November of 2020. What he said to you, of course  
29 referring to the GP, what he says to you, if you look



1 at the top PAT-000435. He said:

2  
3 "Unfortunately triage did not take place."  
4

5 So that's a reference to the hospital process of 10:42  
6 looking at the GP letter and checking out whether it  
7 has been properly graded. So maybe you don't recall  
8 Mr. Haynes talking in those terms?

9 A. He possibly did now. The lady that was present, Carly  
10 Connolly, Carly was taking all the notes, so whatever 10:42  
11 was said is on them notes.

12 MR. HANBURY: Okay, thank you.

13 CHAIR: Patient 13, thank you very much. We have no  
14 more questions for you. Thank you very much for coming  
15 along this morning. It is important that we hear 10:43  
16 firsthand from patients about their experiences and we  
17 really do appreciate you coming along.

18 Patient 13: Thank you. Thanks everybody. Is that  
19 it?

20 CHAIR: Ladies and Gentlemen, that brings us to the end 10:43  
21 of this week's hearing sessions. We will be in touch  
22 with each of you to let you know when we're due to hear  
23 some more patients. Hopefully in the autumn I'm  
24 hopefully going to organise that for September, if at  
25 all possible. Then when you come back at that time you 10:43  
26 will see that the chamber will have been transformed,  
27 we should have our audiovisual system up and running.  
28 There will be communication from the Inquiry secretary  
29 shortly asking you for any feedback over this week

1 about various issues that we will obviously need to  
2 sort out for everyone's benefit. And if there are any  
3 questions please do direct them to Ms. Marshall and her  
4 team. I'll see you again in the autumn and have a good  
5 summer. Thank you.

10:44

6  
7 THE HEARING WAS CONCLUDED  
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