



## Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB  
T: 02890 251005 | E: [info@usi.org.uk](mailto:info@usi.org.uk) | W: [www.urologyservicesinquiry.org.uk](http://www.urologyservicesinquiry.org.uk)

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Dr Tony Stevens  
Belfast Health and Social Care Trust  
Headquarters  
51 Lisburn Road  
Belfast  
BT9 7AB

13 December 2023

Dear Sir,

**Re: The Statutory Independent Public Inquiry into Urology Services in the  
Southern Health and Social Care Trust**  
**Provision of a Section 21 Notice requiring the provision of evidence in the  
form of a written statement**

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

This Notice is issued to you due to your held posts, within the Belfast Health and Social Care Trust, relevant to the Inquiry's Terms of Reference.

The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement now or at any stage throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full detail as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. If you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Belfast Trust and has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

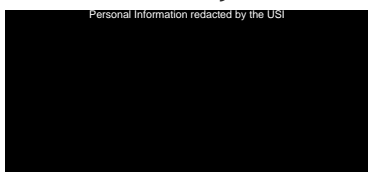
Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI  


**Anne Donnelly**  
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI  
Mobile: Personal Information redacted by the USI

**THE INDEPENDENT PUBLIC INQUIRY INTO  
UROLOGY SERVICES IN THE  
SOUTHERN HEALTH AND SOCIAL CARE TRUST**

**Chair's Notice**

**[No 32 of 2023]**

**pursuant to Section 21(2) of the Inquiries Act 2005**

**WARNING**

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

**TO: Dr Tony Stephens**  
**BHSCT**  
**Headquarters**  
**51 Lisburn Road**  
**Belfast**  
**BT9 7AB**

**IMPORTANT INFORMATION FOR THE RECIPIENT**

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

**WITNESS STATEMENT TO BE PRODUCED**

**TAKE NOTICE** that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by noon on **3<sup>rd</sup> January 2024**.

**APPLICATION TO VARY OR REVOKE THE NOTICE**

**AND FURTHER TAKE NOTICE** that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by noon on **27<sup>th</sup> December 2023**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 13<sup>th</sup> day of December 2023

Signed:

Personal Information redacted by the USI

**Christine Smith QC**

Chair of Urology Services Inquiry

**SCHEDULE****[No 32 of 2023]**

1. Please summarise your qualifications and occupational history.
2. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of these Terms. This should include:
  - (i) An explanation of your roles, responsibilities and duties within the Belfast Health and Social Care Trust and those roles within other organisations which engaged with the Southern Health and Social Care Trust (“the Trust”) or Urology on a regional basis in Northern Ireland, and
  - (ii) A detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you or others to address or escalate any concerns regarding Urology services within the Trust.

It would greatly assist the Inquiry if you would provide the above narrative in numbered paragraphs and in chronological order.

3. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the Urology Services Inquiry (“USI”). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answer. If you are in any doubt about document provision, please do not hesitate to contact either your own solicitor or the Inquiry Solicitor.
4. Please also address the following questions. If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please set this out in the statement and provide the name and role of that other person and why you consider they are better placed to respond to this question.

5. Professor Joseph O'Sullivan has provided a statement to the Inquiry, in which he states as follows:

*'My concern was about the use of the oral anti-androgen, Bicalutamide 50mg as monotherapy for the treatment of localised prostate cancer. The correct monotherapy dose of bicalutamide is 150mg or alternatively LHRH agonist therapy. I noticed several cases where patients had been on bicalutamide 50mg as monotherapy, prescribed by Mr O'Brien. My concern was that bicalutamide 50mg was a sub-optimal dose of hormone therapy when used as a mono-therapy ... I can't recall any specific discussion but I believe there was a general awareness of the issue amongst the oncology team treating prostate cancer.'* [WIT-96648]

Dr Darren Mitchell has also provided a statement to the Inquiry, in which he explains:

*'I have been a Consultant Oncologist since June 2008 and believe there may have been a few cases referred to me who had also been on the Bicalutamide 50mg monotherapy regimen between 2008 and 2014.'* [WIT-96668]

*'I believe the oncologists providing support as part of their job plan to the Craigavon urology service would have routinely been referred cases from Mr O'Brien and may have come across this off license prescribing. This would include Dr Johnathan McAleese, Professor David Stewart and Dr Fionnuala Houghton. I am not aware of any discussions they had if they had concerns.'* [WIT-96669]

- (i) Were you aware, at any time as Medical Director, of the issues described by Professor O'Sullivan and Dr Mitchell, that is, the referral of patients who were being prescribed Bicalutamide 50mg as a monotherapy for the treatment of localised prostate cancer? If yes, please provide full details, including but not limited to:



- a. The circumstances under which you became aware of the prescribing of Bicalutamide 50mg as a monotherapy in, for example, the treatment of localised prostate cancer;
- b. Details of any patient referrals you recall which fell within this patient cohort;
- c. The timeframe during or over which these referrals took place;
- d. The name of the prescribing physician;
- e. Patient numbers falling within this cohort;
- f. All details of those patients that you recall;
- g. All details of any and all occasions on which concerns with regard to the prescription of Bicalutamide 50mg as monotherapy was escalated to you as Medical Director. Please provide details of all those (whether within BHSCT or in SHSCT) with whom you spoke on this issue and what, if any, action was taken by you or others.

(ii) Do you agree with Professor O’Sullivan’s statement that there was “*a general awareness of the issue amongst the oncology team treating prostate cancer*” about the issue of Bicalutamide 50mg being prescribed as a monotherapy? If yes, please set out full details of your knowledge, including the prescribing physician, to include details of all conversations on this issue, who else was aware and what, if anything, was done in response.

(iii) If you do not agree with Professor O’Sullivan’s statement, please explain your understanding as to why he and others in the oncology team, but not you, may have been aware of this issue?

6. Please consider:

- (i) the email chain of 4 October 2010 at **WIT-99145** to **WIT-99147** and
- (ii) the letter of 21 October 2010 addressed to you from Dr Patrick Loughran, former Medical Director of the Southern Trust, at **WIT-100350** to **WIT-100351**.

Please provide full details of your involvement with this issue, to include:

- a. Full details of the discussion ‘in private at the conclusion of the Medical Directors meeting’, as referred to by Dr Loughran at **WIT-**

**100350.**

- b. Why you considered an informal discussion was an appropriate manner in which to deal with concerns?
  - c. Was any consideration given to other ways to address the concerns expressed in Mr Hagan's email? If no, why not? If yes, were those ways also pursued and, if not, why not?
  - d. To what extent were the issues highlighted by Mr Hagan in his email of 28 September 2010 [at **WIT-99146**] reflected in that discussion?
  - e. Please provide copies of any further correspondence passing between you, Dr Loughran, or others (whether in BHSCT or SHSCT) in respect of this issue. To the extent that no further correspondence is available, please explain why this is the case.
  - f. Did you have any further conversations with Dr Loughran following this correspondence?
  - g. Do you consider your interactions and communications with the Southern Trust on this issue to have been sufficient? Could and should you have done more? Could and should others have done more? If yes to either, please explain what more could and should have been done?
7. The Inquiry is aware of significant issues around the quoracy of SHSCT Urology MDMs, particularly in terms of Oncology attendance. Please indicate whether, at any stage, you had concerns about or knowledge of these difficulties and offer any further comments or observations which may assist the Inquiry in understanding this issue. If you had concerns, please set out in detail what they were, who, if anyone, you spoke to about those concerns, and what, if anything, was done?
8. To the extent that you have any knowledge of potential governance problems regarding the referral and screening of patients to Regional Urology, Belfast City Hospital, please provide details.
9. Please provide any further details, including details of any other observations or concerns, which you consider may be relevant to the Inquiry Terms of Reference.

**NOTE:**

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

**UROLOGY SERVICES INQUIRY**

**USI Ref:** Notice No 32 of 2023

**Date of Notice:** 13/12/2023

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**Witness Statement of: Anthony Stevens**

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I, Anthony Stevens, of an address known to the Urology Services Inquiry (USI), will say as follows:

1. This is my first witness statement to the USI.
2. The documents that I refer to in this witness statement can be found in the exhibit bundle "TS1". The USI's Inquiries Act 2005 section 21 Notice number 32 of 2003, dated 13 December 2023 (the section 21 notice), which posed a series of questions to me, can be found behind Tab 1 in the exhibit bundle.
3. I am now retired. I am no longer practicing clinically as a doctor.
4. I qualified in medicine from Queen's University, Belfast in 1982. My qualifications are MD, FRCP, FFOM. Following general and specialist training in Belfast and Glasgow, I took up a consultant post in occupational medicine in 1991; initially at the Eastern Health and Social Care Board, and then at the Royal Hospitals Trust. I remained in this role until 2006/7. During this period, I undertook occupational health clinics at Craigavon Area Hospital, however to the best of my recollection had no interaction with Urology services there.



## Urology Services Inquiry

5. In August 2006 I was appointed acting Medical Director of what was then the Royal Group of Hospitals Trust. In April 2007, when a number of health trusts merged to form the Belfast Health and Social Care Trust (the Belfast Trust), I took up the role of Medical Director. I held this role until 2014.
6. The Medical Director was an executive director of Belfast Trust, sat on the Board of the Belfast Trust, and was a member of the Executive Team. I reported to the Chief Executive of the Belfast Trust. As Medical Director I also had lead responsibility for the professional governance of the medical workforce within the Belfast Trust. I was the Responsible Officer for medical staff, and this included, for example, overseeing the introduction of Revalidation for doctors when it was introduced in 2012. The Medical Director was also the executive lead for clinical governance, risk management, patient safety and a number of corporate governance functions. I was also responsible for the Belfast Trust's public health function.
7. In my role as Medical Director of Belfast Trust I engaged with the Southern Health and Social Care Trust (Southern Trust), as with other health and social care trusts, but only through regional fora, such as the regular meetings of Medical Directors, or at regional meetings held by the then Department of Health, Social Services and Public Safety (the Department) or the then Health and Social Care Board (HSCB). I was not directly involved in undertaking the Review of Adult Urology Services, which reported in March 2009, nor in its implementation. I do not recollect any other engagement on my part regarding Urology services regionally, or specifically regarding the Southern Trust, other than in respect of the concerns raised in 2010 by Mr Chris Hagan, then a Consultant Urologist in the Belfast Trust.
8. In 2014 I resigned from the Belfast Trust to take up the role of Chief Executive and accounting officer at the Northern Health and Social Care Trust (Northern Trust). My role and responsibilities were those of a senior executive director, accountable to the Board of the Northern Trust and the Department for the effective discharge of the undertakings of the Northern Trust. This was also a non-clinical role. I retired from this role in March 2020.



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9. My direct involvement in Urology services, whilst in the Northern Trust, was in respect of commissioning arrangements for Urology between the Western Health and Social Care Trust (Western Trust) and the Northern Trust, and the transfer of services from Causeway Hospital to Altnagelvin Hospital. The Northern Trust also had a relationship with Belfast Trust, which provided Urology services into Antrim Hospital.
10. Between September 2020 and June 2021 I returned to work in the Health and Social Care system (HSC) as the interim chief executive of the Regulation and Quality Improvement Authority (RQIA). This was a regional role that interfaced with all the HSC Trusts. As far as I can ascertain, during the period I worked in RQIA I had no engagement with Southern Trust regarding Urology. I left RQIA at the end of June 2021.
11. The only concerns regarding urology services at Southern Trust, with which I had direct involvement, were the 2010 concerns that Mr Chris Hagan, then Consultant Urologist at Belfast Trust, brought to my attention in my then capacity as Belfast Trust Medical Director. This aspect is dealt with in detail below.
12. In respect of question 5 (i) of the section 21 notice served on me by the Urology Services Inquiry. To the best of my knowledge and belief, I was not aware of the issues described to the USI by Professor O'Sullivan and Dr Mitchell regarding the prescription of Bicalutamide.
13. In respect of question 5 (ii), unfortunately I am not in a position to either agree or disagree with Professor O'Sullivan's statement. His statement to the USI appears to refer to a general awareness limited to the oncology team. I do not believe I was involved in discussions relating to this issue.
14. In respect of question 5 (iii), the USI asks me to explain my understanding as to why Professor O'Sullivan, and others in the oncology team, but not me (the Belfast Trust Medical Director), may have been aware of this issue. I was not a member of the oncology team, and, to the best of my knowledge and belief, do not think the oncology team raised a concern with me.



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15. I have also seen no record that suggests concerns about the prescription of Bicalutamide in the Southern Trust were escalated to me as Medical Director of the Belfast Trust. I also have no recall of this issue being raised with me, and don't believe it was.

16. In respect of question 6. I have considered the documents to which the USI has referred me. For ease they are exhibited behind Tab 2 in the exhibit bundle to this statement. In respect of the 7 aspects of question 6 I say as follows:

- a. The meeting with Dr Loughran occurred at the end of a regional meeting of Medical Directors. We had organised to have the one-to-one meeting after the regional meeting. It was "private" to the extent that we were discussing a confidential issue about a Southern Trust consultant. It was not an appropriate agenda issue for the wider regional meeting of medical directors. I do not now recall the date of the meeting, but presume it was in early October 2010. I am afraid, at this remove, that I do not now have a full recollection of the discussion, and I have not identified a personal record of the meeting. Given that I was meeting Dr Loughran about the concerns Mr Hagan had raised with me (as reflected in his email to me of 29 September 2010 – WIT-99146), that is what we will have discussed, along with the need for Southern Trust clinicians to comply with the Review of Adult Urology Services generally, and in particular with respect to cancer surgery. My memory is that Dr Loughran accepted that it was his responsibility, and that of the Southern Trust, to resolve the governance and clinical issues that arose, and I was satisfied, following our discussion, that he was going to do that.
- b. The meeting was "informal" only in the sense that I arranged to discuss the concerns about Urology face to face with Dr Loughran, rather than write formally to the Southern Trust. Writing had been my original suggestion to Mr Hagan on 29 September 2010. The effect, however, was the same. I was sensitive to Mr Hagan's reticence, as expressed in his subsequent email of 4 October 2010 (WIT-99145), and also the fact that, by that point, there had been further developments generally. There had been a wider conversation between the Trusts, NiCAN, HSC Board/Urology Regional Board and the PHA. Dr



## Urology Services Inquiry

Loughran and the Southern Trust were aware of the governance issues, as evidenced by his letter of 21 October 2010 (WIT-100350), as well as through the recorded intervention of Dr Rankin, then the Director of Acute Services in the Southern Trust. Two senior directors in the Southern Trust, both medically qualified, were sighted on the issues raised by Mr Hagan and others. So, in that context I believe that the “informal” discussion was an appropriate way for me to raise the issue with Dr Loughran. Given all the issues were being actively considered by a number of parties, a formal letter would not have added anything. I note that Mr Mark Fordham, the independent Urologist, who had been engaged to lead the 2009 Review of Adult Urology Services in Northern Ireland in 2009, was also aware of the issues raised by Mr Hagan (see the email from Dr Corrigan dated 3 October 2010 behind Tab 3 in the exhibit bundle).

- c. In addition to me raising the issue with Dr Loughran, the issues regarding implementation of the review of Adult Urology Services were also part of a wider conversation. I had had a discussion with Mrs Jennifer Welsh, then Belfast Trust Director of Cancer and Specialist Services, as evidenced by her email (WIT-99147). The email indicates that action was being taken with respect to specific named patients. I am afraid I do not now recall the detail, but the email of 28 September 2010 indicates that there had been discussion about a possible second opinion regarding these patients. I am afraid I don't recall the context now; it is an assumption by me at this remove, but it may be we considered a second opinion in the event that there was an unresolved difference in medical opinion that would undermine confidence in the treatment plan proposed by the clinicians to whom the patients were transferred in the Belfast Trust. This proved unnecessary. The same email indicates that Mr Brian Armstrong, then a Co-Director in the Belfast Trust, was engaged on the same issues with the Southern Trust. In her email of 28 September 2020 Mrs Welsh went on to say there were only 2 actions remaining, neither of which pertained to Mr Hagan's clinical concerns. The email predates my discussion with Dr Loughran. My discussion with Dr Loughran, arose from Mr Hagan's communication to me, but was also part of a wider engagement with the





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Southern Trust. Mr Hagan believed that full engagement with the MDM process by Southern Trust clinicians would hopefully prevent the clinical issues recurring. As far as I can recall no further concerns were subsequently raised with me by Mr Hagan, or other senior staff within either trust.

- d. To the best of my knowledge and belief, the issues highlighted by Mr Hagan, and the wider conversation about changes to urological cancer care, formed the basis of the discussion between Dr Loughran and myself. It was what Mr Hagan raised with me that caused me to engage with Dr Loughran.
- e. I am not aware of any further correspondence between myself, Dr Loughran or others. Dr Loughran's letter to me of 21 October 2021 essentially formally closed that which I had already regarded as closed following my conversation as Belfast Trust Medical Director (unless some further issue came to my attention).
- f. I do not recall any other conversations with Dr Loughran about these issues, following his correspondence of 21 October 2010.
- g. I do consider that my interactions and communications with the Southern Trust were sufficient in these circumstances. The issues regarding the proper implementation of the Review of Adult Urology services, and the compliance of Southern Trust clinicians, was part of a wider engagement that I was not directly involved in. The commissioner (the Public Health Agency or PHA), and the Trusts were all involved at a senior level. When Mr Hagan raised his concerns with me the wider issues were already being addressed. My meeting with Dr Loughran was to emphasise the extent of Mr Hagan's concerns. I had no further role, beyond ensuring that the Medical Director of the Southern Trust was aware of the clinical issues. Dr Loughran, as the Responsible Officer for clinicians in the Southern Trust, and the Medical Director there, was responsible for assuring the quality of care in the Southern Trust, and for ensuring, as far as he reasonably could, that clinicians in the Southern Trust were working to best practice standards. That is why it was appropriate that I engage with him about the issues.



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17. As far as I can ascertain, in retrospect, no other concerns regarding clinical practice within urology in the Southern Trust were raised with me.
18. In respect of question 7; I am afraid I have no knowledge or awareness of significant issues around the quoracy of Southern Trust Urology MDMs.
19. In respect of question 8; I have no other knowledge of potential governance problems regarding the referral and screening of patients to Regional Urology at BCH.
20. I have no other observations or details, save to say that I hope I have provided, through this statement, some assistance to the USI.

### **Statement of Truth**

I believe that Personal Information redacted by the USI are true.

Signed: \_\_\_\_\_

Date: 24/01/24

**Watson, .Peter**

**From:** Hagan, Chris  
**Sent:** 04 August 2023 12:14  
**To:** Leona O'Neill  
**Subject:** FW: urology patients

Please see

**Mr Chris Hagan**  
**Medical Director**

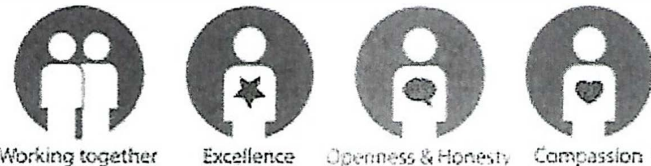


**Trust Headquarters! 2<sup>nd</sup> Floor! Non Clinical support Building! Royal Victoria Hospital 1274 Grosvenor Road! Belfast BT12 6BA**

**Tel:** Personal Information redacted by the USI

**Email**

Personal Information redacted by the USI



Wash your  
hands  
regularly



Keep  
your  
distance



Wear  
a face  
covering



Download  
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{)( **From:** Welsh, Jennifer  
**Sent:** 29 September 2010 17:18  
**To:** Armstrong, Brian <Personal Information redacted by the USI>; Stevens, Tony  
 <Personal Information redacted by the USI>; Hannon, Ray <Personal Information redacted by the USI>  
**Cc:** Hagan, Chris <Personal Information redacted by the USI>; Donnelly, Patricia <Personal Information redacted by the USI>  
**Subject:** RE: urology patients

That's great Brian.

Can I just clarify re your discussions with Gillian - I know she is going to speak to their MD re these particular patients, but is she also going to ensure that concerns re decisions made for other patients are raised? Friday's meeting is certainly not the place, but we do need to know that she/they understand this - probably more for discussion with Chris, Ray and Tony.

Jennifer

**From:** Armstrong, Brian  
**Sent:** 29 September 2010 17:06  
**To:** Welsh, Jennifer; Stevens, Tony; Hannon, Ray  
**Cc:** Hagan, Chris; Donnelly, Patricia  
**Subject:** RE: urology patients

Jennifer,

Beth Malloy has agreed to raise the issue re "swop" of minor or benign procedures with Gillian Rankin at this Friday's Urology Regional Board meeting.... Chris & myself will also be in attendance..

Brian

**From:** Welsh, Jennifer  
**Sent:** 28 September 2010 11:59  
**To:** Stevens, Tony; Hannon, Ray  
**Cc:** Hagan, Chris; Armstrong, Brian  
**Subject:** urology patients

Tony

Update re the Urology patients we discussed yesterday.

I spoke to Chris yesterday evening, and he has had detailed discussions with the patients involved. All were discussed thoroughly at last week's regional Urology MDT, and while treatment decision may now be different than had been agreed at SHSCT, all seem to understand why this is the case. Therefore, I don't think we need to seek 2<sup>nd</sup> opinion.

In addition, Brian Armstrong has spoken to Gillian Rankin and explained about the tone/inference of the letters which were received by Chris and the patients' GPs. Gillian has apologised on behalf of SHSCT, and has advised that Dr Loughran will be writing formally to the consultant in question.

The only actions remaining are:

- 1) Operational discussion re "swop" of minor or benign procedures to facilitate the fact that we have taken in additional complex patients - Brian will lead on this.
- 2) Response to Minister's office re one of these patients - Karen McClenaghan is leading on this.

Jennifer

\*\*\*\*\*

Jennifer Welsh  
Director of Cancer & Specialist Services

Belfast Health & Social Care Trust  
Roe Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast BT8 8BH

Tel: Personal Information redacted by the USI  
Fax: Personal Information redacted by the USI  
mailto: Personal Information redacted by the USI

**Watson, Peter**

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**From:** Hagan, Chris  
**Sent:** 18 June 2023 18:12  
**To:** Hagan, Chris  
**Subject:** Fwd: Thanks

chris

Chris Hagan  
Medical Director

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**From:** Corrigan, Diane <[REDACTED]>  
Personal Information redacted by the USI  
**Sent:** Sunday, October 3, 2010 6:19:22 PM  
**To:** Hagan, Chris <[REDACTED]>  
Personal Information redacted by the USI  
**Subject:** Thanks

"This e-mail is covered by the disclaimer found at the end of the message."

Dear Chris

I meant to speak to you at Friday's meeting but did not get an opportunity. I wanted to thank you and your colleagues for accepting the CAH cancer transfers at such short notice and operating so promptly on the first couple.

I heard from Mark Fordham that letters were sent from the CAH consultant to the patients' GPs, the patients and yourself which were not helpful. When you were going out of your way to do something which was in the best interests of the patients concerned that must have been hard to take. Things will get better.

Thanks once again.

BW  
Diane

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