



Urology Services Inquiry

Oral Hearing

Day 5 – Tuesday 29 September 2022 (Closed)

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

Held at: Bradford Court, Belfast

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

Gwen Malone Stenography Services

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1 THE INQUIRY RESUMED ON THURSDAY, 29TH SEPTEMBER 2022 AS
2 FOLLOWS:

3
4 CHAIR: Morning everyone.

5 MR. WOLFE KC: Good morning, Chair, members of the 11:18
6 Panel. Your witness this morning is Patient 1's Daughter.
7 She's accompanied this morning and sitting behind her
8 by her mother Patient 1's Wife, the wife of the late Patient 1
9 Patient 1, and her husband. So I have explained the
10 process to her before coming in and I understand that 11:18
11 you, Chairman, and perhaps Dr. Swart would have some
12 questions for her and then I would pick up on any
13 issues that remain.

14 CHAIR: Thank you very much, Mr. wolfe. Patient 1's Daughter,
15 Patient 1's Daughter can I at the outset say how sorry we are for 11:18
16 the loss of your husband and father and how grateful we
17 are that you have agreed to come today to express your
18 feelings and views about the standard of care that he
19 received in the Southern Health and Social Care Trust.
20 I will be asking you some questions, as Mr. wolfe has 11:19
21 indicated, as will Dr. Swart and as will Mr. Hanbury
22 and then Mr. wolfe may have some questions for you at
23 the end as well. Don't be afraid to say if you want a
24 break, we can take a break at any time so don't be
25 afraid to ask for that. There are no right or wrong 11:19
26 answers here. This is just your opportunity to tell
27 us, the Inquiry, what you want us to know about your
28 late father.
29

1 You have received a bundle of papers and if at any
 2 stage you want to refer to those can I ask you to refer
 3 to the number in the top right-hand corner so that we
 4 all know which page you're referring to. And I can
 5 assure you also that we have read the entirety of the 11:19
 6 papers and are familiar with them so you don't have to
 7 go into too much detail if you don't want to.

8
 9 I also need to remind you that the Inquiry is not in a
 10 position to make any decision about the clinical, the 11:20
 11 standard of clinical care that your father received.
 12 That is obviously being looked at both by the Trust and
 13 by the General Medical Council. I'm now going to ask
 14 you, if you wouldn't mind, taking the oath

15 THE WITNESS: Yes. 11:20

16 CHAIR: Thank you.

17
 18 Patient 1's Daughter WAS THEN SWORN AND GAVE HER EVIDENCE AS
 19 FOLLOWS:

20 11:20
 21 1 Q. CHAIR: Thank you, Patient 1's Daughter. Just by way of
 22 background, your late father was diagnosed in August
 23 2019 with prostate cancer and that was then discussed,
 24 as we understand it, in October 2019 at a
 25 multidisciplinary meeting and there was a 11:21
 26 recommendation made at that multidisciplinary meeting
 27 which was not followed through and he received a
 28 different type of treatment.
 29

1 Thank you very much for the very detailed questionnaire
2 that you have provided to the Inquiry. We find that
3 very helpful in understanding what happened to your
4 father and thank you too for providing us with his
5 diary entries. Again they were helpful in putting a
6 picture together for us. 11:21

7
8 Maybe if I can just ask you, Patient 1's Daughter, in your own
9 words to tell us first of all how he came to be treated
10 in the Southern Health and Social Care Trust? 11:21

11 A. Yes, he came to be treated because I remember he had
12 watched the BBC Newsline programme. I wasn't aware of
13 this at the time but he'd seen somewhere, and I suppose
14 there had been sort of fairly well known faces in the
15 media talking about prostate cancer and the importance 11:22
16 of being vigilant about it because there isn't a
17 screening programme as such. He had asked for a PSA
18 test through his GP and I remember him saying to me his
19 GP was ambivalent about doing it but he did do it. My
20 dad was fairly vigilant about his health so it didn't 11:22
21 overly surprise me when he told me that because, to be
22 honest, I thought he was off on some other track or
23 some disease that he maybe imagined that he had had.
24 But anyway, it turned out that he had done the right
25 thing. He had communicated to me, I remember I was 11:22
26 going on holiday, that he had met with Mr. O'Brien and
27 that there was a suspicion of malignancy and that he
28 would be getting further tests done and that was really
29 his entry into the system, as it were.

- 1 2 Q. And you have recorded in good detail, in very good
2 detail, in the questionnaire the treatment that he
3 received and how his illness progressed. Now, just for
4 the benefit of everyone else, those can be found at
5 PAT-001350 through to 001354. And you also describe 11:23
6 how he kept a diary during that time where he recorded
7 appointments and feelings about his condition and
8 treatment at that time also?
- 9 A. Yeah.
- 10 3 Q. Is there anything that you want to add to what you have 11:23
11 described in the questionnaire or anything that you
12 would like to clarify or expand upon maybe?
- 13 A. Just point me to the page number again please.
- 14 4 Q. PAT-001350 it starts at in the questionnaire. Sorry,
15 that's your narrative account. I should say it starts 11:24
16 at that page and then if you go on to PAT-001351, you
17 set out a timeline, effectively, of all of the
18 treatment --
- 19 A. Yes.
- 20 5 Q. In recording that you also record what he had recorded 11:24
21 in his diary?
- 22 A. No, I think I'm happy for that to be adopted as my
23 evidence.
- 24 6 Q. Okay, thank you. We know from what you do tell us in
25 the questionnaire that things were not helped by the 11:24
26 Covid situation in terms of the attendances at hospital
27 first of all and then when he did become very ill,
28 about you being able to be with him. Is there anything
29 more that you want to say about that situation?

1 A. It just absolutely didn't help matters at all and it
2 was very difficult because when we realised he was
3 terminally ill, his disease and his decline progressed
4 extremely quickly. And, you know, we wanted to do our
5 best for him to try to care for him at home insofar as 11:25
6 we could but his disease was complex, it was hard to
7 manage. And unfortunately there was this element of if
8 I go into hospital I'm not going to be able to see you
9 and I'm going to die and I'm not going to come back out
10 and I'll never get to speak to you again. That was a 11:25
11 real fear and that was something that we certainly
12 struggled with. And ultimately in his final days,
13 whilst I had been raising concerns because I could see
14 that my Dad was deteriorating rapidly and was being
15 reassured about that and, I mean, they were short 11:25
16 staffed, they were doing their best. But, you know,
17 ultimately I suppose it just meant that the final
18 conversation you had with him was a lot sooner than it
19 necessarily would have been, had you have been able to
20 have been there with him more. That was a great 11:25
21 difficulty for us and for him. And indeed when he was
22 in hospital in Daisy Hill for a week in June that was
23 difficult for him because we weren't able to get in.
24 He actually lay in the back of the car on the way down
25 because he really was in quite a state at that stage. 11:26
26 He phoned me a number of times whilst he had been
27 admitted, he was crying, he was in pain, the TURP
28 procedure didn't appear to have worked. They tried to
29 remove the catheter which he was extremely keen to try

1 and get rid of, albeit I don't think he stood much of a
2 hope at that point we now know, but that was a major
3 factor in all of this for us. And it certainly had an
4 adverse effect, whilst of course we understood why it
5 needed to be that way, it was really difficult. 11:26

6 7 Q. It added to the difficulties that you were
7 experiencing?

8 A. Very much so.

9 8 Q. You just referred there to that he had the TURP
10 operation in June 2020? 11:27

11 A. Yes.

12 9 Q. And it was after that you had an appointment with
13 Mr. Haynes I think in July 2020?

14 A. Yes, we pushed for that.

15 10 Q. That was the first time -- sorry, you say you pushed
16 for that? 11:27

17 A. We did.

18 11 Q. Maybe if you just explain a little bit about that?

19 A. Yes. Dad had been rescanned as I understand it in or
20 around maybe towards the end of June, after he had come 11:27
21 back out of Daisy hill. He was really quite ill at
22 that stage, you could see it, he was in bed a lot, he
23 was freezing cold. And really a period of a couple of
24 weeks had went by and we still hadn't had any scan
25 results and we were trying to make contact with Mental 11:27
26 Health Services because he really was in a terrible
27 condition. And then I understood he received a call,
28 he'd phoned me after that to say he had received a call
29 to say that look, we think that the disease might have

1 travelled. The way Dad had put it to me was 'I think
2 they are going to try to map a way forward for me and
3 we'll see where we go'.

4 12 Q. Can I just pause you there now, can you recall who that
5 call came from? 11:28

6 A. I think it was a female as I understand it. I don't
7 think it was Mr. O'Brien. I don't think it was
8 Mr. Haynes. I don't think my Dad necessarily knew
9 their name but -- I don't, being honest. But we then
10 went to Craigavon to meet with Mr. Haynes, both myself 11:28
11 and my Mum and my Dad, on the 14th July.

12 13 Q. And that was the first time that you understood that
13 his disease was in fact terminal?

14 A. It was, absolutely. I mean in retrospect you look back
15 and you think, you know, how could it not have been 11:28
16 more obvious? I think my Dad knew there was something
17 seriously wrong with him. I think he thought he was
18 going mad, to be perfectly honest, because he felt
19 terrible, we now know why but he hadn't been told that
20 he was as ill as he indeed was. He had been through 11:29
21 surgery so, you know, we'd nothing really outside what
22 he was telling us to believe that he was indeed that
23 ill. And Mr. Haynes had communicated to us that the
24 disease had spread. He said the first sign of that
25 really would have been when he had required the urinary 11:29
26 catheter in the March of 2020, that that would have
27 been the first sign that this disease was progressing.
28 He'd had weight loss, so really the signs had been
29 there. At that stage he had explained to Dad that,

1 look, you know, radiotherapy isn't an option, your
2 chance for curative treatment here, it is no longer on
3 the table. We asked for a prognosis. Dad had asked
4 why he hadn't been given or received radiotherapy,
5 would that have made a difference? I think he sort of 11:29
6 struggled to accept that radiotherapy was no longer on
7 the table. He gave him a prognosis, doing the best he
8 could, of in or around about 18 months. But he said we
9 would be going to Altnagelvin the next day to meet with
10 the urological oncologist and that we could discuss 11:30
11 that in further detail. That was a really, really,
12 really difficult day for us and for Dad. He just kept
13 saying 'I don't know how I have ended up in this
14 situation, I thought it was going to get sorted out'
15 and I think he was reasonable in that belief. 11:30

16 14 Q. When you say he was reasonable in that belief, is that
17 because of what he had been led to believe as it were?

18 A. Well, I mean we weren't naive, it's a vicious,
19 unpredictable disease. But, you know, the way it had
20 been communicated to me was, look, you know, I'm here, 11:30
21 I'm in good hands, I'm in the right place, I have done
22 the right thing, I have got diagnosed, you know, I have
23 a good chance of getting to the other side of it. You
24 know, it would be nicer if I had been further down the
25 Gleason Scale but I'm not but, you know, I'm in the 11:31
26 system and I'm getting my treatment and hopefully we'll
27 be able to get it sorted out. I don't think he took it
28 as a guarantee of course but I think he had a
29 reasonable belief that he had a good shot at curative

1 treatment.

2 15 Q. And just in terms of the treatment before the operation
3 in June, we know that he was prescribed Bicalutamide?

4 A. Yes.

5 16 Q. Can you maybe describe some of the effects of that on 11:31
6 him?

7 A. I can. As soon as he started to take it he felt really
8 terrible. He was feeling dizzy. He was feeling sick.
9 If I'm honest we didn't over indulge those concerns.
10 We were telling him look, you've been prescribed them, 11:31
11 you have got to take it, it's in your interest. He, I
12 understand, had communicated that to Mr. O'Brien. I do
13 remember going to the house one evening and Dad being
14 quite annoyed because he had received a letter from
15 Mr. O'Brien, it isn't within the bundle. As I remember 11:32
16 reading it, and I can't quote it, but I do remember the
17 gist of it was that the symptoms that my Dad had been
18 experiencing he had found to be unusual and not what he
19 would have expected and having been practising for
20 quite some time he'd never really heard those 11:32
21 particular concerns. I think my father felt his hair
22 was thinning, there was other things, and my Dad was
23 quite annoyed about that because I think he had found
24 it dismissive, but albeit he sort of tried to tolerate
25 it as best as he could and that's what he did. I know 11:32
26 he had asked to stop taking it for a short period of
27 time when they were going on holiday at the end of
28 November of 2019, but apart from that he took his
29 medication.

- 1 17 Q. Can I just ask do you still have that letter at all?
- 2 A. I haven't come across it since he has died but I could
3 have a look for it. I do have the hospital notes, I
4 just never really wanted to go through them, to be
5 honest, but I could probably make enquiries about that. 11:33
- 6 18 Q. I appreciate that, Patient 1's Daughter, and if you do come across
7 it, if you could share it with the Inquiry we would be
8 grateful?
- 9 A. Yes, no problem.
- 10 19 Q. You describe how you then saw the oncologist on 15th 11:33
11 July?
- 12 A. Yes.
- 13 20 Q. And how difficult that appointment was for you as a
14 family. At that stage you were told by the Cancer
15 Nurse Specialist at that meeting, do you recall that, 11:33
16 or was it then?
- 17 A. I think that was on 14th July when we met with
18 Mr. Haynes. There was a Cancer Nurse Specialist
19 present at that meeting and that was the first I'd
20 heard about a Cancer Nurse Specialist. 11:33
- 21 21 Q. Your father had never been assigned a Cancer Nurse
22 Specialist?
- 23 A. No.
- 24 22 Q. From diagnosis?
- 25 A. No. I never heard him mention it. I mean that would 11:33
26 have been presumably his first port of call whenever
27 the catheter had gone in and, you know, I never was
28 aware of anybody being assigned to him in that regard.
- 29 23 Q. There was a Urology Nurse Specialist with whom he had

- 1 some contact?
- 2 A. Yes. I'd seen that in his diary entries but, to be
3 honest, throughout that time, I mean I didn't live with
4 my Mum and Dad and the Government advice at the time
5 was to stay away so really through that period of time 11:34
6 from April to probably the end of May my contact with
7 my Dad was standing in a garage bringing food a couple
8 of times a week, do you know. So, you know, I know he
9 was very upset through that time. I know every day you
10 would speak to him and it would be 'have you heard from 11:34
11 Mr. O'Brien? 'I haven't heard from Mr. O'Brien'. And
12 that, that seemed to go on for a long time. And he was
13 making trips to A&E which we were trying to discourage
14 him to do because of Covid and little did we know that
15 Covid probably didn't pose much of a risk to him as 11:35
16 what he was dealing with, you know, but hindsight's a
17 wonderful thing.
- 18 24 Q. Well, sadly, he did deteriorate quite rapidly and died
19 unfortunately in August of 2020?
- 20 A. Yeah. 11:35
- 21 25 Q. During the days shortly after his death you talk about
22 a telephone call that you received. Could you tell us
23 a little about that please?
- 24 A. Sure. I can't be precise as to when that telephone
25 call was. I think it was -- I don't think I was back 11:35
26 at work because I went back to work about three and a
27 half weeks after Dad had died, it was certainly before
28 that, and I remember there being a number of people in
29 our house at the time which would make me think it was

1 relatively soon thereafter. He had spoken to my Mum
2 initially and my Mum had put me on. I think she was
3 worried that he would start talking --

4 26 Q. When you say he?

5 A. Sorry, Mr. O'Brien, sorry. And I think that my Mum was 11:35
6 concerned that she wouldn't be able to communicate with
7 him and understand the medical terms and she had put me
8 on. It was strange, if I can just set the scene for
9 it, because all I had heard from March 2020 to June
10 2020 was my Dad wanting to hear from Mr. O'Brien and 11:36
11 here I was having a conversation with him after all of
12 those months, albeit I appreciate he had seen him in
13 the interim time. My Dad was now dead and I was
14 sitting having that telephone call outside the room
15 that his coffin had lay in only maybe a week or so 11:36
16 beforehand. So that was a really strange thing and all
17 I could think of was you need to speak to Dad because
18 he's the person that really needs to have the questions
19 answered. And, whatever about this conversation, we
20 can't reverse time, we are where we are. And I 11:36
21 remember that was sort of my feeling about it. He
22 expressed his condolences and he had said he was
23 particularly fond of my Dad and I had said my Dad had
24 felt the same, maybe not albeit towards the end of his
25 treatment, end of his life, but I think it is important 11:37
26 that I do say that, that he, his interactions with him
27 on a personal level had only ever been anything but
28 positive and reassuring and I appreciated him
29 expressing his condolences to us. He told me some

1 personal stories. We talked a bit about loss generally
2 and then he asked me if I had any questions about the
3 care that my father had received. I had asked him,
4 sorry, Mr. O'Brien, if -- we now know that the first
5 sign that the disease was progressing when he required 11:37
6 the urinary catheter in March 2020, why did that not
7 then precipitate some sort of action or a restaging? I
8 don't think I necessarily put it like that at the time,
9 but I suppose I was saying why was he not red-flagged,
10 I think that was the terminology I had used. He asked 11:38
11 me what I meant by that and I just really repeated the
12 same thing to him again. I would be doing the
13 conversation a disservice to say that I really remember
14 what his answers were in any great detail, albeit that
15 the gist of it was that he had had appropriate care and 11:38
16 really little beyond what he had had would have made
17 any difference. I appreciate we're not here to discuss
18 issues of causation, but that's really probably, if I'm
19 honest, what I wanted to hear because any alternative I
20 couldn't have really lived with. We are, as it turns 11:38
21 out, but certainly at that time I had -- I'm fairly
22 certain that I had asked him about whether or not,
23 knowing what we know now, that he was almost certainly
24 terminally ill at the time that the procedure was
25 carried out. You know, should that really have 11:38
26 happened? Should he have been rescanned before that?
27 And if they had found that he had been terminally ill
28 at that stage, you know, would that still have been
29 recommended treatment because it struck me as being

1 futile and that my Dad had been put through that
2 operation entirely unnecessarily. That was a question
3 that I had, I asked him that as well. I do appreciate
4 that my Dad was particularly keen to have the catheter
5 removed. I mean I think we're all in agreement about 11:39
6 that, he was, he just absolutely detested having that.
7 He found it undignified and he really, really struggled
8 with it. But albeit if there wasn't, you know, a
9 really good chance that he could have had a successful
10 removal of it, I still think he would have opted not to 11:39
11 have it removed. I asked him that and then I asked him
12 as well about maybe had the cancer been more aggressive
13 from the outset because I was starting to wonder
14 whether or not my Dad had tried to protect me on some
15 level by sort of, you know, downplaying, you know, the 11:40
16 prognosis and diagnosis that he had been given. He did
17 explain to me that, no, that the biopsy was
18 representative. He went into a lot of detail about how
19 a biopsy is carried out and the samples that are taken,
20 how it is done and that they were satisfied that that 11:40
21 was representative. And then I had mentioned to him
22 about we knew that then there was Gleason 10 Grade, I'm
23 not going to pretend to know anything about this, but,
24 you know, later on in the samples that had been taken
25 after the TURP procedure and I think, you know, I had 11:40
26 wondered after that conversation, albeit I don't think
27 that Mr. O'Brien was saying that my Dad's disease had
28 been more aggressive at the outset than they originally
29 thought, I think I took that, just being fair, having

1 recollected on that telephone conversation and that's
2 why I had then asked for the initial sample to be
3 retested, but I don't think he was saying that. I
4 don't think he is saying that. And that's something
5 maybe that I should have corrected at a later stage 11:41
6 but, you know, I'm saying that now.

7 27 Q. Fair enough. You describe how you found that
8 conversation with Mr. O'Brien reassuring?

9 A. Yeah.

10 28 Q. And you appreciated him ringing at that time? 11:41

11 A. I did, yeah.

12 29 Q. And do you still feel that way now?

13 A. I don't know if I'm honest. We were vulnerable. We
14 were emotional. We were in shock, to be perfectly
15 honest. I took it for what it was at the time and I 11:41
16 did appreciate, I did appreciate it as to why it was
17 made or, whether or not it was genuine, I think that's
18 a matter for Mr. O'Brien.

19 30 Q. Well, you were later contacted by the Trust and I think
20 that was in September 2020. Can you describe how that 11:42
21 first contact came about?

22 A. Yeah, I can. I had gone back to the office and I had
23 received a call from Patricia Kingsnorth and she had
24 communicated to me that she said you'll recall that
25 when we had met with Mr. Haynes in July, 14th July, 11:42
26 that he had indicated that he would be making a report
27 in relation to the care that Dad had received. I think
28 the way it was communicated to me was that there had
29 been a leak within the Trust to the media, that there

1 were concerns over Mr. O'Brien's practices and that
2 that was on the front page of the Irish News and they
3 want to give us a heads up. That was the first
4 communication that I had. So of course I left the
5 office and went and bought the Irish News. She had 11:43
6 said that they wanted to meet with Mum and I and they
7 were really reluctant to give us any information until
8 we met with her and Dr. Dermot Hughes in Personal Information redacted by US a
9 few weeks after that.

10 31 Q. I think you, in fact, had two meetings with the Trust 11:43
11 but at that first meeting, when did you first learn
12 that your father's care was the subject of a Serious
13 Adverse Incident?

14 A. At the first meeting with the Southern Trust.

15 32 Q. And was the SAI process explained to you? 11:43

16 A. Yes, it was.

17 33 Q. And were you invited to be involved in that process,
18 for example were the Terms of Reference of the Serious
19 Adverse Incident, did you have any input into that?

20 A. I don't think we did, no. 11:43

21 34 Q. But they did certainly explain to you what would be
22 happening in terms of that?

23 A. Yes.

24 35 Q. And how did you find that meeting and the communication
25 that surrounded that? 11:44

26 A. I understood why we couldn't be told anything in
27 advance, albeit it was frustrating, but when we met
28 with them they were very transparent. I would say,
29 that was Patricia Kingsnorth and Dermot Hughes, and to

1 the point probably of blunt about the failures in the
2 care that my father had received. It was quite
3 confronting to have to receive that information to the
4 extent, and it's not within the records, but Dr. Hughes
5 had communicated to Mum and I that the Bicalutamide 11:44
6 medication can sometimes cause a tumour flare and that
7 that's what they believed could possibly have happened.
8 Now, I didn't expect to see it anywhere written down
9 afterwards, and I haven't, but that's what was said.
10 We were told that there were concerns with the 11:45
11 practices for a long time, albeit maybe I played slight
12 devil's advocate with that. I couldn't understand if
13 there had been concerns for so long and they were so
14 serious then, you know, why were they only being
15 highlighted now and why were they continuing to employ 11:45
16 somebody if this was their view of their practices? It
17 just didn't make an awful lot of sense to me.

18 36 Q. You then had a later meeting, I think in November 2020?
19 A. Yeah.

20 37 Q. And, again, that was before the SAI report was 11:45
21 concluded and can you recall that meeting and --
22 A. I can, although for some reason I can't recall it in
23 any great detail. It was on Zoom. I don't know, I was
24 actually getting married only a couple of weeks after
25 that and that felt like a particularly nightmarish time 11:46
26 is the only way I can describe it. I don't have any
27 particular -- I have read the notes of it but as for
28 what was said and what was discussed, I couldn't tell
29 you.

- 1 38 Q. But you have no reason to disagree with the notes that
2 you received?
- 3 A. No, no.
- 4 39 Q. Then it was in Spring 2021 that you received the SAI
5 report? 11:46
- 6 A. Yes.
- 7 40 Q. And the conclusions of that. And, again, can I just
8 ask you about the effect that that had on you as a
9 family when you received that?
- 10 A. Yeah. It was horrendous. It's the stuff of nightmares 11:46
11 to be perfectly honest. It just had a devastating
12 effect on us both. We were still in lockdowns at that
13 stage. We were grieving. The loss and then we had
14 this additional layer and the person that we really
15 wanted to speak to about it is no longer here and, you 11:47
16 know, it was too little too late is the best way I
17 could put it. We understood why that needed to be
18 communicated to us. We welcomed the transparency and
19 the fact that it was done in that frank manner but
20 really any outcome that didn't result in my Dad being 11:47
21 taken back to the summer of 2019 and given a second run
22 at his treatment, you know, just there was nothing good
23 could come of this for us. It's been a very, very
24 difficult thing to have to live with it, albeit we try.
- 25 41 Q. I appreciate that. Can I just check with you, after 11:47
26 the report was received did you have a further meeting
27 with members of the Trust and perhaps with the
28 representatives of the Department of Health to discuss
29 that and to discuss the Inquiry being set up?

- 1 A. Yes, we did. Yeah, we did.
- 2 42 Q. Is there any comment you want to make on any of that?
- 3 A. No. It was just procedural, you know, we didn't really
4 get into the detail of anything. It was very brief but
5 no. 11:48
- 6 43 Q. And you also received some communications from the
7 Chief Executive, the then Chief Executive of the Trust,
8 Mr. Shane Devlin, sort of appraising you of what was
9 happening as a result of the SAIs, I think two letters
10 maybe from him at some point. You describe very 11:48
11 graphically, and you have described today, the impact
12 that all of this had on your family and that can be
13 found at PAT-001362 to 64. I'm not going to ask you to
14 repeat that, unless there's anything in particular that
15 you would wish the Inquiry to know about that? 11:49
- 16 A. I think I have covered it all.
- 17 44 Q. One other thing just that I wanted to raise with you is
18 the bundle of material included a letter that was sent
19 by Mr. O'Brien to your father's general practitioner in
20 July of 2020? 11:49
- 21 A. Mmm.
- 22 45 Q. And that's in the bundle at PAT-001503 and I know that
23 that letter -- can I ask first of all when you first
24 became aware of that letter, when you first saw it?
- 25 A. When we received the bundle of documents. 11:49
- 26 46 Q. From the Inquiry or...
- 27 A. Was it prior to that? No, it must have been prior to
28 that because we've referred to it in the, I think our
29 solicitor had -- I hadn't seen all of the notes but I

1 had seen that letter before, I couldn't be specific
2 about when but no, it was before we received the
3 bundle.

4 47 Q. There is a particular paragraph which is actually on
5 the screen in front of you, it's at the top of that
6 page? 11:50

7 A. Yes.

8 48 Q. That I know that you wanted to say something about?

9 A. I do. I'm aware of that conversation between
10 Mr. O'Brien and my father. I should say, although it 11:50
11 reflects differently in the SAI, I don't dispute that
12 he found him vague, that's really for him to make that
13 determination. I don't actually doubt that he was
14 vague because he was in a really poor condition at that
15 stage. I do, however, wish to challenge the suggestion 11:50
16 that he was displaying a significant degree of memory
17 loss. I'm not sure you could make that determination
18 in a short conversation in any event, but I really
19 don't think that was the case for my father. I don't
20 accept that there was any sort of cognitive decline. I 11:50
21 think we have to appreciate he was speaking,
22 Mr. O'Brien was speaking to somebody there who was
23 extremely ill and their only access to healthcare,
24 apart from the TURP procedure, between March 2020 and
25 June of 2020 was via A&E. So, I was disappointed to 11:51
26 read that characterisation and we don't accept that
27 there was a deterioration in cognitive function, no.

28

29 The point following on from that where it's stated that

1 he did not particularly wish to have any treatment for
2 his prostatic carcinoma in late 2019, preferring to go
3 on holiday in December 2019, deferring initiation of
4 any treatment until after he returned, I would
5 challenge that as well. I don't think it's clear as to 11:51
6 whether or not the treatment Mr. O'Brien is referring
7 to is the Bicalutamide, which he shouldn't have been on
8 in any event, or the commencement of radiotherapy. But
9 I do remember my father speaking to me after that
10 appointment and stating that I've asked Mr. O'Brien is 11:52
11 it okay for me to go on holiday, they went away for
12 five days at the end of November 2019, and would that
13 interfere with anything. He said no, this is how my
14 Dad put it to me, you'll not be starting your
15 radiotherapy until probably the early spring, because 11:52
16 you're on this medication and the idea is we want to
17 get your PSA driven down through the floor before you
18 would commence that. So if he is referencing
19 radiotherapy there, I think that's disingenuous and it
20 wouldn't have prevented him from making the referral to 11:52
21 the radiological oncologist anyway. I was disappointed
22 to note that. I haven't seen any contemporaneous note
23 that my father had asked for his treatment to be
24 deferred. I accept it's in the diary entries and I
25 remember him saying that he wanted to stop taking it 11:53
26 for a short period of time whilst he was going on
27 holiday. But it's the characterisation of him being in
28 denial or lacking insight. My Dad was diagnosed on
29 foot of him being diligent enough to ask for a PSA

1 test, that's how this diagnosis came about. This
2 wasn't somebody who was flippant with their health or
3 that was in denial or lacking insight. He knew he had
4 prostate cancer and I want to be really clear about
5 that. If he had have been told you are going to see an 11:53
6 oncologist the following week he would have been there.
7 If he had been told you're commencing radiotherapy next
8 week, let me tell you he'd have been the first person
9 in that cancer centre

10 49 Q. Thank you very much, Patient 1's Daughter Is there anything that 11:54
11 we haven't covered or that isn't covered in the bundle
12 of papers that we have that you wanted to let the
13 Inquiry know or say at this stage, this is your
14 opportunity?

15 A. I think I've covered everything and thank you for the 11:54
16 opportunity today.

17 50 Q. We really do very much appreciate you coming along and
18 speaking to us because we know it isn't easy.

19 A. Thank you.

20 CHAIR: I'm going to hand over and ask Dr. Swart if she 11:54
21 has anything she would like to ask you.

22 51 Q. DR. SWART: Thank you. Thanks again, it gives
23 significant colour to hear from people, but your notes
24 are very good anyway.

25 11:54
26 You describe the meeting with the Trust about the
27 Serious Incident, you had several meetings, and then
28 the report. I can imagine that would have been very
29 shocking for you and difficult?

- 1 A. Mmm.
- 2 52 Q. What, in those meetings, shocked you the most about the
3 care, as it was described? What was the biggest thing
4 that sort of really wrenched at you?
- 5 A. The use of the unlicensed medication. That was the 11:55
6 most shocking thing. Because that, of course, was the
7 only treatment that my father ever received. So, to be
8 told that, at best, it wasn't going to do anything for
9 him and, at worst, it had in actual fact made things
10 worse for him, I think that was the most shocking 11:55
11 thing.
- 12 53 Q. And what about the whole issue of the multidisciplinary
13 team meetings, had you been aware of those until that
14 time?
- 15 A. No, I hadn't. My father had never discussed it. I 11:55
16 wasn't aware of what the treatment plan would have been
17 beyond what my father had understood it to be. So I
18 didn't know what recommendations had been made or what
19 should have been done on foot of those recommendations,
20 I had no idea until that meeting. 11:55
- 21 54 Q. And when it came through to the report, and the lessons
22 learnt are fairly clearly set out and stark and there
23 was quite a lot of emphasis on that Multidisciplinary
24 Team meeting, wasn't there, and the recommendations.
25 How did you feel about that, when you read that, the 11:56
26 fact that the right things had been recommended but
27 didn't happen, what impact did it have on you?
- 28 A. It shocked me. And I wouldn't say I was particularly
29 naive or anything like that. But it did shock me and I

1 remember saying at the time, he's not the first person
2 who has presented with prostate cancer or prostate
3 cancer at this stage. You know, it's not formulaic but
4 also it's not, this isn't uncharted territory either.
5 There should have been a plan in place and you would 11:56
6 have expected those fairly basic measures to have been
7 implemented. I was shocked. I knew other people who
8 had come to our home after my Dad had been diagnosed
9 and treated by Mr. O'Brien successfully and had
10 absolutely nothing negative to say about him or their 11:57
11 experiences with the Southern Trust, so this was quite
12 a shock.

13 55 Q. And if you were sitting with the Trust Board today and
14 you had to give them three recommendations, what would
15 you choose to highlight to them about things that you 11:57
16 feel perhaps they need to understand more about? Is
17 there anything you'd like to say, 'please know this',
18 in addition to the pain and suffering that the family
19 has had which is obviously shocking?

20 A. If I'm honest no, because I think it's known to them 11:57
21 already. I don't think there's anything new in any of
22 this and that's my belief.

23 DR. SWART: Thank you.

24 CHAIR: Mr. Hanbury?

25 56 Q. MR. HANBURY: Thank you very much, Patient 1's Daughter, for your 11:58
26 evidence, very compelling.

27

28 I just want to dig a bit deeper on the consultation
29 your father had with Mr. O'Brien after the

- 1 multidisciplinary meeting, the second one after all the
2 scans had been done?
- 3 A. Yes.
- 4 57 Q. A lot of drugs we prescribe do have side effects
5 including the Bicalutamide, so on that one do you have 11:58
6 a recollection that he was, that that was explained or
7 there was an offer made of an alternative hormone
8 treatment?
- 9 A. I don't remember my Dad discussing an alternative
10 treatment being recommended to him. I'm sorry to jump 11:58
11 ahead, but the only thing that I can recall was further
12 down the line I think it was in the turn of the year he
13 had mentioned the possibility of brachytherapy and Dad
14 had sort of explained to me that that was, that might
15 be an option for him. But in terms of, you know, a 11:59
16 hormone deprivation therapy, then no. I mean, I wasn't
17 present at those but certainly nothing like that was
18 ever communicated to me afterwards, yeah.
- 19 58 Q. Again at that consultation with respect to the
20 radiotherapy which you've already said, was there a 11:59
21 conversation about the timing of a referral? Was your
22 father -- he would have been happy to have been
23 referred at that point, there was nothing that you
24 perceived that he was reluctant in any way?
- 25 A. Absolutely not, no. He understood that he would be 11:59
26 getting his PSA level down to a certain level and at
27 that point he would be receiving radiotherapy. I know
28 that there is reference in his diary entries, if you
29 want me to take you to the relevant page.

- 1 59 Q. No.
- 2 A. I know you've read it. That he was being referred to
3 an oncologist in the January and it does state that
4 quite clearly, "refer to oncologist", and I think
5 that's backed up by the clinical notes. 12:00
- 6 60 Q. I think the anticipation was but the reality --
- 7 A. Yes, he was told he was being referred, yeah.
- 8 61 Q. Okay, thank you. And we also know that prostate
9 cancer, there often are options and it's helpful to
10 have someone else in the room to help with the 12:00
11 decision-making. Again it brings us back to the Cancer
12 Nurse Specialist role. I mean were you aware that was
13 offered or he saw anybody else to have any additional
14 support?
- 15 A. I'm not aware of it. As I say, I was, like a lot of 12:00
16 people, off the radar a bit during that time in terms
17 of being actually present and calling in, as I normally
18 would have done. But certainly my father never
19 mentioned it. I know if he could have got somebody on
20 the end of a phone who could have spoke to him about 12:01
21 the fact that he had a catheter in that he absolutely
22 did not want, he would have explored that, he would
23 have been straight on to them. So, no, I don't believe
24 he ever had access to that service at that stage.
- 25 62 Q. Okay, thank you. So, can I now bring you on to the 12:01
26 time when your father sadly went into urinary retention
27 and had to be catheterised and those conversations
28 there.
- 29 A. Yes.

1 63 Q. He had a conversation with Mr. O'Brien a month or two
2 after it happened and the PSA had gone up. Did your
3 father tell you about the conversation he had with
4 Mr. O'Brien at the time about why that might all be
5 happening? 12:01

6 A. No. I was aware that the PSA was going up and then a
7 few weeks -- I think that was in the February because I
8 remember Dad making a comment like, 'oh, trust me to
9 have to be an enigma' or something like that because he
10 wasn't responding. Then I don't think there was any 12:02
11 communication and then he requires the catheter in
12 March, it was the day of the lockdown, 23rd March,
13 because he phoned me at work and asked me to bring him
14 to A&E. And after that I don't think there was a
15 discussion with anybody at all. I know that he was 12:02
16 meant to have a consultant appointment with
17 Mr. O'Brien, I think it was at the end of April of
18 2020, which didn't go ahead. I think it had been
19 communicated to him it might end up being a telephone
20 consultation but I know that that didn't go ahead 12:02
21 either. I do know that by the time that he had spoke
22 to Mr. O'Brien, I think it was at the beginning of
23 June, Mr. O'Brien had apologised for not being in touch
24 and very much the impression Dad had got that he had
25 been under a lot of pressure himself and that the had, 12:02
26 I think the way Dad had put it to me, he had been
27 pulled in every direction. He had woken up on a day
28 and didn't know what hospital he was going to be in
29 that day. We had a degree of sympathy for that as

- 1 well, that he was under a lot of pressure. But that's
2 certainly the first communication that I think my Dad
3 had with Mr. O'Brien since February of 2020, yeah,
4 that's right.
- 5 64 Q. Just to push you a little bit more on that, at that 12:03
6 point he starts a hormone injection; that's correct?
7 A. In June?
- 8 65 Q. Yeah?
9 A. Yeah.
- 10 66 Q. So how did your father perceive the reason for that, 12:03
11 the additional --
12 A. That his PSA level had began to rise. I don't remember
13 him having a great deal of discussion as to why he was
14 getting that. That's not to say that that didn't
15 happen but certainly he didn't relay that to me. But, 12:03
16 again, I don't think I could overstate, you know, the
17 way Dad was at that time. I mean he was really in a
18 very, very bad way. He was on anti-anxiety medication.
19 He was taking sleeping tablets. He was restless. He
20 really was in a very, very poor condition by that 12:04
21 point.
- 22 67 Q. And there was an intention of Mr. O'Brien to do, which
23 he writes, to do a CT scan after the TURP operation?
24 A. Yes.
- 25 68 Q. The order of that, was there a reason, from your 12:04
26 father's point of view, it happened in that -- there
27 was no, you don't remember a --
28 A. I don't remember how that -- I think it was maybe that
29 the PSA was, I think Dad said the PSA was going up and

1 he was getting rescanned and -- but as for any detail
2 around that, no, I don't remember that.

3 69 Q. You eloquently say about all the catheter problems?
4 A. Yeah.

5 70 Q. So he would have seen a specialist nurse, not a cancer 12:05
6 nurse for the catheter?
7 A. I understand.

8 71 Q. Was there a link with her in the Department that was
9 relatively easy? You say --
10 A. No. 12:05

11 72 Q. -- your dealings were mainly through?
12 A. It was A&E.

13 73 Q. A&E.
14 A. He would get to a point that he would decide do you
15 know what, I can't deal with this anymore, I am going 12:05
16 to A&E to get this out. I mean he was driving through
17 the night at times. He was driving on the wrong side
18 of the road. He really, really was in a terrible
19 condition by this stage. That was his only access to
20 healthcare. There really was no -- he was contacting, 12:05
21 as I understand it, Mr. O'Brien's secretary. I know he
22 sent an e-mail. That's what he had recorded. I
23 remember him saying that to me at the time. Yeah, his
24 only access to care was through A&E. There certainly
25 was no -- he didn't have access to any nurse. 12:06

26 74 Q. Okay. Then he has a slight prolonged stay after the
27 TURP operation, a bit of a fever and things. Just a
28 couple of things, was that where he first met
29 Mr. Haynes, he attended him in hospital --

- 1 A. That is the first time he mentioned Mr. Haynes to me.
- 2 75 Q. Because the letters came about --
- 3 A. Towards the end of his discharge in Daisy Hill, yes.
- 4 76 Q. Also was there any referral made to the cancer nurses
5 when he was an inpatient? 12:06
- 6 A. Yes, I think there was because they tried to take the
7 catheter out whilst he was in Daisy Hill, it was
8 unsuccessful. Then I think the plan was when he would
9 come out that the urology nurse would call out to the
10 house and try him again. I do remember him saying 12:06
11 that.
- 12 77 Q. There was no discussion about any other mechanisms of
13 draining the bladder, you know, other types of catheter
14 or ways to put it in the bladder differently from --
- 15 A. Not as far as I'm aware but, again, he really was, he 12:06
16 wasn't in a great state, yeah.
- 17 78 Q. Just one last question. Was there any link, as far as
18 you are aware, from the inpatient nurses or the cancer
19 nurses who -- the ward nurses I should say to the
20 palliative care nurses in the community made from the 12:07
21 hospital?
- 22 A. Absolutely none.
- 23 MR. HANBURY: Thank you.
- 24 CHAIR: Mr. Wolfe, is there anything else you would
25 like to ask? 12:07
- 26 79 Q. MR. WOLFE KC: Just one area I want to pick up on
27 arising out of Mr. Hanbury's question. Patient 1's Daughter if
28 you look at the bundle in front of you at PAT-001400
29 you'll find your late father's diary entry for 27th

1 January 2020?

2 A. Yes, I have that.

3 80 Q. You have that. And that diary entry appears to have
4 been written following a review consultation with
5 Mr. O'Brien on that day at the South Western Area
6 Hospital and it reads:

12:08

7
8 "Referred to oncologist @ City Hospital."

9
10 And then just before I ask you the question, if you
11 turn to PAT-001454, and there you will find
12 Mr. O'Brien's corresponding note for that day and under
13 the heading "plan" he has written:

12:08

14
15 "Increase Bicalutamide to 100 milligrams daily."

12:09

16
17 And then:

18
19 "Write to Dr. Mitchell."

20
21 And then there are a couple of radiotherapy-type
22 treatments. Can I ask you this: was there a
23 conversation between you and your late father or within
24 the family more generally about an expectation that
25 radiotherapy would be part of his treatment?

12:09

26 A. Absolutely. He understood that he would be receiving
27 radiotherapy and I found text messages on his phone to
28 friends in the spring of 2020 saying 'I'm waiting on
29 radiotherapy'.

12:09

- 1 81 Q. And while that may have been the plan on 27th January,
2 there's no evidence before this Inquiry that I'm aware
3 of and we're obviously continuing with our work, that
4 such a referral actually happened. Now, has the family
5 ever received an explanation as to why that never 12:10
6 happened or does it have an understanding as to why it
7 didn't happen?
- 8 A. Never received an explanation as to why the referral
9 for radiotherapy didn't happen. I had somewhat of an
10 explanation from Mr. O'Brien when I spoke to him on the 12:11
11 phone as to why radiotherapy may have not been
12 appropriate at the stage that the catheter was
13 inserted, because he didn't want him to be going for
14 radiotherapy with an indwelling catheter, but I suppose
15 that's a separate point. 12:11
- 16 82 Q. In terms of earlier in the process, you now know about
17 the Multidisciplinary Team or meeting process?
- 18 A. Yeah.
- 19 83 Q. They made a recommendation on 31st October 2019 which
20 provided for hormone treatment or chemical castration 12:11
21 as it's referred to?
- 22 A. Mmm.
- 23 84 Q. And radiotherapy. So, in that period, say from end of
24 October until the end of January 2020, or indeed before
25 things got much worse in June, was there any 12:12
26 explanation forthcoming as to why radiotherapy hadn't
27 happened?
- 28 A. No.
- 29 85 Q. And during your conversation with Mr. O'Brien, possibly

1 in late August following your father's death, you've
2 explained in your evidence that the broad gist of it
3 was that Mr. O'Brien had delivered all appropriate
4 treatment and nothing else would have made a
5 difference; is that the broad gist of it? 12:12

6 A. It is. I should add to that that I did ask a question
7 at the end, I remember thinking about it, that if
8 nothing could have made any difference was taking his
9 prostate out an option, was surgery an option? I now
10 realise it probably wasn't at his age, it's not for me 12:13
11 to comment on that. I did ask that question and he
12 replied 'no'.

13 86 Q. So, did you, during that conversation, get into the
14 radiotherapy issue with him?

15 A. I'm fairly sure I did ask would it have made any 12:13
16 difference if he'd had radiotherapy sooner. And,
17 again, the broad gist of the answer was no. And then
18 there was a discussion around the fact that he had
19 required the urinary catheter which would have caused
20 difficulties for him receiving radiotherapy. He did 12:13
21 give me, Mr. O'Brien did give me a fair bit of detail
22 around that but I would be doing it a disservice to try
23 and recall it in any detail.

24 87 Q. So is it fair to say, Patient 1's Daughter, knowing what the
25 multidisciplinary meeting prescribed as the recommended 12:14
26 form of treatment for your father, is it your family's
27 fundamental question: why didn't that happen and how
28 could the Trust have failed to realise until quite late
29 in the day that it hadn't happened?

1 A. Yes, indeed.

2 88 Q. Is that fundamental to you?

3 A. Very fundamental.

4 MR. WOLFE KC: Thank you.

5 CHAIR: Patient 1's Daughter and Patient 1's Wife, Patients 1's Son-in-Law, thank 12:14
6 you all very much for attending today. We do very much
7 appreciate you taking the time to come and speak to us
8 and hopefully whenever we do reach our conclusions and
9 make recommendations, what you have told us will bear
10 fruit in those recommendations, so thank you very much 12:15
11 indeed. If you don't mind I'm going to ask if
12 Ms. Marshall will take you from the room, I have some
13 housekeeping matters that I need to deal with the
14 representatives. Thank you.

15 THE WITNESS: No problem. Thank you. 12:15

16

17 DISCUSSION RE HOUSEKEEPING

18

19 MR. MILLAR: There was a point that arose this morning
20 in the evidence that I just wanted to clarify. If you 12:16
21 look at line 10.1, just after that, 10.1, 10.2.

22 CHAIR: We don't have CaseView in front of us
23 Mr. Millar, if you maybe want to read the portion.

24 MR. MILLAR: I think the question you raised, Madam
25 Chair, was whether in June Patient 1 was prescribed 12:16
26 Bicalutamide in advance of his operation.

27 CHAIR: I don't believe that was my question but I'm
28 subject to what is in the transcript.

29 MR. MILLAR: The point is I think there was just a

1 confusion about the drug. Certainly the transcript
2 shows that was the question but I think, Madam Chair,
3 you may not have meant to ask that question because I
4 think the drug that was prescribed was a different
5 drug, the Leuprorelin, if that is the correct 12:17
6 pronunciation. It probably doesn't matter terribly
7 much but it is just for the record to be clear, it
8 seems the drug prescribed was not Bicalutamide but
9 another drug.

10 CHAIR: I'm happy to be corrected on that, Mr. Millar, 12:17
11 if I have got that wrong and it certainly would not
12 have been my intention to mislead in any way as to what
13 --

14 MR. MILLAR: I am just keen to make sure the Inquiry's
15 record is correct. 12:17

16 CHAIR: In light of that there is something I do need
17 to say about Tuesday's evidence which was the evidence
18 you'll recall of Patient 35's Son . Unfortunately we
19 neglected to ask Patient 35's Son to affirm. I propose to
20 share the transcript with Patient 35's Son and at some 12:17
21 stage in November ask him to Zoom in for a very short
22 period of time to have him affirm and to adopt his
23 evidence, unless you wish to confirm that that is not a
24 necessary step to take and that you're content that his
25 evidence stands as if it were sworn. 12:18

26 MR. MILLAR: That's a matter for the Inquiry,
27 Madam Chair. I have no point to take about that.

28 MR. LUNNY KC: For the Trust I'll take formal
29 instructions but we were here, we witnessed it. I

1 would have absolutely no difficulty with his evidence
2 standing without him having to come back. I'll confirm
3 that.

4 CHAIR: Thank you very much, Mr. Lunny. Mr. Reid.

5 MR. REID: A similar position to Mr. Lunny. We can 12:18
6 take instructions but I can't see any issue arising.

7 CHAIR: we'll certainly consider the position and I may
8 take a certain course just to correct the record if
9 it's necessary, but thank you for that.

10 12:18

11 Just then I promised on Tuesday also that I would give
12 you an update at the end of today's evidence session
13 and say something more about our November hearings.

14

15 Further information will be provided formally in 12:18
16 writing to each core participant, however in ease of
17 everyone I consider it appropriate to indicate what is
18 planned from now until Christmas and then early in
19 2023.

20

12:19

21 Information about the timetable will be regularly
22 updated on the Inquiry's website. Our public hearings
23 will commence at 10:00 a.m. on 8th November when I will
24 say something publicly about our work and some of this
25 may well repeat what I've already expressed to you all 12:19
26 in June, but it will be the first time that members of
27 the public will have access to our hearings and learn
28 about what we have been doing so I make no apology for
29 being repetitious.

1
2 You will each be required, on that date, to announce
3 your appearances again because, again, that has not
4 been done publicly. And as you can see our public
5 gallery space is very limited so I would encourage 12:19
6 those of you who can do so to follow proceedings via
7 the Inquiry's website. The proceedings will be
8 streamed almost live in that there will be a short
9 delay in the broadcast and that means that those of you
10 who are accessing the Caseview transcript at the same 12:19
11 time will notice that it is ahead of the live stream.

12
13 Following my opening comments, Mr. Wolfe KC will
14 deliver Inquiry counsel's opening. He currently
15 advises me that is he is likely to conclude that on 9th 12:20
16 November and then I will ask the legal representatives
17 for each Core Participant to deliver a short opening
18 statement on 10th November and the timetabling for that
19 is as follows:

20 12:20
21 The first statement will be at 10:00 a.m. from the
22 representative for the Southern Health and Social Care
23 Trust. I should say that you will be allocated one
24 hour to deliver that opening statement. It can be
25 shorter if you wish, I'm not encouraging you to use the 12:20
26 entire time, but certainly there will be an hour
27 available to you. Following that we will have a short
28 break and then the representatives for Mr. O'Brien have
29 the opportunity to deliver their opening statement at

1 11:15 a.m. and finally the Department of Health at
2 12:30 p.m.

3
4 The following week we will start to hear evidence from
5 non-patient witnesses commencing on 15th November. We 12:21
6 will hold three days of hearings that week. There will
7 then be a one-week non-sitting week before we sit again
8 on 29th November, again for three days and then on 6th
9 December for three days. We currently intend to sit on
10 13th December but that is only if we need to and that 12:21
11 the witnesses scheduled between 15th November and 8th
12 December, if they haven't concluded we will sit on 13th
13 December.

14
15 In 2023 we will not sit again until 24th January when 12:21
16 we will hold a private patient hearing on that day and
17 then sit again in public on 25th and 26th and again for
18 three days beginning on 31st January.

19
20 As far as possible the plan will then be to take a 12:22
21 two-week break before sitting for two weeks. That will
22 then be followed by two non-sitting weeks.

23
24 In hearing weeks we will sit on three days each week
25 until Easter, usually beginning on Tuesdays. 12:22
26

27 I want to stress that the timetable is subject to
28 change and changes may need to be made at short notice
29 in order to facilitate witness availability. We will

1 endeavour to give as much notice of any changes to the
2 timetable as we can, but you should be prepared for us
3 to sit at short notice. For example, it may be that we
4 will be required to sit on a Friday one week or on a
5 Monday another week in order to facilitate witnesses. 12:22

6
7 we have already advised the first witnesses of the
8 dates they are required to attend to give evidence and
9 once we have confirmation of their attendance you will
10 be advised in writing. However, in future you will not 12:23
11 receive written confirmation and will need to check the
12 website. You should check the Inquiry website
13 regularly and in any case check the witness timetable
14 ten days in advance to allow you to provide Inquiry
15 counsel with any questions or issues you wish raised 12:23
16 with the witnesses seven working days in advance of
17 their evidence. That's in accordance with the Inquiry
18 protocol.

19
20 You all should have access to the witness bundle. You 12:23
21 will receive updated individual bundles in advance of
22 the witnesses being called to give evidence and, again,
23 we hope to provide those as far in advance as possible
24 and in any event we hope to certainly do so ten days
25 before they are called to give evidence. 12:23

26
27 If you do have any questions about this or anything
28 else of an administrative nature, please do not
29 hesitate to contact Ms. Marshall or her team. Any

1 questions of a legal nature should be directed to
2 Ms. Donnelly and her team.

3
4 I look forward to seeing you all again bright and early
5 on 8th November when we will start at 10:00 a.m. Thank 12:24
6 you all very much.

7 MR. LUNNY KC: Thank you, Chairman.

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9 THE INQUIRY WAS THEN ADJOURNED UNTIL TUESDAY 8TH
10 NOVEMBER 2022 AT 10:00 A.M. 12:25

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