Stinson, Emma M

From: Brownlee, Roberta [redacted]
Sent: 05 May 2019 22:41
To: Donaghy, Geraldine
Cc: McDonald, Martin; Leeson, Pauline; McCartan, Hilary; Wilkinson, John; Mullan, Eileen; Rooney, SiobhanNED
Subject: Re: Update from Meeting with CX

Thanks Geraldine for this update and much appreciated. This will be useful when I return and meet CX on 7/5. Roberta

Sent from my iPad

On 15 Apr 2019, at 13:52, Donaghy, Geraldine [redacted] wrote:

Roberta/NEDs
In Chair's absence I meet with CEO last Thursday 11th April for update on important and emerging issues. This is a short update;

1. [redacted]
2.
3.
4.
5. **Clinical Governance Framework:** Review by Trust to commence within next month by JUNE CHAMPION – ASSOCIATE AT THE LEADERSHIP CENTRE

Regards

15i. INTERNAL AUDIT REPORT ON MORBIDITY & MORTALITY AND SUPPORTING LEARNING FROM MORBIDITY AND MORTALITY REVIEW

Dr O'Kane spoke to the Internal Audit Report on Morbidity and Mortality which received a limited assurance and was discussed at the Audit Committee on 11th April 2019. Dr O'Kane advised the action plan from the Internal Audit report will be tabled at the next meeting for further assurance. She informed members Ms June Champion is undertaking a review of clinical and social care governance within the Trust and the outcome will be discussed at the next meeting in September 2019.

Ms Donaghy highlighted the findings of the report stated there is limited learning generated from M&M meetings and asked for further information on this and who signs off the learning. Dr O'Kane advised the majority of those cases that were audited 99% were graded at a level 1 with only [redacted] graded as level 2 (suggested learning). She added the Chair of each M&M meeting is responsible for signing off the learning, which is a clinician. The Chief Executive added the Trust is on a journey with identifying driving learning throughout the teams and commented the lessons learned committee is an excellent avenue to achieve this; however he noted this will take time to implement.

Action: Dr O'Kane

8. MEDICINES GOVERNANCE REPORT

Dr Boyce presented the Medicines Governance report which demonstrates that during the final quarter of 2018/19 there were 332 medication incidents reported within the Southern Trust. The average number of reported medication incidents each month was 111, representing an increase from 106 per month in the previous quarter. Members noted that there were no trends of specific concern amongst the reports. During the quarter there were 7 moderate incidents and no major / catastrophic incidents reported via Datix.

In a response to a question asked by Mrs Rooney in relation to insulin, Dr Boyce advised through Quality Improvement the Trust is

In early 1992 when travelling home from work I became very unwell and was admitted as an emergency to Craigavon Area Hospital (please note I was a young professional working mother with three small children under six years old). I had no previous medical history and was a very healthy person. [redacted] *. After being admitted to 2 South, then the Urology Ward at CAH, I underwent several tests and was under the care of a Consultant Urologist called Mr Aidan O'Brien who visited me on admission to the ward. He explained who he was and detailed what the plans for investigations that would take place. I understood from the Ward Sister then Sister Eileen O'Hagan, who accompanied Mr O'Brien, that he was the only consultant in Urology and the services provided were new and being developed.*

I underwent many investigative tests. To my shock some of my tests showed a serious illness [redacted] *. Sr O'Hagan had me moved to a side room due to my distress and supported me and my family to the highest level. I remained in hospital and taken to theatre for* [redacted]

As Urology was new in CAH, they had very little specialised equipment and I needed specific treatment plans. Mr O'Brien arranged for me to be transferred to a hospital in Dublin. I recall it so well, even to today's date, the early morning starts to get to Dublin in time, the pain endured during the treatments and the travel home lying in the back seat of a car driven by my husband as I was extremely sick and sore. This went on for some weeks.

I had never met Mr O'Brien before my illness. Mr O'Brien was excellent to me and my husband, he provided such professional support, he visited me late into the evenings on the ward. Sr O'Hagan (who sadly died some years after my diagnosis) cared for me and my family to the highest level. I will never forget her attentiveness to a young mother with then a serious illness. The holistic care provided by the staff of 2 South has an embedded memory forever. Gradually as treatment started in Dublin this did at the time help to improve my illness. I was still attending 2 South CAH for [redacted] *very regularly for the following 3 years. My husband, immediate family and I were so*

appreciative of the excellent care and treatment received at 2 South CAH we enquired initially to Sister O'Hagan how could we repay or give back something to this department. Sister O'Hagan said she would discuss this with the then only Consultant Mr O'Brien. Some weeks later (this was 1994) We had a first meeting with Mr O'Brien and Sr O'Hagan to discuss what we as family could contribute to the ward. After a further few weeks we agreed that Sr O'Hagan and I would be Co-founders of a charity called CURE (Craigavon Urological Research and Education). CURE was properly and professionally established with a goal of providing funding for this service to purchase stone therapy equipment and provide research and education for doctors and nurses.

Many thousands of pounds were raised by my family, ward staff and many other patients. No money was ever contributed by the Southern Trust to CURE. Directors of Finance at the Trust Personal Information redacted by USI *both were members and I think other Directors. Mr Michael Young was the either the second or third Consultant appointed to Urology department and Mr Young joined the Cure Committee. We had many external professionals and business people serve as Committee members.*

Mr O'Brien, and his wife, along with many other Consultants, attended many fund-raising events for Cure and other Charities e.g., the hospital Drs Ball.

Every 12-18 months, Mr O'Brien and his wife would attend a dinner with my husband and me. When Sister O'Hagan sadly died, her husband remained a great friend to Urology and CURE so he too would attend the dinner.

Mr O'Brien and his wife were invited to and attended three of our children's weddings over the past 15 years. I have attended one of his son's weddings. Our children were very young when I first became ill. Attending CAH and having Personal Information redacted by USI *became part of our family life, Urology was a regular discussion in our family and extended family. My family were and are forever grateful for the excellent care I received in Urology services.*

SOUTHERN HEALTH AND SOCIAL CARE TRUST

BOARD OF DIRECTORS
DECLARATION AND REGISTER OF INTERESTS

Period of Declaration: 2010/11

POSITION HELD	NAME	DETAILS OF INTERESTS
Chairman	Mrs Anne Balmer	• Personal Information redacted by the USI
Non-Executive Director	Mrs Deirdre Blakely	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mrs Roberta Brownlee	• Personal Information redacted by the USI • Director and Company Secretary – Craigavon Urological Research and Education (CURE) (Charity) • Personal Information redacted by the USI
Non-Executive Director	Mr Edwin Graham	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Alistair Joynes	• Personal Information redacted by the USI

Directorship - Chair

From: ROBERTA BROWNLEE [redacted]
Sent: 03 July 2012 20:09
To: Comac, Jennifer; Judt, Sandra
Subject: Directorship - Chair

Sandra

For record purposes I wish to inform you that I have resigned as a Director of Craigavon
Urological Research & Education (CURE) with effect from the 2nd July 2012.

Roberta

SOUTHERN HEALTH AND SOCIAL CARE TRUST

BOARD OF DIRECTORS
DECLARATION AND REGISTER OF INTERESTS

Period of Declaration: 2013/14

POSITION HELD	NAME	DETAILS OF INTERESTS
Chairman	Mrs Roberta Brownlee	• Personal Information redacted by the USI • Committee Member – Craigavon Urological Research and Education Charity (CURE) • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Roger Alexander	• Personal Information redacted by the USI
Non-Executive Director	Mrs Deirdre Blakely	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Edwin Graham	• Personal Information redacted by the USI • Personal Information redacted by the USI

From the Director of Corporate Management
La'Verne Montgomery

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Room C5.18
Castle Buildings
Stormont Estate
Belfast BT4 3SQ

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

Chairs of HSC ALBs & NIFRS

Date: 24 March 2017

Dear Chairs

CONFLICTS OF INTEREST

In response to a query raised at the Departmental Board, I wish to take the opportunity to remind Non Executive Directors (NEDs) of the requirement for Board members of Public Bodies to act appropriately when a conflict of interest situation arises. All NEDs must discharge their duties in line with the seven principles of public life and any conflict of interest must be identified and managed in a way that safeguards the integrity of Board members and maximises public confidence in the organisation's delivery of Public Services.

I would draw your attention to the attached Codes of Conduct and Accountability that all NEDs will have received on appointment. In particular I draw your attention to paragraph 8 on Public Business and Private Gain. I ask that all your Non Executive Directors take the opportunity to re-familiarise themselves with the contents of the codes. More detailed guidance on conflicts of interest is available at: https://www.niauditoffice.gov.uk/sites/niao/files/media-files/conflicts_of_interest_good_practice_guide.pdf

If you require any further information on this matter, please contact Joanne Elliott Personal Information redacted by the USI in the first instance.

Yours sincerely

LA'VERNE MONTGOMERY
DIRECTOR OF CORPORATE MANAGEMENT

cc Chief Executives ALBs & NIFRS
Sponsor Branches
Deborah McNeilly

Part One: Introduction

1.1 The primary responsibility of public bodies is to serve the public interest. Staff and Board members of public bodies must discharge their duties in a manner that is seen to be honest, fair and unbiased. In an age where all sectors of society are increasingly well-informed, there is growing pressure for more transparent and unbiased public decision-making. Consequently, public bodies must ensure that conflicts of interest are identified and managed in a way that safeguards the integrity of staff and Board members and maximises public confidence in the organisation's ability to deliver public services properly. Many public bodies have policies and codes of conduct for staff and Board members on recognising situations where conflicts may arise, and the action to take where this is the case.

1.2 This Guide seeks to provide clear and simple advice, which is relevant throughout the public sector in Northern Ireland, for staff drafting and implementing conflict of interest policies. It should also help Board members and staff in key positions to recognise when they have a conflict of interest and how they should act when such a situation arises. The Guide includes examples of good practice, as well as case illustrations of all types of conflicts of interests with the associated problems and possible solutions.

1.3 The main aim of the guide is to promote high standards in public life and especially to follow the key characteristics of propriety as defined in the 'Seven Principles of Public Life'[1] known as the Nolan Principles. These seven principles underpinning public life are: Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty; and Leadership. A key observation in the tenth report by the Committee on Standards in Public Life states 'the Registration and Declaration of Interests by public office holders that may constitute or may be perceived to constitute a conflict of interest is one of the cornerstones of probity in public life. The resolution of such conflicts of interest brings together all the aspects of the Seven Principles of Public Life'[2].

1.4 The Guide will also help to avoid any potential reputational damage to public bodies and individuals and to educate organisations on how to manage the interests of staff and Board members. This is essential as new instances of issues surrounding conflicts of interests in organisations are being identified all the time, in both the public and private sector.

1 The Nolan Principles- The 'Seven Principles of Public Life' by the Committee on Standards in Public Life, published 31 May 1995

2 Getting the Balance Right – Implementing Standards of Conduct in Public Life, the Committee on Standards in Public Life, January 2005

Part Two: Recognising a Conflict of Interest

Definition of a conflict of interest

2.1 At its most basic, a conflict of interest arises when an individual has two different interests that overlap. This Guide uses a broad definition[3] that is applicable across the public sector and is relevant to public officials and Board members alike:

> ***"A conflict of interest involves a conflict between the public duty and the private interest of a public official in which the official's private-capacity interest could improperly influence the performance of his/her official duties and responsibilities."***

2.2 A conflict of interest can also be perceived.

2.3 A **perceived** conflict of interest exists where it could be perceived, or appears, that private-capacity interests could improperly influence the performance of a public official or Board member's official duties and responsibilities. It may pose no actual risk to the conduct of public business, but it requires proper management in order to minimise the risk of reputational damage both to the organisation and the individual(s) concerned.

2.4 A perception of a conflict of interest can be just as significant as an actual conflict of interest. The key issue is whether there is a risk that a fair-minded outside observer, acting reasonably, would conclude that there is a real possibility of bias.

Whose interest?

2.5 The interest in question need not be that of the public official or Board member themselves. It can also include the interests of close relatives or friends and associates who have the potential to influence the public official or Board member's behaviour.

2.6 As a benchmark a 'close relative' would usually refer to the individual's spouse or partner, children (adult and minor) , parent, brother, sister, in-laws and the personal partners of any of these . For other relatives it is dependent upon the closeness of the relationship and degree to which the decisions or activity of the public entity could directly or significantly affect them. Where an individual has to declare interests of this nature they may wish to seek advice from a senior public official or the Board Chairman to ensure all potential conflicts are identified.

2.7 A 'friend or associate' should be considered as someone with whom the individual has a longstanding and/or close relationship, socialises with regularly or has had dealings with which may create a conflict of interest.

---

3 Managing Conflict of Interest in the Public Sector – A toolkit, Organisation for Economic Co-operation and Development, September 2005

Public Business and Private Gain

8. Chairs and board members should act impartially and should not be influenced by social, political or business relationships. They should not use information gained in the course of their public service for personal gain or for political purposes nor seek to use the opportunity of public service to promote private interests or those of connected persons, firms, businesses or other organisations. Where there is a potential for private, voluntary, charitable etc interests to be material and relevant to HSC business, the relevant interest should be declared and recorded in the board minutes and entered into a register which is publicly available. When a conflict of interest is established, the board member should withdraw and play no part in the relevant discussion or decision.

Hospitality and Other Expenditure

9. Board members should set an example to their organisation in the use of public funds and the need for good value when incurring public expenditure. The use of HSC monies for hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered. All expenditure on these items should be capable of justification as reasonable in light of approved practice in the public sector. HSC boards should be aware that expenditure on hospitality or entertainment is the responsibility of management and is open to challenge by the internal and external auditors. Ill-considered actions can diminish public respect for the HSC.

Relations with Suppliers

10. HSC boards should have an explicit procedure for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation should be carefully considered and decisions should be recorded. HSC boards should be aware of the risks in incurring – or seeming to incur – obligations to suppliers at any stage of a contracting relationship.

Vivienne Toal about how upset Mrs Gishori was. I asked John Wilkinson to contact Esther under the policy.

Personal Information redacted by USI *she left the Trust, I am not sure under what terms. Esther and I did talk on the phone many times, I do not recall ever talking to her about Mr O'Brien. I tried to provide support to Esther* Personal Information redacted by the USI *and used the nominated NED John to provide this support.*

Esther had a large Directorate and great responsibility; she was a most pleasant, professional colleague who was under a lot of pressure for performance outcomes. I never met with Esther on any occasion to talk about Mr O'Brien.

36. Throughout your tenure, did you ever question or challenge (i) clinical and/or (ii) operational management decisions regarding Mr. O'Brien for any reason? If yes, please provide full details, and explain why you became involved.

Never.

37. During your tenure, did you engage with Mr. O'Brien and/or his family after concerns were raised regarding his practice? If yes, provide full details, and explain why you became involved?

Aside from the phone call referred to at Question 27, and the email exchange of 11 June 2020, AOB or any family member never contacted me, formally or informally, to discuss concerns about his practices during my tenure.

38. Do you consider that you took any steps on behalf of Mr. O'Brien or in connection with the concerns which had been expressed about his clinical practice, as a result of any prior relationship you held with him and/or his family, rather than as Chair of the Board?

Absolutely not.

I have not attended a CURE Committee meeting during my Chairmanship and CURE has not been able to spend all the money collected to date. Many Research Doctors and many nurses gained expert knowledge to do their job because of CURE funding for research education and training needs. Huge funds were raised and managed through professional standards of a Charity and audited accounts were all at hand.

The Thorndale Unit would not be at CAH site today only for the wisdom and development of the service by Mr O'Brien and the subsequent colleagues who joined him. It was the late Sr O'Hagan's brain wave to have such services in a single unit. Urology services grew at a fast pace and new Consultants were appointed.

27. Please provide full details of all contact, howsoever made, between you and Mr. O'Brien and/or any member of his family regarding or touching upon the issues of concern raised about him and his practice.

On one occasion, during 2016/2017, I recall Mr O'Brien (or it could have been Mrs O'Brien) ringing me to my office (my personal assistant office is interconnecting, and she heard the call that day) to express concerns about the length of time the investigation Mr O'Brien was under was taking.

I referred his concerns to John Wilkinson (then the NED working with MHPS) and the Interim CX at that time. I was not in any way involved in the investigation but forwarded the concerns raised by Mr O'Brien, or on his behalf, for their attention. I do recall phoning John Wilkinson to answer his questions and inform of Mr O'Brien's phone call.

Aside from this interaction I never discussed any concerns regarding Mr O'Brien with him directly or with any member of his family.

The email exchange of 10 June 2020 is dealt with later in these questions and documents annexed thereto.

canteen area. I "walked the walk as well as talking the talk" - I was a visible Chair. I liked to meet all grades of staff and made time to stop and have a brief chat.

I never formally or informally discussed urology services or Mr O'Brien with any member of SMT.

In all my years as Chair I never met with Mr O'Brien formally and have no notes of any meeting.

I never remember any of the Urology Consultants speaking to me formally re Urology services. I knew many of the Urology staff, but none came to me formally. I would have visited the canteen often during my tenure and met many staff including staff from the Urology Dept, during my travels. No one ever spoke to me formally or informally about clinical issues about Mr O'Brien.

It was only when Dr Richard Wright (then Medical Director) walked into my office (2016/2017 year- when Francis Rice was Interim Chief Executive) to inform me that concerns that had been raised about Mr O'Brien. Dr Wright did not go into any detail of the concerns during that discussion (referred to later in my statement). Then, in July 2020, Shane Devlin Chief Executive came to my office and said there were concerns being investigated regarding Mr O'Brien. Shane mentioned it was to do with storage of patients records not having been triaged and followed up in a timely manner. No further detail from my recollection was shared at that time.

No other member of the SMT, any other Urology staff ever raised any concerns with me formally or informally. The Leadership walks from my recollection had not picked up any Urology clinical concerns.

8. How is the Board informed of concerns regarding patient safety and risk?

Normally concerns regarding patient safety and risk would be brought to the attention of the Board via the CX or relevant SMT member to the Confidential Governance meeting or the Confidential Board meeting. The Governance Committee is a sub-committee (delegated schemes to Sub Committees) of the Board and Chaired by a NED. Meetings were held every three months.

staff were frontline or middle management. I also invited Users to join the Board meetings.

In 2011 I set up a Patient and Client Experience Committee (Sub-Committee of the Board). This was Chaired by a NED and full membership included advocates, users of the service, and carers. This became one of the most powerful Sub-Committees of the Board on informing members of patient's experiences. From memory we won awards for this innovative committee through which we shared and learnt together.

Board

7. Please set out the frequency and duration of your engagement, and if different, the Board's engagement, whether formal or informal, with senior members of the Trust's management team, including the Chief Executive. Please provide notes and minutes of any of these engagements involving urology or Mr. O'Brien.

When I was in my office (approx. four days per week early am to late pm), I would have seen the CX most days. I met with the CX formally usually once per month, but this was subject to change due to busy work schedules. However, most days if myself and CX were both in the office we would have had informal chats and indeed had many cups of coffee together informally for updates.

My office was beside the CX and many of the directors were on the same floor. This was a small office space we had our own HQ canteen which we shared with the Clinical Education Centre (CEC). This allowed many opportunities to meet SMT informally. I only met with SMT on official Board meeting days. However, when a new Director was appointed as part of their induction, I always met with them. I have no notes of ever meeting with a SMT member formally and if informally no notes. My style of management being a "people's person" if the door were open of a director's office, I would always have spoken in to say even a hello. This was very well known my style. The same to all admin and office support staff who shared the same corridor and small

Mr Irrelevant information redacted by USI stated that the son was very disappointed in the decision and the Trust continues to work closely with him and has offered to take up the matter on his behalf.

6. **COVERAGE IN LURGAN MAIL – TRUST DOMICILIARY CARE SERVICE**

The Acting Chief Executive spoke of the recent negative media coverage in the Lurgan Mail, primarily as a result of a client directly contacting this paper which was followed up by supporting comments from a number of home care workers. The Trust has met with the Editor and a statement from the Trust, together with an article on a Trust's homecare worker and an appreciative client, has since been published in the Lurgan Mail as rebuttal. The client concerned has also been contacted in relation to their issues of complaint.

7. **CLINICAL ISSUES IN UROLOGY SERVICE**

Dr Rankin outlined the clinical issues in the Urology Service as detailed in the briefing note and the action being taken:-

IV Fluids and Antibiotics

An immediate review is underway of a cohort of 10 patients who are receiving IV therapy.

Cystectomies

The Commissioner had drawn to the Trust's attention a slightly increased rate of cystectomy for benign pathology in Craigavon Hospital compared with the rest of the NI region. The Associate Medical Director for Surgery and Elective Care has commenced a review, which includes a case note review of each patient who has undergone cystectomy in the past 10 years.

Regional Urology Review

One of the requirements of the implementation of the review is that all radical pelvic urological surgery is moved to the Belfast

Southern Health and Social Care Trust

Quality Care - for you, with you

Minutes of the confidential meeting of the Board of Directors held on Thursday, 30th September 2010 at 10.00 a.m. in the Boardroom, Daisy Hill Hospital, Newry

PRESENT:

Mrs A Balmer, Chairman
Mrs M McAlinden, Acting Chief Executive
Mrs D Blakely, Non Executive Director
Mrs R Brownlee, Non Executive Director
Mr E Graham, Non Executive Director
Mr A Joynes, Non Executive Director
Mrs H Kelly, Non Executive Director
Mrs E Mahood, Non Executive Director
Dr R Mullan, Non Executive Director
Mr B Dornan, Director of Children and Young People's Services/Executive Director of Social Work
Dr P Loughran, Medical Director
Mr S McNally, Acting Director of Finance and Procurement

IN ATTENDANCE:

Dr G Rankin, Interim Director of Acute Services
Mr K Donaghy, Director of Human Resources and Organisational Development
Mrs P Clarke, Acting Director of Performance and Reform
Mrs A McVeigh, Acting Director of Older People and Primary Care
Mrs J Holmes, Board Secretary
Mrs R Rogers, Head of Communications
Mrs S Judt, Committee Secretary (Minutes)

1. APOLOGIES

Apologies were recorded from Mr F Rice, Director of Mental Health and Disability Services/Executive Director of Nursing.

Strictly Private and Confidential

Clinical Issues in Urology Service
Briefing Note for Trust Board Confidential

Background on IV Fluids and Antibiotics

The clinical practice of managing recurrent urinary tract infections (UTIs) by intravenous (IV) fluids and antibiotics has become part of local urological practice over many years. This was discovered in Spring 2009 during an audit of bed usage, and was considered to be unusual. At that time the therapy was discussed with the clinicians involved and the Trust subsequently took expert advice and was persuaded that this therapy is not evidence based. About 35 patients were in the cohort, and following discussions with the commissioner, the Director of Acute Services at that time, and the clinicians, it was agreed that each member of the cohort would be reviewed with a view to ceasing IV therapy.

This patient group, who have repeated episodes of therapy, ultimately become difficult with regard to venous access. This may result in the need for placement of a central venous line as the only alternative for IV therapy. This procedure carries risks in that the line is left inserted semi-permanently. Equally the patient has difficult peripheral venous access.

The cohort of patients who have received this method of treatment has been reduced considerably to approximately 10 since January 2010.

Current Action

The Trust received a letter from the Commissioner seeking an assurance that this treatment had ceased and that no patient had central venous access. The Director of Acute Services and Associate Medical Director of Surgery and Elective Care have met the two surgeons individually to require an immediate review of each patient in the remaining cohort of 10. The review will be chaired by the Clinical Director of Surgery and Elective Care and will also involve Dr Damani, Consultant Microbiologist, to advise on optimum antimicrobial therapy. All potential future patients for IV therapy will also be reviewed in this manner. Both surgeons agreed to participate in this process which is now underway.

91. As detailed in Questions 16-18 above, Consultant numbers varied until 2014 and this had an effect on the percentage of emergency work for each individual surgeon to the detriment of their elective work.

[21] Did your role change in terms of governance during your tenure? If so, how?

92. In 2012 (I am unsure of the exact date) I was informed that that the Chair of the Trust (Mrs Roberta Brownlee) reported to Senior Management that Aidan O'Brien had made a complaint to her that I had been bullying and harassing him. I was called into an office on the Administration floor of the hospital to inform me of the accusation. I was advised that I needed to be very careful where he was concerned from then on. I recall being absolutely gutted by the accusation and I left and went down the corridor to Martina Corrigan's office. Martina immediately asked me what was wrong, and I told her of what I had just been informed. In approximately 2020, I truthfully had difficulty recalling who informed me. Martina Corrigan said I told her at the time that it was Helen Walker, AD for H.R. I now have a memory of same but can't be 100 percent sure that it is correct. I recall having a conversation with Dr Rankin who advised that, for my sake, I should step back from overseeing Urology and I was advised that Robin Brown should assume direct responsibility. I was also advised to avoid any further meetings with Aidan O'Brien unless I was accompanied by the Head of Service or the Assistant Director. As a result, I instructed Robin Brown to act on all Governance issues regarding Urology and in particular any issue concerning Aidan O'Brien. At my next meeting with John Simpson, I advised him of the issue and the change in governance structure in Urology. There was no formal investigation of the complaint, and I have checked with Zoe Parks (Head of Medical HR) and she says that there is no record on my file of the accusation.

We could phone or make contact at any time we needed to and lines of communication with the DoH were always open. The CX and I had the mobile phone number of the Permanent Secretary and could contact him at any time. I found the various Permanent Secretaries to be supportive and responsive; they always made themselves available if I ever needed to discuss any serious matters. The Board complied with all Departmental Policy and Guidance which including reporting arrangements like SAIs as an example.

21. Are the issues of concern and risk identified in urology services of the type the Board would be expected to have been informed about at an early stage? Was the Board informed of concerns regarding urology, and Mr. O'Brien in particular, at the appropriate time? If not, what should have happened, when, and why did it not?

Yes, I as Chair and the Board would have expected to have been informed. Any risk involving patient safety issues within any service area should have come to the Trust Board as soon as it was identified. I would have expected an early phone call/ meeting (from CX) even outside of the Board meeting to inform me and then I in turn would have phoned the NEDs. I do not believe that myself as Chair or my NED colleagues (The Board) were informed of Urology clinical issues early enough.

It should have been reported immediately to me and the NEDs. I do not know why this level of detail was not reported by the CX /Medical Director. Normally if any clinical issues the CX or Medical Director would inform as soon as they are made aware. Then the Board seeks assurances that due process of a proper investigation is taking place at senior level by the SMT member responsible (with oversight by the CX) and the Board is kept informed of progress of the investigation in a timely manner.

At some point in 2016/17 I recall when Dr Richard Wright - then the Medical Director (Francis Rice was Interim C/X) - walked into my office and informally stated he wanted to let me know that concerns had been raised regarding Mr O'Brien. Dr Richard Wright did not go into any detail but was only informing me as someone who knew Mr O'Brien

personally and had been a former patient of his. The conversation only lasted a few minutes, and I do not remember any detail of clinical issues being told of. Dr Wright assured me that a thorough investigation had commenced. This investigation was confirmed by Dr Wright and the Director of Human Resources at the Confidential Section of the Board 27 January 2017, agenda item 6 (Exhibit RB-01).

Urology services

22. Save for concerns in relation to Mr. O'Brien (which are addressed in questions below), please detail all concerns and issues brought to your attention and the Board's attention (if different) regarding the provision of urology services during your tenure. You should include all relevant details, including dates, names of informants, personnel involved, and a description of the issues and concerns raised. Please also include all documents relevant to your answer.

Urology reporting was part of the Performance Committee and detailed performance reports came to the Board monthly. It was noted each time the long waiting lists in Urology and the Director of Performance had regular meetings with the HSCB regarding the challenges in Urology and the high demands. We had some other specialised areas that had areas of concerns in performance.

The CX and the Director of Performance assured us that these were brought to the attention of the HSCB and Regional direction for Urology was in the planning. My recollection was that a NI Regional review of Urology was taking place due to the high demand in all other Trust areas.

No other Medical Director, Director of Acute Services, Head of Service or Assistant Director ever spoke to me about issues with Urology or Mr O'Brien in particular.

23. Please set out in full what, if anything, was done to address the concerns raised.

The CX and the Director of Performance assured the Board that these had been brought to the attention of the HSCB and that Regional direction for Urology was in planning. I was

care and safety. In providing your answer, please set out in detail the precise nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to urology services concerns. Where not previously provided, you should include all relevant documentation, dates of meetings, actions taken, etc. Your answer should also include any individuals not named in (i) – (xi) above but with whom you interacted on matters falling with the Inquiry's Terms of Reference.

(i) to (xi)

94.1 I liaised regarding governance issues with SMT on a weekly basis, with directors Dr Richard Wright, Mrs Esther Gishkori, and Mrs Vivienne Toal at 1-1 meetings monthly, and with the Chair Mrs Roberta Brownlee weekly.

94.2 I did not liaise with Mrs Siobhan Hynds, Mrs Heather Trouton, Mr Ronan Carroll, Mr Mark Haynes, Mr Damian Scullion, Dr Colin Weir or Mrs Martina Corrigan in relation to general governance issues.

94.3 I did not liaise with the consultant urologists or nurse managers on governance issues (whether general or to do with Mr O'Brien) at all.

94.4 I appraised the Chair, Mrs Roberta Brownlee, when I became aware of potential concerns in relation to Mr O'Brien's work in September 2016. I also met with Dr Richard Wright (Medical Director), Mrs Esther Gishkori (Director of Acute Services), Mr Ronan Carroll (Assistant Director of Acute Services), and Mrs Vivienne Toal (Human Resources Director) to discuss the issues and decide on a course of action.

94.5 Post December 2016, I met with Dr Richard Wright, Mrs Esther Gishkori and Mrs Vivienne Toal at least weekly to monitor the progress of the MHPS process and the investigation until I went on sick leave at the end of January 2017. I asked them to establish the Look Back exercise to determine to nature and extent of the problem and determine if any patients had come to harm. This process was managed through

McMurray confirmed that the Trust met with Senior and Junior Counsel on 15th December 2016 and has provided them with information to assist in their preparation of a responding Affidavit. He advised that Mr Personal Information redacted by USI has been instructed as Senior Counsel and Personal Information redacted by USI as Junior Counsel for the Trust and both are very experienced in these matters. The Chair asked Mr McMurray if he was satisfied that there was appropriate support for Trust staff to prepare for and during Judicial Review proceedings. Mr McMurray advised that it is senior staff who will be attending and they are well prepared. Additional support has been offered to them, but they do not wish to avail of this at this point.

Mr McMurray updated members on the Nursing and Midwifery Council (NMC) referral relating to one of the Home Owners, who is Personal Information redacted by USI. The NMC is now taking this forward as case review.

ii) Personal Information redacted by USI

Mr McMurray verbally updated members on the current position. He advised that the gentleman has been transferred to Muckamore Hospital for a period of assessment. There has been no confirmation as to whether the Judicial Review will be heard and he reminded members that this is based on the gentleman's solicitor's view that the Trust is obliged to provide a suitable secure accommodation bail address, which despite significant efforts, the Trust has been unable to secure. The Trust is attempting to procure a bespoke care package which is likely to be at a significant cost.

The Chair left the meeting for the next item.

6. MAINTAINING HIGH PROFESSIONAL STANDARDS (MHPS) EXCLUSIONS

Mrs Toal advised that under the MHPS framework, there is a requirement to report to Trust Board any medical staff who have been excluded from practice. She reported that one Consultant Urologist was immediately excluded from practice from 30th December 2016 for

a four-week period. Mrs Toal reported that the immediate exclusion has now been lifted and the Consultant is now able to return to work with a number of controls in place.

Dr Wright explained the investigation process. He stated that Dr Khan has been appointed as the Case Manager and Mr C Weir, as Case Investigator. Mr J Wilkinson is the nominated Non Executive Director. Dr Wright confirmed that an Early Alert had been forwarded to the Department and the GMC and NCAS have also been advised.

7. **WAITING LIST INITIATIVES – RADIOLOGY**

The Chair informed members of a letter she had received from the Radiology Department expressing their concern at the Internal Audit review of Waiting List Initiative Payments 2016/17. Dr Wright explained the scope of this assignment which was undertaken by Internal Audit at the request of the Trust to carry out a review of the payments made to the Consultants earning the most from WLI work within the Trust in the period 1st April 2015 to 31st March 2016. This review was set in the context of an initial review by the Trust following a FOI request and media coverage regarding WLI payments that identified the Southern Trust as having the highest WLI earners within Northern Ireland with one Consultant making it into the top 5 UK national list of highest earners.

Members were advised that the IA Report will be discussed at the forthcoming Audit Committee. Dr Wright explained that this has identified issues around the process and there appears to be a degree of confusion between payment for activity and payment for time, resulting in individuals being paid for more than they worked. The Trust has sought legal advice on the recovery of these alleged overpayments and DLS have indicated that to seek recovery would prove far from straightforward. The Department has been made aware of this situation and the Interim Chief Executive has submitted an application to the Department for approval for foregoing recoupment of these overpayments as they exceed the Trust's delegated authority. A response is awaited. Dr Wright stated that to pursue recovery of the overpayments may result in a number of resignations of Radiologists involved resulting in the Trust not being able to deliver on a substantial amount of clinical work. He spoke of the difficulties recruiting into this

"I would want to explain regarding Mr. O'Brien. Can you let me know and then we can chat first?".

In terms of what you knew about the relationship between Mr. O'Brien and Mrs. Brownlee, that friendship, had you any concern about approaching her in this way? 15:39

A. No. No concern. I mean, it just was part of the process and had to be done. I was aware that Dr. Wright had already spoken to her about it. I think he went in to actually speak to her about it. It was part of the process. 15:39

264 Q. Was this the sum total of your contact with her on the issue. I know you had go to the Trust Board. We'll come to that in just a second. Is that the contact that you had with her on it? 15:40

A. There was one discussion with her, and I don't know why I would have been in her office. Her office is literally just across the corridor from mine. I might have been in for some other reason. It was during January. I don't know a date. She did express to me her unhappiness, I suppose, maybe is a way to describe it, in relation to Mr. O'Brien's exclusion. 15:40

I think it was in the context of this, you know, he's a very hard-working, excellent clinician, that type of language. Those are my words, I'm not quoting her. But my response, I mean it was a very short exchange, and my response to her was, 'these are serious issues, Roberta, and they need to be looked at'. That was the 15:41

sum total of our conversation and she never brought it up with me again.

265 Q. In your view was that an appropriate encounter from her perspective or do you think she shouldn't have touched that issue with you? 15:41

A. No. I don't think she should have touched it with me. No.

266 Q. That's as far as it went, this expression of unhappiness?

A. Yes. She wasn't asking me to do anything. She wasn't. 15:41 There was no instruction or anything like that. It was just to let me know that she was unhappy about it.

267 Q. Is it fair to characterise that she was unhappy, she was letting you know, but there was no pressure on you to change course? 15:42

A. No, and I didn't feel that pressure, to be honest. I just didn't think it was an appropriate thing but it wouldn't -- there was no instruction, nor did I feel a pressure to change the course of where we were heading. 15:42

268 Q. Did any other participant in the process speak to you about any perception of inappropriate approaches from Mrs. Brownlee?

A. No.

269 Q. Thank you. In terms of your contact with the Board, 15:43 can I just bring up -- you went to the Board on 27th January. Can I bring up a draft record and perhaps you can help me to understand how this could have come about. TRU-263865. This is referred to as

Urology Services Inquiry

4. At paragraph 1.65 (WIT-42026), the sentence which states *'The formal investigated concluded on 21 June 2018 when the case manager, Dr Chada provided the investigation report to Dr Khan.'* should read *'The formal **investigation** concluded on 21 June 2018 when the case **investigator**, Dr Chada provided the investigation report to Dr Khan.'*

5. At paragraph 24.40 (WIT-42089), the sentence which states *'I was the on a period of annual leave 16 to 31 August 2018'* should read *'I was **then** on a period of annual leave 16 to 31 August 2018'.*

6. I would also like to make an addition to paragraph 18.6 (wit-42063) which states *'At the meeting on 24 January 2017, the concerns identified at the 10 January 2017 oversight meeting were put to Mr O'Brien for response'.* I wish to add to this paragraph to include the following statement;

'Mr O'Brien attended the meeting on 24 January 2017 accompanied by his son, Personal Information redacted by the *O'Brien. The meeting was held in Mrs Vivienne Toal's office in Trust Headquarters at Craigavon Area Hospital. Mr Weir and I were sitting in Mrs Toal's office waiting to begin the meeting when Mr O'Brien and his son arrived accompanied by Mrs Roberta Brownlee, Trust Chair. Mrs Brownlee came to the door of the meeting and made some introductions. Mrs Brownlee left before the meeting commenced. At the meeting on 24 January 2017, the concerns identified at the 10 January 2017 oversight meeting were put to Mr O'Brien for response.'*

This statement was not included in my initial response to the Section 21 Notice as I answered the questions asked very directly. On reflection and on foot of hearing evidence provided by other witnesses I feel this was an important omission which should be included.

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

Toal, Vivienne

From: Brownlee, Roberta <Personal Information redacted by the USI>
Sent: 09 January 2017 18:06
To: Wilkinson, John
Cc: Comac, Jennifer; Toal, Vivienne
Subject: RE: CONFIDENTIAL: Designated NED under MHPS

Thanks John will call you. Will let Vivienne know.
Also would you be free next 16th after 11am or Tuesday 17th afternoon. I would like you to meet with the Director and I who has expressed an interest to act up during Personal Information redacted by the USI.

Roberta

From: Wilkinson, John
Sent: 09 January 2017 16:16
To: Brownlee, Roberta
Subject: Re: CONFIDENTIAL: Designated NED under MHPS

Hi Roberta
No issue.
We would need to chat.
Let me know when or ring me on my mobile.
John

Sent from my iPad

On 6 Jan 2017, at 20:14, Brownlee, Roberta <Personal Information redacted by the USI> wrote:

> John
>
> Hope you had a quiet and lovely family Christmas. Happy New Year.
> Would you do this for me? I would want to explain re Mr A O'Brien can you let me know and then can we chat first. Roberta
>
> Sent from my iPad
>
> Begin forwarded message:
>
> **From:** "Toal, Vivienne" <Personal Information redacted by the USI>
> **Date:** 6 January 2017 at 16:41:22 GMT
> **To:** "Brownlee, Roberta" <Personal Information redacted by the USI>
> **Cc:** "Rice, Francis" <Personal Information redacted by the USI>, "Wright, Richard" <Personal Information redacted by the USI>
> **Subject: CONFIDENTIAL: Designated NED under MHPS**
>
> Roberta
>
> I am aware that Dr Wright has spoken to you regarding the immediate exclusion under MHPS of Mr A O'Brien and the need for a formal investigation.

engage with, how would you set up meetings, none of that was made explicit. I'm not sure how this proceeded in previous cases. I have no awareness of how it was done in previous cases, nor were there illustrations given as to how it was performed on previous occasions.

186 Q. You also received a telephone call or had a meeting on 26th January with Mrs. Brownlee about the case. What was the substance of that communication?

A. Sorry, what date was that again? 14:46

187 Q. 26th January 2017 you have met with Mrs. Brownlee. I can bring it up on the screen?

A. No, no, you are fine. That was a meeting?

188 Q. Yes.

A. Yes. 14:46

189 Q. At the outset; it would be the first meeting.

A. Really, the substance of that was, John, this is a really good surgeon, he has the interests of the patients at heart, I'm not sure why this process is where it is at the moment, just look after him. 14:46

190 Q. Had you been aware at that stage of any connection or friendship or relationship between Mrs. Brownlee and Mr. O'Brien? Were you aware of that, anything like that?

A. No, I wasn't aware but, sorry, at that meeting she did mention that she was a patient of his and that, in essence, her life was saved by him through surgery. 14:46

191 Q. Did you feel that that discussion or the way she approached that discussion was appropriate in the

circumstances?

A. At that time, I just took it at face value, I have to say. But as things progressed, then I began to question. I use the term "independence of the Chair".

192 Q. We will maybe come on in more detail to that. Just to go back briefly to your meeting with Mrs. Toal. What background or knowledge about the case were you given in terms of the details of the history of the case by Mrs. Toal? 14:47

A. Absolutely minimal. I have to say there was no documentation associated with that meeting, which, on reflection, would have been very useful. Because I was just working from the SAI stage but I didn't know anything about -- and maybe it wasn't pertinent, maybe it was better to be clean like that, I'm not sure. But dating back 2014, 29 and the lead-up to all of this, I was unfamiliar with that. Maybe that's the way it should have been, I'm not sure. 14:47 14:48

193 Q. Obviously throughout the process, Mr. O'Brien has asked you and come to you with different queries that it appears you didn't feel - you can correct me if I am wrong - equipped to deal with that. Would that be fair? 14:48

A. Absolutely. The concerns and then the questions were so diverse and were so scattered to be addressed by different clinicians and management within the Trust, it would have taken me an age to address. So I focused on -- I focused on Mrs. Toal and I put the monkey on her shoulders, as it were. I don't mean that in 14:48

the availability of the people to answer the questions (a number of individuals were on holiday).

14. On 22nd February 2017 AOB forwarded an email and attached a letter (see appendix located in Relevant to CX Chair's Office, Evidence Added or Renamed 19 01 2022, 20170222 - E - AOB to J Wilkinson) he had sent to Dr. Wright who was the Medical Director at the time. He had requested that amendments be made to the notes from a meeting which had taken place on 30th December 2016. I was concerned that I would not be able to deal with this matter since I was not appointed at the time and my understanding of the issues would be limited. I took this matter up with VT who subsequently contacted June Turkington ('JT') at the Department of Legal Services ('DLS'). JT provided legal advice. (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20170222 - E - V Toal to J Wilkinson and Dr Wright). SH sent me a copy of the letter to be issued to AOB from AK (see appendix located in Relevant to CX Chair's Office, Evidence Added or Renamed 19 01 2022, 20170224 - E -S Hynds to J Wilkinson).

15. I was aware that VT was to request/had requested a meeting with AOB and I was satisfied that the momentum of the case would be maintained, matters would be addressed and the reasons for the delays outlined.

16. On 23rd February 2017 I was made aware that a new Case Investigator had been appointed, namely, Dr Neta Chada ('NC'). I understand that there had been a conflict of interest with the previous Case Investigator, CW. AOB was content with this change.

17. On 23rd February 2017 I met with VT and Dr Wright to discuss the case. I did not take a note at this meeting.

18. On 24th February 2017 SH sent me a copy of the letter to be issued to AOB from AK (See appendix located in Relevant to CX Chair's Office, Evidence Added or Renamed 19 01 2022, 20170224 - E -S Hynds to J Wilkinson).

19. On 2nd March 2017 RB telephoned me and expressed her concerns about case progression and timescales. She stated that AOB was a highly skilled surgeon who had built up the urology department and was well respected by service

users. She further expressed concern about the handling of the case by Human Resources. RB pointed out that the case was having an adverse effect on AOB and his wife. She asked me to contact AOB.

20. On 2nd March 2017 I telephoned and texted AOB seeking a meeting to discuss progress and any other concerns that he might have had. I received no response.

21. On 6th March 2017 AOB made contact with myself and raised the following concerns:-

    a. He stated he was disappointed with AK's letter and that he felt that the reply should have come from myself or the Case Manager.
    b. He further explained that he believed that the needs of the process was taking over rather than the needs of the case itself and in particular cited important points of clarity. AOB was concerned about the needs of his patients and he believed that he was taking every possible measure to expedite their needs even though it was causing him significant additional work.
    c. He believed that the process had already come to an opinion.
    d. He stated that the Trust Guidelines re the handling of MHPS were being overlooked and that the Serious Adverse Incident sequence had not been clarified.
    e. He expressed concern that other measures had not been explored prior to him being excluded.
    f. He also believed that the process that he was undergoing was being driven by Human Resources and not clinicians.

    I explained to AOB that I was meeting VT from HR and that I would bring his concerns forward. AOB asked me to also:

    i. Enquire about case progress;
    ii. Request that the Terms of Reference for the Inquiry be shared if they were agreed and available;
    iii. Clarify whether the scoping exercise was complete and if the Inquiry had begun (and, if so, on which date it began). Appendix located in Relevant to CX Chair's Office, Evidence Added or Renamed 19 01 2022, 20170320 - E - AOB to J Wilkinson

33. On 21st November 2017, 15th and 22nd February 2018, and 4th and 29th March 2018, AK provided updates on the case (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20180329 - E - S Hynds to J Wilkinson and located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20180215 - E - S Hynds to J Wilkinson).

34. There were delays in AOB's ability to make a return regarding notified areas so that the report could be completed.

35. On 15th February 2018 RB had made an informal oral inquiry to me regarding the AOB case. (see diary entry located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20180215 - Diary Entry JW)

36. On 10th June 2018, after receiving a copied email from AOB dated 10th June 2018, I was concerned that AOB required to get the information he had requested. As a result I emailed SH, who in turn copied me into an email reply to AOB. (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20180610 - E - AOB to S Hynds cc J Wilkinson and 20180610 - E - S Hynds to J Wilkinson)

37. On 14th August 2018 I received an email (see appendix S21 No 38 0f 2022, 20180814 Letter to AOB re Update MHPS Investigation) signalling to AOB the next steps following the conclusion of the investigation report. Dr Khan was going to make his determination after consideration of all of the documentation and information.

38. On 11th September 2018 I received a telephone call from AOB at 12.18 but I was working in a school. I responded as soon as I could at 12.50. The call lasted approximately 40 minutes. I was unsure as to the reason for the call but I was able to distil the following and made a contemporaneous note:

    a. The SHSCT continued to act outside of the legal framework.

were on the same agreement -- and there was major, major changes made. They were trying to prevent them but it was enforced and it was an absolute disaster and it all had to be dismantled again and tried to get back. And I have no doubt in my mind there was resentment there that -- because Aidan fought so hard for it, for it not to happen.

DR WRIGHT: No, I don't know.

MRS O'BRIEN: But I just think -- I just think the way, you know, like Ronan bypassing clinical management. He just went on ahead.

DR WRIGHT: I suppose the problem (inaudible).

MRS O'BRIEN: Clinical management.

DR WRIGHT: Clinical management was Eamon (inaudible).

MRS O'BRIEN: No, Eamon was gone in April. He bypassed Colin. He expressly said -- in the witness statements he expressly told them not to speak to Aidan.

DR WRIGHT: Right.

MRS O'BRIEN: Which I think it's very, very annoying.

DR WRIGHT: Look, what can I say. I am sorry it has taken so long. I hope we get an outcome -- ~~(inaudible).~~

MRS O'BRIEN: Apparently --

DR WRIGHT: I'm sure there'll be a lot of learning (inaudible).

MRS O'BRIEN: The latest is it's going to be October according to -- Aidan rang John Wilkinson yesterday.

DR WRIGHT: Right

MRS O'BRIEN: And, I mean, that's been a complete disappointment as well, the non-executive person. You see, I look at things -- maybe I am a very black and white person. But if I had of been -- if I was a member of a non-executive board and I was appointed to it, once -- I would have been looking through and I would have said, right, okay, all right, there's a room for -- in exceptional circumstances it might go on a bit longer. But do you see when it would have come to March, I, as the non -- I was saying this to Roberta, I would have been saying -- I would have been going down to whoever it be (inaudible). We have to call a halt to this. This is illegal. This is a breach of this employee's terms and conditions of employment. We have to stop this. You have to stop right now.

DR WRIGHT: But then if you had done that, I'm just thinking actually if that had happened that would have left everything hanging (inaudible). In some ways it might be satisfactory to get an outcome.

MRS O'BRIEN: But you see like --

to is Mr. Mackle, and I don't propose to deal with that with you.

A. No.

114 Q. She then says, half way down this next paragraph: 10:46

"I also understand that in mid 2016 Mrs. Gishkori received a phone call from the then Chair of the Trust, Mrs. Brownlee, and was requested to stop an investigation into Mr. O'Brien's practice. Once again I did not witness this but I was told later by 10:47 Mr. Carroll that it happened as my understanding is that Mrs. Gishkori had told some of her staff."

We have heard from Mr. Carroll. I needn't bring it up on the screen but the reference is TRA-04486 to 89. He 10:47 recalls that you told him; he thinks it was you that told him about this telephone call; you were annoyed by it?

A. Yep.

115 Q. And he thought that it had happened, the telephone call 10:47 had happened, around September 2016. We're going to look at the fine detail of this but can I ask you a number of preliminary questions. First of all, did you receive at any point in time a telephone call from Mrs. Roberta Brownlee, the then Chair of the Southern 10:48 Trust, in connection with Mr. O'Brien?

A. Yes, I did.

116 Q. Do you think that that telephone call could have occurred in September 2016?

A. No, I don't, to be honest with you. I think it was much later on because if it had occurred in September 2016, I would have been at the point of trying to get it all sorted out, you know, myself. Although, yeah -- leave him alone. I'm really sorry that I can't remember this and I have tried very hard but I think it was later on into 2017 somewhere. 10:49

117 Q. Okay. I ask you about whether it was September '16 quite obviously --

A. Yes. 10:49

118 Q. -- because you approached the Mr. O'Brien problem, if I can put it like that --

A. Yes.

119 Q. -- in September 2016 --

A. I know. 10:49

120 Q. By taking a softer landing approach, as you have just accepted?

A. Yes. Yes.

121 Q. Was that in any shape or form influenced by any intervention by Mrs. Brownlee? 10:49

A. Not at all. Not at all 100%. In fact, I remember the phone call and I can remember thinking to myself you know, all of those SAIs. Whenever this phone call took place, there had been SAIs and all this had started to open up. I know that much. 10:50

122 Q. Okay. Apart from Mr. Carroll's evidence that, to his memory, it might have been September 2016 --

A. Yes.

123 Q. -- can I ask you about a note that you had written in

to is Mr. Mackle, and I don't propose to deal with that with you.

A. No.

114 Q. She then says, half way down this next paragraph: 10:46

"I also understand that in mid 2016 Mrs. Gishkori received a phone call from the then Chair of the Trust, Mrs. Brownlee, and was requested to stop an investigation into Mr. O'Brien's practice. Once again I did not witness this but I was told later by 10:47 Mr. Carroll that it happened as my understanding is that Mrs. Gishkori had told some of her staff."

We have heard from Mr. Carroll. I needn't bring it up on the screen but the reference is TRA-04486 to 89. He 10:47 recalls that you told him; he thinks it was you that told him about this telephone call; you were annoyed by it?

A. Yep.

115 Q. And he thought that it had happened, the telephone call 10:47 had happened, around September 2016. We're going to look at the fine detail of this but can I ask you a number of preliminary questions. First of all, did you receive at any point in time a telephone call from Mrs. Roberta Brownlee, the then Chair of the Southern 10:48 Trust, in connection with Mr. O'Brien?

A. Yes, I did.

116 Q. Do you think that that telephone call could have occurred in September 2016?

A. No, I don't, to be honest with you. I think it was much later on because if it had occurred in September 2016, I would have been at the point of trying to get it all sorted out, you know, myself. Although, yeah -- leave him alone. I'm really sorry that I can't remember this and I have tried very hard but I think it was later on into 2017 somewhere. 10:49

117 Q. Okay. I ask you about whether it was September '16 quite obviously --

A. Yes. 10:49

118 Q. -- because you approached the Mr. O'Brien problem, if I can put it like that --

A. Yes.

119 Q. -- in September 2016 --

A. I know. 10:49

120 Q. By taking a softer landing approach, as you have just accepted?

A. Yes. Yes.

121 Q. Was that in any shape or form influenced by any intervention by Mrs. Brownlee? 10:49

A. Not at all. Not at all 100%. In fact, I remember the phone call and I can remember thinking to myself you know, all of those SAIs. Whenever this phone call took place, there had been SAIs and all this had started to open up. I know that much. 10:50

122 Q. Okay. Apart from Mr. Carroll's evidence that, to his memory, it might have been September 2016 --

A. Yes.

123 Q. -- can I ask you about a note that you had written in

She goes on in her evidence to the Inquiry, when she came to this room, and she says the timing of the call, she thinks, was probably into 2017 because she was, by that stage, aware that an investigated been launched.

10:58

Is that something you concur with?

A. Yes, I agree with that. I would concur with that. Isn't it funny because I can remember the room and I can remember all -- my office had windows the whole way around and the curtains were closed and the windows were open, so I'm thinking it must have been spring, coming into summer because it was warm. You know, just the way in your mind you remember the environment? But I think she's right, it was in 2017. That makes more sense to me.

10:58

139 Q. Yes. Just scrolling down. 44.3, she recalls it was a one-to-one meeting with you in the Craigavon Hospital administration floor?

A. Yeah.

140 Q. She's updating you on her pharmacy responsibilities?

10:58

A. Yes.

141 Q. You say the meeting was broader than that?

A. We did mention complaints as well, to tell you the truth. Oh, yes we did. No, the previous one, the note that you have just put up.

10:59

142 Q. Sorry, I'm confusing the matter. The meeting that she is remembering --

A. Yes.

143 Q. -- in she thinks 2017 concerned her pharmacy service?

A. That's right.
144 Q. The difficulty is we don't have a note of that meeting.
A. No.
145 Q. You didn't record anything in association with Mrs. Gishkori's call, the one we are now talking about? 10:59
A. Yep. Mrs. Brownlee's call, yes.
146 Q. Sorry, Mrs. Brownlee's call, of course.

She recounts that the telephone rang and you answered it. Mrs. Boyce, Dr. Boyce, realised that you were 10:59 speaking to Mrs. Brownlee, and she indicated that she would leave the room but you told her to stay.
A. Yeah.
147 Q. She couldn't hear what Mrs. Brownlee was saying to you. However, she recalls that you did not say very much in 11:00 response to Mrs. Brownlee during the call but that you became very flustered.
A. Mhm-mhm.
148 Q. Does that --
A. I was very angry; extremely so. It made me -- the 11:00 phone call made me very angry, or what I took out of it.
149 Q. Okay. Let me just finish what Dr. Boyce has said.
A. Yes, please do.
150 Q. And then you can explain to us why it left you feeling 11:00 angry.

"When the call ended, Mrs. Gishkori told me that the Chair had asked her to leave Mr. O'Brien alone as he

into the office. Emma phoned in and said can you take a call from the Chair. I excused -- to be honest with you, I don't normally like conversations in meetings and I always tell Emma, but I suppose she checked. Because it was the Chair, Emma checked with me, look, would you like to speak to her, given her importance and all that from her position, I suppose. So I took the call. She said to me, "What's all this going on with Mr. O'Brien"? And I didn't speak, just listened. She said "You know, Esther, that man saved my life once". It wasn't a friend, it was her; she said Mr. O'Brien saved her life. This is how I know it was later on because I just was so angry. I said, well, he may have saved your life but he has potentially harmed a few others so you may let the GMC deal with it. Period. That was it. I just ended the call. Very angry indeed. 11:02 11:03 11:03

155 Q. So it was a short call; is that fair?

A. Yes. And I never spoke to her or her to me again about it, ever. 11:03

156 Q. You've explained that in terms of what Mrs. Brownlee said to you, it was "What is all of this going on" --

A. With Mr. O'Brien.

157 Q. -- with Mr. O'Brien?

A. Mhm-mhm. 11:04

158 Q. Whereas in terms of how you explained it to Tracey Boyce, it has become "Leave Mr. O'Brien alone."

A. Leave him alone. Well, that's how I interpreted it, and I probably didn't completely just say word for word

Urology Services Inquiry

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

44.1 I would like to add information about a telephone call that I inadvertently witnessed as it I think it may be evidence of some level of pressure on one of the Acute Services Directors who did not fully investigate Mr O'Brien's practice.

44.2 I cannot remember the date of the meeting and I did not make a note of the incident at the time. However, I know that it must have been after the concern in relation to Mr O'Brien's triage practice was identified, as I understood the context of the call without it having to be explained.

44.3 I was in a 1:1 meeting with Mrs Esther Gishkori, Director of Acute Services, in her office on the CAH Administration floor, updating her on my pharmacy responsibilities. The telephone rang and Mrs Gishkori answered it whilst I was in the room. I realised she was speaking to the Chair of the Trust (Mrs Roberta Brownlee) and, while I indicated to Mrs Gishkori that I would leave the room to give her privacy, she told me to stay.

44.4 I could not hear what Mrs Brownlee was saying however I recall that Mrs Gishkori did not say very much in response to Mrs Brownlee during the call and that she became very flustered.

44.5 When the call ended Mrs Gishkori told me that the Chair had asked her to *"leave Mr O'Brien alone"* as he was an excellent doctor and a good friend of hers who had saved the life of one of her friends.

44.6 I remember saying to Mrs Gishkori that I thought that the Chair's behaviour was unacceptable and that she should document the call and speak to the Chief Executive about it, as her line manager.

FRIDAY
January
11

Cuppa Dr O'Kane 10[30]

12 Noon Cx mtg re BSS/WRKSHP Way forward.

DrOKane cuppa 3[30] 4 -5pm:
Board note / Board mtg
Gilestone murders 2017
Bristol Inquiry - Management
Report - BTC Anniversary
Suicides @ CAH - note 31/1
AOB.

DROKane mtg

29. Please set out the details of any weekly, monthly or daily scheduled meetings with any urology unit/services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.

29.1 I refer to my answer for question 28.

30. During your tenure did medical and professional managers in urology work well together? Whether your answer is yes or no, please explain by way of examples regarding urology.

30.1 From my limited interactions with them, my sense is that they did and do work well together, with the exception of the working relationship with Mr O'Brien.

30.2 My impression is that the remaining staff had the greatest respect for each other, regardless of discipline, and were very professional in their interactions with their patients and each other. They appeared to work well together outside the challenges of having to manage and work with Mr O'Brien.

30.3 My impression (based upon reading the MHPS papers – including witness statements – and SAI documents) was that, over the years, Mr O'Brien's colleagues had developed ways of not confronting him for fear of having to deal with unpleasantness but had found ways of constantly working around him to avoid antagonising him and to get the work of treating patients done.

30.4 I was also aware that Mr O'Brien had the support of the Chair of the Trust, Mrs Roberta Brownlee. At my first meeting with her after taking up post as Medical Director, on the 11th January 2019, she advised me against pursuing him in the way that she believed my predecessors had done and she intimated that she believed that he was an excellent surgeon and that he had saved her life.

thing I heard about him was that he was a close friend of the Chair of the Trust. I think that put people off, actually, challenging him. You know, what they would have said to me was he made threats back to them about who he was connected with and how he would get them into trouble if they challenged him in any shape or form.

119 Q. Did he ever say that to you?

A. No, he didn't.

120 Q. This is information you heard? 11:26

A. Second-hand, yes. The only experience I had of that was after I started in the Trust in January 2019, in the one -- the first one-to-one I had with Mrs Brownlee she made comment about the fact she felt he had been essentially persecuted by my predecessors, he was an excellent Surgeon and a good man, and she hoped I wouldn't treat him in the same way. 11:27

121 Q. We'll come on to look around the information around Mrs Brownlee. Just before, I think it might be appropriate to take a break, but just before we do that, finally, on that particular section. Would it be fair to say that those concerns that you heard about Mr. O'Brien, or the perception he may have had some sway, either personally or professionally, operated a chill factor in dealing with him? 11:27

A. Yes, it did. Definitely.

MS. McMAHON BL: Chair, I don't know if that's a convenient moment?

CHAIR: Yes. A quarter to 12.

Comac, Jennifer

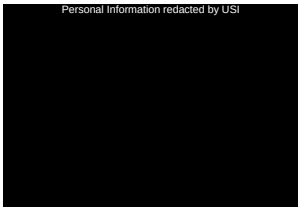
From: O'Brien, Aidan [redacted]
Sent: 10 June 2020 23:26
To: Brownlee, Roberta
Subject: URGENT COMMUNICATION
Attachments: Letter to Mrs. Brownlee 10 June 2020.docx; Letter to Mr Devlin 10 June 20.docx; Letter to Mrs Toal 09 June 2020.docx

Importance: High

Dear Mrs. Brownlee,

I attach a letter addressed to you as Chair of the Southern Health & Social Care Trust Board.
I also attach letters sent to Mr. Devlin on 10 June 2020, and to Mrs. Toal on 09 June 2020.
I would be most grateful if you would bring the contents of these letters to the attention of the non-Executive members of the Board.
I would be grateful if you would acknowledge receipt of this communication.

Aidan O'Brien



Mrs Roberta Brownlee,
Chair
Southern Health & Social Care Board
Trust Headquarters
Craigavon Area Hospital
Portadown
BT63 5QQ

10 June 2020

Dear Mrs. Brownlee,

I attach a letter which I sent to Mrs. Vivienne Toal, Director of Human Resources & Organisational Development, last evening, and a letter which I sent to Mr. Shane Devlin, Chief Executive, earlier today.

The point of both letters was to advise that I had submitted, on 06 March 2020, an application for pension benefits to become payable with effect from 30 June 2020, to coincide with an intent to withdraw from full time employment from that date, and with the intent to return to part time employment from 03 August 2020, having received the assurance of support from colleagues and line managers to do so, and without being informed by the Trust of any impediment to my doing so. I was then advised by telephone on Monday 08 June 2020 that I would not be permitted to return to part time employment in August 2020 due to the 'Trust's practice of not re-engaging people with ongoing HR processes'. If I had been informed of this practice by the Trust, I most certainly would not have submitted any notification of intent to withdraw from full time employment.

You will be aware that the ongoing HR processes to which reference has been made are the Formal Investigation (initiated on 30 December 2016 and completed on 01 October 2018) and a Formal Grievance (submitted on 27 November 2018 and not yet addressed). The Formal Grievance included an appeal of the Outcome of the Formal Investigation. That appeal has not been addressed, 20 months later.

I now feel all the more aggrieved by the Trust's claim to have a practice of not re-employing personnel if there are ongoing HR processes, when the Trust has been primarily responsible for the ongoing status of those HR processes, and not having been informed by the Trust, my employer, of that practice. It is important to note that it is the same Directorate which has failed to have my grievance and appeal addressed after 20 months in contravention of its own policy, the same Directorate which has accepted and processed my intent to withdraw from full time employment, and which would have been cognisant of my intent to return to part time employment as that intent is an integral part of the application proforma, and which would have been cognisant of a

Trust practice which would be an impediment to returning to part time employment, and about which I was not informed.

As a consequence, I have had no other option but to revoke my intention to withdraw from full time employment. I have already deferred payment of pension benefits earlier today.

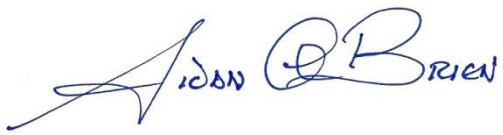
It will have been 28 years ago tomorrow, Thursday 11 June 1992, that I was appointed to the post of Consultant Urologist at Craigavon Area Hospital. From then until 1996, I single-handedly provided a 24 hour service. From 1996, with the assistance of increasing numbers of colleagues, I have endeavoured to contribute to the development of urological services by the Trust. Nevertheless, those services remain severely inadequate. Covid-19 has further exacerbated that inadequacy. By August 2020, there will be patients waiting up to six years for admission for surgery. By then, there will be patients waiting over three years for outpatient consultations following referral, and for review following investigation or management.

Today, Mr. Robin Swann, Health Minister, referring to a framework for rebuilding health and social care services in Northern Ireland, said that 'this strategic approach is about throwing absolutely everything we can at those waiting lists and those missed diagnoses and treatments that were put on pause during the Covid-19 pandemic'. The Minister advised that Northern Ireland has the longest waiting lists in the UK and Ireland. The Southern Trust's longest, surgical waiting lists are urological. Yet, the Trust finds it appropriate to prohibit me from part time employment in the face of such need due to ongoing HR processes for which the Trust has been responsible.

I do appreciate that you, and your non-Executive colleagues, have been appointed to the Trust Board by the Health Minister, and that the Trust is accountable to the Board, on behalf of the Minister, across a number of key areas, including the delivery of health and social care objectives, financial probity and governance. I write to ask you to bring to the attention of your non-Executive colleagues, the contents of this letter, and of those sent to Mr. Devlin and Mrs. Toal. In doing so, I have not made reference to any of the issues subject to the Investigation, or to any content of the Grievance or of the Appeal. I write to inform you and your colleagues of the severity of the lack of the Trust's compliance with its own Policies and Procedures, the severity of the impact of its lack of compliance upon a member of its staff, and the consequential impact upon the delivery of services expected by the Minister.

I hope that you and your non-Executive colleagues may be able to have some bearing in attempting to resolve this ongoing situation. For me, personally and professionally, it is very important that I can continue to work, but with a better work life balance. It is also most important for me that the Formal Grievance and its included Appeal are addressed. I am certainly prepared to work constructively with the Trust to achieve a just and satisfactory resolution, and particularly to the benefit of patients.

Yours sincerely,



Aidan O'Brien

Comac, Jennifer

From: Brownlee, Roberta
Sent: 11 June 2020 17:48
To: O'Brien, Aidan
Cc: Devlin, Shane; Comac, Jennifer; Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Subject: RE: URGENT COMMUNICATION

Aidan

Confirming receipt of your email and this has been copied as requested to all the NEDs. I have also spoken to the CX on your correspondence and he too has received a copy.

Roberta

From: O'Brien, Aidan
Sent: 10 June 2020 23:26
To: Brownlee, Roberta
Subject: URGENT COMMUNICATION
Importance: High

Dear Mrs. Brownlee,

I attach a letter addressed to you as Chair of the Southern Health & Social Care Trust Board.
I also attach letters sent to Mr. Devlin on 10 June 2020, and to Mrs. Toal on 09 June 2020.
I would be most grateful if you would bring the contents of these letters to the attention of the non-Executive members of the Board.
I would be grateful if you would acknowledge receipt of this communication.

Aidan O'Brien

volume of look-back cases it was taking longer than expected. Appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20190902 - Diary Entry.

51. On 11th June 2020 I was made aware by RB that the Chair, the Chief Executive and the Director of Human Resources had received emails from AOB. I replied acknowledging the email and requested direction as the designated NED. VT advised me that the Chair was not willing to engage with the case since she might be compromised. Subsequently, I received a telephone call from the Chair requesting that I try to expedite this matter. I explained to the Chair what I believed my role as the Designated NED to be.
Appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20200611 - Diary Entry JW and 20200615 - Diary Entry JW

52. On 12th June 2020 I had a conversation with VT regarding progress in the AOB case. She explained that AOB was seeking operational retirement and this had been processed. However, it appeared that he wished to return to work and this would require a conversation with AOB. VT further pointed out that the original issue has still not been dealt with and that they were still trying to get the Grievance completed. She explained that there have been further delays caused by AOB's request for additional information and clarity of detail and so this was reflected in the Trust's inability to meet deadlines. I received further clarification regarding additional developments in the case. AOB was seeking to retire on 30th June 2020 and there was a discussion around 'lifting retirement benefits'. The Trust had initiated the process acting on AOB's stated intention to retire. Another issue seemed to have come to light and Mark Haynes was dealing with this matter, namely, AOB's letters to patients not being processed. It was suggested that this may give rise to patient safety issues. AOB was not aware of this issue. I suggested that AOB should be informed as soon as possible of this latest development. At this meeting the role of the designated NED was again discussed. VT reminded me that my role was to ensure that the momentum was maintained. I explained that AOB had not contacted me for a number of months as he believed that the role of the NED was ineffective. I remained unclear as to the role of the NED. VT advised that I get legal advice prior to contacting AOB. I requested legal advice. It was anticipated that a reply would be achieved by 16.06.2020. Appendix Diary Entry located in Relevant to CX Chair's Office,

Aimee Crilly

From:
Sent:
To:

-----Original Message-----
From: johnwilkinson[redacted] <johnwilkinson[redacted]>
To: aidanpobrien[redacted]
CC: johnwilkinson[redacted]
Sent: Fri, 19 Jun 2020 18:55

Dear Aidan

As requested by your letter to the Chair of SHSCT I can confirm receipt of the letters sent by you to the Chair , Chief Executive and Director of HR.
Since I am the designated Non Executive Director, as set out in the MPHS document shall I treat this as representation to me in my capacity as designated NED or is this communication for information?
If your intention is the former then I will deal with the matter on this basis.

Regards
John Wilkinson

Comac, Jennifer

From: Brownlee, Roberta
Sent: 11 June 2020 17:52
To: Comac, Jennifer
Cc: Judt, Sandra
Subject: FW: URGENT COMMUNICATION
Attachments: Letter to Mrs. Brownlee 10 June 2020.docx; Letter to Mr Devlin 10 June 20.docx; Letter to Mrs Toal 09 June 2020.docx

Importance: High

FYI see my reply. The CX is aware of this email and John Wilkinson spoken to as he was the NED involved. You are aware of my possible conflict of interest and the CX and NEDs have been made aware of this again today. Therefore I do not wish to get involved in the finer operational aspects of this situation. The NEDs (without me present) can seek clarity on the process and procedure which I understand John Wilkinson has been doing? Roberta

From: O'Brien, Aidan
Sent: 10 June 2020 23:26
To: Brownlee, Roberta
Subject: URGENT COMMUNICATION
Importance: High

Dear Mrs. Brownlee,

I attach a letter addressed to you as Chair of the Southern Health & Social Care Trust Board.
I also attach letters sent to Mr. Devlin on 10 June 2020, and to Mrs. Toal on 09 June 2020.
I would be most grateful if you would bring the contents of these letters to the attention of the non-Executive members of the Board.
I would be grateful if you would acknowledge receipt of this communication.

Aidan O'Brien

JUNE 2020

Virtual Patient, Parent Experience Mtg

* Bring report - highlight suggestions + recommendations

PB - dial in A

Welcome everyone esp. Sharon/Aby + Nigel.

Stephen Wallace

PCC - Nigel Wharburton

Thursday 18
170-196

8.00 [redacted]
9.00 [redacted]
10.00 [redacted]
11.00
12.00
1.00

PREP Mtg 10.30

SHSCT.

PCEC @ 10.30 am

SHSCT Directors Workshop 9.15 - 4.00 pm (all day)

* NED Brief @ 3pm

2.00
3.00 Q: the Rebuilding of HSC Services - talks + agreed + challenge - how is this going to take place
4.00
5.00
6.00
Evening

amendment to TOR making more explicit the TOR

consultation of 3 mths? - to whom

Contingency Mgt.

① command + control. OK

Tel. call pm R. Brownlee re AOB case. initially asking me to phone. Then came back off position. → I'd ring V. Toal ook ē present situation.

1. Grievance - what are the delays + impediments.
2. Is there a policy re retirement + return for 1 day pending a HR issue?
3. Do NEDs need an update on this issue? (CX + HR.)

As we move into this brave new world have you had an opportunity to see how actions of others might impact and visit register. (R+C Mgt - pecular arrangements.)

Friday 19
171-195

8.00
9.00
10.00
11.00
12.00
1.00
2.00
3.00
4.00 (A) Ring June Turkington - [redacted]
5.00
6.00 (B) Ring Frank Wallace - [redacted]
Evening

Ring Children's Homes

Saturday 20
172-194

Summer Solstice (Longest Day)

Pam me - Pam needs to acknowledge receipt of letter
- Need to have conversation ē June.
- assigned NED

③ Ring June Turkington - [redacted]

Sunday 21
173-193

Father's Day

July 2020						
M		6	13	20	27	
T		7	14	21	28	
W	1	8	15	22	29	
T	2	9	16	23	30	
F	3	10	17	24	31	
S	4	11	18	25		
S	5	12	19	26		

August 2020						
M		3	10	17	24	31
T		4	11	18	25	
W		5	12	19	26	
T		6	13	20	27	
F		7	14	21	28	
S	1	8	15	22	29	
S	2	9	16	23	30	

Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20200611 - Diary Entry JW and 20200615 - Diary Entry JW and 20200619 - Notes JW

53. On 18th June 2020 I received a telephone call from RB requesting that I telephone AOB, see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20200618 - Diary Entry JWT. This was a strange call as, after a number of minutes, she came back on this request. She explained that this process was exerting undue pressure on AOB and his family. I suggested that I would ring VT and get information on the following:
    a. Grievance – What are the developments and the impediments?
    b. Is there a policy re retirement and returning for 1 day per week pending an HR issue?
    c. Do NEDs / Trust Board / Chief Executive need an update on progress?

    I also intended to seek further advice re the role of the NED.

54. On 16th July 2020 I received a telephone call from VT at 3.30 pm explaining that AOB would be 'retiring' and no longer employed by the SHSCT on the 17th July 2020 (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20200716 - Diary Entry JW. She also explained that there would likely be another case against AOB as further concerns had been identified but this wouldn't require a named/designated NED. She explained that AOB had accepted the conditions (3 of them) in line with MHPS Guidelines Section 1 para 18 on Exclusions and Restrictions and the Trust was seeking AOBs agreement to the following conditions: That AOB would no longer undertake clinical work; that he does not access or process patient information either in person or electronically; and that he would voluntarily undertake to refrain from seeing private patients. However, VT suggested that there could be High Court proceedings regarding the original grievance. VT further explained that JT was still involved in the case but was still on holiday leave. I continued to be exercised as to the role I should play and continued to seek legal advice as to the nature of my involvement in the AOB MHPS case.

55. On 24th September 2020, 14th October 2020, 15th October 2020, 23rd October 2020 and 10th December 2020 the Trust Board was informed of the progress of

in that meeting. What were your views on that?

A. I found that strange, bearing in mind that she had some sort of connection with Mr. O'Brien. She would have been careful at all other times to make sure, if there was a conflict of interest, that it was declared. But that was a reflection that I had after the meeting. I think on subsequent meetings, she did declare an interest and, therefore, did leave. Then whenever it came the telephone calls which I received, that made it even more strange for me. 16:14

327 Q. We have spoken about the meeting that you had with her on the 26th January 2017, and that was sort of at the outset of your appointment. We have also spoken about the telephone call you had with her on the 2nd March 2017. You also set out in your statement that you have received inquiries from her on the 15th February 2018, the 11th September 2018, and then 11th June 2020 and the 18th June 2020. You described the one on the 18th June 2020 as being a strange call. What made you feel that it was strange? 16:14 16:15

A. Initially, Mrs. Brownlee came on and was making requests of me, the detail of which I just can't -- I knew it was to have conversations with Mr. O'Brien to see if this matter, this whole situation, could be expedited more quickly; would I have a chat with Mr. O'Brien. I found it strange because, as Chair of the Trust, I felt that she shouldn't be making those requests of me, and that in terms of the independence of the role, then those were out of order. I think at 16:15