



# **Urology Services Inquiry**

## **Oral Hearing**

**Day 2 – Wednesday 22 June 2022 (Closed)**

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

**Held at: Bradford Court, Belfast**

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

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**Gwen Malone Stenography Services**

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

3  
4        CHAIR: Good morning everyone. Patient 84 .

5        Patient 84 : Hi.

10:07

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

10:07

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

10:07

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

10:08

25       Patient 84 : Okay.

10:08

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

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

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

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

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

17 A. Yes.

18 1 Q. And that was in March 2016?

19 A. Yeah.

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

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

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

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

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

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

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

3 A. Fire away, yeah.

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

6 A. Yes, sorry, yeah.

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

9 A. Yes.

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

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

23

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

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

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

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

10          A.   (WITNESS NODS).   10:13

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

14          A.   Yeah.

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

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

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

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

1 11 Q. I just want to be clear, whenever you were operated on,  
2 were you told how long the stent would be there?

3 A. Yeah, I was told about six weeks whatever, you know,  
4 that seemed to be the clinical target kind of thing  
5 that was communicated to me in anyway. 10:14

6 12 Q. Do you remember who told you that?

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

15 13 Q. So you believe, as best you can recollect, that was 10:14  
16 when you were told?

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

24

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



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

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

8           A.    Yeah.

9    15   Q.    And what response were you getting?

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

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

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

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

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

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

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

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

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

1 and stuff. I later found that taking ibuprofen like,  
 2 they're not good for the kidneys because they're  
 3 anti-inflammatories, I'm not pronouncing that properly.  
 4 But yeah, Amoxicillin and just throwing that stuff, but  
 5 that's the bog-standard antibiotics that anybody gets. 10:18

6  
 7 But then that's when I got worrying about the whole  
 8 infection and stuff, because is it because of the  
 9 overuse of antibiotics then this is going to lead to  
 10 some kind of superbugs and stuff? And then obviously 10:18  
 11 in hospital I had to get these different strengths,  
 12 they weren't working, the normal stuff, and then it's  
 13 just Tazocin and Meropenem and these kind of ones and I  
 14 have been told they're quite strong ones and whatever.  
 15 So it was kind of like, these better work. Like what 10:18  
 16 happens if they don't, sort of thing.

17 18 Q. You actually ended up back in hospital as an emergency  
 18 because?

19 A. Hmm.

20 19 Q. And how long had the stent been in at that stage? 10:18

21 A. Well, that was the end of March. And what was it, the  
 22 start of August when I got admitted that time. Yeah,  
 23 two-o-one, 6th August, five months later or so.

24 20 Q. So instead of what you understood, that the stent would  
 25 come out in six weeks, it was five months later? 10:19

26 A. It was five months, yeah.

27 21 Q. And it was still in?

28 A. Still in there, yeah. And it was only until I was just  
 29 so unwell, I can remember that. I think it was a

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

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

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

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

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

24  
 25 I just feel I was being fobbed-off and things, and 10:20  
 26 obviously they mentioned about the cancer patients and  
 27 that stuff. Obviously you would think they are  
 28 priority and whatever, but I just thought why not,  
 29 I was a quick one, I was someone that could have been

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

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

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

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

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

9 25 Q. I'll check that. It's certainly in the bundle anyway?

10 A. I seen it at the end. There's no date there. I just 10:22  
 11 wondered because all of this holding replies was it  
 12 because they weren't getting a response from him or  
 13 they had a number of drafts or iterations before they  
 14 were content.

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

17 A. Oh yeah, at the end. Yeah, 16th October.

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

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

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

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

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

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

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

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

1 confirm you're feeling a lot better now?

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

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

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



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

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

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

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

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

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

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

10:28

1 can tell me otherwise, the Meropenem and stuff.

2 I remember feeling really poorly then because I had to  
3 go back to the GP because I was burning up like. And  
4 they said go straightaway to the A&E and stuff like.

5 So that wasn't great. And maybe I could have been

10:28

6 managed a bit better. But obviously it was fine then  
7 to be discharged from her thoughts like, like I would  
8 have felt fine, I wouldn't have left if I didn't kind  
9 of thing.

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

10:28

16  
17 You mentioned that they focussed on the wee smaller  
18 parts. Did anybody, following the complaints for  
19 example, ring you to ask you what the main issues in  
20 the complaint were for you, or did anything like that  
21 that happen?

10:29

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

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

10:29

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

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

1 made that a better process for you?

2 A. For the complaints process? Hmm, I suppose I was okay  
3 with the holding letters. I sort of expected that  
4 thing and obviously they were considering their  
5 response and stuff and that kind of thing. Because 10:29  
6 obviously they had to polish up Aidan, or Mr. O'Brien's  
7 response a bit and whatever and that kind of thing and  
8 it took a bit of time. But yeah, maybe they should  
9 have got back sooner or something like.

10 10:30  
11 But I didn't really have a lot of complaint about that.  
12 My experience was the communication between, you know,  
13 getting the stent and getting admitted to hospital in  
14 August. That was my, yeah, it was the communication  
15 then. That would be my suggestion for the Trust and 10:30  
16 not relying on Admin Staff to provide that, you know.

17  
18 And I think they have improved since because I have had  
19 discussions, you know, they have been very responsive  
20 and they have been sort of telling me every step of the 10:30  
21 way and phone calls. So they have obviously reacted to  
22 some of these things.

23 34 Q. So who has been ringing you then more recently?

24 A. Well part of Mr. Young's Stone Clinic, so that's all  
25 the people with kidney stones and things go there. So 10:30  
26 the likes of Mr. Young, or delegated part of the staff,  
27 or whatever, a medical person, there is a nurse phoned  
28 me as well. And so obviously they're...

29 35 Q. So you think they have learned from that?

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

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

10           A.    Yeah. 10:31

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

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

19

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

1 lot worse for other people.

2 DR. SWART: Thank you.

3 CHAIR: Mr. Hanbury?

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

9

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

16 A. To clear up the infection, yeah.

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

21 A. Yeah.

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

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

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

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

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

12 41 Q. Right. Okay, thank you.

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

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

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

1 43 Q. By "plan" you mean?

2 A. A plan as to how I was going to get, how I was going to

3 get the removal, the stent removal essentially.

4 44 Q. Okay.

5 A. And maybe just a medical person to just reassure me 10:35

6 that it's fine, do this, you know. I kind of knew to

7 keep up the water uptake and that kind of stuff. But

8 yeah, I suppose a bit of a reassurance at that time in

9 the earlier days and then just to have an idea of when

10 I was going to be seen. 10:35

11 45 Q. That's what I was sort of hinting at.

12 A. Yeah.

13 46 Q. But I wanted you to tell me, so a date for the proposed

14 procedure is really what you wanted?

15 A. Yeah, that's everybody - yeah, that's what you want, 10:36

16 isn't it. You want the sort of, yeah, when can I, when

17 will this thing come out?

18 47 Q. Thank you. And continuing with that theme, if you

19 could have had your stone removal and stent removal

20 earlier but by a different surgeon within the same 10:36

21 Trust, I mean would that have been acceptable to you?

22 A. Yeah. Totally. Yeah. No issues at all who does it

23 like. Yeah, no, it didn't matter. That was something

24 at the time I remember I was phoning the secretary and

25 they said they only do surgeries on a Wednesday or 10:36

26 something. Was it a Wednesday, or a Wednesday

27 afternoon or whatever? And then they were saying there

28 is a big backlog of so many hundred patients.

29

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

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

18 MR. HANBURY: Thank you.

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

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

22 CHAIR: Mr. Wolfe?

23 MR. WOLFE QC: Thank you, Chair. Patient 84, I just  
 24 want to ask you a few questions about this  
 25 communication issue. 10:38  
 26

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



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

5 A. Yeah.

10:38

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

10:39

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

10:39

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

10:39

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

10:39

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

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

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

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

6 A. Yeah.

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

10 A. Yeah. 10:40

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

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

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

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

21 55 Q. In terms of communicating that in?

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

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

1           happening? How do I manage this?

2           A.    Yeah.

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

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

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

20          A.    Yeah. 10:42

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

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

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

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

12 A. No, not exactly.

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

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

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

1 of your pack at 237, are you there?

2 A. Yes, sorry.

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

10:45

6  
7 "Another example of wrong communication is the advice,  
8 information, or assurance that [Patient 84] claims to have  
9 been given that this stent would or should be removed  
10 during or after six weeks. In almost 25 years as a 10:45  
11 Consultant Urologist, I have never ever committed  
12 myself to perform a procedure within any particular  
13 time unless I have actually fixed a date. However,  
14 during those 25 years such commitments have been given  
15 to patients on numerous occasions by junior staff who 10:46  
16 have never once seen a waiting list."

17  
18 So Mr. O'Brien is fairly clear that he didn't give you  
19 a commitment to remove within any particular period of  
20 time? 10:46

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

24 64 Q. Yes.

25 A. The only time I recall him approaching me was when 10:46  
26 I was probably just coming around from the general  
27 anaesthetic. I always thought that that was a strange  
28 time for consultants to come around to you because  
29 you're not fully awake and things.

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

3 A. Yes.

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

8 A. Yeah.

9 67 Q. Can you remember whether that was the first or the  
10 second? 10:47

11 A. The first, it was the first.

12 68 Q. Did he discuss with you any issue about when the stent  
13 was removed or any question of delay?

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

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

25 CHAIR: Patient 84, thank you very much for talking to 10:48  
26 us this morning. Is there anything else that you feel  
27 you'd like the Inquiry to know that you haven't already  
28 told us, or anything that you would like to say?

29 Patient 84: No, not really, no. Yeah. It just there

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

10:48

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

10:48

10:49

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

10:49

10:49

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

1 appreciate you coming along here this morning.

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

3 CHAIR: Okay. So, short morning, Ladies and Gentlemen.

4 Our next witness isn't here until 2 o'clock, but I am  
5 sure, like us, you have things to be getting on with in 10:50  
6 the meantime. See you at two.

7  
8 THE HEARING WAS CONCLUDED





# **Urology Services Inquiry**

## **Oral Hearing**

**Day 2 – Wednesday 22 June 2022 (Closed)**

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

**Held at: Bradford Court, Belfast**

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

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**Gwen Malone Stenography Services**

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

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

14:03

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

14:03

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

14:03

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

14:04

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

14:04

1 we're talking about.

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

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

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

19 Patient's Daughter: Okay.

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

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

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

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

8 Now the circumstances around that happening in the  
9 sense that he actually wasn't on the list for surgery  
10 on the day that he went in to have that operation, that 14:06  
11 was quite an ordeal for him certainly on that day, but  
12 everything went to plan. He had his treatment and we  
13 were advised that once that treatment ceased that  
14 Oncology would be advised that the stent needed to be  
15 removed. 14:07  
16

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

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

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

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

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

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

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

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

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

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

21 A. Yes.

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

23 A. Yes.

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

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

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

14:11

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

14:11

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

14:11

14:11

14:12



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

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

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

22 A. Yes.

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

28 A. Mm-hmm.

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

1 Urology Department. Can you recall how he was advised?  
2 A. Yes. I think there was a meeting with, following the  
3 decision to proceed with chemotherapy, there was a  
4 meeting set up with Urology. So we attended that  
5 meeting. And it was at that meeting, it was an 14:14  
6 out-patient meeting and we were advised, I'm just  
7 trying to, is there a sequence of?  
8 7 Q. If I can maybe direct you?  
9 A. Yes, can you direct me.  
10 8 Q. I will direct you to that point. Basically you go on 14:14  
11 in that paragraph on that page to talk about, he was  
12 advised to come in to get a stent put in.  
13 A. Yes.  
14 9 Q. And that would have been I think in May, or sorry,  
15 March of '15, 31st March '15, but when your father 14:14  
16 arrived he wasn't on a list?  
17 A. Yes. Obviously it was the 26th March 2015 relating to  
18 page 104 in terms of the sequence, and it was at that  
19 meeting with, I think it was with the doctor,  
20 Consultant O'Donoghue, I'm not quite sure. Again, 14:15  
21 there was another person there on that particular  
22 occasion and we were advised that, you know, the stent  
23 would be inserted prior to treatment commencing and  
24 that happened all very quickly.  
25 14:15  
26 And as I say, he was advised to attend then for  
27 admission on the 31st, but it was on that particular  
28 day, and I can see from the submission from Mr. O'Brien  
29 that there was some level of confusion about surgery

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

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

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

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

14:17

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

14:17

11 A. Mm-mm.

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

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

14:18

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

14:18

14:18

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

14:19

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

14:19

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

14:20

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

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

14:20

1 assure you he is on a waiting list, we can assure you  
2 that it will be carried out, obviously we're under  
3 severe pressure at the moment or whatever.  
4

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

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

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

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

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

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

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

14:24

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

14:24

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

14:24

14:24

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

14:25



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

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

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

19 [REDACTED] Personal Information redacted by USI

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

27 14 Q. You still have not that had?

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

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

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

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

17 A. Yes.

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

20 A. Mm-mm. 14:27

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

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

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

14:28

18 Q. When was that?

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

19 Q. So February '22?

14:28

A. Yes. But again, as I said, there was an issue with the e-mail that I sent. It was only whenever I re-sent it again more recently that I realised it bounced back. So that's certainly an issue on my behalf but that conversation certainly was very useful. But it should really have happened at the beginning, I think.

14:29

I suppose I found the Patient Client Council were very good at explaining what exactly the SAI entailed et cetera. So I think that sort of advocacy service should be available to people who have to go through the process.

14:29

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

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

14:29

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

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

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

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

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

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

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

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

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

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

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

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

19 22 Q. Yes.

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

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

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

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

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

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

27       CHAIR:  Mr. Hanbury?

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

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

4 A. Yes.

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

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

15 14:36  
16 But urology was something that particularly sticks in  
17 my mind because he was a very strong willed person and  
18 he had made a decision, probably not necessarily in  
19 keeping with the advice of Urology, but definitely  
20 respected by them. They wanted to put in an indwelling 14:37  
21 catheter and he refused, he resisted that, and he  
22 wanted to self-catheterise. He did that for the  
23 remainder of his life.

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



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

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

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

27 A. Yes.

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

1 afterwards, did you recall?

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

3 27 Q. Okay.

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

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

11 A. No.

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

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

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

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

1 31 Q. okay.

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

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

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

13 33 Q. That was my question, yes.

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

22

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

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

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

4 A. Yes, exactly.

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

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

11  
12 I suppose certainly the people who were dealing with  
13 him had indicated that, given the - they expected him  
14 to be much iller (sic) than he was prior to that actual  
15 procedure, given the fact that obviously the 14:43  
16 information they had to hand. But once the procedure  
17 happened then he seemed to deteriorate so rapidly. As  
18 I say, it was the following day that the drain was put  
19 in. It wasn't actually on the day of the stent being  
20 removed, I think it was the following day if I can 14:43  
21 recall correctly.

22  
23 So you know, having visited dad, dad knew. He said,  
24 I'm very ill, I know I'm very ill. And he said, look,  
25 the antibiotics seemed to be beginning to work but that 14:43  
26 took such a lot of out of him just trying to recover  
27 from that particular procedure.

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

29 A. Yes.

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

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

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

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

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

27 CHAIR: Thank you. Mr. Wolfe?

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

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

5 A. Mm-hmm.

14:45

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

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

14:46

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

14:46

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

14:47

29 And as I say, we would clearly have been told that that

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

14:47

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

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

14:47

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

14:48

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

14:48

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

14:48

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

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

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

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

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



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

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

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

11 MR. WOLFE QC: Thank you.

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

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

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

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

14:52

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

14:53

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

14:53

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

14:53

14:53

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

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

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

14:54

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

14:54

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

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

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

14:55

25  
26 THE HEARING WAS CONCLUDED

14:55