Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
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Dr Ali Thwaini
3fivetwo Healthcare
Kingsbridge Healthcare Group Administration Centre
Danesfort Building
221 Stranmillis Road
Belfast
BT9 5UB

24 March 2025

By Email: [redacted] Irrelevant information redacted by the USI

Dear Dr Thwaini,

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 production of a Witness Statement & Documents

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.

The Inquiry is currently continuing with its investigations into the matters set out in its Terms of Reference. A key part of that process is gathering all of the relevant documentation from relevant departments, organisations and individuals.

In keeping with this approach, the Inquiry is now issuing a Statutory Notice (known as a 'Section 21 Notice') pursuant to its powers to compel the production of relevant documentation.

This Notice is issued to you as care provider to a named patient, relevant to the Inquiry. It is hoped that this Section 21 Notice will alleviate any concerns that you may have in relation to data protection or confidentiality.

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.

If it would assist you, I am happy to meet with you, your officials and or 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 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 an 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. The Inquiry will be pleased to receive your documents in tranches; you do not have to wait until you are in a position to fully comply with the Notice before you begin to send documents. Indeed it will greatly assist the progress of the Inquiry's work if you immediately begin the process of forwarding documents to the Inquiry.

If you do not hold documentation in respect of some of the categories of document specified in the Section 21 Notice, please state this in your response. If it is possible to indicate by whom such information might be held, if it is not held by you, the Inquiry would find that of assistance.

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:
Mobile: Personal Information redacted by the USI

Issued by the Urology Services Inquiry on 24/03/2025. Annotated by the Urology Services Inquiry.

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

Chair's Notice

[No 3 of 2025]

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 Ali Thwaini**
3fivetwo Healthcare
Kingsbridge Healthcare Group Administration Centre
Danesfort Building
221 Stranmillis Road
Belfast
BT9 5UB

Issued by the Urology Services Inquiry on 24/03/2025. Annotated by the Urology Services Inquiry.

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.

DOCUMENTS 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)(b) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry the documents set out in the Schedule to this Notice by **12.00 noon on 14th April 2025**

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 **12.00 noon on 7th April 2025**

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 24th March 2025

Signed: Personal Information redacted by the USI

Christine Smith QC
Chair of Urology Services Inquiry

SCHEDULE
[No 3 of 2025]

Background

At the outset of the public Inquiry into Urology Services in the Southern Trust, the Inquiry undertook outreach work asking that those who felt they fell within the Inquiry's Terms of Reference make contact with the Inquiry to tell their story. One of the people who made contact, Patient 82's Daughter, did so on behalf of her father, Patient 82, who died in April 2021. To preserve anonymity, the Inquiry gave Patient 82 the cipher 'Patient 82'.

In the course of providing evidence to the Inquiry, Patient 82's daughter set out her concerns about treatment received by her father, who was treated by 3fivetwo Healthcare at Downpatrick Hospital in September 2010 for an intravesical botulinum toxin injection as part of a waiting list initiativ Patient 82's Daughter made a complaint about her father's treatment both to 3fivetwo Healthcare and to the Trust in 2012. Attached is the relevant correspondences concerning that complaint and replies to it.

Also attached is the extract from Patient 82's Daughter 's evidence to the Inquiry, where she sets out her concerns and makes certain comments regarding you.

We are writing to you to provide you with the opportunity to consider the evidence provided to the Inquiry on behalf of Patient 82 and to respond as you see fit. We have identified below some extracts from the transcript that you may wish to address specifically, however, you should consider the attached documents and respond as you consider appropriate. Your reply does not need be confined to the extracts below and correspondences attached.

Please be advised that all information provided to the Inquiry will be considered within the context of the Inquiry's Terms of Reference and may be included in the final Report of the Inquiry Panel. This is your opportunity for you to address the issues relevant to you so that the Inquiry may consider your replies within the totality of the evidence.

Please also be advised that the work of the Inquiry is ongoing and this correspondence, and the matters raised in it, should not be taken as meaning this information will necessarily be included in the final Report, save as to do so is in furtherance of the Inquiry Terms of Reference.

Questions to be addressed by you

1. Please consider the attached correspondences regarding complaints made by Patient 82's daughter by letter dated the 26 October 2012, and the reply from 3fivetwo Healthcare in January 2013. For ease, the nature of Patient 82's complaint set out in her correspondence was as follows [found at **PAT-001623**]:

> "1. No consultation about transfer to 3fivetwo Healthcare (sic) or consent given
> 2. Inadequate information RE: surgery and appointment letter
> 3. Letter from 3fivetwo Healthcare made no reference to stopping medication, even though admission staff is advising patients to stop medication.
> 4. Admission staff advising on medication prescription
> 5. No pre operative assessment at 3fivetwo Healthcare
> 6. No sharing of information between Craigavon Area Hospital and 3fivetwo Healthcare
> 7. Craigavon Area Hospital and 3fivetwo HealthCare's failure to recognise my father's complex cardiac history
> 8. Proceeding without notes (surgery/clinics not prepared)
> 9. Communication barriers between professional and patients
> 10. No privacy when discussing information with patient
> 11. And most importantly NO ONE has offered any feedback as to what went wrong at 3fivetwo Healthcare in Downpatrick."

a. Please confirm if you had sight of this complaint at the time it was sent to 3fivetwo Healthcare?
b. Please confirm if you were spoken to by 3fivetwo Healthcare staff to inform their response to the complaint?
c. Please advise if you had sight of the reply to [redacted] Patient 82's Daughter 's complaint to confirm its accuracy from your perspective before it was sent to her?
d. Please advise if the details set down by 3fivetwo Healthcare in their reply accurately reflect your involvement, recollection, and opinion on events?
e. Please advise if the totality of the information contained in the correspondences about Patient 82's case accurately reflect your understanding of events. If not, please explain why not, setting out your answer in full.

2. Please review the attached extract of the oral evidence of Patient 82's daughter, most specifically, the references to 3fivetwo Healthcare at pages **TRA-01856**, **TRA-01858**, **TRA-01861**, and address, should you wish to, the issues raised in these extracts:

(i) Transfer of her father's care to 3fivetwo healthcare without pre-operative assessment [**TRA-01856**, L15-16]
(ii) Transfer of her father's care to 3fivetwo healthcare without his notes and records [**TRA-01858**, L13-28]
(iii) The adequacy of the explanation provided by 3fivetwo Healthcare [**TRA-01861**, L3-7]
(iv) The alleged discrepancies in 3fivetwo Healthcare's reply to [redacted] Patient 82's Daughter 's complaint [**TRA-01861**, L23-29]

3. Specific reference is made to you by [redacted] Patient 82's Daughter . Please consider the following oral testimony extracts from [redacted] Patient 82's Daughter 's evidence concerning you and reply to the extent that you consider necessary:

(i) **TRA-01859**, L1-29: having considered this extract, you may wish to address:

a. What is said about your engagement with Patient 82 on admission.
b. The absence of medical notes and records for Patient 82.
c. The absence of a pre-operative assessment of Patent 82.
d. Your level of knowledge about Patient 82 and his medical history before performing the procedure.
e. The sufficiency of the total information you had available to you before performing the procedure.

(ii) **TRA-01860**, L16-18: having considered this extract, you may wish to address:

a. Patient 82's Daughter's view that the medics caring for her father had "*come to the conclusion that possibly he had got the anaesthetic too quick*".

(iii) **TRA-01862**, L21-29 & **TRA-01863**, L1-9: having considered this extract, you may wish to address:

a. Whether you did receive correspondence from Mr O'Brien of the type described in this extract. If so, please set out what you did as a result of this correspondence, including any reply.

(iv) **TRA-01869** and **TRA-01871**: Patient 82's Daughter also raised her concern that none of the doctors ever queried the dosage of bicalutamide that her father had been prescribed. She stated:

> "I would have expected Dr. Thwani and Mr. Tyson and Mr. O'Brien to have known that. Yet, Mr. Thwani and Mr. Tyson seen Daddy's medication and never queried why he was on a low dose of Bicalutamide... It looks like to me that there were two other doctors

with knowledge of urology that should have questioned the use of Bicalutamide and tamoxifen in Daddy, and didn't."

By way of background, Mr. O'Brien had commenced Patient 82 on Bicalutamide 50mg once daily, and tamoxifen 10mg daily in February 2011.

Having considered this extract, you may wish to address:

a. Whether you ever had cause to review Patient 82's prescribed medication at any stage and/or had any concerns regarding the dose of Bicalutamide prescribed to him? Please explain your answer in full.

4. Please add any further information or responses which you may have on the issues raised by Patient 82's Daughter and which may not already be before the Inquiry Panel.

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.

11. And most importantly NO ONE has offered any feedback as to what went wrong at 352 in Downpatrick.

This begs the question what drugs where administered that lead to a reaction, given that heart investigation didn't show a heart attack as we were first informed.

Today I have also written to 352 requesting a list of medication administered as to prevent a further episode

Having attended an appointment with the coronary prevention nurse at CAH they had no information on file RE 352 episode and investigations at the Ulster and City Hospital. She was also unable to obtain any informative information from dads GP as he has no information either. Despite a CAH letter on 11/07/2012 advising that all treatment would be recorded in CAH notes. It would appear that Mr O'Brien is unaware of this entire episode that my father was exposed to.

Dad remains with his urology problem which causes his urge and disturbs his sleep. He has been told not to proceed with further intervention without explanations as to what happened.

Further to writing this letter, I attended a follow up appointment for my own medical condition in CAH and when asked was there any family history of a reaction to an anaesthetic, I informed the nurse of my dad's episode. She said that she would not be able to excess my father notes as there is no transfer of notes between the private company and CAH, despite a previous letter informing me that all information would be passed between the two sites.

Can someone please enlighten me as to what exactly is happening?

Yours Sincerely

[redacted]
Patient 82's Daughter

CC John Wilson 352 Down Patrick Hospital.

Hospital, and actually from there to the City Hospital. But the outcome was that Daddy had no long-term effects. But the biggest problem there was trying to find out what drugs Daddy had been given pre-operatively so that going forward, while he still needed the Botox, we would know not to give those drugs again.

When I went to Mr. O'Brien's clinic to see Daddy, he was oblivious to the fact of anything that had happened with 352 with Daddy. I asked at that time why did he allow Daddy's files to be transferred out, and he said that his files were all lifted and the patients that were allocated out were nothing to do with him; it was a management decision who went. So, they seemed to go to 352 without any preassessment for surgery.

Mr. O'Brien then tried to find out what drugs were used, and he wasn't able to find out. In fact, in one of his letters he wrote that he expected they would never find out, which causes me concern from the point of view that as commissioners of the service, I felt the Trust should have been able to find out, and expect to find out, what took place. Indeed, there was another letter from the Trust to me that said Daddy's notes would go to the private provider but they would remain belonging to the Trust and would be returned to the Trust. You know, I would have expected them to have got a full report.

On the back of the fact that Daddy was still having urology problems with urge continence, I mean we needed to know every toilet in the main street in [redacted] so he would be able to go out and do his business and yet be confident that we could get him to the toilet. He still needed this Botox, so we were pushing to get that information. The GP couldn't get the information either, apparently. At the last, between Mr. O'Brien and an anaesthetist in Craigavon, they decided that they would do a spinal anaesthetic to allow Daddy to have the Botox. 10:22 10:22

But it took -- I mean, I think there was about seven people in governance whose names were attached to the letters that I wrote. And when the letters -- when the conclusion come a year later, almost, from 352, it was 352 that wrote the explanation to my questions, which I don't really feel is right from the point of view, the Commissioner again go back. The overall responsibility I felt lay with 352. They subbed out the work to -- 10:22 10:23

CHAIR: You mean the Trust rather than with 352?

A. With the Trust, yes. The Trust, I felt, should have held overall responsibility. They should have been the ones that spoke to 352, got the answers and give me the answers. Initially I was told the answers would be there in 20 days, and that didn't materialise for various reasons. Then the next timeframe I was given 10:23

was 20 weeks, and that I would be invited to a meeting.
CHAIR: Did that happen?
A. No, you know. And as an employee of The Trust as well, as I say, it wasn't to make a complaint really, it was to say, look, you know, people need to be assessed before they go for surgery and there needs to be sharing of information, and if this isn't done, you know, it will be to the detriment of further patients. That was where I was trying to go. Thankfully, Daddy was okay from the event. You know, he didn't suffer. 10:23 10:24
CHAIR: Just so that I can be sure that I've got it clear, Patient 82's Daughter, your father's surgery was outsourced to 352 by the Trust. Our understanding is his notes and records didn't go with him, as it were, from the Trust? 10:24
A. No, no, no.
CHAIR: So 352 were in the dark, as it were, in terms of what treatment he had had?
A. Yes. I suppose even on that morning, when I arrived in Downpatrick Hospital, it was like a ghost town. There wasn't even a receptionist in the foyer. We went upstairs to the area where we were supposed to be and I observed, as I felt at the time, the anesthetist walking around and being shown round; she didn't know where she was, she was finding her way. Then a nurse came in and she started to take information from Daddy, and in the middle of that the anaethetist took over and really dismissed the nurse, from memory. 10:24 10:25

Then Mr. Thwani came in. At that point we did realise that there was no notes; he told us there was no notes. He did go into, in some details, all the complications about surgery. To the point then I started to get frightened and I says well, look, are you sure you're happy to proceed in the absence of notes. Bearing in mind I was standing with a Personal Inform-year old man who had been fasting, who had been up from six o'clock in the morning, and really whose notion about medical staff was they knew best and not me. You know, we'd had an awful time with Daddy, as I say. We needed to know every toilet in the street for to get him out and about, to go shopping, to do anything he had to do. So I was busy thinking, well, we were on a waiting list for long enough and if I reneged today, where are we going to be on a waiting list again and, you know, this problem is a bother for Daddy, and he was highly embarrassed about it as well. You know, really is anything going to go on or is Patient 82's Daughter over-dramatising the whole thing here? Mr. Thwani said that he had worked with Mr. O'Brien. He says, look, I have computer access and I have sufficient information to go ahead.

CHAIR: So he was able to access your dad's records, or he told you that?

A. Well, he did say he had computer access and he worked closely with Mr. O'Brien and he knew what needed to be done. Ten years ago, this is the recollection. So, we decided to proceed.

CHAIR: Unfortunately, your father would appear to have a reaction of the drug that he was given?

A. Yes. I had forgotten my glasses that day and I left to go and buy a pair. I got a call, it wouldn't have been half an hour, to come back, Daddy had deteriorated. 10:27
I was asked -- I got into the ward. They said he took a heart attack and I was asked to call the rest of the family. I called them, and then we just were in the corridor waiting to see what was going to happen.
Then, when we did get in to see Daddy, he was sitting 10:27
up quite bright and he said he was all right, but at that stage they decided he needed to go to the Ulster. I mean, he was in there for three/four days. He was on drips and he was on heart monitors, and he was moved
from there to the City to have an angiogram. Out of 10:28
that had come that, you know, his heart was okay, so they come to the conclusion that possibly he had got the anaesthetic too quick.

CHAIR: This was obviously a very upsetting and worrying time for you and your family, and you were 10:28
concerned to try to ensure that it didn't happen again to anyone else, which is why you wrote then to the Trust?

A. Yes, that was why I wrote to the Trust.

CHAIR: And to 352. 10:28

A. Because once we got Daddy out of the hospital we realised he was okay and there wasn't going to be long-term harm, barring the fact that he didn't yet have his Botox injection and it was still needed. So,

there was an onus to try to find out what had happened so that it wouldn't happen again.

CHAIR: Yes. Now, you wrote, and we have seen the letters that you wrote and the response you got. You got a response from 352 which wasn't, perhaps, the best of explanations, if I can put it as neutrally as that. 10:29

A. No. Yes.

CHAIR: Then you received a letter also from the Trust, which we would describe as a holding letter.

A. Yes. 10:29

CHAIR: Saying that they were going to carry out investigations?

A. Yes.

CHAIR: The Inquiry wondered did you ever get that letter, because we couldn't see it in any papers, the result of the Trust investigations? 10:29

A. No, I never got that letter. That was the one that said -- well, there was a letter that said I would be invited to a meeting. It could take 20 weeks, and the conclusion of it was I would be invited to a meeting. 10:29

But no, I never got any explanation from the Trust. I wrote to 352 and complained and copied that letter to the Trust as well. Then 352 wrote back out to me again, and there was discrepancies in that explanation, 10:30 I felt, and I wrote back again to 352 and copied it to the Trust. Then 352 wrote again. You know, to me, their last letter was, well, this is the answers and, really, if you have any more. At that stage, well,

I was working and I was busy, you know. I had rang and I had tried to speak to people and they weren't available and they didn't ring back.

CHAIR: You basically just gave up?

A. Yeah, I gave up. You know, Daddy was annoyed because Daddy was going, "Sure, nothing happened to me, I'm all right". 10:30

CHAIR: So he didn't want you to pursue it either?

A. No.

CHAIR: Certainly, as far as the Inquiry is concerned, nine and a half years after you received a holding letter saying that the Trust was going to investigate, you received no further communication from them? 10:30

A. No. No.

CHAIR: You were saying your father, thankfully, had no adverse outcome as a result of what happened, as a result of the waiting list initiative incident. When did you discover that there was a further difficulty with the treatment that your father had received? 10:31

10:31

First of all, sorry, just to interrupt, I just want to make it clear that Mr. O'Brien also tried to find out information on behalf of you and the family; isn't that correct?

A. Yes, he did. Yes, Mr. O'Brien wrote to a lady, Corrigan, copied her into a letter that he had wrote, I think to Mr. Thwani, asking for information on what had happened. I don't think -- well, I certainly didn't get any reply or I don't think he 10:31

got a reply from Mr. Thwani about what had taken place. I thought that it was significant that the head of service and Mr. O'Brien didn't have discussions about what had taken place. He seemed to say in one of the letters, Mr. O'Brien, that he hadn't seen our complaint. In another paragraph, he was proceeding with the spinal because he didn't expect to get an answer. Well, you know, why would you not expect to get an answer? 10:32

CHAIR: But you then discover that there is a further difficulty with the care that your father had received? 10:32

A. Yes.

CHAIR: When did you discover that?

A. That sort of come to light -- well, I suppose the first bit that come to light was when we met Mr. Haynes in Craigavon. On reflection now when I think of it, I did feel "What's going on here", because normally we would have only met Mr. O'Brien at clinic. Nurses out and about but when we in for the consultations, it was Mr. O'Brien. But Sister O'Neill was there. When you're on the spot and asked to recall information, I couldn't think. And Mr. Haynes said to the effect that there was new research that Bicalutamide and tamoxifen were not effective and that their use increased the risk of heart attacks, heart problems, stroke, decrease in memory, decrease in energy, decrease in cognitive decline on a low dose, and the hormone treatment was not effective, and cure was the first course of action in early diagnosis. The plan 10:32 10:33 10:33

was to stop the medication and do a baseline PSA, with a review of that in February 2021.

He said that a PSA below 10 would have no treatment. At this point, you know, I asked them, I started to think where are we going with this, so I says well, what happens if it's below 10, and he said there would be no treatment. I said, well, what about between 10 and 20, where do we go? He said we would have to see how quick that came back up again; increase and consider a large dose of a hormone injection intermittently would be the course of action. I said what happens if it goes above 20? They said, look, let's take one thing at a time, see how it progresses. But I was thinking, well, I have an [redacted]-year old man and what's he going to be able to cope with? They said a PSA above 20 would be query radiotherapy. I thought, well, that's going to be in Belfast and how is Daddy going to cope with all that when it looked like the Bicalutamide and tamoxifen was doing the job keeping a low PSA. He was told to stop intermittent catheratisation at that time, which he largely wasn't doing, although he was told he could do it if he felt he couldn't pass urine. A urine sample was to be obtained.

10:34
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I also asked them that day, I says, well, if we're going to repeat this PSA, are we going to be in the middle of COVID in February and a lockdown here, and I can't get in to get the PSA done? They said that

there would be satellite clinics in Armagh, and it would be a drive-through for blood tests and you would get them. So, now we're going to take an [redacted]-year old man to Armagh.

As it turned out, we were in lockdown. There never was a mention of a PSA. But by that stage, Daddy had had a fall and really there was marked deterioration in his overall demeanour. Bloods were being done to investigate that at Home. I knew it was coming up to February and I asked the GP to repeat the PSA. At that time the PSA had rose for the first time in a long, long time to 0.28. Mr. Haynes did write out and say that it was within the normal limits and they weren't concerned, and it would be reviewed again.

There possibly was a mention too of x-ray or another scan, but Daddy at that stage wasn't fit to be going anywhere; he was all but off his feet.

CHAIR: This was as a result of the fall that he had taken that he deteriorated? His health deteriorated generally; is that right?

A. Yes, and he did have a dementia diagnose. I would say he didn't know the harm of dementia, really. I mean, he knew us until the day he died, or a few days before he died when he was unconscious more or less. But he knew where he was, he knew all of us, he didn't not ever not recognise any of us. Then he had COVID albeit he didn't die within the 28 days of COVID. He had

COVID on [redacted] and he didn't die until the [redacted]

But, you know, there again, I would ask the question. Mr. Haynes had said a hormone injection but there's a letter there from somebody to say that any hormone treatment would be detrimental to Daddy with his heart problems, so was even that right? I just don't know.

CHAIR: If I can just sum up. The first you were aware that there was an issue about -- just to be clear, your father was on Bicalutamide and tamoxifen for about ten years? 10:38

A. Yes.

CHAIR: The first you became aware that that was maybe not the appropriate treatment for your father is when you received communication from Mr. Haynes at a clinic that he took rather than Mr. O'Brien; is that right? 10:38

A. Yes.

CHAIR: And you haven't received any communication from the Trust other than what Mr. Haynes told you at the clinic? 10:38

A. No.

CHAIR: There was no letter came out saying, "We have reviewed the records" or anything like that?

A. I only knew that there even was a review taking place when I heard about it on UTV News, which again aggrieved me because I felt, you know, the Trust had responsibility for our care; there was an investigation taken into it. I know all about confidentiality but it 10:38

obviously was out there when it was in the news. I think the Trust should have took the opportunity when they had us to have said, look, there is a review also taking place here; we can't go into the ins and outs of it. I could have accepted that but at least I would have been informed, I wouldn't have had to hear it on UTV News. 10:39

You know, we talk about openness and transparency and keeping the patients informed. Certainly, I wasn't informed. 10:39

But it's funny, on reflection, I did sense the two people in the room that day had something more going on with them, which I think is a poor reflection of the Trust again. 10:39

CHAIR: You felt that they knew that there was -- that your father was part of this look-back exercise and weren't even tell you then?

A. Yes, on hindsight. When I went into that room that day, I thought "What's going on here"? I expected to see Mr. O'Brien. He wasn't there. I was told he had left and this was the new doctor and there was new research. But underpinning that all was a public inquiry, which I think the words could have been said - "There's a public inquiry taking place here, we can't discuss it but at the minute here's what we need to do with your daddy", and there would not have been any breach of public confidentiality, I don't feel. 10:40 10:40

CHAIR: Obviously there's the issue over the nine and a half years' lack of response from the Trust to your complaint, which you say was not designed to get anybody into trouble as such --

A. No.

CHAIR: -- but rather to help others.

A. Improve service.

CHAIR: So there's that issue about communication.

A. Yes.

CHAIR: But if I've heard what you're telling me correctly, you're saying that you were pretty dissatisfied with the level of communication generally from the Trust with patients and families; would that be fair?

A. Yes, yes. I find you write in a complaint and they write back to you what you wrote in. "I wish to complain"; "I see you want to complain", or "You have a complaint; I acknowledge your complaint". But they tell you nothing about the complaint, they don't answer the complaint.

CHAIR: Or give you answers as to maybe what happened in the individual circumstances?

A. Yes.

In terms of the Bicalutamide, you know, somebody has mentioned a -- just to I get all this terminology -- a pathway, a clinical -- a standard for clinical practice.

CHAIR: Sorry, you're reading from a document there,

[redacted]?

A. No, it's my own words.

CHAIR: Sorry, your own notes.

A. It refers to standard clinical practice for Daddy's management, so I presume that's something that's written down that doctors are meant to follow. I would have expected Dr. Thwani and Mr. Tyson and Mr. O'Brien to have known that. Yet, Mr. Thwani and Mr. Tyson seen Daddy's medication and never queried why he was on a low dose of Bicalutamide. 10:42

CHAIR: There's some water there, if you need it, [redacted].

A. Sorry.

CHAIR: You're okay, don't worry.

A. It looks like to me that there were two other doctors with knowledge of urology that should have questioned the use of Bicalutamide and tamoxifen in Daddy, and didn't. 10:43

Daddy took a dizzy spell one day in the main street in [redacted] and he was referred to a geriatrician. I understood that to be an expert in the care of the elderly and medicine suitable to that age group. He never questioned it. In fact, he actually reduced furosemide and clopidogrel at that review, and never questioned. 10:43 10:44

Daddy would have complained about hot flushes, and I could say on three occasions I have spoken to the GP

practices and been told, well, that's his cancer medication, you know, so we're not going to touch that. But nobody thought to ring or write to Mr. O'Brien and say is this still essential, is it appropriate to continue with this, he's having hot flushes? 11:31

CHAIR: Can I just ask, the hot flushes would be a side effect of the medication?

A. Dizziness.

CHAIR: Were you aware of any other side effects that he had in the ten years that he was on the drugs? 11:31

A. He would have had breast tissue, I would have felt. Fatigue. You know, there again he seen a cardiologist, Mr. Menown, and complained of fatigue, and there was no mention of it being down to Bicalutamide or tamoxifen, it wasn't questioned. From, I mean, a cardiologist -- 11:31 right, if hormone treatment is detrimental to somebody with Daddy's acknowledged cardiac condition, was the cardiologist not concerned that Daddy was being prescribed a drug from another practitioner and yet didn't consult with that practitioner to say, well, 11:31 look, you know, his heart condition is causing me concern, does he really need to be on this or can we do something different?

There didn't seem to be any of that correspondence 11:31 between either of those two people.

CHAIR: So, not only are you saying that the communication from the Trust to you as a family was less than satisfactory, but you're saying that the

interdisciplinary communication between the doctors was not satisfactory?

A. Well, it would seem that. You know, Mr. O'Brien did write to the cardiologist to ask about stopping the like of Plavix post-surgery, and they had to delay that for a time because Daddy was waiting to get stents in, so obviously his heart condition was taking priority over his cancer condition at that time. 11:31

The one thing that sticks in my mind that Mr. O'Brien did say to me was "Your Daddy's prostate cancer will never kill him, his heart condition will". So, you know, I took reassurance from that, to be honest. I mean, the PSA treatment, the Bicalutamide and tamoxifen, dropped the PSA. Well, it was the only thing that I can give a reason for dropping it. 11:31

I mean, Mr. O'Brien, in fairness, did ring after hours, after his working hours, and tell me if we had have gone to clinic and the PSA result wasn't available, he would have said "I'll get that and I'll ring it through to you". I would have got calls -- I did at least get a call at seven o'clock at night to say, look, the PSA is down. It was music to my ears, you know. 11:31

Again, on reflection, am I thinking now the Bicalutamide was taking care of the PSA, it was dropping within the normal limits, so the cancer was

From: Ali Thwaini
To: Benson, Shauna; Donnelly, Anne
Subject: Fwd: Urgent Section 21 Dr Thwaini
Date: 20 April 2025 19:23:03

FYI

Many thanks

Ali

Sent from my iPhone

Begin forwarded message:

From: Ali Thwaini <Personal Information redacted by the USI>
Date: 14 April 2025 at 8:34:30 AM GST
To: Raymond Macsorley <Personal Information redacted by the USI>
Subject: Re: Urgent Section 21 Dr Thwaini

Dear Raymond,

Many thanks for your email regarding Patient 82, whom I seemingly treated in 2013 as part of the waiting to initiative.

Just to give you an update about my current situation, I have actually left the UK a few years back and I actually really relinquished my GMC license as I don't have intention to come back in the foreseeable future to work for the NHS.

I am really sorry for what Patient 82 's family have gone through.

As you can imagine, it's been more than a decade since Patient 82 was under my care for that particular weekend as part of the waiting list initiative.

Patients who are on the NHS used to have have physical notes. Some of them are very large, however thankfully we were greatly helped by the electronic care records of the NHS patients that contains their letters, laboratory, and radiological investigations. Therefore, generally, in the absence of the physical notes, clinicians would be able to access the relevant information from the electronic care records that are generally very sufficient.

While I'm trying to refresh my memory, I vaguely remember looking after him as he came for a seemingly minor procedure, as per his daughter's letter, however, after the induction of anesthesia. He reacted badly to the anesthesia hence, the procedure was stopped even before I started my operation.

He was managed by the Anaesthetist colleague, and after being stabilized, he was transferred to Ulcer hospital and as far as I remember, he fully recovered from that incident.

I am sorry to learn that he passed away about a decade later, and I can only assume that his passing was most likely unrelated to that incident.

I'm not sure if my email was helpful, but I'd be happy to help within the space of my capabilities Personal Information redacted by the USI .

All the very best

Ali

Sent from my iPhone

On 4 Apr 2025, at 10:48 AM, Raymond Macsorley <Personal Information redacted by the USI> wrote:

Dear Mr Thwaini,

I am forwarding you the attached correspondence on behalf of Shauna Benson, Deputy Solicitor from Urology Service Inquiry. This relates to one patient treated through WLI Urology

service commissioned on behalf of Southern Health and Social Care Trust under a contract with 3fivetwo Healthcare in September 20212.

If this correspondence is received, I would appreciate if you could confirm receipt of this.

Kind regards,

Raymond

Raymond MacSorley
Chief Commercial Officer
Kingsbridge Healthcare Group
Danesfort Building,
221 Stranmillls Road,
Belfast, BT9 5UB
Personal Information redacted by the USI
Personal Information redacted by the USI

From: Benson, Shauna <Personal Information redacted by the USI>
Sent: 24 March 2025 17:02
To: Governance <Personal Information redacted by the USI>
Subject: Urgent Section 21 Dr Thwaini

[EXTERNAL EMAIL] Treat attachments with caution
Urgent

Private

and Confidential

Dear Sirs

Re: Urology Services Inquiry - Section 21 Notice 3 of 2025 requiring the production of a witness statement from Dr Ali Thwaini

Please find attached Cover Letter and Section 21 Notice 3 of 2025, requiring Dr Ali Thwaini to provide a written statement to the Urology Services Inquiry by noon on the 14th April 2025.

We appreciate that Dr Thwaini, may have moved on to other posts at this stage but he was working for your organisation at the time and we therefore expect you to liaise directly with him to ensure that he has received this Notice and is made aware of the timescale for replying to same.

Should Dr Thwaini have any difficulties completing his statement, please let me know at the earliest opportunity and no later than the 7th April 2025.

Please also find attached the following documents to assist with completion of the statement.

1. Urology Services Inquiry, Terms of Reference (TOR)
2. Guidance notes for completing a S21 response
3. Template Witness statement
4. Extracts referred to in the Section 21 Notice

Should you require any assistance in relation to this Notice then please do not hesitate to contact me on my number noted below. I look forward to hearing from you within the timescale stipulated.

Many thanks,

Shauna Benson
Deputy Solicitor
Urology Services Inquiry
Contact Personal Information redacted by the USI | Tel: Personal Information redacted by the USI | Ext: Personal Information redacted by the USI

<image001.png>

<Section 21 Mr Thwaini.pdf>
<USI-Terms-of-Reference.pdf>
<GUIDANCE NOTES FOR THE SECTION 21 NOTICE.pdf>

<USI Witness Statement Template - Dec 2021.docx>
<USI Witness Statement Template - Dec 2021.docx>
<TRA-01856 - TRA-01871.pdf>
<Cover Letter Dr Ali Thwaini .pdf>
<Patient 82 Relevant Correspondence with 3fivetwo..pdf>