Urology Services Inquiry

Oral Hearing

Day 1 – Tuesday 21 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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THE HEARING COMMENCED ON TUESDAY,
21ST DAY OF JUNE, 2022 AS FOLLOWS:

CHAIR: Good morning. Can everyone hear me all right? Well good morning, Ladies and Gentlemen. And welcome to the first hearing of the Urology Services Inquiry.

At the outset I would like to introduce myself and my colleagues who are here today. My name is, for those who don't know, is Christine Smith, I'm a senior counsel at the Bar of Northern Ireland where I have been in independent practice as a barrister since 1985. I am experienced in inquiry work and in March 2021 I was appointed by the Minister for Health to lead this Inquiry. My principal function is to ensure that the Inquiry fulfils its Terms of Reference which are set out on our web-site. I'm also the person who makes all decisions about how the Inquiry is run and will rule on all applications and requests made to the Inquiry.

To my right is Dr. Sonia Swart who is my co-panellist. Dr. Swart is a former consultant in clinical haematology. She practised in her field as consultant for over 25 years before moving into medical leadership and management roles. She became Medical Director and then Chief Executive of the Northampton General Hospital. She is eminently qualified to advise the Inquiry on the issues of governance with which it is primarily concerned.

To my left is Mr. Damian Hanbury who is assessor to the Inquiry. Mr. Hanbury is a Consultant Urologist at the Lister Hospital in Hertfordshire. He has many years' experience of working as a consultant in clinical urology. He is currently Honorary Visiting Senior Lecturer at the University of Hertfordshire and is a College Assessor for the Royal College of Surgeons. Mr. Hanbury advises the Inquiry on the clinical aspects of the cases we're looking at so the Inquiry can better understand the issues it is tasked with considering. 10:13

Neither Dr. Swart nor Mr. Hanbury has worked in Northern Ireland and they have no connection to any of the core participants. 10:13

Also present today from the Inquiry Team, are Mr. Martin Wolfe QC, Counsel to the Inquiry, who will make some remarks about this stage of our proceedings shortly. Laura McMahon who is junior counsel to the Inquiry and Niamh Horscroft, one of our junior barristers. Also present is Fiona Marshall, the Inquiry Secretary, and I presume that you have met some of her staff. If you have any questions they are here to help, if you need any assistance in any way please do contact one of the Inquiry staff members. 10:14

Now this stage of our work is being heard in private and I have previously indicated that the Inquiry would

not be opened formally today and Opening Statements would not be required from the representatives of the core participants. Those legal representatives are present here today and I invite them now to announce their appearances. 10:14

Firstly, if I can ask for the appearances on behalf of the Southern Health and Social Care Trust.

MR. LUNNY QC: Madam Chair, Panel, I appear on behalf of the Southern Trust, my name is Donal Lunny QC. 10:15 I appear with Mr. Michael McGarvey and Ms. Avril Frizell is our instructing solicitor who is present as well. We also have two other counsel, they are Alana Harty and Elizabeth Ferguson and we are also instructed by Emmet Fox, another solicitor in the Directorate of 10:15 Legal Services.

CHAIR: Thank you, Mr. Lunny. Then if I could ask Mr. O'Brien's representatives please.

MR. BOYLE QC: Good morning Madam. My name is Gerry Boyle and I am instructed on behalf of Mr. Aidan 10:15 O'Brien. Mr. O'Brien is present and is sitting in the back left-hand side. I am assisted by Mr. Robert Millar, counsel, and we are instructed by Kevin Hegarty of Tughans Solicitors.

CHAIR: Thank you, Mr. Boyle. The Department of Health 10:15 please.

MR. REID BL: Good morning Madam Chair. My name is David Reid, I am counsel on behalf of the Department of Health instructed by the Departmental Solicitor's

Office of whom Sara Erwin, Sarah Wilson and Tutu Ogle are in attendance.

CHAIR: Thank you, Mr. Reid. From the start of our work the Inquiry has been conscious of the fact that due to issues concerning the care of patients that the Minister for Health announced this Inquiry on 24th November 2020. 10:16

And from my appointment in March '21, it was my intention to commence to hear from witnesses as soon as we could and to hear first from patients and families. 10:16

Term D of the Inquiry's Terms of Reference tasks the Inquiry with affording patients and families an opportunity to tell us of their experiences and about the impact of those experiences on them. To fulfil that task, I wrote personally to 71 former Trust patients, or their immediate family members, inviting them to engage with the Inquiry. And I'm very grateful to those individuals and/or their legal representatives who have taken the time to fill in questionnaires and provide us with material. 10:16

I want to again to reassure all those who have contacted us that even if we do not ask them to come and give oral evidence to the Inquiry, what we have learned from their experiences will be taken into account by us. I should also like to take this opportunity once again to encourage anyone else who 10:17

wishes the Inquiry to learn about what happened to them or their loved one to make contact. Details on how they can do so are to be found on the Inquiry's website.

10:17

This week we shall start to hear from some patients or family members who have agreed to come and speak to us in person. But this week will not conclude such hearings and I anticipate that we will hear from those patients we invite to give oral evidence until we conclude our hearings. 10:17

I appreciate how difficult it is to come to a formal setting, to speak to a room full of people, and we have tried to do what we can, bearing in mind that a Public Inquiry is, by its nature, a formal process to make this stage as private as possible and to make these sessions somewhat less formal than what will take place when hearings are live-streamed from November. 10:18

10:18

I should also point out that the audio visual equipment is not yet fully operational, although it will be by November.

I also want to state clearly that this is an Inquiry, not a trial. The process is entirely inquisitorial in nature, designed to uncover facts from which Dr. Swart and I can reach conclusions and then make recommendations to the Minister. The Inquiries Act 10:18

2005, under which we work, expressly prevents us from making any finding of criminal or civil liability. That means that our findings will not have the legal effect of convicting any individual of a crime, nor will it have the legal effect of ordering any individual or body to pay compensation. 10:19

Mr. O'Brien is one of the core participants before the Inquiry, as it was cases involving his former patients that led to this Inquiry being set-up. But I must stress that this is not an Inquiry purely into the clinical practice of Mr. O'Brien. We will of course be looking at the clinical aspects of certain cases with a view to fulfilling paragraph (c) of our Terms of Reference. Issues regarding Mr. O'Brien's Fitness to Practise are matters for the General Medical Council and any civil liability is a matter for the courts. 10:19

His clinical practice has been the catalyst for this Inquiry, but it is not the primary focus of our work, which is the matters of clinical and corporate governance within the Southern Health and Social Care Trust. 10:19

I'm now going to ask Mr. Wolfe QC to set in context the evidence we will hear today and over the next few days. Mr. Wolfe? 10:20

OPENING REMARKS BY MR. WOLFE

MR. WOLFE QC: Chair, good morning and thank you for your opening remarks. I wish to offer my own brief observations in relation to the hearings which commence today and to say something about where those hearings sit in the context of the Inquiry's Terms of Reference. 10:20

It is appropriate to acknowledge that this is a significant day in the early life of this Inquiry. While the formal public opening of this Inquiry will take place later in the year, today represents the first opportunity to bring the core participants together under one roof to commence the process of advancing the Inquiry's work. 10:20 10:21

It is also a significant day for a more fundamental reason: By convening this week's private hearings, and in deciding that the first evidence to be received should come from patients and their families, you, Chair, are affording meaningful expression to the idea that the patient voice will be at the heart of the Inquiry's work. I know, Madam Chair, that you together with your Panel, as well as the Inquiry Legal Team are determined to make this a patient focussed Inquiry. 10:21 10:21

While the work of the Inquiry has been and will be wholly and robustly independent, there is value in recalling the words of the Health Minister, Mr. Robin

Swann, when he announced in the Northern Ireland Assembly on 24th November 2020 that he intended to establish an Inquiry. The Minister was particularly cognisant of the concerns of patients and their families, and in commending the need to conduct a statutory Public Inquiry in light of the issues drawn to the attention of the Department, he said: 10:22

"I believe that an Inquiry is the best way to ensure that the full extent of the concerns is identified, and for the patients and families affected, to see that those and all relevant issues are pursued in a transparent and independent way. 10:22

Accordingly, if there had been shortcomings in the treatment and care provided to patients who use the Southern Trust's Urology Service, it is important that these are identified, lessons learned, and action taken for the benefit of patients past and future. That is the core focus of the Inquiry and it will be inform the work of the Legal Team." 10:23

Chair, you have mentioned paragraph (d) of the Terms of Reference and at this juncture it is worth repeating those words: 10:23

"To afford those patients affected and/or their immediate families an opportunity to report their experiences to the Inquiry."

The hearings this week represent the practical outworking of this aspect of the Terms of References, at least in part. A core focus, or core purpose, of inviting patients and family members to give evidence to the Inquiry is to enable the Inquiry to achieve a more direct, and arguably more sensitive, appreciation of the patient interaction with the Trust's Urology Service. If patients feel that they have been adversely affected by their engagement with the Trust, it is important that the Inquiry hears firsthand about the adverse effect and its consequences. 10:24 10:24

Chair, you have outlined some of the limitations of this Inquiry, having regard to the Terms of Reference and to principles enshrined in and to be derived from the Inquiries Act 2005. It is worth emphasising that while the Inquiry will be anxious to learn of and understand the patients' clinical experience, it is not the function of this Inquiry to make findings about the clinical outcomes in individual cases. 10:24 10:25

Nevertheless, the Inquiry is charged, as you have indicated, at paragraph (c) of its Terms of Reference, with examining the clinical aspect of those cases which meet the threshold for a Serious Adverse Incident and any other appropriate cases. The full Terms of paragraph (c) of the Terms of Reference are, as follows: 10:25

"To examine the clinical aspect of the cases identified by the date of the commencement of the Inquiry, as meaning the threshold for serious adverse incident, and any further cases which the Inquiry considers appropriate in order to provide a comprehensive report of findings related to the governance of patient care and after within the Trust's Urology speciality."

Therefore, it is inevitable and necessary, as part of the examination of the clinical aspects of those cases, for the Inquiry to ask serious questions about alleged clinical shortcomings arising out of individual cases or groups of similar cases, whether that is in relation to triage, the implementation of multidisciplinary team decisions, the prescription of low dose Bicalutamide or whatever the concern might be.

It will be necessary for the Inquiry to reach conclusions about any safety concerns which arise, or the wisdom of particular clinical practices whether in individual cases or at cross-groups of cases.

Plainly, there is a close connection between paragraph (c) and paragraph (d) of the Inquiry's Terms of Reference. By hearing from patients about their experiences when accessing Urology Services, the Panel should be enabled to better understand the clinical aspects of their cases but it is important to remember, and this should be underscored, that the emphasis

within paragraph (c) of the Terms of Reference is firmly upon examining the clinical aspects of cases for the dominant purpose of making comprehensive findings on central governance themes of patient care and safety.

In other words, the Inquiry is not considering the clinical aspects as a goal in itself, rather, where deficits in patient care are found to exist, they will be carefully explored and defined so as to support a wide ranging investigation into clinical governance arrangements within the Trust's Urology Service. It would be important for the Inquiry to expose any failures in clinical governance which may have permitted clinical shortcomings to occur or recur.

This week, Members of the Panel, you will hear from five patients and/or their family members, each of whom have valuable stories to tell about their experiences of using the Trust's Urology Services.

I welcome [redacted] Patient's Husband to the Inquiry, he sits just across from me. You will hear from him this morning. He is the husband of [redacted] Patient 10, now sadly deceased. She was referred routinely to the Urology Service of the Trust on 29th September 2014. The referral was not triaged by the urologist of the week, who at that time, or during that week, was Mr. Aidan O'Brien.

As a consequence, the Trust managed the referral by placing her in the new routine patient waiting list in accordance with its default arrangements then in place.

She was not then seen by a consultant urologist until 6th January 2016, a wait of some 64 weeks. When she was seen, it was found that she had a probable cystic renal tumour. A subsequent Serious Adverse Incident Review, which was commissioned by the Trust, identified three factors which contributed to the delay of diagnosis. One of those factors was said to be the failure to triage. In particular, it was found and here I refer to 'PAT-' or page 000007 of your bundle, in particular it was found that the opportunity to upgrade the referral to red flag was lost by the omission to triage. 10:30 10:30 10:30

In his correspondence with the Inquiry, Patient's Husband has explained that when Patient 10 became aware of the scale of the gap in the system of triage within the Trust, her confidence in the entire system for her care was undermined. You will find that assertion at page 34 of your bundle, PAT-000034. As you know Chair, Patient 10 was under treatment for a number of serious medical conditions at that time. 10:31 10:31

This afternoon you will hear from Patient 18 [redacted]. I understand that he will be accompanied to the Inquiry by his son, Personal Information redacted by USI.

[Patient 18]'s case was considered by a Urology Multidisciplinary Team meeting on 28th July 2011. The MDM discussed his moderate grade moderate volume organ confined prostate cancer. It was decided at MDM that Mr. Aidan O'Brien would see [Patient 18] to discuss 10:32
treatment options and that external beam radiation would be advised in the first incident. You will reference to that at PAT-000614.

[Patient 18] was seen by Mr. O'Brien on 9th September 10:32
2011, but he was not referred to radiotherapy until almost 11 months later on 25th July 2012, PAT-000579.

Instead, he was first prescribed by Bicalutamide 50mgs, with Tamoxifen 10 milligrams daily, which he took for 10:33
over seven months with side effects before declining this treatment on 27th April 2012.

The appropriateness of that treatment regime has recently been called into question during the Trust's 10:33
Structured Clinical Record Review. And you will find reference to that at PAT-000530 and 000531 and also, when considered by Mr. Patrick Keane as part of a waiting list initiative, PAT-000500.

10:34

Amongst the various issues raised by this case, [Patient 18] complains that he was provided with inaccurate information regarding his condition and treatment options so that he was unable to make an

informed choice. You will see reference to that at PAT-000546, and no doubt Patient 18 will elaborate on what he means by that.

Tomorrow morning, Chair, you will hear from Patient 84 . He had an emergency ureteroscopy and stenting performed on 28th March 2016. As appears from his Letter of Complaint to the Trust dated 19th September 2016, which you will find at PAT-000200, he was advised that the stent should be removed in six weeks' time. Patient 84 has told the Inquiry that he suffered multiple symptoms associated with the stenting, including pain, bleeding, urgency and frequency. For this reason he endeavoured to make contact with Mr. O'Brien because he was concerned something was wrong and was anxious to obtain a date for stent removal. 10:34 10:35 10:35

A significant issue for Patient 84 , as appears from his correspondence with the Inquiry, was the lack of effective communication with the Trust to resolve his difficulties. He claims, PAT-000217, that he was continually fobbed-off. He complains that he became progressively unwell and, despite his contact with the Trust, he never got to speak to anyone beyond Mr. O'Brien's secretary. 10:35 10:36

It was not until he was admitted to hospital with symptoms of severe infection in mid-August 2016 that

the stent was removed. He was hospitalised for seven days and shortly after discharge he was re-admitted for a further week. In his correspondence to the Inquiry Patient 84 has decried the fact the stent was only removed because he became so ill that hospitalisation became necessary, rather than as part of a planned and organised process. He has been left dissatisfied by the response to the complaint to the Trust which pointed out the competing obligation to provide for the care of urgent cancer patients. 10:36 10:37

Tomorrow afternoon, Chair, you will hear from Personal Information redacted by USI, daughter of Patient 16, deceased. His case also concerns the failure on the part of Urology Services to arrange for the timely removal, and in his case, replacement of a stent, and the attendant communication failures and serious medical complications which follow. Patient 16's treatment was the subject of a Serious Adverse Incident Review which reported on 27th January 2020, although it concerned failure to deliver appropriate care in the period of 31 weeks between 26th November 2015, when he was deemed ready for stent removal, and the 29th June 2016 when he was admitted for surgery. 10:37 10:37 10:38

In her correspondence with the Inquiry, Patient's Daughter has described her main concern on behalf of her father as the lack of response by Mr. O'Brien to the numerous attempts to communicate with him to address the

stenting issue. The reference to that is PAT-000144.

She has recorded that her father found Mr. O'Brien to be arrogant and dismissive in his dealings with him. That is set out at PAT-000147. 10:38

Finally, on Thursday of this week you will receive evidence from [redacted]. [redacted]'s GP referred him to the Trust Urology Service on 28th July 2016. The referral was marked as a routine referral, 10:39 despite a recent history of haematuria. The referral was not triaged by the urologist of the week, who at the relevant time was Mr. O'Brien. Instead, using the default mechanism which the Trust operated at the time, [redacted] was placed on a routine waiting list in 10:39 keeping with his GP's grading of the case.

However, a subsequent Serious Adverse Incident Review commissioned by the Trust reported that, following a process of internal review or lookback, which took 10:40 place as a result of what has been described by the Trust as the "Index Case", which is a reference to the non-triaged case of [redacted], [redacted] case was found to be one of 30 patient cases which had not been triaged during that period of time, each of which 10:40 should have been upgraded to a red flag referral in the opinion of the SAI Reviewers.

A fifth patient, sorry, I should say, four of those 30

patients, including Patient 13, were found to have cancer.

A fifth patient who was not triaged was also found to have cancer subsequently. The SAI Report documented what it described as a six-month significant delay in obtaining a diagnosis and prescribing treatment for a locally advanced bladder cancer in the case of Patient 18. 10:41

While I have explained, just a few moments ago, that it is no part of the function of the Inquiry to resolve individual clinical outcomes, it has been his concern that the significant delay may have had an adverse impact on his outcome. It is a notable feature of this case, just as in the case of Patient 16, that the outcome of the SAI Review was not finalised for some time. The SAI concerned the care of five patients who were not triaged on various dates in 2015 and 2016 and was commissioned by the Trust in 2017, yet the SAI review was not signed off until 22nd May 2020, some four to five years after many of these incidents occurred. 10:41 10:42

The concerns which will be explored through the oral evidence of patients, or their family members, during hearings this week and perhaps further patient hearings to be convened during the life of this Inquiry is only one source for the patient experience which is 10:42

available to the Inquiry.

The Inquiry has also received responses to questionnaires from patients, as you have mentioned, Madam Chair, who do not wish to attend to give evidence in this forum. It is your position, Chair, that their wishes are to be respected and that no patient should be compelled to give evidence. Nevertheless, the responses to the questionnaire process will no doubt be fully documented, or sorry, will no doubt be fully considered as part of your overall assessment of the clinical aspects. I intend to draw attention to some of these patient responses at the opening of the Inquiry later this year. 10:43 10:43

It is also important to reflect the fact that the patient experience also speaks to the Inquiry to the multiple Serious Adverse Incident Reviews and the Structured Clinical Record Reviews which examined care received by patients of the Trust Urology Services. It is of note that four out of five cases which you will hear about this week were found by the Trust to meet the threshold for an SAI, the one exception being the case of Patient 84. 10:44 10:44

As I have explained, three of the cases, Patient 10, Patient 16, and Patient 13, have been investigated by the Trust as Serious Adverse Incidents and reports have been produced, whereas the fourth case, that of

[redacted], was found by the Trust to have met the threshold for SAI but was further examined using the Structured Clinical Record Review methodology. I will give further attention to the outworking of those processes in these and other cases as part of my opening remarks to the Inquiry later in the year. 10:45

It should be emphasised that at least at this time, none of the representatives of the core participants have supplied me with any question or any point which they would wish to have put to any particular patient or family member. That, of course, may change. I have made it clear that there is an opportunity at these hearings for any serious factual dispute to be examined, but there is undoubtedly a recognition on the part of the representatives that many of the issues which may emerge here are not really matters to be contested with the patients themselves. 10:45 10:46

I interpret their approach to be consistent with the spirit of a process which we undertake this week which is intended to enable patients to fully ventilate their concerns and experiences. I am reminded that the absence of questioning should not necessarily be regarded as an acceptance of factual accuracy of what the patients say or the merits of any criticisms which they may wish to make. 10:46 10:46

Ultimately, Chair, it is a matter for you and your

panel to assess the merits of any concern or criticism after hearing and reading all of the evidence which you are to receive today and subsequently. I am sure that this won't be the last time that I will say that.

10:47

Finally, Chair, it might be said that one advantage of conducting these private hearings at some several months remove from the opening of the public hearings in the autumn is that it will afford the core participants an opportunity to reflect upon what they hear. I note, Chair, that you have an expectation that the core participants will take a constructive approach to the issues to be addressed within the Terms of Reference and where concessions or acknowledgments can be appropriately given, this will be welcomed and encouraged.

10:47

10:47

Thank you, those are my opening remarks for today.

[redacted], as I have indicated, is sitting in the witness chair. I have had an opportunity, before speaking this morning, to welcome him in private and to talk through some of his concerns. So at this point I think he should be asked to take the oath or affirm, as is his wish.

Patient's Husband

10:48

10:48

END OF OPENING REMARKS BY MR. WOLFE QC

CHAIR: Just one moment, Mr. Wolfe. First of all,

thank you very much for your remarks and thank you to all of the core participants for the attitude that you have taken to these private hearings, that is much appreciated by the Inquiry.

10:48

We do fully accept that some of you make well take issue with some of the evidence you hear this week, but that is for another day.

[Patient's Husband], at the outset, just before I ask you to take the oath, may I, on behalf of myself and the entire Inquiry Team express our condolences on the loss of your wife. We do appreciate, and I certainly appreciate how difficult it is, to come and speak about such personal matters in a venue such as this.

10:49

10:49

I will be the one asking you questions this morning and I will ask you and the other witnesses who come to speak with us some questions, which I hope you will find easy enough to answer, but if you are unsure what I am asking don't be afraid to say so and there's no right or wrong answers here. This is your opportunity to tell us what you want us to hear and how you feel and how your wife felt. If at any point you need to take a break we can do that also.

10:49

10:49

You have received a bundle of papers and that includes the completed questionnaire you sent to the Inquiry. Can I assure you that we have read all of those papers.

And as you speak to us today, if you want us to look at anything in particular could I ask that you use the number in the top right-hand corner, that way we can be sure that everybody is looking at the same page.

10:50

I also need to remind you, as I will be reminding the other witnesses who come to speak to us this week, that the Inquiry cannot make any decision about the standard of clinical care that your wife received or whether that was the appropriate treatment for her. Others, 10:50
both in the Trust and in the General Medical Council, have been looking at the care of patients and after I have asked you some questions then I will invite Dr. Swart, or Mr. Hanbury, or Mr. Wolfe QC, to see if there is anything that I have missed out that we would 10:50
like to hear you talk about.

And then if I could just ask the Inquiry Secretary, Ms. Marshall, then to ask you to take the oath please.

10:50

Patient's Husband, HAVING BEEN SWORN, GAVE HIS EVIDENCE TO THE INQUIRY, AS FOLLOWS:

CHAIR: Thank you, Patient's Husband. I'm going to sort of 10:51
jump right in with one of the points that we have read in the papers, and that is, that when you wrote to me in March and for those of you who want to look at that letter, sorry, it's in the questionnaire PAT-000037.

You indicated that you didn't expect us to investigate or comment on the non-urological matters referred to in the Serious Adverse Incident Report.

I just wanted to let you know, and to let others know, that while technically those issues regarding the radiological scans do not fall within the remit of this Inquiry, because it's not looking at the operation of the Radiography Department or the Radiology Department, nonetheless, there are matters around that that are relevant for our Inquiry. The scans not being looked at by the appropriate person in a timely fashion, which impact on other issues that we are looking at and which we will raise with witnesses in our formal hearings when they start in November. 10:51 10:52 10:52

So I just wanted you to know that.

THE WITNESS: Thank you.

CHAIR: That it is an issue of a sort for the Inquiry, if I can put it that way. So [redacted], if you are ready, just in your own time, can I ask you to tell us what you would like us to know about your wife's care? 10:52

A. I'm going to refer to, just notes I've taken, the memory for dates and times is not what it was ten years ago. 10:52

I think in relation to [redacted]'s participation with Urology, that it would be important that I go outside of that because she had a complex medical history for

the ten years before she died. And to put the, her dealings with Urology in the right context, because she wasn't just seen with a urology problem, I think it is important for the Inquiry for me to go over her history, very briefly, to put it in the right context. And I'm going to be referring to some of the notes that I have taken.

1 Q. That's absolutely fine, Patient's Husband.

A. Patient 10 was diagnosed with colon cancer in 2010. The operating surgeon at that time was a Mr. Hewitt in Craigavon Hospital. That operation was carried out, was successful. She received chemotherapy and that cancer never came back. There were three other separate cancers that came back, but the colon cancer was successfully treated.

We decided that we would see Mr. Hewitt on a private basis twice-a-year after that just to make sure that her condition was looked at.

She then, totally separately, received breast cancer in 2013 and she received treatment, an operation for that, and treatment. And I think it's important to get her life in context, that over the ten-year period where she had four cancers, she was getting a cancer every three years. One of the doctors had said, we don't know what's going on here, it was just so unusual.

And people after she died had thought she went through

a desperate time, which she did. But she got cancer every three years, would have treatment for six months, then she was fine and it was the best ten years of her life because we appreciated life and we explored Europe and everywhere. So I want to get that in context. 10:55
This was not a lady that for ten years was on death's doorstep, it was far from that, and I know that digresses, but it gives you an insight as to her life.

After the treatment in 2013 she was seeing Mr. Hewitt 10:55
and there were scans going on all the time nearly every month. And it's quite impossible for me to remember them in context. But she had seen Mr. Hewitt in September of 2014. He had received the results of a particular scan, I don't think it had been requested by 10:56
him, but had been referred to him.

And in that he had stated that there were two cysts in the kidney area and he felt quite sure that those were water-filled cysts. But to be sure, to be sure, there 10:56
was going to be a MRI scan and that was authorised. The MRI scan, there was a report dated 29th September 2014 and Patient 10 subsequently again saw Mr. Hewitt who confirmed that his suspicions were right, that they were water-filled cysts. He assured her they were not 10:57
sinister and that there was no cause for concern whatsoever and she was content at that.

Some time later, I think it was, it could have been six

or eight months later, she saw her GP, who is Dr. Paisley in Personal Information redacted by USI, on a purely routine visit to the GP. Dr. Paisley had looked at the scan, or looked at the report, and noted that the two cysts were quite large and she asked Patient 10 were they causing any pain. They were causing no pain whatsoever. She didn't even know she had them. There was a discussion, I wasn't in this, so this is hearsay of what she told me afterwards. They had a discussion as to whether she wanted anything done about it and Patient 10 said, well, what would you do yourself? And she said, well, if it was her she would get them seen to, that it was a simple, I'm not even sure if it was an operation is the right word, but a procedure to drain them and that there would be no concern. And did she want to do that and it was agreed that, yes, that she would. And an appointment was made by Dr. Paisley to the Craigavon Hospital. And this is really the start of the problem with Urology. 10:57 10:58 10:58

Dr. Paisley told Patient 10 that she would hear directly from the hospital in relation to that appointment but it was of no concern to her, because of the other problems she was going through this was totally minor, and to be honest she forgot about it. There was no follow-up from our end of it because we didn't hear. 10:58 10:58

Patient 10 was in again with Dr. Paisley, again some time later, I think it was probably maybe eight or ten

months later, on a totally unrelated routine matter. Dr. Paisley had said to her that everything must have worked out okay in relation to the cysts. Patient 10 said she had heard nothing further and she reported that. Dr. Paisley was really tremendously angry that she hadn't heard. And Dr. Paisley immediately got on to the hospital again in relation to the appointment.

And, again, Patient 10 was told that she would hear directly from the hospital in relation to that appointment. But again Dr. Paisley assured her that there was nothing sinister, there was no need for her to worry and she didn't worry, it was of no concern. She eventually got an appointment and that appointment was with a Urologist, Mr. Haynes. That was on 6th January 2016, and that, you will see from the SAI report, was almost 16 months after the original request.

On that morning she actually said to me she thought of ringing up and cancelling it because she was wasting his time. She did go over. She met Mr. Haynes for the first time and he then mentioned to her that a serious mistake had been made, that whenever he, in anticipation of her coming in, he looked at the, obviously the referral letter from Dr. Paisley and that referred to the scan that had been done on 29th September that had reported the two cysts. And not only did he look at the report but he also checked

the scan. And he said that he then immediately found a third cyst that had not been referred to in the report.

And his opinion, and he said it to us at that time, that he considered that to be cancerous. That, of course, was a major shock. And he said, he formally apologised on behalf of the Trust and stated that he had reported that as a Serious Adverse Incident. Now that meant nothing to us at the time. I never heard of a Serious Adverse Incident and in any event, if I had, the news of it was just so shocking that it went by us. 11:01 11:01

He said that there would need to be a further scan to see how much that cancer had grown in the 16 months and a further scan was carried out. There was good news and bad news in relation to the results of that scan because it showed, luckily, that the cancer had not grown very much and he personally was delighted with that. 11:02

But the scan unfortunately showed up another cancer in the breast. So there was two cancers at the one time and a lot of questions as to what operation would be carried out first. Because the breast cancer needed more treatment, it was decided that that would be carried out. It was. Patient 10 received chemotherapy and, thereafter, was operated and there was a partial removal of the kidney. That, he felt, was, he had cured it, couldn't be sure, but there was no treatment 11:02 11:02

required in relation to the kidney operation or the kidney cancer.

Where am I? After that, we just, all operations were carried out. We continued on our tour of Europe after that and really forgot about everything. The issue of the Serious Adverse Incident never came into our minds. We didn't even know there was a report being carried out. And out of blue, some time about six-months, a year later, we got a phone call from the hospital to say that this report had been completed. We got a copy of the report and we thought the report was, as it was, initiated by Mr. Haynes on the basis that the radiologist had not reported on the third cyst. We thought that the report was only going to deal with that. We got the report and we were shocked that there were two other very serious matters that had been overlooked. 11:03 11:03 11:04

We then arranged a meeting, or there was a meeting arranged to deal with the panel that was going to meet with us to discuss the report, and that was chaired by a young radiologist, or a young urologist in the South Tyrone Hospital. 11:04

We decided before we went over, like I went through the report in detail, as did Patient 10, and Madam Chair, you have the report there. 11:04

2 Q. I do.

A. It doesn't make good reading. And we went through it and we took a decision that we were going to finish this that day and what I mean by that was that, in meeting with the panel that was going to talk to us about the report, it had the potential for a good row 11:05
that we could have with them and for there to be just that.

It really - we realised that the ones that were meeting us were not the ones that had caused the problems so we 11:05
really weren't going to shoot the messenger in relation to this. And in any event, we knew that it was the potential of just eating up energy and negative. And in the course of all of the cancer treatment you have to be positive and look forward. So anything negative, 11:06
we purposely forgot about it.

So we took the decision and got over, this was going to end on that day. From a legal liability, in reading the report, the negligence in relation to the treatment 11:06
was really admitted by the Trust, but decided that we were not going to go down the legal route at all because medical negligence cases, it's like trying to run through a ploughed field. So it just takes up so much energy that we didn't want to be putting Patient 10 11:06
through that.

So we went over. We wanted to be firm and fair at that meeting, which we were, and we got a good hearing. We

thought that the report was a very detailed report. We dealt with the two aspects of it that we considered could be just human error, namely the Radiologist failing to see the third scan. While it was a mistake, it could have serious consequences, and the same with the Breast Surgeon in not referring on, and we could accept those as being one-off mistakes. 11:07

We did not take the same view in relation to the urology aspect of it. Because if it only had been Patient 10 that had not been triaged, we could have put that mistake in the same category as the first two, all of us working under pressure of time that we all make mistakes. But the serious aspect to us was that, not only was hers not triaged in that week, that there were seven others not triaged. And that was just a week in time that was pulled out of nowhere. That week was examined by the Trust, purely because Dr. Paisley had requested the appointment for that week, and that's the week that they looked at. 11:07 11:08 11:08

So we thought that that was not human error. That was a systemic failure of the system and we put that forward at the meeting. We put it forward in a firm way, not in an argumentative way. We wanted to get the point across and Patient 10 wanted to make the point that she hoped that for future patients, that something was being done about all aspects of the report, and we were told that as we spoke at that, that steps were being 11:08

taken. And that there had already been significant meetings with the various departments to make sure that the mistakes that had been identified would be rectified and that in the future, as best could be done, that they wouldn't be repeated. 11:09

We accepted that at that time. That was left on that basis. And I can remember then, actually we were driving home, we agreed that we were drawing, putting a line under it. We weren't even, as between ourselves, 11:09 going to discuss it because you can get into what-if and that and that's negative. And no matter how much we talked about it, we were going to have no joyous thoughts come out of it and we weren't going to be able to change it. So we didn't speak about it. 11:10

That may seem strange, but as a married couple, we did not speak about that afterwards. And as far as I'm concerned, even where I would be in my own work trained to go into things and to go into it in detail, even in 11:10 thinking about it, I stopped myself thinking about it because I knew it wasn't going to end up good, whatever the final thought was going to be on it. And I would have thought that Patient 10 was of the same thinking, but obviously I don't know what she was thinking. And 11:10 in the car on the way over we decided that's it, finished, and we didn't ask for any follow-up and we didn't initiate any legal proceedings in relation to it.

And that's where it really lay until, again, out of the blue, Patient 10 received a phone call from the hospital to say that - she was actually waiting on two separate phone calls, it shows the amount of involvement that she had, but she was waiting on two separate phone calls from Craigavon Hospital. And she received a call which she thought was dealing with one of the issues, but it wasn't. It was a phone call from a lady to say that she was putting her on notice that in the Press the next day the issue about Mr. O'Brien was going to break in the Press and on television. 11:11

And the purpose of the call was to assure Patient 10 that, whatever problems were being reported in the Press in relation to the Urology Department, that they didn't affect her treatment. And what they were getting at was not the issue in relation to Urology and the triaging, but in relation to her treatment by Mr. Haynes, and we accepted that, and we were pleased that she had been put on notice of that, that it didn't affect her. 11:11 11:12

The next day the story did break in the media and within, I don't know the timescale, but certainly within a week or two, the Minister of Health had announced a Public Inquiry and the Medical Council had suspended Mr. O'Brien from practising. 11:12

We knew, that was Patient 10 and myself, that those two

individual steps probably were not taken, they certainly wouldn't have been taken lightly, and wouldn't have been taken as a result of one individual error that had been made. And rightly or wrongly, we assumed that this was a follow-on to the systemic failures that had been reported in the SAI Report to us a number of years, three or four years previously. 11:13

We then both felt guilty that we had maybe taken too narrow and relaxed a view in dealing with the SAI report and we felt that, to put it bluntly, we should have maybe created more of a stink. That it might have been better and there may have been more attention paid if we had issued legal proceedings and highlighted it and if we had followed it up by other meetings. And [redacted] especially felt guilty that we hadn't done that. 11:13 11:14

I then, with [redacted]'s consent, contacted, and I'm not sure that this has been referred to before, Madam Chair, I contacted Urology. No, I contacted the hospital after that to express [redacted]'s concerns about this because I just felt that, in view of the seriousness of what had been reported in the Press, that we really should have done something more, and even at that later stage, that maybe we could get involved in some way. 11:14 11:14

After a period of three or four months they didn't know

who, the Hospital didn't know who we should meet with to deal with the concerns and then eventually asked would we agree to meet with Mr. Haynes. And we certainly agreed, because while each time we met with Mr. Haynes, unfortunately he was giving Patient 10 bad news, she had the greatest respect for him as a surgeon and the greatest respect for him as an individual. He had tremendous empathy, so we readily agreed that we would meet with him. 11:15

On the morning Patient 10 just couldn't go, couldn't face it. So I went over and Mr. Haynes had, well he knew what I was there about, and he had gone through again the SAI report. He gave me assurances in relation to, if I refer to them, the two non-urological matters that the work of the Breast Surgeon was being reviewed and he actually was on a Panel to look at that work, and confirmed to me that, over a period of time, that it appeared to be a one-off mistake and that her work was above average, which I was delighted to hear because Patient 10 got on particularly well with that surgeon and I said she would be delighted to hear that and reported back. 11:15 11:16 11:16

Mr. Haynes again said that while he was not on the Panel reviewing the radiology end of it, that he knew there was a Panel setup to look at that, and that in anticipation of me coming, that he had spoken to those on the Panel and, again, that appeared to be a one-off 11:16

mistake because that radiologist report was above average, whenever it was compared and looked at.

I think it was myself that intervened at that stage with Mr. Haynes and said, well, I hope we're not going to go down the one-off mistake in relation to Urology I said, because it could not be a one-off mistake if it was only Patient 10 that had not been seen in relation to urology or to the triage, I could, the both of us could accept, like that, it was a one-off, but we couldn't be convinced that it was a mistake because of the other seven, and that in view of what had subsequently come out in relation to the announcement of the Public Inquiry, and Mr. O'Brien being refused permission to practice, I let him know that the real reason that we were over was because we felt we should have done something more in relation to it at the time. 11:17 11:17 11:17

He assured me that, I think it was more laterally, that a new triage system had been put in place and he actually gave me a copy of the new system, a very detailed system. As a lay person, I certainly was happy with it because there appeared to be more checks and balances in it that if someone didn't do what they were supposed to do, the matter just didn't end there, that somebody else came in and there was referrals on. 11:18 11:18

And he assured me that that system was in place and was working and because, I just had confidence in him,

I accepted that if it had have been somebody else I may have been more sceptical because what we had been told three years earlier and the assurances we were given, obviously weren't followed through on. But whenever Mr. Haynes mentioned it, we accepted that. 11:19

And there was really nothing more we could do because whenever I was going over I was thinking, like I can't go over here and change the world in relation to this, but it was really just to express our frustration and 11:19 anger. And I reported that back to Patient 10 and she was perfectly happy with it.

And that, Madam Chair, is really it in relation to it. Patient 10 unfortunately then got another spread of her 11:19 breast cancer that went into her spine. That was the first spread and she got treatment for a couple of years and then unfortunately died on Personal Information redacted by July last year. That's our contact.

3 Q. Yes. Well, thank you, Patient's Husband, that has been 11:20 really detailed and really helpful to us. If I can just ask you a couple of questions around all of that. I didn't want to interrupt you because you were in --

A. Full flow.

4 Q. Full flow, indeed. But if I could just ask you: You 11:20 don't, you got this phone call out of the blue to come and talk about SAI, that the report was concluded after the initial referral by Mr. Haynes?

A. Yes.

5 Q. And when you went, do you recall who it was you met? Just from the papers I can tell you that it was Mr. Glackin, Consultant Urologist?
A. I know because his parents are actually from Personal Information redacted by USI.
6 Q. So you know the family? 11:20
A. We actually know the parents and I got in touch with them to say he'll know me and Patient 10 through the parents and there may be a conflict of interest, I want to put you on notice of that, do you want to change your Chair in it. 11:21
7 Q. Yes.
A. And they came back and he said he had no problem with that. So I didn't know him before that but I knew his parents.
8 Q. You knew of him? 11:21
A. I knew all the members of the family. The other two that were there, I didn't know at all.
9 Q. And that was a Mrs. Connolly and a Mrs. Farrell I believe?
A. Yes. 11:21
10 Q. And that was on 10th April of 2017, that meeting?
A. That's correct.
11 Q. Can I just ask you, I mean you have said about the discussion that was there, and you were obviously very engaged and were asking questions during that meeting, 11:21 and it seemed to be in fact you who raised the issue of the triage because that was the first that you had heard of that effectively in that report?
A. Absolutely.

12 Q. Can I ask how you felt that meeting went in terms of the communication between you and the Trust? Do you feel that they were forthcoming? Do you feel that they were engaged with you? Do you feel that they answered your questions appropriately? Just what did you feel about it? 11:22

A. Well, initially whenever we were contacted to state that the report was available, they asked us did we want a copy of the report, or did we want to go over and see them. And this is not a criticism, at that time I thought, well, that's a bit strange. And I said, well, can we not actually have a copy of the report and then go and over and see you? 11:22

13 Q. Yes.

A. And they said, of course, that would happen, and they did send me a copy, or send Patient 10 out a copy of the report and we saw them. 11:22

In answer to your question, the whole tenor of the meeting was really determined by Patient 10 and myself because we wanted to really draw the line under it and we understood the report. I had gone through it in detail. I have a Personal Information redacted by USI background, Madam Chair, and I would be used to going through reports and I had gone through it in detail and understood it completely. And like, Patient 10, her profession, she was a Personal Information redacted by USI, and she understood the report. 11:23 11:23

So Mr. Glackin, when we went in, asked us did he want

him to go through the report line by line and it was exactly the last thing that I had wanted because it was going over everything in detail again. I said, look, we don't want that. But he was prepared to do it. So everything, they were open, they answered our questions, it was relatively short. That was of our making, not of their making because of the way that we wanted to deal with it. So, yes, they were helpful, we didn't find that they were evasive in any shape or form. It was totally open. 11:24

14 Q. That's good. You say, you've been quite articulate in expressing how shocked you both were to learn that the triage problem was not a one-off, as it were, it was not confined to Patient 10, and I just wanted to know what effect that had on you both when you learned that there were others who might not have been triaged in the same week as she was referred to the Department? 11:24

A. The urology problem in comparison to the other two, they are all serious and all potentially life threatening. It's different in, this is a disadvantage in working in a hospital. Like if you were working in a solicitor's office and you make a mistake, well you have insurance and you cover it and it's invariably not life-threatening so you get on with life and everybody makes a mistake. 11:25

Each of these mistakes are potentially life threatening. And there were eight mistakes made in that week which, as I said, was pulled out of nowhere.

And that had a major effect on Patient 10 because, while the report said that in a lookback at the other seven, that there didn't appear to be any serious consequences as a result of the delay, that was pure good fortune that that happened. And you don't go into a hospital and rely on good fortune, you have to rely on each individual. 11:26

And while each department, in a way, is separate in the hospital, Urology is separate from the breast end of it, Oncology, the heart end of it. They really are, and if you see Patient 10 's history, they really are all linked because you get a scan in relation to the bowel and it shows up something somewhere else or whatever. So there is interaction between all of the departments and that's the way it should be. 11:26

It really frightened Patient 10 that this had not been dealt with. It's linked really to the original problem that the radiologist hadn't identified the third cyst. And whenever, and I'm sort of cutting across myself in this, Madam Chair, whenever she saw Mr. Hewitt in relation to that report, he was very angry and said, God, if we can't rely on the reports, that if we have to look behind them all of the time as surgeons we'll never get anything done, and he was really angry that that had been missed. 11:27

So it frightened Patient 10 that, really, could she rely

on, and she was actually at that time awaiting on other scans and that, and whether she could actually rely on what she was being told in the scans. The scans could obviously show up something that's sinister in that and those have to be dealt with. But if you get good news and the scan, you're told that it's not sinister, it undermines the confidence in the whole system and it certainly undermined her confidence.

Now she was, what way would I put it, an optimist. She hated, I suppose it was to my advantage in the marriage, she didn't do conflict. She hated it. She didn't like confrontation. I must confess probably because of my job, I maybe relished a bit of confrontation and that because my life was dealing with confrontation, but she didn't want that with anything, not just in relation to the hospital context and the mistakes context. She just was prepared to forgive and forget in relation to it.

11:28
11:28
11:28
11:29

But it really did undermine her confidence in it. It's not that she didn't appreciate, and I want to make this general point.

15 Q. Yes.

A. That what I'm dealing with here are three very negative or major mistakes. Patient 10 was in Craigavon Hospital and other hospitals, but primarily Craigavon for ten years. Everything else other than this was unbelievable, from doctors, nurses, the lot. So

11:29

I wouldn't want that to be forgotten. And I know the Inquiry is not to look at the good things, those go by. But this is all negative coming from me and I didn't want to be here and I wasn't going to come and I'm here purely out of duty.

But I certainly want to make sure that the Panel, who may not be really as familiar with the workings of Craigavon Hospital as I am, I now know nearly every nurse and surgeon in it, that the work that was being done outside of these mistakes was absolutely first class and Patient 10 appreciated that right up to her death and I think it's important that that's set in context in this Inquiry in relation to it. 11:30

16 Q. Well, can I assure you, Patient's Husband on behalf of the Inquiry that it is our duty to be fair? 11:30

A. Hmm.

17 Q. And I'm sure those present here today will appreciate the remarks that you have made about the care that your wife received in Craigavon. There's nothing else that I want to ask you. But I'm just going to ask Dr. Swart if there is any questions that she would like to ask? 11:31

DR. SWART: Just to say thank you, to start with, very much for describing the last ten years of your wife's life in such a clear way and emphasising the positive side of it and approach to cancer. 11:31

I very much noted your feeling of guilt, which is something that a lot of people feel, which is sort of

strange and all your comments. But if you were able to just distil one or two small things that you would like the Chairman and the Chief Executive of the Hospital to know about your experience, what would they be? If you could just say, you know, we have had all this care, we had these mistakes, but I would really like you to know about this thing. What would it be? What would be the one message for them in a little private room? 11:31

A. Oh I'd really need four or five hours to think about that and answer it. No, I can honestly say there is nothing that is immediately hitting me between the eyes. And other than in a general way that, where I said I didn't want to come, and it's a matter of duty, the purpose of the Inquiry is to make things better. And I would be happy with that, that your work, while, by the end of it you may feel that you have run through the ploughed field that I mentioned earlier, is absolutely essential to society. It is essential to the proper running of Craigavon Area Hospital which is the hospital that is under the microscope here. 11:32 11:32 11:33

So if, in dealing with all of the evidence and witnesses, that I'm quite certain you will, in dealing with people like me and other witnesses, will find out what is wrong, and you will be making recommendations to the Minister, well then I think it probably would be incumbent upon people like myself and other people to make sure that the politicians accurately, not only 11:33

read the recommendations, but will act on foot of them. Because, again, just from ordinary reading of news and that, that certainly not all recommendations from Tribunals are implemented. But, and if they are not well then the whole procedure is a total waste of time and nonsense. I'm not suggesting in any shape or form, if the recommendations are not implemented. 11:34

So in answer to your question there really is not one thing. I would like that there was so whenever the report is there it would be at the top of the list and I would say, that's me. But, no -- 11:34

18 Q. DR. SWART: I think you have given it to me, the one thing is a commitment to act.

A. Yeah, yeah. 11:34

19 Q. DR. SWART: If that reflects what you have just said.

A. Absolutely.

DR. SWART: Yes, thank you.

CHAIR: Mr. Hanbury, do you have any questions for [redacted]? 11:34

MR. HANBURY: Thank you very much, [redacted], for your very interesting and thorough evidence which is fascinating. I have got one question which I'll come to. But we know, as urologists, how stressful a cancer diagnosis can be to the patient and family and we also know from your evidence that [redacted] had previously cancers in her breast and colon cancer. 11:35

A. Yeah.

20 Q. MR. HANBURY: So we have already partly reached this,

but would you have any comments on how her suspected kidney cancer was managed or treated in comparison to her other cancers that you experienced in her life and those pathways?

A. Well her cancer, this Inquiry in relation to Mr. O'Brien? Patient 10 never -- no, well, it touches on his work rather than anyone else's. It's his work that has initiated the Inquiry and a lookback. Patient 10 never met Mr. O'Brien. He never treated her. And I'm not sure if I mentioned that, both of us never met him. 11:35 11:36

CHAIR: Yes.

A. Like while he lived, or originally lived in [redacted] Personal Information redacted by USI, he didn't ever have to deal with either of us medically and, to the best of my knowledge, we never met him socially. 11:36 So anything I am saying is against Mr. O'Brien, it could be Mr. Smith or whoever.

She was dealt with, whenever she got, and this is in answer to your question, after the 64-week wait for her to be seen, that was the first time that she was seen in Urology and that was by Mr. Haynes. And he was tremendously competent. He explained who he was. He had only actually joined the hospital a very short time before that. And he explained his, for the purposes of 11:36 11:37 him doing the operation, he explained his background, I think he said he came from Sheffield or somewhere like that, he was certainly from England. And he explained that he was well-experienced in carrying out

the operations and that was really told for Patient 10's comfort, that she could have confidence in him.

Everything that he did in urology was absolutely perfect. No complaints in relation to him. The operation subsequent, explaining everything, what had gone on, absolutely super. I hope that answers your question.

MR. HANBURY: Okay, thank you.

CHAIR: Mr. Wolfe, any questions? 11:38

21 Q. MR. WOLFE QC: Good afternoon, Patient's Husband. Just one area of questioning if you could address it for us, Mr. Haynes told you in January, he told Patient 10 in January 2016 that there had been a significant error here and it was to be reported as an SAI, isn't that correct? 11:38

A. That's correct.

22 Q. MR. WOLFE QC: That's correct. Did I understand your evidence as indicating that it was only at the point when the SAI reported that you became aware of the fact that there was more than one error, as it has been described? 11:38

A. That is correct and you'll see from the report, the report was not commissioned on anything to do with urology. The report was commissioned as a flaw by the radiologist in not reporting, and then whenever they investigated that, the breast surgeon aspect and the mistake came up on it, as did the triaging in Urology come up in it. 11:39

23 Q. I think you said it was commissioned as a flaw in

Urology, it was commissioned as a flaw in Radiology?

A. No, in Radiology sorry, Radiology rather than Urology, yeah.

24 Q. So it was only when you received the SAI report that you became aware of the flaw in Urology? 11:39

A. Oh absolutely.

25 Q. And tell me and tell us something then about the communication, if any, between you being told and Patient 10 being told in January 2016 that there would be an SAI. And you told us that that was a strange 11:39 concept, you hadn't heard of that, and then the delivery of the report. Was there in between communication with you?

A. We weren't -- we didn't know what an SAI was, I mentioned that. And even if I had known, because of 11:40 the news that we were given that there was another cancer found, that was the only thing that we concentrated on at that time.

So Mr. Haynes mentioned that he had reported it as a 11:40 Serious Adverse Incident. I don't know what he said, but subsequently I know that that's what he obviously did say. But we had no idea what was involved in that. And in answer to your question, from that time until we got the phone call to say the report had been 11:40 finalised, there was no communication whatsoever in relation to the report and we did not know that a report was even being done.

MR. WOLFE QC: Okay. That was my question, thank you.

There is nothing further.

CHAIR: [redacted], unless there is anything else that you would like the Inquiry to know, can I just thank you very much for your time.

[redacted]: No, thank you. 11:41

CHAIR: And say how much we really do appreciate you coming to speak to us. It is important to hear from the people firsthand and it may have been a duty, but it's a duty well-executed, so thank you very much.

MR. WOLFE QC: Thank you. 11:41

CHAIR: I think it's time to adjourn then until the afternoon session.

THE HEARING WAS CONCLUDED

Urology Services Inquiry

Oral Hearing

Day 1 – Tuesday 21 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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THE HEARING COMMENCED ON TUESDAY,
21ST DAY OF JUNE, 2022 AS FOLLOWS:

CHAIR: Thank you, good afternoon everyone. And welcome back to the second part of today's session. 14:12
Patient 18, good afternoon, thank you for coming. Just to let you know I'm Christine Smith, Chair of the Inquiry. To my right is Dr. Sonia Swart, my co-panellist, and to my left is Mr. Damian Hanbury our Urological Assessor for the Inquiry. Just to let you 14:12
also know that I'm the one who will be asking you questions and at the end, if there are other questions, I will invite my colleagues and Mr. Wolfe if they have anything that they want to ask you.

14:12

If you need to take a break at any time please just say, there's no difficulty with that whatsoever. I appreciate it's difficult for you coming here to talk about this, so we want to try and make it as pain-free as we possibly can. So, if there's something I ask and 14:13
you don't know what I am asking you about, don't be afraid to say, there are no right or wrong answers here. It's just about giving you the opportunity to tell us what it is that you want us to know and how you feel about the treatment that you received. So if 14:13
I could ask you to stand and take the oath, please.

[redacted], HAVING BEEN SWORN, GAVE HIS EVIDENCE TO THE INQUIRY, AS FOLLOWS:

CHAIR: I am just wondering before we start, can we maybe get some more lights on, it is quite dark I think. 14:13

[redacted], first of all, I know you have received a bundle papers from the Inquiry and if you want at any stage to refer to those, please free feel to do so, but could I just ask you to use the little number, the PAT number that is at the top corner of the page and that way we all know that we're on the same page. 14:14

A. Okay.

CHAIR: And can I assure you that we have all read all of those papers so we are familiar with the contents of them. And I also need to remind you, as I will be reminding the other witnesses, that we cannot make any decision about the standard of the clinical treatment that you received. That is a matter for others, both the Trust and the General Medical Council are looking at those things and it's not really a matter for this Inquiry, but obviously we will be asking some questions around your clinical care. 14:14

A. Okay. 14:14

CHAIR: So just to start, [redacted], following my writing to you, you wrote to the Inquiry and you listed a history of your experiences with the Southern Health and Social Care Trust. And perhaps if you could

describe to us what happened to you in your own words and if it helps you to look at the letter that you wrote to me, you can find that at PAT-000545.

A. Just speak?

1 Q. In your own words. I think the microphone should be on, if you can just speak clearly into it, that's great, thank you, Patient 18. 14:15

A. Good afternoon everyone. My name is Patient 18, my full name is Patient 18. I went to the emergency at Craigavon Hospital in 2006. I had been working late, I worked in the Personal Information redacted by USI and when I got home I was bursting to go to toilet and couldn't go. My wife was in bed sleeping. I thought I had got a chill because I work outside. And in my ignorance I put the kettle on and took a whole kettle of hot water trying to remove the chill in my ignorance. But nothing happened. 14:15 14:16

And then about an hour later the bedroom light went on and I went in and said to Personal Information redacted by USI, my wife. And she rang Personal Information redacted by USI who lives up the road, and he said, take him to the out-of-hours Mummy, which she did do and I was rushed in and they removed all the fluid and one of the doctors said, it's as well you didn't go to sleep, boy, you would have drowned. So he examined me and he said, I'm going to admit you to the ward, is that all right with you, I said, oh yes. 14:16 14:17

So I was sitting with it and the next day Mr. O'Brien

came to see me, or was it that evening, you'll have to forgive me if I forget dates here.

2 Q. Don't worry, [redacted].

A. But it would have been the next day, that was very, very late at night. And Mr. O'Brien came, I don't know, he said to me, you have a very enlarged prostate and the waiting lists, if I were to put you on, it is about six months even to see me, but I have a cancellation in the morning for an operation if you're prepared, I'm prepared. So I had my prostate operation and obviously was admitted to the ward afterwards. 14:17 14:18

And later on that evening Mr. O'Brien came in and visited the other patients and then he came to me and he said, the good news is, [redacted], you haven't got cancer. I said, thank God for that, and I said that reverently. 14:18

And out of the blue, I got home and all the rest of it. A lot of weeks later, I can't give you off the top of my head, I've tried since I knew I was coming, I can't find it and I was asked to come to see Mr. O'Brien. 14:18

3 Q. Do you mind if I interrupt, [redacted], just to help you with some of the dates because from papers that we have seen you were operated on I think in 2006? 14:19

A. Yes.

4 Q. And then you had follow-up appointments between 2006 and 2008, do you remember that?

A. Yes.

5 Q. And then, there was a gap between 2008, August 2008 and July 2011, so you weren't contacted by anybody during that time. Do you remember that?

A. These dates are confusing.

6 Q. Sorry, don't worry about it. If you can take it from me that those are the dates that we have? 14:19

A. Yes, well they have the records. But out of the blue I was asked, whatever the date was, to come and see Mr. -- I was finding it very difficult, my wife rang his secretary to get appointments. 14:20

7 Q. So you had been trying to see him over a period of time?

A. Oh we had been trying because I knew by that time that I had cancer. And cancer grows, it waits for no one. But anyway, I was sent and Mr. O'Brien, I'm may be 14:20 taking them out of order. I had an appointment then, I went then and there was another consultant gentleman there with him who I had never seen. He examined me and he referred me to get biopsies taken, this other gentleman, Mr. O'Brien just sat there. I said right. 14:20 And a time was appointed for me and I went around and I had those done. I was sent for and approximately in a week's time to the Thorndale Centre. That's when I was told I had cancer at that time.

8 Q. So can I just be clear about what you are telling us, 14:21 is that you had your treatment on your prostate back when you went in as an emergency. You were operated on then. There was some follow-up appointments. There was then a gap?

A. A big gap.
9 Q. A big gap, and then you got a letter out of the blue telling you to come, is that right?
A. That's right.
10 Q. And between that treatment initially and the follow-up, in or around 2008 until July 2011, were you ever contacted by anyone from the Trust? 14:21
A. No.
11 Q. No?
A. No. 14:21
12 Q. So you get a letter asking you to come in and see Mr. O'Brien again; is that correct?
A. Mm-hmm.
13 Q. Okay. You go in and there's someone with him, you get biopsies and then you're brought back and you are told at that stage that you have cancer, is that right? 14:21
A. Mr. O'Brien never told me, the man that was responsible in the Thorndale Unit who previously had taken the samples.
14 Q. Yes. 14:22
A. He told me, he informed me.
15 Q. It wasn't Mr. O'Brien, it was this other gentleman?
A. This other gentleman.
16 Q. Was there any discussion about the treatment options at that point from this other gentleman? 14:22
A. No.
17 Q. And you then -- was there any conversation that you can recall about that?
A. No. My recollection was to go and see Mr. O'Brien,

quite a period of time elapsed, like sometimes it was months.

18 Q. Okay.

A. And as I say, my wife, Personal Information redacted by USI, and she would have been ringing, she was concerned. My son was concerned. 14:22
And I was concerned. And that whole drug system or hormone treatment as I call it, it was affecting me mentally.

19 Q. Can I stop you again, I'm sorry to keep interrupting you, Patient 18. I'm just trying to get this clear 14:23
in our heads, never mind yours. You're told by somebody in the Trust that your biopsies were positive and that you had prostate cancer?

A. Yes.

20 Q. And you then get an appointment to go and see 14:23
Mr. O'Brien; is that right?

A. Yes.

21 Q. Was that just automatic or did you have to make phone calls about that first appointment?

A. No, that was automatic. 14:23

22 Q. That was automatic.

A. It maybe was a follow-up to the previous phone calls that Personal Information redacted by USI had been making.

23 Q. Yes, okay.

A. I don't know. But that was automatic, there was no, 14:23
anything else. I didn't ring to get that one.

24 Q. So after you have just received your diagnosis and you get an appointment with Mr. O'Brien and you go to see Mr. O'Brien. And can you remember what was, what the

discussion was about your treatment at that point?
A. Yes. Well, he tried to put across to me, I'm a man of 73, I'm not running the man down, he is a lovely man, but how I was treated. He was trying to put across, it was going to be a very tiring thing because I had said I would like to get radiotherapy because I had read it up and got help from my family. It had a good 80% success rate. And you had to go to the City Hospital Cancer Unit to get it. So Mr. O'Brien was saying, it's very tiring and you'll have to travel for seven weeks, five days-a-week. 14:24 14:24

And I would recommend -- well he put forward to me this system that they were putting in operation and I think the figure he said, seven of you, seven had been picked out and we'll see you on a regular basis. And I said, I remember saying what would that regular basis be? And he said seven weeks. Now, I knew that time that I was speaking to him I should have been there 14 weeks ago. 14:25 14:25

25 Q. I think there is maybe a bit of confusion on my part, Patient 18. So from what, the papers that we have been looking at, you have an appointment with Mr. O'Brien, at that stage who raised the radiotherapy option, was that you? 14:25
A. Yes, me.
26 Q. Or was that him?
A. Yes.
27 Q. The very first time you went after your biopsies?

A. I had already read up on it and I had got help from my family, it would have been better for you daddy, and I said, right, I'll go for that.

28 Q. So when you went to see Mr. O'Brien after your diagnosis you were going to ask him about radiotherapy? 14:26

A. Yeah.

29 Q. Okay.

A. And then he done his best to put me off because, as I said, my age, the travelling.

30 Q. And he offered you an alternative treatment; is that correct? And do you recall, I mean I know that, I find it difficult to describe the drug to get the pronunciation right, bicalutamide? 14:26

MR. HANBURY: Bicalutamide.

CHAIR: Bicalutamide, thank you. 14:26

A. I think it's some hormone treatment, is that right? But anyway, I said to him at that time before we left, I mentioned the length of time that I had been, last been to see him. And my wife can't, when she rings, can't get an appointment. His secretary would say, 14:26 he's a very busy man, he's dealing the people who are dying of cancer, things like that. And I can remember saying to [redacted], well, how does he know I'm not dying of cancer. But we told him that and he produced his private card. Now we accepted it out of politeness but 14:27 I didn't do anything about that.

Then he emphasised what I've told you, how tiring it would be, and I don't know why, I've mentioned to you,

in my young day I was into athletics and the cross country, I was a fit 73-year-old, worked hard, long hours, no problem.

31 Q. You take things in your stride?

A. Yes, that's it, yeah, and thoroughly enjoyed and [Personal Information redacted by USI] and I went on good holidays and all abroad. So, this medication knocked that off for six. I was depressed, as you have my letter, if you have my letter there. 14:27

32 Q. Yes. 14:28

A. I was incontinent, double incontinent, lost good suits, no warning whatsoever. And then when it started to settle a wee bit and my diet, I had to be extra careful, and I love vegetables and all, a good meal. I can't eat green vegetables or anything. That had an awful effect on me mentally. 14:28

33 Q. The side effects of the drug that Mr. O'Brien prescribed for you, did he describe those side effects?

A. No.

34 Q. Before he gave them to you? 14:28

A. No.

35 Q. Or said you could experience X, Y or Z or anything like that?

A. No, I put it all down in my letter and his reply, if you have his letter, he realised, he said that I had explained very clearly the dire effect it was having on me, that's my language, you know, but that's what he meant, he could understand. I hadn't been warned, sorry for interrupting you. 14:28

36 Q. No, I am interrupting you, Patient 18, you had not been forewarned about what might happen?
A. No.
37 Q. Were you told at any stage by Mr. O'Brien when you raised the radiotherapy with him, did he ever discuss with you anything along the lines about a decision by a multidisciplinary team or multidisciplinary meeting? 14:29
A. No.
38 Q. Did you ever learn anything about that?
A. No. 14:29
39 Q. And, do you feel, whenever, as you describe it, Mr. O'Brien as you felt was trying to put you off, did you feel able to challenge him?
A. Well, I respected him because of his position, what he had to do, as I do with all medical people and professional people and I respected him, what he was saying. But my brain was saying, this is not working for me. I did tell him, I can't stick this, my quality of life is poor. It was through the floor. 14:30
40 Q. Is that why, when you left that meeting, you then felt you needed to write and put it in writing? 14:30
A. Yes, because Mr. O'Brien said it to me, go home and think about it and I'll call for you, or I'll send you a letter. I went home and thought about it, spoke to family and all the rest of it. And I was more determined when I had spoken that radiotherapy was the best outlet for me and I got no letter from Mr. O'Brien. So in the heading of my letter you can see where I said that I thought Mr. O'Brien was 14:30

preparing a letter for me, but it hasn't arrived and then I went into my details.

41 Q. You were, you persevered with that treatment as you described it in your letter for about seven and a half months and it was some time before you got to see a cancer specialist, an oncologist, is that right? 14:31

A. Yes.

42 Q. And you did see, I think it was a Dr. Haughton; is that correct?

A. A lady in charge of it in the city, but she had a clinic, she came down in Craigavon. 14:31

43 Q. Did you at any stage from your diagnosis when you got the biopsies and you were told you had cancer, did you ever have a specialist cancer nurse assigned to you?

A. No. 14:32

44 Q. Was that ever suggested at any point by anyone?

A. No.

45 Q. And I think you have explained that in that letter, which is, just for the benefit of everybody else, it's PAT-000537. You and your family had done research into the side effects of the drug, isn't that right, and that's why you felt it wasn't for you? 14:32

A. Yeah, it wasn't for me.

46 Q. In that letter you said that you were told that, I'm just going to get the right letter, you said you were told at some point, maybe it was in your letter to me, that you could have radiotherapy when your PSA level came down? 14:32

A. Once he seen that I was determined for radiotherapy.

I was polite with the man, I was never ignorant with him. But I wanted to get across, as far as I'm concerned and my loved ones were concerned, this quality of life I was on was not working, this drug and radiotherapy would have been the answer. And that's where it was, then that's when he started to say about the how tiring it would be. 14:33

47 Q. Did you feel -- you then did get to see a cancer specialist after the letter that you wrote to Mr. O'Brien and that was the first time you saw a cancer specialist; is that right? 14:33

A. Yes, that's correct.

48 Q. And I think you -- in your letter to me, just going back to that, you kind of sum up what you felt about your treatment in that letter, do you want to explain? 14:34

A. What page is that?

49 Q. Sorry, PAT-000546, just the final paragraph there. I think you talked about, you knew -- you were told, sorry, can I just ask you, whenever you did see the cancer specialist were you told about the possible side effects of the radiotherapy or did you know that from the research? 14:34

A. I knew that from the research.

50 Q. But you still wanted to take that route?

A. Yes. 14:34

51 Q. And at that stage after you had seen an oncologist did you have a specialist cancer nurse?

A. No.

52 Q. I think you thought that -- there was some issue with

you and the cancer specialist that I don't think we need to go into too much detail about, but if you would like to say anything to the Inquiry about any aspect of your treatment please, Patient 18, I know I have been speaking quite a bit I don't want to be putting words into your mouth too much, so I am just going from what you had told us.

A. Right, it's difficult to bring everything into...

53 Q. Well, if I can ask you this: How were you made to feel and how do you feel today? 14:35

A. The difference between before I got the radiotherapy and now that I have got it? Well, I've left with all the side effects still. I mean, this morning I was up at seven o'clock and I knew I had to come here at two o'clock. I had a half a round of toast, that was it. 14:35 A cup of coffee, sorry. Before Personal Information redacted by USI called or I went and called for him I made sure I had been to the bathroom again, because my wee body clock is not working right. So it has left all those.

54 Q. You still have physical effects? 14:36

A. Oh definitely and twice back and front, no control and no warning. And when I say no warning, I should just emphasise, there is times when I just get a (snapping sound) that's the warning. And as I say, we live in a bungalow and our living room or snug whichever is only 14:36 about five feet from one of the bathrooms. I wouldn't reach it without an accident occurring. And I put that all down to my lack of proper treatment from the beginning when I was diagnosed with prostate cancer.

55 Q. So I think, if I can just quote what you said in your letter to me, you sum it up there, that although you were aware of the possible side effects of radiotherapy treatment, you believe that due to inaccurate and disingenuous information? 14:37

A. That's it.

56 Q. That was provided to you regarding your condition, and your treatment options earlier in your treatment, you were unable to make an informed choice about your treatment? 14:37

A. Well they weren't put to me correct.

57 Q. You don't feel you were given options?

A. I wasn't given options.

58 Q. Can I -- I mean, you go on to say that you believe that that led to delayed treatment, thus restricting your 14:37 further options, and that that resulted in a poorer treatment outcome for you in general?

A. Yes.

59 Q. Which you have described to us the effects, the physical effects you are still having today? 14:37

A. Yes.

60 Q. Can I ask you, what do you feel ought to have happened?

A. At the beginning? Well, when they realised that I had cancer, I should have been sent for radiotherapy I believe. I should have been. And I'm not a Doctor, 14:38 I'm an [redacted], but I know you deal with it immediately and they didn't.

61 Q. Were you given any reason as to why it wasn't being dealt with immediately?

A. No reason at all, other than Mr. O'Brien trying to put me off in his explanation, how tiring it would be, I've already quoted that. But there was no reason why I shouldn't medically have my radiotherapy.

CHAIR: Thank you, Patient 18. There's nothing that I want to ask you but I am sure my colleagues might have some things that they would like to know from you. 14:38

THE WITNESS: Thank you, mam.

DR. SWART: So thank you for that account, it is always really helpful to hear from the patient as well as read the information. 14:39

A. Well I hope it was.

DR. SWART: It does add to it for us.

62 Q. And you've said quite clearly that you had delayed treatment in your view and you couldn't make an informed choice. If you were in a room with the Chief Executive and the Chairman of the Trust? 14:39

A. I can't hear mam, sorry, I've two --

63 Q. If you were in a room with the Chairman and the Chief Executive of the Trust and you could say to them, please do this one thing to make life better for patients, what thing would that be? What would you like them to know from you personally? 14:39

A. Well, they would probably say they're short of staff and I could agree with them. But the first thing I would say to them would be, if you had a patient come in like me, detected cancer in my system, prostate, see to it that it was right in for the best treatment available and that would be radiotherapy to begin with. 14:39

64 Q. So how do you think they should help you to make informed choices because you very clearly say you didn't get that?

A. You see, I don't know what authority they have in a hospital setting or -- 14:40

65 Q. Well, just assume that they had the wherewithal to change things, what would you like them to know about it from your perspective?

A. Well, I would get in touch with my consultant in the first place. 14:40

66 Q. Mm-hmm.

A. And let him know what the patient, i.e. me, has said after his diagnosis that he has prostate cancer and this gentleman is determined to have radiotherapy. He already knows from his own checking into it the likely 14:40 things that could happen from radiotherapy, but he is prepared to take that decision to have it done.

67 Q. Okay. So I think you are saying to me, please make sure you listen very carefully to the voice of the patient in those discussions? 14:41

A. Yes, you summed it up like a lady.

DR. SWART: Thank you.

CHAIR: Mr. Hanbury?

MR. HANBURY: Okay. Again, thank you very much for your evidence there. I have just one question about 14:41 your first diagnosis, appointment with Mr. O'Brien and when you started on the hormone treatment. Do you remember having the fact that there were different options or types of hormone treatment at the time?

A. None whatsoever, sir.
68 Q. Was it a high dose or a low dose, not wishing to put words into your mouth?
A. No.
69 Q. That was not explained. Okay, thank you. And after that initial consultation when the hormone treatment was started, did you receive any further communication sort of information like in leaflets or a letter from Mr. O'Brien to explain a plan? 14:41
A. No, sir. 14:42
70 Q. You weren't, we haven't been able to find that?
A. No, sir.
71 Q. So that would be -- I just have one other. Just one more, taking you back, so this is before you had the cancer diagnosis. You had your transurethral prostatectomy following your retention operation which you very elegantly described. And then Mr. O'Brien's team were following you up in out-patients and having the blood tests drawn for this prostate specific antigen or PSA. Do you recall why that, why you were being recalled at that time? 14:42 14:42
A. I wasn't recalled then. It was my own doctor, the nurses in my surgery, I had to go there to get the PSA blood sample taken. And my doctor, it was my local doctor said to me, Patient 18, you should go to the Hospital, they'll check it out to see there's no trace of cancer. The doctor said, not the hospital. No one, no consultant told me that. 14:43
72 Q. So that was your understanding that that was to check

whether there may be?

A. Yes.

73 Q. And then there was this big long gap?

A. Yes.

74 Q. And nothing? 14:43

A. That's what caused my stress increasing was the long gap. I'm not able to get appointments.

75 Q. But, again, at that time had there been a letter sent or any information to say --

A. No, nothing. 14:43

76 Q. ...perhaps your GP could have helped out?

A. No.

77 Q. With the blood tests but you didn't hear, okay.

A. No.

MR. HANBURY: That's really what I have. Thank you very much. That was very helpful. 14:44

CHAIR: Mr. Wolfe?

MR. WOLFE QC: Patient 18, when you were discussing with Mr. O'Brien back in September of 2011, just after you had had your cancer diagnosis, and clearly the decision that was reached at that meeting with Mr. O'Brien was that you would start on bicalutamide? 14:44

A. Yeah.

78 Q. Did you leave that meeting with an understanding of what bicalutamide might do for you? 14:44

A. No. Other than he said, at the very beginning, I'm glad you bring that up, he said this will bring your PSA levels down and when we get them down, then you could be available for radiotherapy.

79 Q. Yes.
A. But there was no, nothing else other than that.
80 Q. Yes. And if you look at your bundle and go to the last page, you'll see at PAT-000642 at the top of the page, very, very last page, do you have that? 14:45
A. Yes.
81 Q. And it's a letter with Mr. O'Brien's name at the bottom, yes? Yes.
A. Yes, sir.
82 Q. It says in that letter: 14:45

"I've arranged to review him at my clinic at the Thorndale Unit in January 2012."

Now that's obviously four months after the September meeting? 14:45
A. Yes.
83 Q. But as I understand it, you didn't see Mr. O'Brien again until April 2012; is that correct?
A. That's correct, sir. 14:46
84 Q. And then, if we look at your letter at page PAT-000545, do you have that?
A. It must be at the front.
85 Q. PAT-000545?
A. Sorry about the delay. 14:46
86 Q. Don't worry. And this is your letter?
A. Right.
87 Q. You're there. This is your letter into the Inquiry which you wrote just a few months ago and you're

describing the process. So if you go to the third bullet point down. It is just what you have told us a moment or two ago. You received an appointment with Mr. O'Brien, he prescribed bicalutamide and tamoxifen and I was told on this occasion by Mr. O'Brien that I would be receiving radiation treatment?

A. That's correct.

88 Q. You didn't get the January appointment, you came in in April then. And what you say about that is at the fourth bullet point: 14:47

"After a further duration of time had passed, I was reviewed once more in an appointment with Mr. O'Brien. I was told on this occasion that I would not be receiving radiotherapy." 14:47

And the reason given was your age, travel et cetera?

A. That's correct, sir.

89 Q. It was at or around the time of that appointment that you came off the bicalutamide and thereafter wrote a letter to Mr. O'Brien essentially demanding radiotherapy? 14:47

A. That's putting it politely, yes.

90 Q. Yes. I want to push you a little bit about that meeting in April when you say you were told you wouldn't be getting radiotherapy. You said something in your evidence, in answer to the chairman a short time ago which I didn't quite pick up, was it suggested to you that there was some kind of programme, is that 14:48

what you said, involving seven patients?

A. He suggested that, whether he has set it up, but there was a programme where seven patients like me would be selected and I was one of them. They would see us on a regular basis regarding the effects of this hormone treatment. And I said to him, what do you mean by a regular basis, for I knew how difficult it was for me to get an appointment with him. Even after they have given me an appointment, I would get a phone call the day before the appointment to say it was put back and sometimes for another seven weeks. 14:48 14:49

91 Q. Yes.

A. So, I asked him that question.

92 Q. Yes.

A. And he said every seven weeks we'll see you. 14:49

93 Q. And was it in that context, you talked about getting a private card from him?

A. Yes, that's when I said that. He said, and Personal Information redacted by USI could say her piece calmly, he handed me his private card. We accepted it but we didn't act on it. 14:49

94 Q. Yes. But your action in response to that sequence was to write saying I want radiotherapy?

A. Yes, it was. I talked it over with those who love me and decided that's the best option for me.

95 Q. You are aware, I think, that your care has been the subject of something called a Structured Clinical Record Review? 14:50

A. I'm aware now since it started to let me know there was.

96 Q. There is a report on the bundle in front of you, which I needn't bring you to, have you received that from the Trust as of yet or have you simply received it from this Inquiry?

A. From this Inquiry. 14:50

MR. WOLFE QC: Okay. Thank you.

CHAIR: Patient 18, thank you very much for coming along today and I'm sorry you had to get up so early when we're only seeing you at two o'clock this afternoon. 14:51

A. I am sorry.

CHAIR: You have absolutely nothing to apologise for. We are very grateful to have heard from you and for you to have taken the time and trouble to come and speak to us today, so thank you. It's very important that we do 14:51 hear from people like you.

A. Well I'm very thankful for your people and my lawyer there for all what you have done for people coming behind. Thank you.

CHAIR: Thank you. 14:51

THE WITNESS: Can I go now?

CHAIR: Yes, you can.

THE WITNESS: Cheerio. [The witness left the hearing room]

CHAIR: So, Mr. Boyle, I believe you want to say 14:51 something?

MR. BOYLE QC: Yes. Can I just raise one issue, it's just really for the benefit of your note for the moment. In your patient bundle for Patient 18, at

page PAT-000581.
CHAIR: Yes.
MR. BOYLE QC: It's a letter which begins "further to my letter of 16th September 2011", do you have that?
CHAIR: Yes, I do. 14:52
MR. BOYLE QC: If you then, having had sight of this bundle relatively recently - no criticism, we're all working to timelines and so on - having had sight of the bundle, given that the letter begins "further to my letter of 16th September 2011", we asked for a copy of 14:52
that letter to be disclosed. If you then turn through in your bundle, and it's the letter which Mr. Wolfe QC took [redacted] to a moment ago, to the second last page, which is your page witness, PAT-000641.
CHAIR: Yes. 14:53
MR. BOYLE QC: You will note that that's the letter dated 16th September, and I can see it's been added to your bundle, we're reassured to see that. But can you also please note that this letter begins: "Further to the letter of 23 June 2011", from Mr. Thwaini, "I write 14:53
to advise you that and so on". Now, that letter from Mr. Thwaini in relation to something which previously happened in June, which of course is before July of 2012 where we were potentially identifying a time gap, something has obviously happened earlier than July in 14:53
relation to Mr. Thwaini.

The reason why I raise this now for the benefit of your note is, it is self-evident that not all of the records

in relation to Patient 18's care - and I am sure Mr. Hanbury will recognise this - not all of the records from Patient 18's care are in this patient evidence bundle. It's something which I know Mr. Wolfe QC is alive to and I'm sure will be picking up with the Trust in relation to ongoing disclosure. This may or may not be an issue that arises in relation to other patients and having selected extracts from patient medical records in bundles and then asking questions on the basis of those to witnesses whose recollections is inevitably going to be somewhat limited without the benefit of the full record. 14:54 14:54

So I raise this for the benefit of your note moving forwards, we'll come back to deal with these things, of course, in any event. 14:54

CHAIR: Thank you for raising it, Mr. Boyle. Certainly we're alert to the fact that there have been issues with regard to disclosure. I can tell you that we have over 200,000 pages of disclosure currently and incoming every day. So we will certainly be alert to the issue and look out for this should it arise again. Please, in the spirit of collaboration, please do speak to Mr. Wolfe QC or one of the legal team about anything that you feel has been missed because to err is human. We'll do our best, but we won't always get it right. Thank you. 14:55 14:55

Ten o'clock tomorrow, Ladies and Gentlemen.

THE HEARING WAS CONCLUDED