



# Urology Services Inquiry

## Oral Hearing

**Day 84 – Wednesday, 7<sup>th</sup> February 2024**

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

**Held at: Bradford Court, Belfast**

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

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**Gwen Malone Stenography Services**

I N D E X

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MS. ROBERTA BROWNLEE	
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1 THE HEARING COMMENCED ON WEDNESDAY,  
2 7TH DAY OF FEBRUARY, 2024 AS FOLLOWS:

3  
4 MS. ROBERTA BROWNLEE, HAVING BEEN PREVIOUSLY SWORN,  
5 CONTINUED TO BE DIRECTLY EXAMINED BY MR. WOLFE  
6 AS FOLLOWS:

7  
8 CHAIR: Good morning, everyone.

9 MR. WOLFE KC: Good morning, Chair and members of the  
10 Panel. Good morning again, Mrs. Brownlee.

09:59

11 A. Good morning, Mr. wolfe.

12 1 Q. Thank you for coming back. Just to recap for the  
13 record, you were last with us on Thursday,  
14 18th January. We have a transcript of your evidence on  
15 17th January, it commences at TRA-10445, and the  
16 transcript for 18th January commences on TRA-10714.  
17 You will recall when we were finishing the last day,  
18 the last sections of your evidence contained an  
19 examination of your view of whether you had a conflict  
20 or a potential conflict of interest in matters  
21 pertaining to Mr. O'Brien, and just to remind ourselves  
22 of how we looked at that. If I could just bring up on  
23 the screen TRU-396521. And you will recall, just if we  
24 scroll down, that Mr. O'Brien had written to you, he  
25 had also sent letters to Mr. Devlin and Mrs. Toal on  
26 10th and 9th June respectively in relation to primarily  
27 to his concerns about how he had been treated in  
28 relation to his planned retirement and his plan to  
29 return on a part-time basis, and you had been asked to

09:59

10:00

10:01

1 pass the contents of those letters on to the  
2 Non-Executive Members of the Board. Just scrolling up,  
3 you send that message to Jennifer Comac and Sandra  
4 Judt, explaining that:

5  
6 "The Chief Executive is aware of this email and John  
7 Wilkinson spoken to as he was the NED involved. You  
8 are aware of my possible conflict of interest and the  
9 Chief Executive and NEDs have been made aware of this  
10 again today. Therefore, I do not wish to get involved 10:01  
11 in the finer operational aspects of this situation.  
12 The NEDs (without me present) can seek clarity on the  
13 process and procedure, which I understand John  
14 Wilkinson has been doing."

15  
16 And again, just by way of recap, Mrs. Brownlee, we went  
17 from that email to me questioning you about a telephone  
18 call on 18th June which Mr. Wilkinson reported that you  
19 made to him, and his evidence was that, in essence,  
20 during the conversation you asked him to phone 10:02  
21 Mr. O'Brien because of the pressures being felt by  
22 Mr. O'Brien and his family in association with what was  
23 transpiring at that time with regard to his employment.  
24 And your answer to me was that, from your memory, the  
25 conversation with Mr. Wilkinson didn't happen and, in 10:03  
26 reinforcing your view, you went on to say that you had  
27 checked your diary for that year and you had no record  
28 of meetings with Mr. O'Brien or Mrs. O'Brien; the point  
29 being, as I understood what you were saying, the point

1 being that you wouldn't have been aware or wouldn't  
2 have had knowledge from speaking to them or meeting  
3 with them that he was feeling under pressure?  
4 A. Yes. I also think, Mr. Wolfe, was that the telephone  
5 call where you showed me that John had written, that 10:04  
6 I had discussed with him something about Mr. O'Brien's  
7 termination package, something about his pension, or  
8 whatever, and --  
9 2 Q. Yes, I'll bring that entry up --  
10 A. And that's when I said I never discussed -- 10:04  
11 3 Q. Let me bring that entry up for you. It's TRU-262021.  
12 And this is his note. Just scrolling down. And we had  
13 your evidence that you wouldn't have spoken to  
14 Mr. Wilkinson about the three items set out there?  
15 A. Definitely not. I mean, that was what I was saying. 10:05  
16 I mean, I don't ever remember talking to Mr. Wilkinson,  
17 or anyone, around his retirement policy and anything  
18 about when he was leaving or anything like that.  
19 I don't remember talking about that at all.  
20 4 Q. Could I bring you to the transcript of your evidence 10:05  
21 from the last time, it's TRA-10712, and if we go to  
22 line 13. Maybe just scroll up so that I can see the  
23 question. And I'm saying:  
24  
25 "If Mr. Wilkinson's account is accurate, it would seem 10:05  
26 to suggest that you were able to say to him that this  
27 process was exerting undue pressure on Mr. O'Brien and  
28 his family and that would seem to suggest, on one  
29 reading, that you're in contact with Mr. O'Brien and

1 his family in order to obtain that kind of  
2 information?"

3  
4 And your answer is:

5 10:06  
6 "Well, I've nothing in my diary, and I have checked it  
7 for the Inquiry, in relation to meeting Mr. and  
8 Mrs. O'Brien during that year of 2020. I don't  
9 remember this call. I believe from my memory it didn't  
10 happen." 10:06

11  
12 Could I just ask you again, Mrs. Brownlee, about this  
13 degree of contact that you would have been having  
14 during that important year of 2020 with Mr. O'Brien or,  
15 indeed, with his wider family. You said you checked 10:06  
16 the diary there?

17 A. Yes. Well, I did, I checked my diary and I had no  
18 meeting at all with Mrs. O'Brien and I never met  
19 Mr. O'Brien's family.

20 5 Q. Yes. Or Mr. O'Brien? 10:07

21 A. Or Mr. O'Brien, had any meeting during that year,  
22 I checked my diary nor -- we weren't out anywhere  
23 together or definitely no meeting. What I was saying  
24 was, I have no recollection of having that call with  
25 John Wilkinson to discuss those three items that are 10:07  
26 listed there.

27 6 Q. Yes, but that's an important caveat. Does the denial  
28 go broader than that; you didn't have a conversation  
29 with Mr. Wilkinson about Mr. O'Brien?

1 A. Well, I don't remember having that conversation,  
2 I definitely don't remember having it.

3 7 Q. Yes.

4 A. But I certainly didn't discuss anything with anyone,  
5 ever, about Mr. O'Brien's retirement package or his 10:07  
6 date, definitely never.

7 8 Q. Yes. Could I show you an email that Mr. O'Brien wrote,  
8 apparently on your behalf. If we can bring up  
9 TRU-320249. I think this email was drawn to your  
10 attention in recent days, Ms. Brownlee? 10:08

11 A. Just late last evening.

12 9 Q. Late last evening. You have had an opportunity to look  
13 at it then and to think about it?

14 A. Yeah.

15 10 Q. What it shows is that Mr. O'Brien, on 2nd April 2020, 10:08  
16 wrote this email to Sara Hedderwick, who is, as  
17 I understand it, a Consultant Microbiologist at the  
18 Southern Trust, and he is explaining that you and your  
19 husband David "have been close friends of", he  
20 says "ours", "for very many years". I can only assume 10:09  
21 by "ours" he means himself and perhaps his wife. And  
22 he goes on to say that you own, and I will say, a  
23 private nursing home; is that correct?

24 A. Yes.

25 11 Q. He says that you have asked him if he - that is 10:09  
26 Mr. O'Brien - would seek advice from Mrs. Hedderwick on  
27 an issue to do with the management of the Covid  
28 infection in association with nursing home premises.  
29 He goes on to say:

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"She feels reluctant to approach you directly to ask advice regarding her private sector interest."

But he has no doubt that you, Mrs. Brownlee, would value Mrs. Hedderwick's advice, and he supplies your mobile number to Mrs. Hedderwick.

10:10

This email establishes that you were in discussion with Mr. O'Brien about your private sector interest?

10:11

A. Yes. Would I be allowed to set it in context?

12 Q. Of course.

A. Yes, thank you. Well, I only saw this last night.

Just to explain, this was sent in April 2020 and Covid started around February, and you all will be aware that

10:11

the nursing home sector never got any personal protective equipment for about four months. It all went to the hospitals - gloves, masks - so we were very, very short of equipment. And owners like myself would have travelled far to get all of this equipment and to bring it to the home to protect the safety of our patients and staff. It was really important.

10:11

Like, for example, Mr. Wolfe, I had the local garden centre would have been leaving me off aprons. I mean, we had a firm that turned an area into make shields.

10:12

So, Mr. O'Brien, from memory - as I say, I have only seen this last night - is very involved in education in the Dungannon area, and I understand, I mean, in the Dungannon area, most of the post-primary schools, like



1 many, I believe, in Northern Ireland, started to make  
2 shields for to help support the independent sector, and  
3 Mr. O'Brien phoned me to ask me about the masks; you  
4 know, would I take some, would I like some shields.  
5 Well, remember, I was travelling to, even, south Down 10:12  
6 to lift gloves, etc., so therefore, a school to go to  
7 any trouble to have made shields, you know, they were  
8 ones your glaziers -- were really important. I said of  
9 course I would take them. I mean, he'd also said there  
10 was administration staff who had made some. So that 10:12  
11 was what this call was about. When we were on the  
12 phone, it wasn't a meeting, I never met him about it,  
13 I want to make that very clear, and it was only about  
14 this, about the shields that had been made in the local  
15 post-primary schools. I mean, I mentioned to him all 10:13  
16 of the conflicting information at that time; it was  
17 really early days, but a lot was happening. I didn't  
18 have Covid in the home and I had no patients died from  
19 Covid, but I just attended some training with the local  
20 undertakers about, in the event if patients died, what 10:13  
21 would happen. And, I mean, I was just mentioning that  
22 to him, that, even in the Trust, we had difficulty  
23 understanding how long a room would be vacant, that's  
24 how this conversation came up. So from when a patient  
25 would die and they're cleaned, how long it would be 10:13  
26 vacant before you were allowed to admit, because there  
27 was great pressures in the hospital and we would rarely  
28 ever have had an empty bed, so that's how the  
29 conversation came up. And, yes, I do know

1 Dr. Hedderwick, actually I interviewed her, and, I  
2 mean, she would have been one of the top specialists  
3 during the Covid and a very experienced lady. And, I  
4 mean, I have no doubt I said to him, you know, the  
5 difficulties we had of getting not only the equipment, 10:13  
6 but also just managing the conflicting opinions of how  
7 to do all of this. The pressures were enormous, I  
8 mean. I have no doubt I said that to him about the  
9 room, but it wasn't a meeting, I didn't meet him  
10 anywhere and, actually, I think someone else collected 10:14  
11 all of the shields --

12 13 Q. Yes.

13 A. -- in the Dungannon school for most of the nursing  
14 homes. I mean, I believe that's how that conversation  
15 started, I mean, with Dr. Sara, and, to be fair, I did 10:14  
16 know her. I wouldn't like to approach her, you can  
17 imagine what the hospital was like at that time, but,  
18 I mean, she did ring me and gave me very good advice,  
19 but that's all that conversation was about, but that's  
20 how it started, it was about the PPE, or Protective 10:14  
21 Equipment, because we just didn't get any until maybe  
22 month -- I think it was month four or five before the  
23 nursing homes, and we were really in great stress.  
24 I had many family and friends, I mean, making shields  
25 to protect our patients, and I'm privileged today to 10:14  
26 say that I had no patients died in my care home from  
27 Covid, but that was because of the goodwill, in those  
28 first four and five months, of people assisting us to  
29 protect our patients and our staff, because my home is

1 very complex, it's not all elderly care; it's young,  
2 physically disabled with chronic ill health, terminally  
3 ill and many other serious complex enhanced care for  
4 patients, so they were very vulnerable, my group of  
5 residents. So, therefore, for a school, and our own 10:15  
6 local schools in the west also made the shields and, as  
7 I say, a firm actually turned into a factory to make  
8 them, but that's how bad it was for us to get our PPE  
9 at that time.

10 14 Q. Yes. So that's the context in which this conversation 10:15  
11 took place?

12 A. That phone call took -- yes, but it was not a meeting.

13 15 Q. I'm not suggesting it was, Mrs. Brownlee. What I am  
14 suggesting to you is that, it doesn't have to be a  
15 meeting for Mr. O'Brien and for you to exchange issues 10:15  
16 or information on points of interest. So, whereas you  
17 have checked your diary to see whether you'd met  
18 Mr. O'Brien that year and you haven't found any record  
19 of it, you don't keep records of every telephone  
20 conversation that you have with him? 10:16

21 A. I can remember there was a late evening because my  
22 husband was there when we were making our own shields  
23 in the kitchen, when he phoned.

24 16 Q. Yes.

25 A. So, I mean, I wouldn't have made that -- but that's all 10:16  
26 that call was about.

27 17 Q. Yes, of course.

28 A. There was absolutely nothing else discussed, that I can  
29 recall, but I believe that that's what that email was

1 about. I didn't know there was an email until last  
2 night, but I have absolutely no problem saying that  
3 I discussed knowing how and what was, say, for example,  
4 Dr. Sara's opinion on how long a room should be empty  
5 and the cleaning, because, as I say, we were getting 10:16  
6 such copious amount of detail, and it was just knowing;  
7 it's a quite a learning journey, but it's a lonely  
8 journey.

9 18 Q. Yes.

10 A. And, I mean, I was at this 24/7, collecting PPE 10:17  
11 equipment throughout Northern Ireland - that's a fact -  
12 like many.

13 19 Q. And I have no particular interest in the nature of the  
14 conversation, it's Covid, and we all appreciate the  
15 difficulties. Mr. Wilkinson's point is this: You 10:17  
16 phoned him and you told him to contact Mr. O'Brien  
17 because Mr. O'Brien and his family were under undue  
18 pressure, and then you changed your mind during the  
19 conversation and told him not to contact Mr. O'Brien,  
20 but the point I'm making to you is this: For you to 10:17  
21 understand that Mr. O'Brien was under undue pressure in  
22 association with his employment situation, must have  
23 involved telephone contact or a meeting between you and  
24 Mr. O'Brien or you and a member of Mr. O'Brien's  
25 family? 10:17

26 A. I can tell you, Mr. Wolfe, I never met any of  
27 Mr. O'Brien's family, ever. I never met his wife once,  
28 ever, to discuss any clinical issues, and I never,  
29 during 2020, met Mr. O'Brien, definitely not.

1 20 Q. Okay. But you spoke to him?  
2 A. I spoke to him on the telephone, yes.  
3 21 Q. And you spoke to him about him being under pressure in  
4 relation to --  
5 A. No, I have no recollection of having a conversation 10:18  
6 with Mr. O'Brien to even say he was under pressure.  
7 I don't remember that call with Mr. Wilkinson and  
8 I definitely can say I never discussed anything in  
9 relation to his employment issues with Mr. Wilkinson or  
10 anyone in the Trust. 10:18  
11 22 Q. If we move on. I want to ask you about the  
12 circumstances in which you discovered that the Trust  
13 had become concerned about Mr. O'Brien's practice in  
14 2020. If I can turn up your witness statement, first  
15 of all, WIT-90873. You recall that, you say: 10:19  
16  
17 "In July/August 2020, I recall the Chief Executive,  
18 Shane Devlin, walking into my office and he briefly  
19 mentioned that an investigation was ongoing into  
20 Mr. O'Brien regarding triage of patients' notes and 10:19  
21 delays in seeing patients not being followed up. The  
22 Chief Executive knew on that occasion that I had been a  
23 patient of Mr. O'Brien; it was common knowledge, at the  
24 Board, of my past illness. I recall informing the  
25 Chief Executive then that I assumed due process and 10:19  
26 proper investigation was being followed."  
27  
28 So, that's a conversation with Mr. Devlin that you  
29 relate. Could I ask you, and set beside that, the

1 Early Alert that you would have received as Chairman of  
2 the Board, we can see that Early Alert was sent to you  
3 by email on 3rd August 2020, if we can bring that up at  
4 WIT-101964. This is Stephen Wallace, Interim Assistant  
5 Director of Clinical and Social Care Governance,  
6 writing to you on 3rd August 2020, and he is saying:

10:20

7  
8 "Please find attached an Early Alert regarding Urology  
9 for your information. As per regional Early Alert  
10 processes, the Board and Department have been provided  
11 with the attached information, Dr. O'Kane has spoken to  
12 the Chief Medical Officer's office to advise of the  
13 content and the Chief Executive has also been made  
14 aware. Please note, given the sensitivities and  
15 ongoing processes surrounding this issue, the internal  
16 circulation list has been limited and we ask that this  
17 is not shared wider at this stage."

10:21

10:21

18  
19 And then, if we scroll down to the next page, we can  
20 see the Early Alert that was sent to you (WIT-101964).  
21 Do you remember getting that, Mrs. Brownlee?

10:21

22 A. To be honest, Mr. Wolfe, until I got my pack, I don't  
23 remember getting that Early Alert, but I have to accept  
24 I got it. I do not remember getting that covering note  
25 from Mr. Wallace, I mean.

10:22

26 23 Q. Yes.

27 A. And I notice Jennifer Comac's name is at the top of  
28 that and Jennifer would have been my Personal Assistant  
29 and I have mentioned that many times when I've been

1 here, and, I mean, she would have been copied into  
2 everything, so, if I wasn't there, she would have  
3 forwarded relevant SAIs, or whatever, to the  
4 appropriate people. I mean, I just don't remember that  
5 covering note, because two things I would have said 10:22  
6 when I would have read that: I would have wanted to  
7 know what were the sensitivities and why could it not  
8 have been copied. And Shane Devlin and I, despite what  
9 we've heard, had a very good working relationship and  
10 would have been in my office often when I would have 10:22  
11 been in, and vice versa.

12 24 Q. Yes.

13 A. And I know I would have said to him, 'Shane, what's  
14 this about? why can it not be copied?'

15 25 Q. Yes. well, you accept that you got the Early Alert, 10:22  
16 presumably --

17 A. Yes, I have to accept that, yes.

18 26 Q. When you received -- looking at the Early Alert now and  
19 thinking back, did you know - just scrolling up, you  
20 can see the content, that it refers to, "a 10:23  
21 Trust-employed Consultant Urologist", when you received  
22 it, did you know that it was referring to Mr. O'Brien?

23 A. Oh, yes, I did, in that, when I received that, I would  
24 have known that, yes. I didn't know that detail.

25 27 Q. And how would you have known that? 10:23

26 A. Well, I think, from memory, was that not Shane had  
27 already talked to me about Mr. O'Brien before that?  
28 I am just not sure of all of those dates from my  
29 recollection. I'm not sure the date that came in,

1 even. With not being in the Trust, I have no way of  
2 checking with my PA when was that received, that email,  
3 who else was copied into it. You know, I'm --  
4 28 Q. Well, we can see it was received on 3rd August.  
5 A. Yes. So -- 10:24  
6 29 Q. And you have referred in your statement to speaking to  
7 Mr. Devlin and, again, you don't put a date on it, but  
8 you say July or August?  
9 A. July or August. Well, I have to assume then that  
10 Mr. Devlin had spoken to me, as he would have now, to 10:24  
11 be fair, he would have kept me very informed of  
12 anything like that, so he came in and talked to me, so  
13 it must have been before that, but I did know that was  
14 about Mr. O'Brien, but I didn't know that level of  
15 detail and I just have no recall of having that 10:24  
16 covering note from Mr. Wallace.  
17 30 Q. And in terms of Early Alerts and how they were handled  
18 during your time as Chair of the Trust, did they  
19 typically come to you for dissemination to your  
20 Non-Executive Directors? 10:25  
21 A. We didn't always get all Serious Adverse Incidents, so,  
22 for example --  
23 31 Q. So we're talking about Early Alerts?  
24 A. Early Alerts - well, even the Early Alerts. We didn't  
25 always get those because, for example, the out-of-hours 10:25  
26 would have had many Early Alerts and you would have had  
27 numbers of those because of just the coverage of the  
28 general practitioners, so they would have come in to  
29 Jennifer's office and normally to Sandra, the Board



1 Assurance Manager, and, yes, they came in to me, and  
2 any I got, I always sent them out to my Non-Execs.

3 32 Q. One can see, during July 2020, that, in fact, you do  
4 send Early Alerts out. Let's pull up a number of them.  
5 WIT-101606, your PA is sending out to colleagues what 10:25  
6 is an Early Alert. If we scroll down, we can see that  
7 Early Alert. It's unrelated to Inquiry business.  
8 27th July, if we go to WIT-101609, again a further  
9 Early Alert going out to Non-Executive Directors.  
10 23rd July, if we go WIT-101611, another Early Alert 10:26  
11 going out, you forwarding it on. And then, 7th July,  
12 WIT-101614, again an Early Alert sent out to your  
13 Non-Executive Directors via your Personal Assistant,  
14 Mrs. Comac?

15 A. She usually sent them all out. 10:27

16 33 Q. Yes. If we go back to the one sent to you by  
17 Mr. Wallace, WIT-101964, this is the one, as I say,  
18 concerning Mr. O'Brien. You appear to appreciate, when  
19 it came to you, that it concerned Mr. O'Brien, although  
20 he's not named within it, because you believe you would 10:28  
21 have been earlier alerted by Mr. Devlin in  
22 conversation. None of your Non-Executive Directors  
23 received this Early Alert in August 2020. The first  
24 they were aware of a problem, it would appear, came at  
25 the Board workshop at the end of the month, I think it 10:28  
26 was the 27th August Board workshop and Board meeting.  
27 Can you explain why this Early Alert concerning  
28 Mr. O'Brien was not disseminated to your Non-Executive  
29 Directors?

1 A. I honestly don't know, Mr. Wolfe, I don't know, if it  
2 came in, how Jennifer -- it wasn't forwarded, whether  
3 it was because this sentence about the sensitivities  
4 and not for wider sharing, I don't know, but I always  
5 would have -- I would have always forwarded them. 10:29  
6 I have no hidden reason for not forwarding it. I just  
7 don't know. I have no recollection why it wasn't  
8 forwarded. Actually, I struggled, when I got my  
9 papers, to remember it even coming in.

10 34 Q. Well, do you accept that your Non-Executive Directors 10:29  
11 were entitled to see that Early Alert?

12 A. Yes, absolutely, yes, yes.

13 35 Q. And do you accept that you appear to have treated this  
14 Early Alert concerning Mr. O'Brien differently to how  
15 you treated other Early Alerts; in other words, you 10:30  
16 appear to have been disseminating other Early Alerts  
17 unconnected to Mr. O'Brien to your Non-Executive  
18 Directors, but for reasons which you're unable to  
19 explain at this stage, you didn't circulate the  
20 Mr. O'Brien alert? 10:30

21 A. Yes, and I can assure you, Mr. Wolfe, I can't remember  
22 it even coming in. I don't know why it wasn't done.  
23 I still, but I'm not there now to see, I would like to  
24 see when was that received into Jennifer's office and  
25 my own and how did she miss not forwarding it on, but 10:30  
26 I have no explanation, but there was certainly nothing  
27 hidden.

28 36 Q. One can see from the email in front of us, it's coming  
29 directly to you?

1 A. Yes, but I have no recollection of me making a  
2 decision, for some deliberate reason, not to forward  
3 it, definitely not.

4 37 Q. But just so that we can understand the process, as  
5 Chair of the Board, you should be pressing the 'go'  
6 button or the green light to move it from you through  
7 your PA to the Non-Executive Directors, it's your  
8 decision to make? 10:31

9 A. Yes, yes. Yes, it is. I just -- I don't honestly  
10 remember, I don't, as I say, without repeating again 10:31  
11 and again, seeing that note from Stephen about the  
12 sensitivities and not for sharing, because I honestly  
13 know my style would have been, that would have been on  
14 my to-do list, to ask the Chief Executive what does  
15 that mean, that we can't share it. And I have nothing 10:31  
16 in my diary, and I have copious notes in my diaries,  
17 I mean, and all the times I met the Chief Executive and  
18 what we discussed and what he discussed with me and  
19 I have nothing of that in my diary and I find that  
20 strange. It is just strange, on my behalf, that, 10:32  
21 I mean, a covering note came and I asked no one about  
22 it.

23 38 Q. So you're accepting that it is strange, it is unusual  
24 that.

25 A. It's very unusual, and that's why, whilst it says it 10:32  
26 came in to me, I have no way of being assured that  
27 I definitely got that covering note. I just -- I  
28 didn't see that, I remember that, until I got my  
29 papers.

1 39 Q. What, in your view, is the purpose of an Early Alert  
2 from the standpoint of you as Chair and Non-Executive  
3 Director?  
4 A. To me, it's literally what it says, it's an Early Alert  
5 to inform you of, should it be about this particular 10:32  
6 situation or the out-of-hours, no cover for the GPs,  
7 to, really, the staffing in the mental health  
8 department. Those were all ones that just come to mind  
9 that I would have had. So they are to really inform  
10 you 'be aware, this is going on, we want you to know', 10:33  
11 and I would normally have covered it to my  
12 Non-Executive Directors. Normally, you would have then  
13 maybe heard more about this through the Nursing Report  
14 or the Medical Director's Report, but it is certainly  
15 to alert you that there is something going on that we 10:33  
16 need to be careful about.  
17 40 Q. Yes. And I'm sure you'll agree with what Mrs. Mullan  
18 said in her evidence about it. When asked, she says:  
19  
20 "It should have been shared with the Board." 10:33  
21  
22 This is TRA-10044. And she says:  
23  
24 "Had it been shared, it would certainly have triggered  
25 a response..." 10:33  
26  
27 This is 158. Just on the left-hand margin:  
28  
29 "... it would certainly have triggered a response,

1 particularly from Non-Executive Directors, in terms of  
2 the seriousness of it and the patient safety issues  
3 that were contained within."

4  
5 That's correct, isn't it? Non-Executive Directors 10:34  
6 should be given this kind of information, having regard  
7 to their scrutiny role, having regard to their  
8 obligation, I suppose, to challenge or to make  
9 themselves aware and ask questions where difficult  
10 issues or issues of concern arise? 10:34

11 A. Yes, the Non-Executive Directors should get Early  
12 Alerts, yes, they should, and normally did. I'm not  
13 sure I would agree with Eileen that it would have  
14 warranted an urgent meeting of the Board, I mean, when  
15 we were meeting again in a couple of weeks' time, but, 10:34  
16 in saying that, I respect that's what she said, but,  
17 yes, it should have went to the Non-Executive  
18 Directors, and, as I've said, Mr. Wolfe, I don't  
19 remember, honestly, reading it, never mind the covering  
20 note, and I can't understand how Jennifer, my Personal 10:35  
21 Assistant, if she missed it, how, then, Sandra Judt,  
22 the Board Assurance Manager, missed it, and how did I,  
23 when there was a note made like that not to share it,  
24 didn't make a note, and when I'm happy to share any  
25 diaries anytime, when you would see how I keep notes, 10:35  
26 to ask the Chief Executive, why would I not have asked  
27 the Chief Executive about that? I just haven't had a  
28 clear mind on that one.

29 41 Q. Yes. One possible reason that you might have in mind

1 for not wishing to share it is that the issue concerned  
2 your friend, Mr. O'Brien?

3 A. Well, I'm sorry, I would absolutely, with respect to  
4 you, refute that and say there is no way. I have had  
5 many family, I've many relatives worked in the Trust 10:35  
6 and in previous places, and at no time would I ever  
7 have done anything like is referred to, that I would  
8 withhold information to protect anyone. I have never  
9 done it, I wouldn't do it and I definitely did not do  
10 that, I am sorry, definitely did not. 10:36

11 42 Q. Did you agree that, upon receipt of the Early Alert, it  
12 was a matter for you to exercise your judgment in terms  
13 of whether it should be shared with your Non-Executive  
14 Directors?

15 A. Yes, I absolutely agree with you, Mr. Wolfe, but what 10:36  
16 I am saying to you is, I actually don't remember seeing  
17 that alert, and I was reminded of it when I got my  
18 bundle of papers, and, honestly, and I have a really  
19 good recall, I have no recollection of that covering  
20 note from Stephen Wallace, seeing it, for to even 10:36  
21 trigger something. Like, Jennifer would have seen all  
22 of my information, no matter how confidential it was,  
23 and why she wouldn't have said to me either, so,  
24 I mean, but it was certainly not to protect  
25 Mr. O'Brien. 10:37

26 43 Q. But if we proceed upon the assumption that this email  
27 indicates that it was sent to you and, in the ordinary  
28 run of things, you would be careful to read what was  
29 sent to you, you, on that basis, must have exercised a

1 judgment not to send it on?

2 A. Well, I am sorry, Mr. Wolfe, I hope I'm allowed to say,  
3 I'm equally allowed, I believe, to say that I don't  
4 remember seeing that covering email. I'm not allowed  
5 to question anything here, I understand that, but I'd 10:37  
6 like to actually have had better clarity to know when  
7 that covering came in and an understanding of it, but  
8 I respect it's there, but I definitely don't remember  
9 that Early Alert, I mean, and the detail. But the  
10 covering email, I don't remember, but I did not 10:37  
11 withhold it for any deliberate reason to protect  
12 Mr. O'Brien and, therefore, I would never have done  
13 that in all of my career history and, therefore, I am  
14 baffled myself, whilst you ask me that, why, when that  
15 came to only me, if it only came to me, I have to see, 10:38  
16 I have no way of checking did Sandra or Jennifer see  
17 it, how none of us then picked up to do anything or to  
18 ask Shane Devlin about it, because, to be fair, Shane  
19 would have been very quick on that point, too.

20 44 Q. So, just so that we are clear - I don't know whether 10:38  
21 the Trust can help us further to understand your  
22 puzzlement - you're anxious to better understand what  
23 exactly in terms of the receipt of the email?

24 A. I don't remember, and it could be just my memory, but  
25 it would look then as if it's because it's Mr. O'Brien. 10:38  
26 I can assure you, I can't remember seeing the covering  
27 note that's referred to in the documents from Stephen  
28 Wallace.

29 45 Q. Just, I am anxious to precisely understand what you are

1 saying. If we go back to the covering email, it is  
2 WIT-101964, and it bears the name "Jennifer Comac" at  
3 the top. Does that suggest it was sent to her as your  
4 PA?

5 A. Well, it is sometime back, but that's the way I believe 10:39  
6 the emails were, at the top like that. But again,  
7 having been away, not talking to any of those staff, I  
8 have no way of checking that. Did that come in? Yes,  
9 we have to assume it came in and all and that. But did  
10 it come in to Jennifer and myself? I am just saying, 10:39  
11 Mr. Wolfe, I am really sorry, I can't remember seeing  
12 it, but there was absolutely nothing deliberate on my  
13 part to retain this Early Alert to protect Mr. O'Brien  
14 and not to share it with my colleagues. And what I am  
15 saying is, if I had read that, I would have been asking 10:40  
16 Shane, what does this mean, the sensitivities, and not  
17 sharing with anyone else? I mean, and if I had missed  
18 it, certainly Jennifer or Sandra wouldn't have missed  
19 it, so -- but, I am sorry, that's how I feel and I must  
20 say that to you. 10:40

21 46 Q. Okay. So, to summarise, what you are telling the  
22 Inquiry is, you can't remember receiving this, but if  
23 you did receive it, you wholeheartedly agree with the  
24 proposition that it should have been sent on to your  
25 Non-Executive Directors? 10:40

26 A. Yes, Early Alerts should have been sent on, yes, and  
27 had been always; I don't recall any that never was.  
28 And I would also want to tell the Inquiry that there is  
29 absolutely no way that I would have held anything to



1 protect Mr. O'Brien in that manner.

2 47 Q. Yes.

3 A. Definitely not.

4 CHAIR: Mr. Wolfe, sorry. Can I just check,  
5 Mrs. Brownlee, you don't recall seeing the email; do 10:41  
6 you recall seeing the Early Alert?

7 A. Honestly, Chair, I don't, I am sorry, I don't, and  
8 I would have a very good recall, but that's where I'm  
9 at a loss, because someone like Jennifer or Sandra  
10 would have said, 'oh, Roberta, remember that came in on 10:41  
11 that day' or whatever. But I don't remember seeing  
12 that, Chair, and I am sorry, but I don't.

13 48 Q. MR. WOLFE KC: Could I broaden this out just a little  
14 bit. It would appear to be the case that, in general,  
15 Early Alerts were sent to you as the Chair? 10:41

16 A. Normally, or to Jennifer.

17 49 Q. As opposed to being disseminated to you, as Chair, or  
18 your PA on your behalf, and all of the Non-Executive  
19 Directors at the same time, so there was then a need  
20 for a second transaction, of you exercising a judgment 10:42  
21 to send it on to your Non-Executive Directors?

22 A. You mean normal Early Alerts?

23 50 Q. Yes.

24 A. They weren't always all copied in to the Non-Executive  
25 Directors. 10:42

26 51 Q. Yes.

27 A. They would have come through our office, and then  
28 I think you will see one there where Jennifer has said  
29 'I am sorry if you have had a duplicate', while she was

1 off on holiday, 'but in case you didn't get it, I'm  
2 sending it again', so they didn't --

3 52 Q. My question, I suppose - just, I don't want to spend  
4 too much more time on this - why, to the best of your  
5 understanding, did Early Alerts, those that were sent 10:42  
6 to you, why didn't they go to the wider audience of  
7 Non-Executive Directors at the same time? Why was  
8 there this --

9 A. Well, I don't know.

10 53 Q. -- interim arrangement or intermediate step? 10:42

11 A. It would normally have come through either the  
12 Governance Office or they may have come directly just  
13 from the Head of Service or the Medical Director to  
14 myself. Sometimes, they were, rightly so, copied to  
15 the Non-Executive Directors; there was nothing set that 10:43  
16 it was always done that way, but we always copied them  
17 to the Non-Executive Directors, but we didn't always  
18 get all Early Alerts.

19 54 Q. I've got that point. The point I'm asking you is:  
20 what is your understanding of why, at least on some 10:43  
21 occasions and perhaps a significant number of  
22 occasions, they didn't go to the Non-Executive  
23 Directors at the same time as you received them?

24 A. I don't know. It was probably to do with process and  
25 the person sending it. I've no reason. Maybe there 10:43  
26 should have been a better system in place to say 'when  
27 you're sending it to the Chair, just copy all of the  
28 Non-Executive Directors into those', but I would say  
29 maybe 50% of them would have been copied to the

1 Non-Execs at the time I would have got them, but, as  
2 I've said, we didn't get all Early Alerts, but those  
3 that definitely came to me were always forwarded.

4 55 Q. Yes.

5 A. And I hope my Personal Assistant can confirm that. 10:44

6 56 Q. Well, let me just, finally on this area, put  
7 Mrs. Mullan's point to you. We can find it at  
8 WIT-100465, and at 15.4, yes:

9

10 "Prior to 18th September 2020, the sharing of Early 10:44  
11 Alerts with Non-executives other than the Chair was  
12 ad hoc and appeared to depend on the personal judgment  
13 of the Chair. This meant that Members of the Board  
14 were sometimes unaware of issues that were notified to  
15 the Department about the workings of the Trust under 10:44  
16 the following categories. . ."

17

18 And she sets those categories out.

19

20 Do you recognise what appears to be a criticism on the 10:45  
21 part of Mrs. Mullan about the process and your role in  
22 it, that the distribution was ad hoc and appeared to  
23 depend upon your personal judgment and sometimes Early  
24 Alerts which you had to hand weren't sent on to your  
25 NEDS? 10:45

26 A. Absolutely never. I mean, I totally refute that  
27 categorically, and hopefully, again, the two people -  
28 I'm not sure if the Inquiry have had statements from  
29 Jennifer Comac and Sandra - they would know all of the

1 Early Alerts that came into my office and they would  
2 know every one of them that were forwarded on because,  
3 actually, I never forwarded them; it was always  
4 Jennifer that did them. I was never keen on forwarding  
5 emails directly myself; it was always done in a process 10:45  
6 through my office. But definitely, I can't think of  
7 one where it depended on the personal judgment of the  
8 Chair. I would totally refute that, I am sorry,  
9 Mr. Wolfe.

10 57 Q. And the Early Alert concerning Mr. O'Brien didn't fall 10:46  
11 into that category, are you saying?

12 A. I believe I have covered that and I am sorry if I'm  
13 repeating it again. I don't even remember getting it,  
14 I mean, and I'm happy to repeat it again; I'm asking,  
15 then, why did Jennifer or Sandra not see that as well, 10:46  
16 or with the Chief Executive, I mean, why was that not  
17 sent? But I don't want to be repetitive, but I'm  
18 sorry, I don't like my personal comments being made  
19 there, that I kept items to myself. I had a very open  
20 style of leadership, I am a very visionary, very 10:46  
21 visible, and I believed, and still believe to this day,  
22 if you're not at work tomorrow, those in your office  
23 should know what you have been doing. So Jennifer and  
24 Sandra knew exactly what I did and where I was, what  
25 came in and what went out, who I met, and all of that 10:47  
26 is clear in the diary, and I would be shocked if  
27 Jennifer Comac believed - and I am sorry, I don't see  
28 or meet these people - would say that it was an ad hoc  
29 arrangement and it depended on the judgment of the

1 Chair. I think both Sandra and Jennifer would be very  
2 offended at that because they always came and went out,  
3 but I am sorry I have to say that.

4 58 Q. Then, could I bring you to the August Board workshop,  
5 which was a prelude to the August Board meeting; 10:47  
6 I think they were both held on the same day,  
7 27th August. If we go to TRU-158997. Just scroll up  
8 so we can see it, just a little bit further. Various  
9 issues are covered in the workshop. This one is an  
10 update from Executive Directors. Just scrolling down. 10:48  
11 Item 7 on the next page, just above that. Yes.

12 So you left the meeting at this point. I think there  
13 is a cross-heading just above that. No, there is not.  
14 So you left the meeting at this point, and Dr. O'Kane  
15 brought the Board's attention to SAI investigations 10:49  
16 into clinical concerns involving a recently retired  
17 Consultant Urologist. Members asked that this matter  
18 be discussed at the confidential Trust Board meeting  
19 following the workshop and it records the Chair  
20 returned to the meeting at this point. 10:49

21 Can you remember your actions that day?

22 A. I honestly can't, Mr. Wolfe, but I must have left the  
23 meeting because this was going to be discussed. I've  
24 no recollection of someone telling me, before it, that  
25 Dr. O'Kane was going to talk about Mr. O'Brien. But 10:49  
26 they must have, or -- how did I know to leave? But  
27 I actually don't remember that workshop and going in  
28 and coming out again, I am sorry, I don't remember it.

29 59 Q. So is it appropriate to infer, from what's recorded

1 there, that you left the meeting at the point when  
2 Dr. O'Kane introduced reference, albeit unnamed, to  
3 Mr. O'Brien, because you had a possible or potential  
4 conflict of interest and realised that it would be  
5 inappropriate to remain at the meeting?

10:50

6 A. Yes, that's probably right. I mean, I don't remember  
7 anything before it alerting me, but, yes, for that  
8 reason, yes, I must have left.

9 60 Q. The issues concerning Mr. O'Brien which had begun to  
10 trouble the Executive Directors or the Senior  
11 Management, had come to their attention in June, and  
12 they did further work through June into July, and you  
13 have explained that Mr. Devlin spoke to you, you think,  
14 in July, then the Early Alert came; this is now 27th  
15 August, and it's our understanding of the documents and  
16 what we've heard from witnesses, that this is the first  
17 occasion that the Non-Executive Directors had been told  
18 that there is any issue, is that your understanding as  
19 well?

10:51

10:51

20 A. Yes, that was my first recollection of it coming to the  
21 Board and I know that was a workshop, but, no, I've no  
22 other recollection of it coming, apart from the past  
23 times, you know, in '16/'17 year, but nothing before  
24 that, not to that time.

10:51

25 61 Q. Yes. As I say, this is probably six weeks down the  
26 line from when the Executive Directors/the Senior  
27 Management Team were aware of a problem. You had been  
28 apprised of it through the Chief Executive and the  
29 Early Alert. Do you think it's acceptable that your

10:52

1 Non-Executive Directors are only being told about it at  
2 this time, six weeks down the line, as I suggest?

3 A. No, no, it's not, but I'll not cover again about the  
4 Early Alerts because we've covered it. I just don't  
5 know why other members of the Non-Executive team 10:52  
6 weren't told, I mean. But usually, the Chief Executive  
7 would send a message, you know, an email out. I'm not  
8 sure if there was anything in that order done. But if  
9 it was serious enough, the Chief Executive would always  
10 have phoned you and I always made the call instantly to 10:53  
11 each of the Non-Executive Directors, always, anything  
12 I was told. But I agree with you, they should have  
13 known sooner if someone else knew.

14 62 Q. And do you see any responsibility residing with  
15 yourself, as Chair, to engage informally with your 10:53  
16 Non-Executive Directors to say 'This issue is  
17 developing, the Chief Executive's alerted me to it,  
18 there's reason to be concerned here, I'm letting you  
19 know'?

20 A. Yes, but, again, I'm talking about when Shane Devlin 10:53  
21 informed me, informing the office that an  
22 investigation, or they were looking into this.  
23 I've covered about the Early Alert. And, I mean,  
24 normally, I'd an excellent working relationship and  
25 really good Non-Executive Directors, and we would have 10:54  
26 communicated a lot by phone call and emails to keep  
27 each other updated because we are all busy people, so  
28 they would have been kept up to date on many matters.  
29 I mean, I didn't, in this instance, after Shane spoke

1 to me about that, inform them, because he was telling  
2 me it informally, that an investigation and all had  
3 started, but they should have been told sooner, yes, if  
4 we had known more detail, but we didn't know more  
5 detail at that stage. I believe this was the first 10:54  
6 time we were hearing, at the end of August, at a  
7 workshop, that there was investigations regarding  
8 clinical concerns, but...

9 63 Q. In terms, then, of the record that's made here, you  
10 leaving the meeting and returning, it doesn't 10:55  
11 explicitly declare your conflict. Is that just the way  
12 things were recorded, and would you accept that that  
13 isn't an adequate recording of what transpired?

14 A. Yes, that is the way that it would have been recorded,  
15 and I have heard, throughout the Inquiry, how conflicts 10:55  
16 of interest should have been detailed in all of that,  
17 but we wouldn't normally, if someone left the room, go  
18 into that detail. It's a learning point, I hear, and  
19 I have picked that up, but that is what we would  
20 normally -- even if a Director left, we would normally 10:55  
21 record a Director left at whatever time, or if they  
22 went out of the meeting for whatever, but that's the  
23 way it would be left, like that.

24 64 Q. The Board then had a confidential and, as I understand  
25 it, given the circumstances at the time, a remote 10:55  
26 meeting. I think it commenced around midday. If we  
27 look at WIT-90951. So, just scroll to the top,  
28 actually go back a little bit. Go back to the first  
29 page, yes. So there we go. The meeting commences just



1 after midday, and you're in attendance as the Chair.  
2 If we scroll down, keep going. Normally, if there's a  
3 conflict, it would be recorded in the minute. If we go  
4 down then to 951 in this series, WIT-90951, at the  
5 bottom of the page, and under "Any Other Business", 10:57  
6 under the heading "SAI", it is recorded that:

7  
8 "Dr. O' Kane brought to the Board's attention SAI  
9 investigations into concerns involving a recently  
10 retired Consultant Urologist. Members requested a 10:57  
11 written update for the next confidential Trust Board  
12 meeting."

13  
14 As is obvious on the face of the record, Mrs. Brownlee,  
15 there's no suggestion that you declared a conflict and 10:57  
16 there's no suggestion that you left the meeting for  
17 this item. And when I asked Mr. Devlin about this when  
18 he gave evidence, it was his understanding that you  
19 attended the meeting, including this portion of it.  
20 You have said in your witness statement at WIT-90874 10:58  
21 that you weren't in attendance due to the conflict,  
22 just there in the second paragraph. If you weren't in  
23 attendance for that portion of the meeting, it ought to  
24 have been recorded?

25 A. Yes, yes, and normally there is a heading in every 10:58  
26 meeting about conflicts of interest. I don't know why  
27 it wasn't. I mean, I suppose we were working very  
28 remotely, it was a very new way of working, rather  
29 strange, to be honest, a very different style of having

1 a collective approach. And it was remiss, yes, of not  
2 having that usual expression of interest on the agenda  
3 and it was remiss of me not to express an interest, but  
4 I did not stay for that meeting.

5 65 Q. And do you have a clear recollection of not staying for 10:59  
6 it?

7 A. I don't think I stayed for any meetings, Mr. Wolfe.  
8 The only meeting I attended, from memory, was -- the  
9 Board meetings, was the October meeting --

10 66 Q. Yes. Right. 10:59

11 A. -- which I'm sure we'll come to.

12 67 Q. Could I ask you about the September meeting of the  
13 Governance Committee. Mrs. Mullan was the Chair of the  
14 Governance Committee, isn't that right?

15 A. Yes. 10:59

16 68 Q. You wrote to her. You weren't formally a member of the  
17 Governance Committee, isn't that right?

18 A. No, but I would have attended frequently if there was,  
19 maybe, feedback from a learning of lessons or if there  
20 was something untoward that I wanted to listen in to, 11:00  
21 and I would normally have sent a note to the Chair,  
22 Eileen, to say I was hoping to attend, and I would have  
23 spoken to the Chief Executive about that as well.

24 69 Q. If I could bring your attention to a number of emails  
25 you sent to Mrs. Mullan, indicating that you wished or 11:00  
26 planned to attend the September Governance meeting,  
27 WIT-103261, and that's the first of it. And then if we  
28 scroll down to WIT-103263 -- just at the bottom of  
29 WIT-1303262, sorry. This is 8th September:

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"At the beginning of the confidential section when all members are present, may I please speak to the Board on a few areas..."

11:01

I think what you mean is the Governance Committee on a few areas?

A. Yes.

70 Q. It's not the Board meeting?

A. No.

11:01

71 Q. "... as Chair, and, after you do the welcome, I need to speak."

Mrs. Mullan, if we scroll back up in the direction we've come from, she explains she's not having a confidential section, she has a hefty agenda, but she's happy to give you a few minutes in open.

11:01

"... but we'll need to move quickly or immediately to the Covid-19 outbreak."

11:01

And then if we scroll on up the page, you say:

"I could not address my comments in 5 minutes as Chair of the Board. Several serious matters. Will ensure each of my points is highlighted and ask to be addressed/actioned in the full agenda."

11:02

I want, in fairness, to give you an opportunity to

1 respond to what Ms. Mullan has said about the nature of  
2 your contact with her around this issue. If we can  
3 bring you to Mrs. Mullan's statement in this respect,  
4 it is WIT-100566, and, commenting on your  
5 correspondence with her, she's explaining why she drew 11:02  
6 that correspondence to the attention of the Inquiry.  
7 She says she found the exchange strange at the time, on  
8 a number of fronts. She says:

9  
10 "First, there appeared to me to be an air of 11:03  
11 anxiousness from the Chair of the Board."  
12

13 And she draws attention to the "I need to speak" and  
14 your referral to "'several serious matters', but not  
15 being specific about what those matters were. 11:03

16 Second, the Chair emailed me from her personal email  
17 address initially.

18 Third, a meeting of the Governance Committee was not a  
19 meeting of the Trust Board and the Chair would have  
20 known this." 11:03

21  
22 And she goes on to say:

23  
24 "She noted that the timing of the exchange was between  
25 the Trust Board being notified on 27th August 2020 11:03  
26 about Urology concerns and the next Trust Board meeting  
27 due to take place on 24th September 2020, where the  
28 Urology concerns were an agenda item in the  
29 confidential section."

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And she sets the relevant material out.

Just scrolling down, there we go. What was your purpose in wanting to speak to the Governance Committee at that time and do you agree with what Mrs. Mullan has suggested, or Ms. Mullan has suggested, that your approach to it was unusual or she found strange because it betrayed an air of anxiety on your part? 11:04

A. Mr. Wolfe, I was shocked when I read this. First of all, I would have attended, and I am sure there is records going back in all of my ten years having attended many of the Governance meetings, so -- and I am not an anxious person, and I don't believe, on that occasion, I had any different style to what I normally would be. I don't know what order you want to take them in. If we want to take the last one first? This reference as if I was going to -- from August to September meeting, I wanted to talk about Urology. From memory, Urology wasn't on the Governance agenda. 11:05

72 Q. Exactly.

A. That's the first thing. And secondly, I honestly would be shocked if anyone told you that I would go to a meeting, that I wasn't the Chair of, to introduce a heading or to talk about something that wasn't on the agenda. It's not my style, it's not in my professional leadership. I wouldn't do it. First of all, I mean, just to set it again in context, the Chief Executive 11:05

1 and I would have been meeting maybe nearly every  
2 other hour around the Covid situation in our hospitals,  
3 and I don't want to go into the detail of that, but  
4 they were really, really serious matters. Secondly,  
5 Minister Swann would have been dialling in to talk to 11:06  
6 us very, very frequently. So, I think, and I haven't  
7 maybe been shown it yet, did I not send an email to  
8 Eileen whenever I knew she could only give me a  
9 few minutes? Because you couldn't have had a  
10 few minutes, I mean, about what I wanted to talk about 11:06  
11 in the detail. There is an email, I believe, on file  
12 that I sent to her before the Governance meeting about  
13 these serious matters, what they were going to be. And  
14 importantly, Mr. Wolfe, I think that meeting was a  
15 consultant obstetric and gynaecologist giving feedback 11:06  
16 on post-partum haemorrhage, and mindful that we had had  
17 some really, really serious alerts from Midwifery and  
18 Women's Health and --

19 73 Q. I think just if I can assist you --

20 A. Sorry, I am maybe in the wrong meeting, but I think 11:06  
21 that --

22 74 Q. Let me bring you to the email I think you're referring  
23 to, to WIT-103264. Is this what you have in mind?

24 A. Sorry, may I just read it a minute? Yes, I was  
25 telling -- sorry, could I just see what date that was? 11:07  
26 9th September. Wasn't the meeting the next day and  
27 this -- about my personal email --

28 75 Q. Yes.

29 A. I mean, I would have used my personal email, not for

1 anything confidential, as such, but to communicate with  
2 the staff, because sometimes, where I lived, my iPad  
3 and laptop didn't always work. So that's about my  
4 personal email. I think my staff would all have known  
5 I did that very often. I'm not sure what's that meant 11:07  
6 to reference. I mean, I was telling her -- I thanked  
7 her for replying. I hadn't had my phone, and I said:

8  
9 "The Chief Executive and I will be updating tomorrow's  
10 meeting on issues all well known to the Trust Board." 11:07

11  
12 I appreciate this was the Governance Committee. But  
13 with respect, Mr. Wolfe, all members of the Board, with  
14 the exception of myself, sit on Governance, they all  
15 would have been at the Governance. I know some were on 11:08  
16 holiday, but would have been at Governance.

17  
18 "... members at this present time and I'm happy to  
19 discuss them under each item."

20 11:08  
21 Again, from memory, I would normally have seen the  
22 agenda, and Covid initially on that draft agenda wasn't  
23 high up on the agenda. Secondly, the Muckamore Draft  
24 Report that we had wasn't on the agenda, and I believe  
25 strongly that if we had received a report for learning, 11:08  
26 it should have been on the Governance, and I had  
27 mentioned that, and then it went on to that. And  
28 again, Sandra Judt should be able to confirm that.

29 76 Q. So, just to be clear, and I'm anxious to give you as

1 much time as you want to address this --

2 A. Yes, well, I just would like to be clear on that,

3 Mr. Wolfe --

4 77 Q. Let me try to --

5 A. -- because I am very offended how that was said about 11:08

6 me.

7 78 Q. Let me try to package it in this way: It would appear,

8 on Mrs. Mullan's account, that she found the

9 intervention unusual, and it would appear from what she

10 is saying that she had a suspicion, perhaps, at one 11:09

11 point that you wished to introduce issues concerning

12 Mr. O'Brien and that part of it, but you are saying

13 that was not your intention?

14 A. Absolutely not. That may have been her thinking, but

15 there's absolutely no way someone of my calibre would 11:09

16 attend a Governance meeting and start to introduce

17 something, it's just not what I would do. I was

18 talking about the agenda points and the adjustment of

19 the agenda and, actually, had told her the Chief

20 Executive and I had discussed what we were going to 11:09

21 discuss in the matters under, you know, the serious

22 headings, and they were mostly around Covid, and what

23 was happening within the hospital at that time were

24 really quite grim, and what the Minister's latest

25 update would be. We would have maybe been talking to 11:09

26 the Minister two or three times a week online and had a

27 phone call from the Permanent Secretary, so we

28 needed -- to me, those were all very serious Governance

29 matters, and those are the matters I was referring to.



1 79 Q. Yes. And we can see - and I needn't bring it up; the  
2 Panel can look at it in good time - we can see from  
3 the minutes of that meeting, which the Panel can find  
4 at TRU-22082, that you provided updates to the  
5 Governance Committee on Covid and in relation to the 11:10  
6 Muckamore Inquiry, which had been recently announced;  
7 is that your recollection of what you had in mind when  
8 speaking to Ms. Mullan?

9 A. I mean, Mr. Wolfe, I would never go to a meeting that  
10 I am not the Chair of and not have informed the Chair 11:10  
11 of that Committee what the matters were I was going to  
12 discuss, and therefore, I had sent her an email to tell  
13 her, look, I mean, we need to get the Muckamore Abbey  
14 Report on because of what we had heard about that and  
15 also the Covid. These were the serious matters, and 11:11  
16 they were extremely serious, very serious, when you  
17 look back to what went on within the Southern Trust  
18 during Covid.

19 80 Q. Could I bring you then to the build-up to the Trust  
20 Board meeting which took place on 24th September. In 11:11  
21 advance of that meeting, you engaged with one of your  
22 Non-Executive Directors, Pauline Leeson, to ask her to  
23 take over the chairing role because you envisaged that,  
24 if I can call it, the Urology issue or the Aidan  
25 O'Brien issue was going to be discussed or was likely 11:11  
26 to be discussed at the Board meeting, is that fair?

27 A. Yes. I think at the August meeting, we'd asked for a  
28 detailed report to come to the September meeting, so  
29 I knew it was going to be on the agenda, and yes,

1 I normally would take it in turn to ask different  
2 Non-Executive Directors to deputise, and I asked  
3 Pauline would she step into the Chair for that, yes.  
4 81 Q. Yes. And you explain that, if we just bring up your  
5 witness statement at WIT-90873, you explain that in the 11:12  
6 third paragraph. You said that:  
7  
8 "Because of what could have been perceived as a  
9 conflict of interest, I spoke around July/August 2020  
10 to Pauline Leeson to explain that I did not wish to 11:12  
11 attend Board meetings where Mr. O'Brien was going to be  
12 discussed - I asked Pauline Leeson, as a NED, would she  
13 Chair when this topic arose."  
14  
15 And you go on to say: 11:13  
16  
17 "I reminded Pauline Leeson of the importance of  
18 following due process in a timely manner and asked her  
19 to check when Mr. O'Brien had his appraisal completed  
20 and about his revalidation." 11:13  
21  
22 You go on to list other tasks that you directed to  
23 Mrs. Leeson, including to check whether Mr. O'Brien's  
24 PA had comments on lack of administration and if there  
25 were any concerns raised by medical colleagues who 11:13  
26 worked alongside Mr. O'Brien. You questioned what the  
27 GPs had prescribed for the same conditions "because  
28 I knew there was an issue about medicines Mr. O'Brien  
29 had been prescribing", and you go on to emphasise that

1 the conversation with Pauline Leeson was not for the  
2 purposes of advocating on behalf of Mr. O'Brien but to  
3 protect the Trust and to ensure that due process was  
4 being followed in procedures and governance adhered to.

11:14

5  
6 I think we can leave that extract there.

7  
8 Just a couple of points around that. I think you've  
9 said that the discussion took place in July or August.  
10 Mrs. Leeson has it that it took place in late August or  
11 early September, which would appear to make sense.

11:14

12 A. Make sense.

13 82 Q. And you agree with that?

14 A. Yes. I mean, I may have got that date wrong, yes.

15 83 Q. Yes. A second point that she has made in her evidence  
16 at WIT-99775 is that you declared to her this possible  
17 conflict of interest by reference to the fact that you  
18 were a former patient of Mr. O'Brien. Does that seem  
19 fair and accurate?

11:15

20 A. Yes. I don't remember the particular conversation with  
21 Pauline, but I would have told her why I was stepping  
22 out, yes.

11:15

23 84 Q. She does not recall you declaring any other source for  
24 the conflict, so, for example, you didn't discuss with  
25 her your history of working with Mr. O'Brien through  
26 CURE or your close friendship with him?

11:15

27 A. No, I didn't discuss CURE. I think I covered that in  
28 previous days because CURE was spent, you know,  
29 some years previously. No, I didn't discuss that with

1 her. But I believe what I was asking her to do was to  
2 stand in to take the Chair. I was not advocating in  
3 any way for Mr. O'Brien. I was giving her areas, and  
4 I think there might have been further emails about  
5 that, I can't remember all, but about areas that we 11:16  
6 needed to look at. Remember, Mr. Wolfe, this was the  
7 first time we were going to hear a lot of detail about  
8 Mr. O'Brien and clinical issues. And, I mean, I would  
9 sit on other panels outside of the Trust, and these are  
10 questions that I would normally, you know, be asking to 11:16  
11 get the background detail, and that's all I was doing,  
12 was really to guide Pauline Leeson. She didn't know  
13 anything about it, we were getting it for the first  
14 time, but it wasn't in any way to advocate, or that.  
15 I wasn't in the room, but I didn't... 11:16

16 85 Q. We'll come back to -- you have listed in the extract  
17 that I have just read from, the kinds of issues you  
18 felt that Mrs. Leeson should ensure were dealt with as  
19 Chair. Now, we'll come back to the appropriateness of  
20 you directing on those matters, given the conflict that 11:17  
21 you have acknowledged, we'll come back to that in a  
22 moment. I just want to make the point that Mrs. Leeson  
23 has made, and that is that, apart from telling her to  
24 raise concerns about the issues in Urology not being  
25 brought to the Board before now, before 2020, you did 11:17  
26 not go through with her these lists, this list of other  
27 issues that you have set out in your statement. So,  
28 for example, you didn't raise with her the question  
29 about what the GPs were doing, you didn't raise with

1 her issues about Mr. O'Brien's appraisal and  
2 revalidation, that kind of thing. She believes that  
3 those issues were only raised later with the  
4 Non-Executive Directors in an email which you sent,  
5 could that be correct? 11:18

6 A. Well, I know it was a phone call. You know, I wasn't  
7 meeting her one to one. I do believe that I did say  
8 these to her, just as outline points. I don't believe  
9 I was leading her in any way. She was going to be  
10 chairing the meeting. I wasn't going to be in it. She 11:18  
11 was a very experienced Non-Executive Director, so,  
12 I mean -- but I believe I did say those to her, you  
13 know.

14 86 Q. Mm-hmm. You've mentioned, if we just scroll back to --  
15 we're going back to WIT-90873. Just scroll down the 11:19  
16 page, just scroll on down further, please. Thank you.  
17 So, in terms of your memory and the sequence, you've  
18 said there, for example:

19  
20 "I questioned, that is, what the GPs prescribed for the 11:19  
21 same conditions."

22  
23 That would appear to be a reference to the Bicalutamide  
24 issue, which didn't emerge until later in the year, it  
25 didn't emerge until October, when the Trust Board were 11:19  
26 told about it, so it may seem unlikely that you were  
27 able to raise that with her as an issue in late August  
28 or early September?

29 A. Well, I must have heard that from someone within the

1 Trust, I mean, because why would I have said it to her?  
2 I do know when it would come on, it was Dr. Gormley  
3 then referred to that in the October meeting. But  
4 I believe, from my recollection of this call,  
5 I highlighted some of these areas and I asked about 11:20  
6 that -- the GPs prescribing, but I must have had that  
7 from -- someone in the Trust must have told me that.

8 87 Q. Yes.  
9 A. It must have been the Chief Executive, or whoever.  
10 I don't know who else because I wouldn't have been 11:20  
11 talking to anyone else. I mean, I have never had any  
12 discussion with Mr. O'Brien about prescribing any  
13 medicines at any time.

14 88 Q. So this is you formally handing, I suppose, the baton  
15 to Mrs. Leeson to take over this issue around urology 11:20  
16 at the September meeting. Again, just another step in  
17 the build-up to that meeting, if I could ask you about  
18 your engagement with Mr. Devlin before the meeting,  
19 WIT-100348. You've sent him an email, this is two days  
20 before the meeting, and you say to him, it's also 11:21  
21 addressed to the NEDs:  
22

23 "Thank you for discussing the detail of Agenda 7 with  
24 me this morning. The paper, I have read, and  
25 I understand you will forward the paper to the NEDs 11:21  
26 later today. I will leave the meeting for Agenda 7  
27 item and this part will be chaired by Pauline Leeson in  
28 my absence."  
29

1 Then, you're telling the NEDs:

2

3 "This is an urgent matter of high risk and I ask that  
4 you read this paper thoroughly and come prepared to  
5 question."

11:22

6

7 So, this is the paper which the NEDs had requested in  
8 the August workshop and Trust Board meeting, isn't that  
9 right?

10 A. Yes, I assume so, yes.

11:22

11 89 Q. And you have been given access to the paper and you  
12 have read it and discussed it with Mr. Devlin?

13 A. Yes, if I said that, yes. Shane would always have  
14 discussed those with me.

15 90 Q. And could I just ask you about what you say in relation  
16 to that paper in your witness statement to the Inquiry,  
17 WIT-90874, and just if we take:

11:22

18

19 "The next meeting of the Board was held on  
20 24th September. I declared an interest in Item 7  
21 (mindful the Board had asked for a written update at  
22 the August meeting to be brought to the September  
23 meeting) and I left the meeting for this Urology agenda  
24 item.

11:23

25

26 Pauline Leeson took the Chair in my absence. Prior to  
27 receiving USI or Inquiry discovery documents on  
28 17th November 2022, I had never seen the paper prepared  
29 for this agenda item in September 2020. I knew none of

11:23

1 this detail of the allegations regarding Mr. O'Brien."

2 A. I think the paper, Mr. Wolfe, that I mention, that  
3 should have been that I hadn't seen, was in November  
4 2020, I've just -- because I did -- you know, I did  
5 notes on it; you know, I sent in ahead my concerns 11:24  
6 about what I had read. But I think the paper that  
7 I hadn't seen was the November paper. I am just  
8 mentioning that, sorry.

9 91 Q. So that's inaccurate?

10 A. Well, I believe it is the document -- the paper that 11:24  
11 was prepared for the November meeting, I didn't see in  
12 the documents that I received.

13 92 Q. I'm struggling to understand?

14 A. Sorry.

15 93 Q. You're dealing, in this section of your witness 11:24  
16 statement exclusively --

17 A. Yes.

18 94 Q. -- with the preparations for the September meeting?  
19 A. Meeting, yeah.

20 95 Q. And are you simply telling the Inquiry that you have 11:25  
21 become muddled up?

22 A. Well, I do know I didn't see the paper for November  
23 2020, and it's in the bundle, I think. To be fair,  
24 Mr. Wolfe, I just can't remember it all, my  
25 recollection, but I must have seen it because I know 11:25  
26 the email is there, so I'm not doubting that. But I am  
27 saying I didn't see -- in that bundle, as well, I think  
28 there is - I know you'll come on to that later - there  
29 is a paper, November -- it was presented for



1 the November meeting, with all of the detail, and  
2 I didn't see it, so I'm just declaring that. But I did  
3 see that paper, yes, because the Chief discussed it  
4 with me and I did -- but I want to put the record  
5 straight, I believe it is the November, there is a 11:25  
6 paper on -- for the Board meeting, October or November,  
7 that I didn't see.

8 96 Q. Yes, yes. And why didn't you see the November?  
9 A. The November paper, I just never saw it. It came in  
10 the bundle. well, I didn't attend the November 11:26  
11 meeting, the November 2020 meeting, I didn't attend it.

12 97 Q. Yes, because you had a conflict of interest?  
13 A. Yes, and I was actually ready to go. You know, I was  
14 leaving near enough within that week.

15 98 Q. Yes. 11:26  
16 A. But, I mean, that paper, I didn't see it. I am sorry  
17 if I'm confusing you.

18 99 Q. Okay. What you are saying is: 'I didn't see  
19 the November paper'?

20 A. No. 11:26

21 100 Q. 'Because I had a conflict of interest'?  
22 A. Yes.

23 101 Q. 'And I shouldn't have seen that paper'?  
24 A. Well, yes, you could say that, yes. But, I mean, I did  
25 not see any harm, as the Chair of the Trust, reading 11:26  
26 this paper, in my role of accountability and  
27 responsibility, and it was not in any way to advocate  
28 or do anything for Mr. O'Brien. I was sent it,  
29 I didn't say not to send it to me. I didn't see

1 anything that I was reading that I was causing any harm  
2 because I was never involved in the investigation  
3 process of Mr. O'Brien, never in the detail or any of  
4 the decision-making and I never talked to any of those  
5 doctors that are all named in it. So, reading that 11:27  
6 paper, to me, was reading it as I would have read it  
7 for anyone in my role as the Chair of that September  
8 meeting.

9 102 Q. We'll come to the November meeting in a moment, but  
10 just if we can go back to this statement. What you, 11:27  
11 rather, should have said, instead of what you did say,  
12 is that: 'Prior to receiving USI documents on  
13 17th November 2022, I had never seen the paper prepared  
14 for the agenda item in November 2020', is that what you  
15 meant to say? 11:27

16 A. Yes.

17 103 Q. That's what you should say?

18 A. Well, that's -- yes, but I just think there is a mix-up  
19 there, and my apologies.

20 104 Q. And then in the last sentence on that paragraph, that's 11:27  
21 wrong as well, where you say:  
22  
23 "I knew none of the detail of the allegations regarding  
24 Mr. O'Brien."  
25 A. Until I read the detail for the meeting in September. 11:28

26 105 Q. Yes.

27 A. That's what I was meaning. I knew none of this detail  
28 of the allegations regarding Mr. O'Brien until I read  
29 that paper, which, with respect, I believe I did no

1 harm in reading it and commenting on it because it  
2 wasn't in any decision-making; it was more for a  
3 Governance and to get insight and see what the Board  
4 were following in due process and how the systems had  
5 been followed, and that's what I was commenting on. 11:28

6 106 Q. Well, in fairness, you knew of the concerns from  
7 Mr. Devlin speaking to you in July, you knew of the  
8 concerns regarding Mr. O'Brien through the Early Alert,  
9 and here, instead of saying 'I knew none of the  
10 detail', you should have been saying 'I knew as much 11:28  
11 detail as the rest of the NEDs because I received the  
12 report for the September meeting'?

13 A. Yes, well, with respect again, Mr. Wolfe, the verbal  
14 conversation I had with Shane Devlin was verbal,  
15 standing in my office, and he gave me the higher level. 11:29  
16 There was no detail. I have already covered about the  
17 Early Alert and what I was saying: Until I got the  
18 detail of that paper, that was a paper that was  
19 provided for that September meeting, it was quite a  
20 long detailed paper -- 11:29

21 107 Q. Yes.

22 A. -- I had not seen that before, and I had not -- wasn't  
23 aware of those details that was in that paper. That's  
24 what I am meaning in that.

25 108 Q. Yes, yes. So we have your corrections then for the 11:29  
26 purposes of that statement. If we can go, just to  
27 orientate ourselves again on the paper that you  
28 referred to, it's at TRU-262070. So that's the paper  
29 you accept that you received. As you say, it's quite a

1 detailed paper, setting out the background to the  
2 concerns, and you discussed that paper with Mr. Devlin?  
3 A. Yes, well, I mean, we wouldn't have discussed it in  
4 detail, but normally anything that was coming to the  
5 Board in the preparation for it, Shane would have had a 11:30  
6 pre-meeting, maybe, to go over high-level stuff and, I  
7 mean -- so we didn't go into the detail of it. He  
8 would have been telling me what was coming to the  
9 Board.

10 109 Q. And having reviewed that paper, you wrote to your 11:30  
11 fellow NEDs on 23rd September, if we can look at that,  
12 WIT-99812. You're referring to the paper for  
13 Confidential Trust Board, Item 7, and then you're  
14 directing your NEDs' attention to the various issues  
15 that you think are pertinent to the Urology matter, and 11:31  
16 you set them out.

17  
18 These are the kinds of matters listed here that you say  
19 in your statement you discussed with Mrs. Leeson, and  
20 I have your answers on that. She believes you are 11:32  
21 mistaken, she believes that you didn't raise these  
22 issues with her on the telephone, they came through  
23 this email to the rest of the NEDs, and I have your  
24 answer on that.

25 11:32  
26 Could I ask you this, Mrs. Brownlee: In circumstances  
27 where you have acknowledged explicitly a conflict of  
28 interest, you're not going to Chair this subject  
29 matter, why is it, in your view, appropriate that you

1 would then engage with your Non-Executive Directors in  
2 directing their mind on issues of concern to you?

3 A. Well, first of all, Mr. Wolfe, I rarely, in all of  
4 my years, had to ever leave any Board meeting for  
5 conflicts of interest. So that's the first thing. 11:33  
6 This would probably have been one of the first.  
7 I mean, secondly, I do not -- well, I respect you  
8 saying "leading". I was saying, I've read this paper  
9 and here's some of the concerns I would have about it.  
10 I believe they were very balanced. They weren't in any 11:33  
11 way advocating for Mr. O'Brien or asking anybody to do  
12 anything in that way. I was saying, 'I have read this  
13 paper as the Chair and here are issues that I would  
14 want to know, I am sure you'll be asking these, and  
15 many other questions'. These Non-Executive Directors 11:33  
16 were really good people, very knowledgeable, very able.  
17 They would have had many other questions. I was not  
18 leading them in any way. I was saying here's, for me  
19 reading it, what my thoughts are, and I didn't see any  
20 harm in that. 11:33

21 110 Q. Yes. We've gone over, on the last occasion, the  
22 Northern Ireland Audit Office 'Guide on Conflicts of  
23 Interest', and no doubt you have had an opportunity to  
24 reflect on your behaviours around these issues.  
25 Thinking and reflecting on these issues, do you still 11:34  
26 maintain that it was appropriate to engage with your  
27 Non-Executive Directors in the way set out in this  
28 email?

29 A. I understand clearly the Northern Ireland Audit Office.

1 I have attended much training on conflicts of interest.  
2 I did not see, and still don't see, any harm in what  
3 I did. I believe they were highly professional,  
4 accepting my role in the way that I do, I was putting  
5 forward, from reading a paper, as I would normally do. 11:34  
6 If you look back on all of my records, that's what  
7 I would do. So I -- even reading the Northern Ireland  
8 Audit Office, I don't believe that there was anything  
9 in particular I was advocating for Mr. O'Brien here.  
10 I was saying, wearing my Trust hat, thinking of the 11:34  
11 responsibilities that I had, thinking of all that was  
12 going on and the speed this was moving at, this was the  
13 first time this was coming to the Board, this was the  
14 first detailed paper we have seen - yes, I've read it.  
15 The Inquiry can decide if I was wrong in reading it or 11:35  
16 not. I read it. Shane and I had discussed many points  
17 on it and the questions that I had. And I was just  
18 saying, as they would have been used with my NEDs, here  
19 is what I see in this paper and that was all. You  
20 know, I am sure they didn't ask maybe any of those 11:35  
21 questions or, if they did, I wasn't leading them.  
22 I was just saying, here is what my impression is of  
23 reading this paper for the first time and what I would  
24 have wanted to know.  
25 111 Q. Yes. Just in fairness, and I'll bring up the Audit 11:35  
26 Office Guide again and you can help the Panel  
27 understand why you considered that there's no conflict  
28 - sorry, I'll choose a different word - no  
29 contravention of the guidance in your behaviours. If

1 we can bring up the Audit Office Guide at WIT-103232.  
2 Sorry, I may not be able to find it quickly. Perhaps  
3 we'll take a break now?

4 CHAIR: Yes, I think it's appropriate.

5 MR. WOLFE KC: And come back to that.

11:37

6 CHAIR: we'll come back at five to twelve.

7

8 THE HEARING RESUMED AFTER THE SHORT BREAK AS FOLLOWS:

9

10 CHAIR: Thank you, everyone.

11:56

11 112 Q. MR. WOLFE KC: If I could bring you, Mrs. Brownlee, to  
12 an extract from the Northern Ireland Audit Office  
13 'Guidance on Conflict of Interest', it's WIT-103232.  
14 The cross-heading is "Recognising a Conflict of  
15 Interest", and it says:

11:57

16

17 "At its most basic, a conflict of interest arises where  
18 an individual has two different interests that overlap.  
19 This Guide uses a broad definition that is applicable  
20 across the Public Sector and is relevant to public  
21 officials and Board members alike."

11:57

22

23 And it sets it out:

24

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

11:57

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It goes on to say:

"A conflict can be perceived. . ."

11:58

And it goes on to explain that:

"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 individuals concerned.

11:58

11:58

A perception of the 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."

11:58

And it goes on to explain under the heading "Whose Interest":

11:59

"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



1 friends and associates who have the potential to  
2 influence the public official or Board member's  
3 behaviour. "

4  
5 So, that's as much as I think I need to read out to 11:59  
6 you, Mrs. Brownlee. I read this out in the context of  
7 your intervention with your Non-Executive Directors  
8 and, indeed, as we will see subsequently, your  
9 attendance at the October Trust Board meeting, but, in  
10 this particular context, you're writing questions and 11:59  
11 raising issues with your fellow Board members in  
12 advance of the September meeting, when you have already  
13 recognised a conflict of interest. So I'll ask you  
14 once again, having had an opportunity to consider that,  
15 do you consider, upon reflection, that there was 12:00  
16 anything inappropriate about your decision to write to  
17 your Non-Executive Directors to set out the concerns  
18 that you would like them to raise at the Board meeting?

19 A. Mr. Wolfe, at that time when I read the report, I was  
20 highlighting -- I didn't say they had to raise them at 12:00  
21 the meeting. I was expressing my concerns on reading  
22 the paper. Yes, I've read that and I have read the  
23 conflicts of interest on many occasions and I believe  
24 what I did at that time was what was expected of me as  
25 the Chair of the Board. Now, if you were asking me 12:00  
26 now, knowing all that has been brought before the  
27 Inquiry, I mean, would I have been involved in any of  
28 this? No. My time was up in March '19 and I took my  
29 extension. If I'd known this was all going on, I would

1 have left. I, actually, was asked on numerous  
2 occasions to remain on because of my capabilities and  
3 how I'd managed and led the Board during very difficult  
4 times, and I stayed on. Yes, if I knew all now,  
5 I wouldn't have stayed on; I would have been better 12:01  
6 out. So, hindsight is good and very important to learn  
7 from it, but at that time, I believe I had read the  
8 paper. I wasn't leading the Board questions to ask  
9 because they were all strong individuals themselves,  
10 and would. I was only saying this was from what I have 12:01  
11 taken from it. In reading this here, I still believe,  
12 having declared my interest, that I still would have  
13 been able to act in the best interests of the Board and  
14 the Governance arrangements and the best interests of  
15 patients, and that's all I can say. 12:02

16 113 Q. Let me bring you back to the email you sent to the  
17 Non-Executive Directors, at WIT-99812. As I say, it's  
18 dated 23rd September. It's written on the eve, the day  
19 before, the meeting. It sets out - just scrolling  
20 through it - you're asking a series of detailed 12:02  
21 questions regarding the performance of Human Resources.  
22 You're asking about Trust governance. You're  
23 suggesting comparisons with other consultants. You're  
24 talking about a lack of line management. And you  
25 conclude, if we just look at the bottom: 12:02

26  
27 "Whilst I'm stepping out of this item, not due to any  
28 aspect of the content included, I still wish to know  
29 many of these answers. I will be looking to the

1 Non-Executive Directors to challenge this and have well  
2 recorded the answers."

3 A. Yes, that's what I am saying. I would be expecting the  
4 Non-Executive Directors to challenge many of these  
5 areas, and indeed their own - as I have said, they were 12:03  
6 very experienced people, they would have read the  
7 report probably in a different way to myself and to  
8 make sure we had good records. Remember, Mr. Wolfe, to  
9 this time, we had no records. So that's what I was  
10 saying, I would be looking to hear, you know, what is 12:03  
11 the outcomes? My best interests was for the Trust;  
12 what were the outworkings of the Trust at that time?  
13 what were the implications for the Trust. I hadn't had  
14 any assurance that due process had been followed.  
15 I mean, we'll come to it, no doubt, in time, when we 12:03  
16 hear that some of the review, the scoping exercises  
17 hadn't been completed when we were ready to go, nearly,  
18 with Minister's announcement. So, I mean, that's what  
19 I was saying: we would need to have good records, we  
20 would need to have good questions, we would need to 12:04  
21 know the outcomes of these questions and, indeed, many  
22 others.

23 114 Q. Let me leave it with this final question: In light of  
24 the guidance which I opened to you, you will have seen,  
25 if you like, themes relevant to your circumstances. 12:04  
26 Your good friend, Mr. O'Brien, is your private  
27 interest -- is one of your private interests, would you  
28 agree?

29 A. Yes, he was a good friend, yes, but there is nothing

1 I would have done for him or anyone else that would  
2 have affected patient care.

3 115 Q. Yes.

4 A. You know, I wasn't involved in any of the  
5 decision-making, the investigation, so yes, I respect 12:04  
6 that. But at this time, from memory, this is  
7 September, Mr. O'Brien had gone, I think. You know,  
8 there was nothing I was going to be doing or saying  
9 would impact in any way the path of the journey, the  
10 travel that had happened to Mr. O'Brien. So I do 12:05  
11 understand that he was a good friend, I mean, but  
12 I wasn't asking this in any way for that purpose.

13 116 Q. And would you accept that his interests and the Trust's  
14 interests, in association with the issues that arose,  
15 were, in many respects, different; he was challenging 12:05  
16 the Trust's view of the world, and you, as Trust Board  
17 Chair, ought to have had, as your primary interest, the  
18 interests of the Trust and, therefore, was the  
19 obligation not, in accordance with the guidance, for  
20 you to step completely away from this and have no input 12:05  
21 whatsoever, because, at the very least, there was a  
22 perception, or there could have been a perception of  
23 conflict of interest?

24 A. Certainly, with hindsight now, knowing all, yes, but  
25 I want to assure you, Mr. Wolfe, and to the Panel, at 12:06  
26 all times in my role in the Trust, I always acted in  
27 the best interests of the Trust. It wasn't for  
28 Mr. O'Brien.

29 117 Q. Why do you need hindsight to answer the question in

1 that way, unless you didn't understand what is meant by  
2 'conflict of interest or 'perception of conflict of  
3 interest' at that time?

4 A. I did understand at that time what 'conflicts of  
5 interest' were, I did, and still do, but what I am 12:06  
6 saying, at that time, when we were becoming more  
7 involved in the detail, I was not in any way  
8 implicating myself or making decisions in relation to  
9 the investigation or any outcomes. At that stage,  
10 Mr. O'Brien, I believe, was -- left the service, so -- 12:07  
11 but, yes, now, looking back, it would all be a very  
12 different landscape today.

13 118 Q. When you spoke to Mr. Devlin about the concerns in  
14 Urology, was Mr. O'Brien discussed?

15 A. Now, when do you mean? Before this meeting or for this 12:07  
16 paper?

17 119 Q. The paper arrives with you?

18 A. Mm-hmm.

19 120 Q. And you go and you have a morning meeting with  
20 Mr. Devlin to discuss the paper. Did you discuss 12:07  
21 Mr. O'Brien?

22 A. Yes, but when we would go to discuss the whole agenda,  
23 we wouldn't have been specifically about that paper and  
24 it wouldn't have been, you know, a full morning --

25 121 Q. It's a very straightforward question, Mrs. Brownlee, 12:08  
26 with respect.

27 A. Well, I don't remember talking to Shane Devlin  
28 specifically about Mr. O'Brien, no, I don't, or  
29 advocating for him, nor indeed, I want to make it very

1 clear, Mr. O'Brien never spoke to me at any time about  
2 clinical issues for me to write that note, never.

3 122 Q. How could you have a discussion with Mr. Devlin about  
4 the subject matter of this paper and not discuss  
5 Mr. O'Brien?

12:08

6 A. Oh, yes, we were -- sorry, I thought you meant a  
7 personal, sorry, I maybe picked you up wrong. Of  
8 course, when we were talking about the high level, what  
9 was going to be discussed at the Board, we would have  
10 discussed Mr. O'Brien in that paper, and I think I said 12:08  
11 the questions I would have asked. Sorry, thought you  
12 meant the personal end of Mr. O'Brien, I misunderstood  
13 that.

14 123 Q. Let me put to one side then any discussion about  
15 conflict of interest and your view of it. What is 12:09  
16 contained in this email is a series of concerns that  
17 you had about how the whole situation in urology had  
18 been handled, is that fair?

19 A. What I was reading in the report, yes.

20 124 Q. Yes. What you say towards the top of the section that 12:09  
21 we can see on the screen:

22

23 "When you read this extremely serious situation we're  
24 now in, as Chair, I feel this is coming to Trust Board  
25 late."

12:09

26

27 So I think that's perhaps an important sentence in  
28 terms of your understanding of it. Was it your sense  
29 that, as a Board, as I say, leaving aside the conflict

1 of whether you should have been involved or not  
2 involved, is it your sense of it then and is it your  
3 sense of it now that, in terms of the performance of  
4 the Senior Management Team, the Executive Directors and  
5 those whose duty it was to communicate with the Board, 12:10  
6 with the Non-Executive Directors of the Board and  
7 yourself as Chair, did you feel short-changed in terms  
8 of that communication?

9 A. Yes, at the time, it was coming for the first time in  
10 September 2020 to the Board, in a detailed report. 12:10  
11 I do believe, and I've said this before, that the  
12 supervision and the audits and all of the governance  
13 arrangements in Urology should have been identified  
14 much sooner through the Head of Service and the  
15 Clinical Lead and, indeed, fed through that governance 12:11  
16 arrangement of management, and, where they had  
17 difficulty for whatever reason, that should have been  
18 escalated, and I would have expected, be it the  
19 Director of Nursing, to the Medical Director, to have  
20 brought that to the Board much sooner, and indeed, if 12:11  
21 the Chief Executive had known much sooner too, I'd  
22 have -- I'm assuming Shane didn't know any sooner than  
23 when he was told. And previous Chief Executives,  
24 I have read their statements, I may be wrong in saying  
25 it, but I think most of them said that none of them 12:11  
26 were aware of any Urology issues. So, absolutely,  
27 I believe strongly in line management, good governance,  
28 supervision and audit and clinical outcomes, and that  
29 should have been identified and dealt with and, for

1 whatever reason, if it wasn't, and those working in  
2 that system, if they couldn't deal with it, there was  
3 lots of opportunities to escalate that, right through  
4 to the Chief Executive level and, indeed, if the Chief  
5 Executive had struggled or had difficulty with me, 12:12  
6 which we've heard, then that should have been sent to  
7 the Permanent Secretary. Those are all questions that  
8 I don't understand, why did nobody ever bring this  
9 sooner? Or, indeed, if I was so difficult, as is what  
10 appears to have been told to the Inquiry, why did 12:12  
11 someone not bypass me? These were very senior people,  
12 very capable and competent people, very confident  
13 people, as were my Non-Executive Directors. And I was  
14 away for quite a long period abroad, so there was all  
15 these opportunities. So, yes, to answer your 12:12  
16 question - sorry, I have went into detail - I believe  
17 it should have been to the Board much sooner when it  
18 was identified, if not able to be dealt with.

19 125 Q. We know that in the report that you saw for the  
20 September meeting, a timeline is set out; it sets out 12:12  
21 the background to the MHPS process, the fact that an  
22 investigation report had been produced and that  
23 Dr. Khan, the then-Medical Director and Case Manager  
24 for the MHPS process, had produced a determination.  
25 Let me just take you to an aspect of that 12:13  
26 determination, it's his "Final Conclusions", and we can  
27 find that at AOB-01923, and if we scroll down to "Final  
28 Conclusions". This is Dr. Khan's analysis, having  
29 considered the MHPS Investigation Report produced by



1 Dr. Chada and, having considered the materials, this is  
2 his view as of October 2018. And just that second  
3 paragraph I wish to take your views on:  
4

5 "The Investigation Report also highlights issues 12:14  
6 regarding systemic failures by managers at all levels,  
7 both clinical and operational, within the Acute  
8 Services Directorate. The Report identifies there were  
9 missed opportunities by managers to fully assess and  
10 address the deficiencies in the practice of 12:14  
11 Mr. O'Brien. No one formally assessed the extent of  
12 the issues or properly identified the potential risks  
13 to patients."  
14

15 He goes on to say in the final section there, just at 12:14  
16 the bottom:  
17

18 "In order for the Trust to understand fully the  
19 failings in this case, I recommend the Trust to carry  
20 out an independent review of the relevant 12:15  
21 administrative processes with clarity on roles and  
22 responsibilities at all levels within the Acute  
23 Directorate and appropriate escalation processes. The  
24 review should look at the full system-wide problems to  
25 understand and learn from the findings." 12:15  
26

27 Now, I think it is well understood that that report and  
28 those conclusions didn't make it to the Trust Board.  
29 Were they ever drawn to your attention, as the Chair,

1 in any other way?

2 A. Never, never. This was the first time I'd read this  
3 report in my bundle. I'd never seen it before, nor was  
4 it brought to my attention by any of the Interim Chief  
5 Executives or, indeed, anyone else involved, but 12:15  
6 I would have expected it, yes. This is what Dr. Khan  
7 was saying: there should be learning, there should be  
8 big changes, there should be systems review,  
9 independence, and that should have been dealt with at  
10 the time, immediately, to see what did go wrong, and 12:16  
11 I still ask that question today. What went wrong? Why  
12 did people not identify this? And if they did, why did  
13 they not deal with it? These were senior people at  
14 very senior level with vast experiences. But where did  
15 this report go when it was going to have a review? Was 12:16  
16 it given to the Director or an Assistant Director or  
17 Dr. Khan, as the Case Manager? Presented it to  
18 someone. But, no, as the Trust Chair or my  
19 Non-Executive Directors, we were never made aware of  
20 that, that I can recall. 12:16

21 126 Q. Let's take this beyond Mr. O'Brien, let's take it  
22 beyond any question of whether there was a conflict of  
23 interest on your part, put all that to one side. The  
24 kinds of findings that are set out here by Dr. Khan,  
25 would you expect those to be drawn to the attention of 12:17  
26 you, as Chair, and the Trust Board?

27 A. Yes, I would have expected it to come at least through  
28 governance initially, that's where I would have seen  
29 this sits, through the reporting mechanisms. Remember,

1 we have reports that come there, that look at clinical  
2 indicators, look at, I mean, infection control, look at  
3 lots of different areas that came on both the nursing  
4 report and, indeed, on the medical report, but I would  
5 have expected that to come in through governance. 12:17

6 However, if it was so serious that it needed to be  
7 reported into the confidential section of the Board,  
8 which I believe it should, it should have been brought  
9 by the Medical Director to there.

10 127 Q. Yes. One possible reason why it didn't reach the 12:17  
11 Board, and it's for the Inquiry Panel to resolve this  
12 on the evidence, is that Mr. O'Brien raised a  
13 grievance, he challenged the findings of the MHPS  
14 report and the determination of Dr. Khan, and that, in  
15 a sense, stymied the ability of senior management to 12:18  
16 take issues forward. Is that a good explanation, in  
17 your view, for not alerting the Trust Board to the  
18 concerns expressed by Dr. Khan?

19 A. No, no, that's not an acceptable or a good reason at  
20 all. Any concerns in relation to a clinician or any 12:18  
21 other staff member that is going to cause possible harm  
22 to patients or that isn't being managed or needs a  
23 system approach change, should be brought through line  
24 management, through the appropriate channels. So there  
25 will always be lots of reasons. A big reason for many 12:19  
26 of our lookback exercises would have been workforce  
27 issues - never had the right staff in the right place  
28 and surplus, but that doesn't mean you don't do it. So  
29 I believe strongly that it should have been brought, as

1 anything, despite all of what's thrown into the mixture  
2 in that time, it should have been brought, because  
3 patients are in the centre of all that we do, and there  
4 was a lot of staff involved in this, so someone could  
5 have brought it. That's how I feel. Someone should 12:19  
6 have brought this. But I wasn't aware a lot of this  
7 here, and I would think my Non-Executive Directors are  
8 the same, aware of any of these timelines, or anything,  
9 until we saw these reports.

10 128 Q. Another feature of this is, as I have indicated, that 12:19  
11 Mr. O'Brien raised a grievance, he placed an addendum  
12 or an amendment on his grievance. would you expect  
13 grievances from staff to reach the Trust Board in this  
14 kind of context?

15 A. No, not really, and I wouldn't have seen that in all of 12:20  
16 my years' experience, unless, again, the appropriate  
17 Director, feeding it through to the Chief Executive,  
18 had a difficulty in managing it. But as long as the  
19 Director was managing it and was on their Risk  
20 Register, as each Directorate would have, and the Chief 12:20  
21 knew about it, those were operational matters, and I am  
22 sure much went on every day that I wasn't aware of  
23 because I was very strong about blue water between  
24 their operational end and what went on in the Chair's  
25 office. But definitely, I would have expected the 12:20  
26 Director to have had a good handle on it.

27 129 Q. Can I draw your attention to an aspect of Mr. O'Brien's  
28 grievance. We can find it at AOB-02059. He talks,  
29 within this section of his grievance, about a duty of

1 clinical care. Now, this wasn't sent to the Board, it  
2 wasn't sent to you, as Chair, so far as we understand;  
3 is that correct?

4 A. Yeah, I've never saw this before 'til now.

5 130 Q. To summarise, what is contained within this section, 12:21  
6 the section of his grievance, is that, in essence, as  
7 it says in the first paragraph, he wishes "to express  
8 concerns regarding the Trust's duty of care to its  
9 urological patients, particularly as that duty of care  
10 has been breached by the investigation itself." 12:22

11  
12 He goes on in the next paragraph to set out his own  
13 interest and, I suppose, work ethic and dedication to  
14 addressing the needs of urological patients, including  
15 during his sick leave, as he sets out in the next 12:22  
16 paragraph. Scrolling down, please.

17  
18 He talks about, or he makes allegations about how  
19 patients who were on his lists were handled as part of  
20 a lookback exercise in 2017, at the commencement of the 12:22  
21 MHPS, and he says that their outcomes were still not  
22 processed or had still not been processed or  
23 implemented and letters were never dictated. He goes  
24 on, over the page, to talk about the various delays,  
25 some of which were his responsibility, others of which 12:23  
26 he's pointing in the direction of the lookback  
27 exercise.

28  
29 So you get the flavour of that. And then if you scroll

1 down to the -- just over the page, he is saying that:

2  
3 "It has appeared to me that the conduct of Trust  
4 management personnel since January 2016 has been a case  
5 of purpose replaced by process, conducted improperly. 12:23  
6 For the avoidance of all doubt, let it be clearly  
7 understood that I am disclosing these facts not merely  
8 in my own interests as part of my grievance but in the  
9 interests of the public in general and these urological  
10 patients in particular." 12:24

11  
12 So he's suggesting, on one view, that there is a  
13 public-interest dimension to his grievance in terms of  
14 the safety of patients and patient care in general.  
15 You've said that you would not have expected the 12:24  
16 grievance to come to the Trust Board, but you would  
17 expect it would be well-handled by the relevant  
18 Director. Is a complaint of this type, pointing  
19 concerns at how Trust management are treating patients  
20 and the safety of patients, is that something you would 12:24  
21 expect to be drawn to the Board's attention, even if it  
22 comes in the form of a grievance?

23 A. Yes, well, a grievance never would have come to the  
24 Board. However, the detail - and I am reading this for  
25 the first time - the detail of that, because it refers 12:25  
26 to many serious matters in relation to delays for  
27 patients and what wasn't done, as he told others,  
28 that's what -- I have read that quickly, that should  
29 have been informed to his Head of Service, his

1 Assistant Director and, indeed, his Clinical Lead,  
2 should have identified that, whilst all of this is  
3 going on, there's patients here that aren't having the  
4 service they should and having the care and treatment  
5 plan they should have, and, yes, where the Director 12:25  
6 didn't know how to manage that, whatever way that was,  
7 that detail of patient safety should have come to the  
8 Board. I am just talking about grievance generally  
9 don't come to the Board. But that grievance, if it  
10 raised such issues as I've seen, for the first time, 12:26  
11 then that definitely, when patients were at risk and  
12 patients not being seen, for all of the reasons as  
13 described, whoever was involved, definitely should have  
14 come to the Board so that we would have been aware of  
15 that, but I was never told that. But I'm assuming, 12:26  
16 maybe wrongly, that the Medical Director knew that and  
17 others were looking into it. But as I read that, it's  
18 referring that it wasn't dealt with, but it should have  
19 been. Those were very serious matters about patients.  
20 131 Q. In terms of Mr. O'Brien's grievance, it certainly had 12:26  
21 the impact of delaying and ultimately preventing a  
22 conduct hearing, which was the intention of Dr. Khan  
23 following the MHPS. So the grievance process ran and  
24 ran and didn't ultimately reach a hearing until shortly  
25 after he retired. Do matters like that ever receive 12:26  
26 the attention of the Trust Board, or is that  
27 operational and it is not the kind of thing that's  
28 drawn to your attention?  
29 A. Well, firstly, I have no recollection of anything of

1 that nature ever coming to the Trust Board generally.  
2 Should it come? I believe it should come whenever the  
3 lead Director can no longer manage it or has concerns  
4 or greater risks and the Chief Executive is informing  
5 the Board, like an alert that they're dealing with. We 12:27  
6 have been looking to see what were the risks, how were  
7 they being managed and by whom and by when. So I would  
8 have expected that to come to the Board, or should now,  
9 maybe it comes now to the Board, but definitely. But  
10 then, we're only as good in the boardroom, Mr. Wolfe, 12:27  
11 as what's brought to us in a paper or what's informed  
12 to us, and I feel strongly what did come to us over my  
13 term was always managed well through governance  
14 processes and dealt with through actions, but what  
15 didn't come, I may never have known, and this is an 12:28  
16 example, but I would have expected and hold the Chief  
17 Executive to account for that, and, I mean, that they  
18 know about it and that the Director as well. And many  
19 times, these are operational matters that a Director is  
20 dealing with. Mrs. Toal may have been addressing many 12:28  
21 of these issues. I mean, in their own senior  
22 management meetings which they had each -- fortnightly,  
23 you know, these could have been discussed, and we  
24 didn't see the minutes of the senior management  
25 meetings. So, yes, they are operational, but when they 12:28  
26 become a high risk and they don't really know what they  
27 are doing with it and need additional support, then it  
28 should come to the Board, especially when patients are  
29 at risk, but I wouldn't always expect that because, you



1 know, the Chief Executive and the Directors are senior  
2 people and managing that. My concern would be if they  
3 didn't know about it. The main thing is that they know  
4 about it and they have an action plan and it's being  
5 closely monitored and supervised and followed up, and 12:29  
6 that's where I would get the assurance, or expect to  
7 have the assurance.

8 132 Q. would you have been concerned, as Chairman of the  
9 Board, that a grievance that had been lodged  
10 in November 2018 had still not reached a hearing by the 12:29  
11 date of the employee's retirement in June 2020?

12 A. well, I don't recall --

13 133 Q. No, no, I'm not asking you whether you recall or  
14 whether you were ever told. would you be concerned, as  
15 the Chair? 12:29

16 A. Oh, yes, sorry, sorry, I thought -- yes, very  
17 concerned, and I would be looking to see why is there  
18 delays, and we have read and why all these delays were,  
19 but how could you expedite that? what else can you do  
20 to bring it together? Because the longer something 12:29  
21 goes on, it harbours further problems, so you have to  
22 always look to see why are the delays and what can you  
23 do to bring about change in those delays and what else  
24 can you do for, even, mediation to bring together and  
25 have extra help? A lot of this would have been around 12:30  
26 - I mean, I hear workforce issues, but sometimes you  
27 have to, you know -- and it would have come to the  
28 Board in the past where extra money was required  
29 because of a new situation that had arisen, so

1 ring-fenced money would have been put towards  
2 something. So was this a case where this grievance was  
3 needing extra attention to expedite it and where extra  
4 workforce were required and, maybe, money? It, maybe,  
5 required more staff to go in there under governance to 12:30  
6 assist that, but, unless we would know, I wasn't able  
7 to help.

8 134 Q. Yes.  
9 A. But again, I am saying the Chief Executive, with the  
10 Senior Team, are doing that day in -- daily, and make 12:30  
11 those decisions, but it's when it becomes a greater  
12 risk and they can't manage it, that I believe it should  
13 be brought to the Board.

14 135 Q. So what you are saying, as a general principle, is that  
15 you would trust to the Operational Team to manage such 12:30  
16 issues?  
17 A. Yes.

18 136 Q. But only when the issue is spinning out of control,  
19 perhaps, for some reason, should it be brought to the  
20 Board? 12:31  
21 A. Yes, yes. And if it's patients are at risk and if  
22 there is difficulties between the two parties, you  
23 know - I mean, that happens in workforce issues,  
24 sometimes you have to have mediation and other people  
25 involved - but I would have expected that to be done 12:31  
26 locally before it would come to us.

27 137 Q. Just briefly stepping back to Dr. Khan's report, I'm  
28 reminded that John Wilkinson, the designated  
29 Non-Executive Director to the MHPS process, was

1 provided with a redacted version of the determination;  
2 that is the decision of Dr. Khan. He was, that is  
3 Mr. wilkinson, was involved in the process for  
4 particular reasons. The NED role, we've heard, may  
5 have some difficulties associated with it in terms of 12:32  
6 the clarity of what is expected, but thinking about  
7 that matter now and having had time to reflect, do you  
8 perceive that, if one of your Non-Executive Directors  
9 has been engaged in the process and gets to learn,  
10 through that process, of a significant finding about 12:32  
11 systemic failures within management, that that should  
12 be shared, through that Non-Executive Director, with  
13 you as the Chair and with the fellow Non-Executive  
14 Directors, so that action can be taken?

15 A. Absolutely. And I may have missed it, and my 12:32  
16 apologies, I wasn't aware that John wilkinson had a  
17 redacted version of this and had seen this. Just to  
18 give an example, a previous Non-Executive Director, not  
19 in relation to Urology, I mean, when they would have  
20 been involved in a case that was maybe more complex, 12:33  
21 they would have brought it to the Board. So I don't  
22 know what John did with that redacted. Maybe he  
23 discussed that, with me not there, with the  
24 Non-Executive Directors or, indeed, with the Medical  
25 Director or with the Chief Executive. But I don't 12:33  
26 remember him ever telling me he had a redacted version  
27 of that, definitely not.

28 138 Q. Let me bring you to the events of October 2020.  
29 TRU-159006. So, during the month of October,

1 Mrs. Brownlee, there were to be meetings between  
2 yourself and your fellow Non-Executive Directors with  
3 the Chief Executive, and the issues concerning Urology  
4 were the subject of discussion at those meetings and  
5 then we had the Board meeting on 22nd October. I want 12:34  
6 to spend the next little while asking you about your  
7 involvement in those meetings.

8  
9 So this is a meeting on 8th October, it's titled "Chair  
10 and Non-Executive Director meeting with the Chief 12:35  
11 Executive". And if we scroll down to the next page, we  
12 can see that - just scrolling on further down -  
13 Mr. Devlin is explaining the position within Urology.  
14 He's updating, further issues are being identified,  
15 they are now up to 12 SAIs, etc. The record doesn't 12:35  
16 indicate that you declared a conflict or stepped out of  
17 that meeting. Can I ask you, did you attend that  
18 meeting --

19 A. First of all --

20 139 Q. -- for the discussion of that item? 12:35

21 A. Yes, if I'm allowed, these meetings were held for  
22 information meetings; they weren't the Board meetings.  
23 The fast pace of change of the Covid dynamics that we  
24 were dealing with and the deaths, to keep our  
25 Non-Executive Directors updated, we believed we should, 12:36  
26 once or twice a week, have information meetings. So  
27 these meetings were primarily to update the  
28 Non-Executives at the fast pace of change and what was  
29 happening within the hospital because of, even,

1 environmental changes. I mean, I can't remember -- we  
2 wouldn't have had a declaration of interest at the  
3 start of them, or anything, because they were  
4 information meetings and we kept a note of them. Some  
5 of them I did step out of and I apologised for when 12:36  
6 I didn't. I mean, I -- the main source of that meeting  
7 was always to discuss Covid and update. I mean,  
8 I mightn't even have been aware that Shane was going to  
9 do that, and, yes, I probably should have stepped out,  
10 if I didn't, out of that one, but I can't remember if 12:36  
11 that was one I stepped out of or not, but there would  
12 have been minutes only about that, and very few, if  
13 any, questions about it. It was information updates.

14 140 Q. Yes. So if you did attend the meeting, and there's no  
15 suggestion that you didn't attend that section of the 12:37  
16 meeting, you are saying to the Inquiry: 'when I think  
17 about it now, I should have stepped away from it'?

18 A. Yes, yes.

19 141 Q. On 15th October, if we bring you to TRU-159009, again  
20 Chair and Non-Executive Director meeting with the Chief 12:37  
21 Executive. It is described as notes of a virtual  
22 meeting on COVID-19. And then, scrolling down,  
23 COVID-19 is the first item on the agenda or on the  
24 record. Scrolling down, keep going. And then, within  
25 this meeting "Clinical concerns within Urology" is 12:38  
26 again discussed. No record of you leaving the meeting  
27 for that agenda item. Mrs. Brownlee, again, is the  
28 likelihood that you stayed in the meeting?

29 A. I would honestly need to check. Those were fast-paced

1 meetings and sometimes we would have had meetings even  
2 per phone and there weren't always a record of it.  
3 I don't want to keep dwelling on Covid and all that  
4 happened, but I don't believe I stayed in most of those  
5 meetings, but, I mean, these here were short, sharp 12:38  
6 meetings, updates, I mean, and I would need to check, I  
7 mean. And I am sure Sandra, the Board Assurance  
8 Manager, she took the notes, would know if I was in or  
9 not. I honestly can't remember, but it would have been  
10 just an update and, again, no questions asked. 12:39

11 142 Q. Okay. We've stepped through the timeline from June  
12 2020 when, you'll recall, you wrote to Mrs. Judt to say  
13 'I've got a conflict or a possible conflict, I want to  
14 stay out of the detail of these matters'. Then, you  
15 stepped out of the August workshop, you handed the 12:39  
16 baton over to Mrs. Leeson for the September meeting of  
17 the Board. We then have a Board meeting on  
18 22nd October, obviously a week or so after this meeting  
19 with Mr. Devlin, which happened on the 15th. At some  
20 point along the line, you made a decision that you were 12:39  
21 going to go to the 22nd October Board meeting and be a  
22 participant in the discussion around Urology matters;  
23 isn't that right?

24 A. Yes, I attended that Board meeting, yes.

25 143 Q. Yes. And if we look at your original statement, that 12:40  
26 is your pre-amended statement to the Inquiry in this  
27 respect, if we look at WIT-90872 and just at the top of  
28 the page, and you're asked in the question:  
29

1 "Please provide full details of all contact between  
2 yourself and any other person or third party (including  
3 the HSCB and the Department of Health) regarding or  
4 touching upon the issues of concern about Mr. O'Brien  
5 and his practice." 12:41

6  
7 And what you say here is:

8  
9 "I had spoken to the Permanent Secretary, Mr. Richard  
10 Pengelly, on two occasions. My first call was sometime 12:41  
11 in the summer of 2020, and it was regarding my  
12 replacement as Chair. I remember I was interviewing in  
13 the Seagoe Hotel, Portadown and stood out of the  
14 meeting to take the call. I asked Richard Pengelly  
15 when my replacement was being announced. I was advised 12:41  
16 that interviews were completed and he would push to get  
17 an announcement. I explained then the investigation  
18 into Mr. O'Brien, the situation that I was in, and that  
19 I did not wish to be involved in any meetings."

20 12:41  
21 So that was telephone call 1, as you described it.

22  
23 The second telephone call you referred to with Richard  
24 Pengelly was late September. Again, you can't recall  
25 the exact date. 12:42

26  
27 "... and I did not take notes. Mr. Pengelly phoned me  
28 to ask about the CURE charity. I explained the history  
29 behind the foundation and management of this charity.

1 I told Mr. Pengelly that I had not been attending Board  
2 meetings with an agenda item on Mr. O'Brien.

3  
4 Mr. Pengelly told me that - whilst I had a conflict of  
5 interest - it still was extremely important that 12:42  
6 I fulfilled my role and responsibilities as Chair. He  
7 reminded me that I should be careful that, in my  
8 absence from Board meetings, I was kept well-informed  
9 and maintained control as Chair."

10 12:42  
11 So that's the first answer you have given in respect of  
12 this issue. If we go then to WIT-90874, and just  
13 halfway down, a little over halfway down:

14  
15 "I attended the Board meeting on 22nd October 2020. 12:43  
16 I had sent an earlier email to the NEDs and the Chief  
17 Executive explaining I planned to attend this meeting  
18 and declared my interest. The decision to attend was  
19 influenced by the second conversation I had with  
20 Richard Pengelly in late September 2020, referenced 12:43  
21 above at question 28."

22  
23 That's the answer I have just read from.

24  
25 "I was mindful of my obligations and accountability as 12:43  
26 Chair of the Board.

27  
28 I decided to attend the October 2020 Board meeting.  
29 I can confirm that I declared an interest by email to



1 the NEDs and the Chief Executive prior to the date of  
2 this meeting. "

3  
4 So, those two answers, Mrs. Brownlee, are incorrect,  
5 isn't that right? 12:43

6 A. Well, first of all, the first telephone call I had at  
7 the Seago Hotel with Mr. Pengelly did happen,  
8 definitely it did happen. I was interviewing and I had  
9 made a call and he phoned me back. The interview  
10 process, I think I gave that date in to the Inquiry 12:44  
11 through my solicitor, that it was one or other of the  
12 two dates, it was a longer interview day where there  
13 was five applicants, because I always keep that in my  
14 diary. And, I mean, he phoned me back, and I remember  
15 stepping out, the interviews were over, we were at the 12:44  
16 summing-up stage and I had to take the call. How  
17 I remember it was, I was standing in the corridor  
18 nearly of the kitchen in the Seago Hotel. We were  
19 meeting there because it was very difficult to do  
20 virtual interviews for consultants, we found, when they 12:44  
21 were abroad, so we took a very large ballroom area in  
22 the hotel to try that to see would it work. So I took  
23 the call, and I really -- I said it must have been  
24 around June time, I think I have given those two dates,  
25 and I talked to him about my replacement. He told me 12:44  
26 that the replacement, he believed, was, you know,  
27 selected, and he would try and push the button of that  
28 on, and I told him I would have had a very good working  
29 relationship with Richard Pengelly and I said to him,

1 look, I just need to -- I don't want to be there,  
2 I stayed longer than I should, and I don't want to be  
3 there for, you know, the next stage of that. It was,  
4 you know, minutes of a call in a corridor, and back  
5 I went in to do the interview, and, yes, through the 12:45  
6 Inquiry, Richard Pengelly's witness statement came in,  
7 I'm not saying late, but late for when I was getting  
8 it. So, I mean, I only learned that it was, I think,  
9 26th October that we'd phoned or talked about CURE and  
10 that. And I also said in my statement about the 12:45  
11 conversation that Shane Devlin, I said that also helped  
12 me to make my decision. Shane Devlin had walked into  
13 my office before the October meeting to update me about  
14 what was happening at the Northern Ireland Assembly in  
15 relation to Mr. O'Brien and the Minister. 12:46

16 144 Q. Sorry to cut across you, I want to put up your revised  
17 statement so that we can compare what you said  
18 initially with what you have said most recently on  
19 16th January. It's WIT-106615, and just at the bottom  
20 of the page, first of all. You're saying that you now 12:46  
21 believe that the timeline that you had indicated in  
22 your first statement to be inaccurate and asked that  
23 this reference be removed from your Section 21  
24 responses.

25  
26 So isn't it the case that if you spoke to Mr. Pengelly  
27 in June 2020 from the Seagoe Hotel, you did not mention  
28 to him any conflict, or potential conflict, with the  
29 issue in Urology concerning Mr. O'Brien? 12:46

1 A. No, I didn't discuss conflicts with Mr. Pengelly.

2 145 Q. You didn't, just to be clear, you didn't explain that  
3 you were stepping out of meetings relating to  
4 Mr. O'Brien?

5 A. Not in that conversation. It was the next one that 12:47  
6 I told him that. No, I was asking him who -- I knew  
7 the interviews had taken place. I was asking him who  
8 had got the job, would it soon be announced, because it  
9 had went on a very long time and, also, I didn't want  
10 to be involved in the meetings about Mr. O'Brien. 12:47  
11 I remember that clearly, that discussion, because  
12 I remember I was out in a corridor.

13 146 Q. And when are you saying you told him that?

14 A. That was, I think, in late June, you know, when I was  
15 doing interviews. 12:48

16 147 Q. So you are saying, just to be clear, you told  
17 Mr. Pengelly, in June 2020, that you didn't want to be  
18 involved in any of these matters concerning  
19 Mr. O'Brien?

20 A. Yes, because I had already been now told in June by the 12:48  
21 Chief Executive that, you know, they were starting an  
22 investigation. We didn't know the detail. But I do  
23 remember -- now, it was a very short call because  
24 I remember he was driving and he had returned my call,  
25 and he said 'look, leave that with me'. And, I mean, 12:48  
26 within days then, I mean, he came back, or the office  
27 came back about the appointment process would be  
28 informed, and that, but that was definitely where I was  
29 when I made that call -- or when he returned the call,

1 was in the Seagoe Hotel.

2 148 Q. Just to be clear, and you can respond to this as you  
3 wish, it was not until after the 22nd October Board  
4 meeting, which you attended, that Mr. Pengelly became  
5 aware of any concern about your relationship with 12:49  
6 Mr. O'Brien and the ongoing concerns in Urology?

7 A. I learned that from his witness statement, that that  
8 was the 26th October --

9 149 Q. Precisely.

10 A. -- him and I had this conversation. But when I was 12:49  
11 doing my section 21, I didn't have that and I didn't  
12 record that, but I knew it was at my care home when  
13 Shane had phoned me to say he would be ringing me or  
14 I was to ring him. So I didn't know the date but it  
15 was quite near, I knew, when the October meeting was, 12:49  
16 and that's why I was saying I was influenced, yes, by  
17 what I heard from the Chief Executive. The Chief  
18 Executive had stepped into my office -- am I allowed to  
19 go into that now?

20 150 Q. No, let me -- 12:49

21 A. No, okay.

22 151 Q. Let me take you to the top of your revised statement,  
23 please. So what you are saying in this statement, and  
24 the format of it is obvious, you say:  
25 12:50

26 "The second telephone call with Richard Pengelly was  
27 late September. Again, cannot recall the exact date  
28 and I did not take notes."  
29

1 So that is the second telephone call which, as you  
2 broaden your statement out, you have said that was the  
3 call that, in part, influenced your attendance at the  
4 22nd October Board meeting?

5 A. Yes, when I --

12:50

6 152 Q. And what you are now saying is, that telephone call did  
7 not take place; the telephone call, in fact, took place  
8 on 26th October, which was after the Board meeting?

9 A. Yes, but, with respect, Mr. Wolfe, when I was doing my  
10 Section 21, I didn't have any of those dates, so I was  
11 trying to think back, what influenced me to attend?

12:50

12 153 Q. Yes.

13 A. And I believed, from my reflection, that it was a  
14 telephone call I had had with Mr. Pengelly, plus the  
15 discussion Shane and I had had regarding the Northern  
16 Ireland Assembly and the Minister's announcement,  
17 that's what was going through my head when I wrote  
18 that, but, definitely, it was 26th October.

12:51

19 154 Q. But how could a telephone call with Mr. Pengelly, which  
20 hadn't taken place, have caused you to write a  
21 statement which said "he influenced me to attend"?

12:51

22 A. Well, in my mind, when I was doing my Section 21, I was  
23 trying to reflect on that meeting of 26th October; why  
24 did I go to it when I didn't go to -- what made me go?  
25 I was trying to -- I knew I'd had a call or a  
26 discussion in my office with Shane about the going  
27 public, and I also believed -- I knew I had had a  
28 conversation with Mr. Pengelly. I got the date wrong  
29 then. But, definitely, those -- the discussion with

12:51

1 Shane Devlin also helped me to think. My concern at  
2 this stage, Mr. Wolfe, was, these are -- we knew it was  
3 a very serious matter, I was now hearing that the  
4 Minister had reported through to the Northern Ireland  
5 Assembly about serious matters and was ready to go 12:52  
6 public. My Chief was in telling me this. He said he  
7 was concerned because, from memory, things like we  
8 haven't the scoping exercise complete, the review of  
9 all of the records isn't complete and we haven't enough  
10 detail and I'll be looking to the Board in October, the 12:52  
11 meeting coming up, to see should we ask for that to be  
12 delayed. So I was extremely concerned for the  
13 implications for the Trust and the outcomings of it.  
14 What on earth -- here we have, on one hand, the  
15 Minister is about to make a parliamentary announcement 12:52  
16 about a huge matter that would have big public interest  
17 and media interest, and yet, on the other hand, I was  
18 hearing we need to delay it because we haven't  
19 completed our scoping exercise and all of the reviews  
20 isn't complete. So when I'm at home completing this to 12:53  
21 give information to my solicitor, I had no records of  
22 any of this. I'm trying to recall this and, from the  
23 best of my memory, that's what I was putting in that  
24 section. It wasn't anything deliberate to say  
25 Mr. Pengelly -- Mr. Pengelly did not tell me to attend 12:53  
26 the October meeting, and I don't think I said that.  
27 What I am saying was that, in my mind, when I was  
28 working on this at home, I was trying to think what  
29 made me attend the October meeting and, definitely, it

1 was knowing that this was going public. I was told by  
2 Shane - I'd never worked through anything like this  
3 before - he told me it was going to be dealt with in  
4 the same way by the Minister as with Mr. Watt and how  
5 this works and it was very new to me and was very  
6 concerning, especially if we didn't completed and had  
7 accurate details to have announced. That's what, as  
8 well, influenced me. But I am sorry if I got the date  
9 mixed up. But Mr. Pengelly and I, I did discuss with  
10 him, on 26th October, my conflicts.

12:53

12:54

11 155 Q. Let me stop you there. It's just so that you  
12 understand the point I'm making to you perfectly well,  
13 let me reduce it to this: You've said in your original  
14 witness statement that your attendance on the 22nd was  
15 influenced by Mr. Pengelly, let me bring you to that  
16 again, it's WIT-90874. Just towards the bottom of the  
17 page, just over two thirds of the way down. So you  
18 have sat down to draft your answer to the Inquiry's  
19 Section 21 and you are thinking back a couple of years  
20 to these events. You have recorded that:

12:54

12:55

21  
22 "The decision to attend was influenced by the second  
23 conversation I had with Richard Pengelly in late  
24 September 2020."

12:55

25  
26 So, two things: First of all, you're recalling a  
27 telephone conversation which didn't take place;  
28 secondly, you're attributing to Mr. Pengelly an  
29 encouragement or an influence to attend a meeting when

1 no such sentiment was expressed by him, am I correct in  
2 both of those propositions?

3 A. Sorry, Mr. Wolfe, I'd like to clarify this. I'm at  
4 home, yes, preparing this statement with very little  
5 records, okay. In my mind I remembered having a call 12:56  
6 with Mr. Pengelly. Yes, we now know it was  
7 26th October. I'm trying to think why I went to that  
8 meeting and I am probably not putting it across very  
9 clearly. But I do remember the call, I know it was  
10 after. But Mr. Pengelly did say to me the seriousness 12:56  
11 of making sure I fulfilled my roles and  
12 responsibilities and, you know, making sure that there  
13 was nothing that would have been left not attended to.  
14 So I did have that. So that's in my mind, that  
15 conversation, albeit I said it was September. It was a 12:56  
16 few weeks later. But I wasn't in any way trying to  
17 mislead or do anything. I was trying to think at home  
18 as I was writing what really made me attend this  
19 October meeting.

20 156 Q. So you have misremembered what Mr. Pengelly told you 12:57  
21 and when he told you it as opposed to trying to mislead  
22 the Inquiry?

23 A. Yes.

24 157 Q. You simply misremembered?

25 A. Yes, because when you're out of a job like I was doing, 12:57  
26 you're away a long period of time, a lot had happened,  
27 and you haven't the support of anything with you to  
28 provide you anything like, say, the Trust would have.  
29 I had no one that I could ask or talk apart from



1 preparing for the solicitor and then asking for  
2 discovery. So I'm trying to --

3 158 Q. Sorry to cut across you. What we're talking about is a  
4 telephone conversation with Mr. Pengelly?

5 A. Yes. 12:57

6 159 Q. It's only the two of you?

7 A. Yes.

8 160 Q. You had carried into your statement a memory, you say,  
9 of him influencing you to attend a meeting when that is  
10 inaccurate, do you accept it's inaccurate? 12:58

11 A. Well, that was probably my fault in actually getting  
12 mixed up in the dates, yes. I appreciate I gave the  
13 wrong information. But it wasn't deliberate, it was  
14 just my mind at the time, I was trying to think of  
15 why did I attend that meeting and that's what I -- 12:58

16 161 Q. You spoke to him on 26th October?

17 A. Yes.

18 162 Q. And we've seen the telephone record for that?

19 A. Yes.

20 163 Q. What were your actions following that in terms of 12:58  
21 attendance at meetings or discussions in relation to  
22 urology and Mr. O'Brien?

23 A. Well, we still probably had the virtual meetings,  
24 I think. Then there would only have been after the  
25 October meeting, there would only have been 12:58  
26 the November meeting, which was near the week I was  
27 leaving or something. There was only one more Board  
28 meeting after that.

29 164 Q. Isn't it the case that in several meetings

1 during November you declared an interest and stepped  
2 out of the meetings were they touched upon urology?  
3 A. Yes, it probably did, yes, but I did that in previous  
4 meetings as well.  
5 165 Q. Yes. That approach on your part, after your attendance 12:59  
6 at 22nd October and after your conversation with  
7 Mr. Pengelly on 26th October, your behaviour after  
8 those dates was to completely step away from urology  
9 issues; isn't that right?  
10 A. Yes, I didn't attend any more meetings, no. 12:59  
11 166 Q. Yes. Is it fair to conclude that your conversation  
12 with Mr. Pengelly on 26th October influenced you to  
13 come away from those issues and to step away from those  
14 issues completely?  
15 A. Well, Mr. Pengelly didn't -- sorry, Mr. Pengelly didn't 13:00  
16 tell me not to attend Board meetings. What he told me  
17 was I needed to ensure as long as I was there  
18 I fulfilled my roles and responsibilities and had a  
19 process of knowing what was going on. So he didn't  
20 tell me to attend, he didn't tell me not to attend, he 13:00  
21 knew I was declaring a conflict of interest. And it  
22 was a very favourable conversation. I mean, we spent  
23 quite a bit of time talking about it. But I mean, it  
24 didn't -- and I also think after that time Eileen was  
25 coming in to take over. We had had a brief handover. 13:00  
26 So, you know, I stepped out of other meetings. But  
27 I mean -- and I do understand, but maybe you're coming  
28 to that, about there was, you know Dr. O'Kane made it  
29 clear the night before the meeting that I shouldn't

1 have been attending. But maybe you're coming on to  
2 that so I don't want to...

3 167 Q. What I want to finish with at lunchtime, just now, is  
4 this: After 22nd October meeting, you spoke to  
5 Mr. Devlin; isn't that right, and he conveyed to you 13:01  
6 Mr. Pengelly's view that you shouldn't attend to  
7 further discussions in relation to urology?

8 A. No. Mr. Shane Devlin spoke to me before the telephone  
9 call to Richard Pengelly, he didn't speak to me after  
10 Mr. Pengelly. 13:01

11 168 Q. Sorry, if I said "after", what I intended to say, after  
12 22nd October meeting and before your phone call with  
13 Mr. Pengelly on 26th October, Mr. Devlin spoke to you,  
14 didn't he?

15 A. He didn't tell me not to attend any meetings that I can 13:02  
16 recall, unless I have forgotten that. But you are  
17 saying that was -- I just can't remember. But  
18 I remember Shane ringing me to tell me that  
19 Mr. Pengelly was looking to chat to me about CURE. He  
20 was off in a few minutes. But I don't remember him 13:02  
21 telling me then or after that I wasn't to attend. But  
22 I just cannot remember anymore.

23 169 Q. Then you spoke to Mr. Pengelly about CURE; is that  
24 right?

25 A. Yes, I made the phone call. Actually I said in my 13:02  
26 statement I thought he phoned me.

27 170 Q. Yes, you made the phone call. And he pointed out, did  
28 he, the difficulty, given your prior relationship with  
29 Mr. O'Brien through CURE, that involvement in

1 discussion of these urology issues was problematic, did  
2 he?

3 A. Sorry, just repeat that again.

4 171 Q. He discussed CURE with you, did he?

5 A. Yes, he asked me, tell me about CURE and we talked 13:03  
6 about that probably for two or three minutes. Then he  
7 said about declaring my conflicts of interest but still  
8 making sure in your final weeks that you fulfil your  
9 roles and responsibilities and that you understand and  
10 are kept very well informed what's going on. 13:03

11 172 Q. Yes.

12 A. He didn't tell me not to attend any meetings. We  
13 talked about a conflict, yes, you're declaring a  
14 conflict of interest. But I mean I don't remember him  
15 telling me or Shane not to attend any meetings. 13:03

16 173 Q. Okay. What happened after those conversations was that  
17 you reached a decision not to attend any further  
18 discussions concerning urology?

19 A. Yes, I didn't attend anymore, I probably had become  
20 exhausted to be honest. 13:04

21 174 Q. Can I suggest to you that what can be inferred from  
22 that is that you had been influenced in your  
23 conversations with Mr. Pengelly and Mr. Devlin to  
24 completely step away from discussion of urology issues?

25 A. Yes. Well, I certainly don't remember having any 13:04  
26 conversation with Shane about it and I wasn't talking  
27 to Richard Pengelly again after that call. He  
28 certainly didn't tell me not to attend any meetings.  
29 He told me to make sure and declare my conflict of

1 interest and I have expanded on what he told me.  
2 I mean, I remember him saying 'Roberta, you have been  
3 around a long time, we trust you, you just need to make  
4 sure you know what's going on'. But by this stage the  
5 travel journey for Mr. O'Brien had already -- decisions 13:04  
6 had been made. So I don't remember Shane Devlin  
7 talking to me again after -- neither before the October  
8 meeting to tell me about concerns Dr. O'Kane had. He  
9 never discussed it with me nor after it either or  
10 anything like that. He never discussed the Board 13:05  
11 meeting with me again that I can recall. And I again  
12 would have kept very good notes. Every time I met  
13 Shane I wrote down what I was wanting to talk to him  
14 about and what he was going to talk to me about in my  
15 diary. So I don't have anything. But I didn't attend 13:05  
16 any more meetings. But I am just saying, Mr. Wolfe,  
17 that Shane didn't talk to me about attending meetings.  
18 MR. WOLFE KC: well, I'll maybe pick up on that point  
19 and just put exactly what he said to you after lunch.  
20 Thank you. 13:05

21 CHAIR: Thank you. We'll come back, Ladies and  
22 Gentlemen, at ten past two.

23

24 THE HEARING RESUMED AFTER THE LUNCHEON ADJOURNMENT  
25 AS FOLLOWS: 14:06

26

27 CHAIR: Thank you, everyone. Sorry for the delay.

28 175 Q. MR. WOLFE KC: Yes, Mrs. Brownlee, apologies for the  
29 delay. Just a couple of matters we required some time

1 to tidy up arising out of your evidence this morning.  
2 Could I just proceed to deal with those couple of items  
3 now. The first issue concerns the evidence you gave in  
4 relation to the Early Alert and the way of placing that  
5 into your hands. Let's just look at the email we saw 14:36  
6 this morning, it's WIT-101964, and obviously it's  
7 addressed "Dear Roberta", and what we couldn't see from  
8 that email was whether it was sent directly to you. It  
9 bears the name of "Jennifer Comac" on the top. If  
10 I can now show you an email which has been drawn to my 14:37  
11 attention over the break, it's at TRU-320250. This  
12 email would suggest, in that it's directed to your  
13 email address, Roberta Brownlee, that -- and no one  
14 else, that it was sent directly to you, that is the  
15 Early Alert was sent directly to you, and I want you to 14:38  
16 have a think about that in the context of what you said  
17 about earlier, that you needed clarification in terms  
18 of whether your Personal Assistant would have seen that  
19 and what date she would have seen it and that might  
20 help you to better understand why the Non-Executive 14:38  
21 Directors got to see it. Can I put it in these terms:  
22 If this email was sent to you directly and to nobody  
23 else, you could determine whether it should be sent out  
24 to Non-Executive Directors without having to rely on  
25 your Personal Assistant? 14:38  
26 A. My position hasn't changed from what I have said  
27 earlier, Mr. Wolfe. I don't remember seeing that  
28 covering email, and I really can't remember seeing the  
29 alert.

1 176 Q. Yes.

2 A. I'm sorry, I just -- even showing me that and --

3 177 Q. Can I hold that up to the light just for a moment. The  
4 Early Alert is the first formal notification to you of  
5 something that has gone badly wrong in Urology; the 14:39  
6 Department is being told about it and you're being told  
7 about it. Okay, Mr. Devlin has spoken to you  
8 informally about it, perhaps, before this. But can you  
9 really not remember receiving this Early Alert, given  
10 the issues that we're discussing and your connection to 14:39  
11 them?

12 A. I honestly can't, but I definitely don't remember  
13 seeing that note from Stephen Wallace. And why it just  
14 came to me, you know, that's very different and,  
15 I mean, there must have been a reason behind that, why 14:40  
16 it came just to me, if I got it, but I don't remember  
17 it and, therefore, Jennifer would have been in and out  
18 of my emails, I mean, and how I missed that, I don't  
19 know, I mean, I can only but apologise, but I don't  
20 remember seeing it from Stephen, and certainly, if 14:40  
21 I only got that, I have -- I just can't recollect why  
22 I wouldn't have asked the Chief Executive, or indeed  
23 Jennifer, about the sensitivities and not sharing it.  
24 I mean, I am sorry.

25 178 Q. You have no explanation to offer the Panel in relation 14:40  
26 to that?

27 A. No, I've none. No, I just can't remember getting that  
28 and why I didn't deal with it, that's what I am saying,  
29 Mr. Wolfe.

1 179 Q. Could I have up on the screen, please - just allow me a  
2 moment, Chair - TRU-320252. You'll recall that, this  
3 morning, Mrs. Brownlee, I was asking you about that  
4 part of your witness statement where you had stated  
5 that you had not received the Urology Update Paper 14:41  
6 ahead of the September 2020 Board meeting, and you  
7 quickly acknowledged that, in fact, you had received  
8 it, but what you hadn't received, and what you ought to  
9 have said in your statement, was that 'I hadn't  
10 received the November urology update'? 14:42

11 A. Yes, yes.

12 180 Q. Now, this email of 11th November is sent to you, as  
13 well as your Personal Assistant and Mrs. Judt. It's,  
14 as I understand it, the day before the November Board  
15 meeting - which I'll just check my note here to see if 14:42  
16 I can be absolutely certain about that - yes, the Trust  
17 Board meeting is 12th November, and it's communicating  
18 to you the briefing notes for both the confidential and  
19 the public meetings are also attached. If we scroll  
20 forward onto the next page, you can see the agenda, 14:42  
21 including at Item 6, just scroll down, "Update on  
22 Clinical Concerns within Urology", and amongst the  
23 papers sent to you is, if we go onto the next page --  
24 sorry, two pages forward, TRU-320256, is the Urology  
25 update. So, do you accept that you were sent the 14:43  
26 urology update for the November meeting,  
27 notwithstanding that you had an interest declared and  
28 you didn't actually attend for this item?

29 A. Well, I don't remember seeing that report from



1 Dr. O'Kane. I read that in detail in my bundle.  
2 I don't remember getting that attachment, that's all  
3 I can say, from -- I just didn't remember reading it.  
4 You know, I was reading a lot of it in my bundle, you  
5 know, for updates, but I don't remember getting that. 14:44

6 181 Q. Hmm. You see, very quickly this morning, when I put to  
7 you the fact that you had received the September paper,  
8 despite your denial of that in your statement, you  
9 quickly told us, actually, you meant the November  
10 paper? 14:44

11 A. Yes.

12 182 Q. And you don't remember receiving it?

13 A. No. And with respect, Mr. Wolfe, what I was saying in  
14 my statement, that it was an error, it was not a  
15 deliberate. I was saying that I am sorry, I thought 14:44  
16 I didn't get the September briefing, it was  
17 the November one. There was nothing deliberate there,  
18 or wrong, in what I was doing.

19 183 Q. What I am asking you is, is the answer this morning  
20 another error if the -- 14:45

21 A. Well, I don't remember reading that until I got it in  
22 my bundle.

23 184 Q. No, you would only have got this, as I understand it,  
24 you would only have got this email at lunch -- a  
25 few minutes ago? 14:45

26 A. Oh, yes, yes, someone showed it to me, yes.

27 185 Q. Yes.

28 A. But what I am saying is, I read that in my bundle and  
29 I said that I hadn't seen it before and, yes, I've had

1 a quick look at it there over lunch, but I don't  
2 remember getting it to read at that time.

3 186 Q. But do you accept, on the face of the email, that it  
4 would appear that you did get it?

5 A. Well, it says it's an attachment, yes, but I don't 14:45  
6 remember getting it and it may have been an error and  
7 I didn't get it, but I don't remember reading it at the  
8 time.

9 187 Q. Yes. Could I bring you back to where we finished just  
10 before the lunch break. We were discussing your 14:45  
11 interaction with Mr. Pengelly and your interaction with  
12 Mr. Devlin. I was explaining to you that the evidence  
13 before the Inquiry is that, after the 22nd October  
14 Board meeting, Mr. Pengelly spoke to Mr. Devlin, drew  
15 Mr. Devlin's attention to your connection with 14:46  
16 Mr. O'Brien through the CURE charity and Mr. Pengelly's  
17 evidence was that he asked Mr. Devlin to speak to you,  
18 and I think you accept that Mr. Devlin did speak to you  
19 and then you telephoned Mr. Pengelly; isn't that right?

20 A. Yes. Shane spoke to me that afternoon to say 14:47  
21 Mr. Pengelly was looking to speak with me about CURE,  
22 but he didn't discuss anything else.

23 188 Q. Well, let me just, in fairness to both you and  
24 Mr. Devlin, put on the screen what he has said about  
25 that interaction. It's at WIT-00096. So, top of the 14:47  
26 page, he recounts that he "received a telephone call  
27 from the Permanent Secretary, Richard Pengelly, asking  
28 whether I was aware of the CURE. I was not aware and  
29 advised him of this. He proceeded to explain to me

1 that it was a charity that had been created in 1997 by  
2 Mr. O'Brien and that he understood that Roberta  
3 Brownlee had been a director of the charity for  
4 15 years, up to 2012. Richard Pengelly asked me if  
5 Roberta had been declaring a conflict of interest in 14:48  
6 our Board meetings with regards to Mr. O'Brien and  
7 Urology, which she had not. Richard Pengelly then  
8 instructed me to telephone the Chair and advise her of  
9 our conversation and request that she withdraw herself  
10 from any further Trust Board conversations on this 14:48  
11 topic. I subsequently phoned the Chair and advised her  
12 accordingly. It is my understanding that Roberta then  
13 telephoned Richard to discuss the issue. From that  
14 point forward, Roberta excused herself from further  
15 Board meeting conversations on the topic." 14:48

16  
17 The only interest I have in putting that paragraph to  
18 you is to invite you to comment on the accuracy of  
19 whether Mr. Devlin spoke to you and advised you, as per  
20 Richard Pengelly's instruction, that you withdraw 14:49  
21 yourself from any further Trust Board conversations on  
22 the topic of Urology and Mr. O'Brien?

23 A. No, Shane Devlin didn't talk to me about that at all.  
24 Mr. Pengelly spoke to me about that, but not Shane.  
25 Nor, not after Mr. Pengelly's conversation, either, did 14:49  
26 he instruct me, what is said there, that I withdraw  
27 myself from meetings. Definitely, Shane did not speak  
28 to me about that.

29 189 Q. Okay, and you have a clear memory of that?

1 A. Well, I would remember something so clear, Mr. Wolfe,  
2 of the Chief Executive, if he phoned me, and remember,  
3 I was in my care home, I can remember taking his call,  
4 stepping out. I would remember clearly if a Chief  
5 Executive told me that the Permanent Secretary says  
6 'I'm to tell you not to attend meetings', I definitely  
7 would remember that, and my recollection of that  
8 conversation with Shane, it was very short.

14:50

9 190 Q. We can see, Mrs. Brownlee - take, for example,  
10 WIT-101982 - there were other engagements between you  
11 and your Non-Executive Directors through November, but  
12 this - if you just scroll back up, sorry, just to  
13 orientate you, I beg your pardon - this is the minutes  
14 for 12th November virtual Board meeting, Confidential  
15 Section, and as we can see, scrolling back down from  
16 whence we came, that, under "Declarations of Interest",  
17 you declared an interest in respect of Item 6, and we  
18 saw from the Board papers a moment ago Item 6 was the  
19 Urology element to the meeting.

14:50

14:50

20  
21 So, if Mr. Devlin didn't give you the message to desist  
22 from attendance or in discussions around Mr. O'Brien  
23 and Urology, what was the influence? What caused you  
24 to change your approach as compared with the October  
25 meeting?

14:51

14:51

26 A. Well, first of all, Shane Devlin never told me not to  
27 attend any meetings, that I can recall. I'm sorry.  
28 I attended only the October meeting because, as I said  
29 previously, just all of the happenings, it was moving

1 so fast with the Assembly, and my prime importance then  
2 was the role of the Board, what were the implications  
3 for the Board, etc., that I have already covered,  
4 without going over that again. That's why I attended  
5 that meeting. I hadn't attended previous ones, and 14:52  
6 I decided just not to attend any more meetings. I was  
7 in my last days there. I hadn't taken on any further  
8 appointments. I think Eileen was picking up  
9 appointments as well. So I just didn't attend any more  
10 meetings. But I have no recollection of Shane speaking 14:52  
11 to me about that in the detail that's referred.

12 191 Q. Now, in advance of the October Board meeting, you would  
13 have received a Urology Update Report, and we can see  
14 it at WIT-99846. Just scrolling down, it builds on the  
15 paper that was circulated for the September meeting. 14:53  
16 Just go onto the next page, it begins to - scroll down,  
17 it might be the next page, keep going - it sets out the  
18 background, yes. So it begins to describe here the  
19 areas of what is described as potential patient harm,  
20 potentially preventible harm, and it categorises them 14:53  
21 under various headings: pathology and cystology [sic]  
22 results, the use of and prescription of Bicalutamide,  
23 radiology results - just over the page, down the page -  
24 issues around MDM discussions, issues around an  
25 oncology review backlog, back to the Bicalutamide 14:54  
26 issue. Scrolling down. Then, it highlights, across  
27 nine cases, a summary of the Serious Adverse Incidents  
28 that were to be the subject of review, remembering this  
29 is November 2020 and a Serious Adverse Incident Review

1 process had just begun for nine cases. So it is  
2 highlighting the background to those, noting that, in  
3 two cases, the patient concerned had died, although  
4 attributing no particular causative connection between  
5 those deaths and the element of concern. So, just 14:55  
6 scrolling down, and you can see those nine cases.  
7 Scrolling down again. The second deceased patient at  
8 the end.

9  
10 So, can one assume, Mrs. Brownlee, that you would have 14:55  
11 read -- you have a clear memory of receiving this  
12 report and reading it?

13 A. This is, sorry, the?

14 192 Q. This is for the October meeting.

15 A. October. Again, in my bundle, I read that, but, 14:55  
16 thinking back, I can't, but -- I can't.

17 193 Q. Is it fair to say that your normal modus operandi is to  
18 read Board papers sent to you in advance of attendance  
19 at the Trust Board and, indeed, to speak to the Chief  
20 Executive before the Board meeting? 14:55

21 A. Oh, I'd always read my papers, definitely always would  
22 read my papers. In relation to talking to the Chief  
23 Executive, the agenda would have been drafted and the  
24 attached paper, Shane would have spoken to me if there  
25 was any high-level areas that he wanted to draw out, 14:56  
26 but we wouldn't have went into detail of a report, you  
27 know, at the pre-meeting or when we would have had our  
28 discussion.

29 194 Q. Yes.

1 A. I just can't...

2 195 Q. We know that, from what we have read of the emails,  
3 that Mr. Devlin engaged with you in relation to your  
4 attendance and, in his evidence, he accepted that, not  
5 without some regret, in hindsight, because of the way 14:56  
6 the meeting proceeded, he'd given you the green light  
7 to attend and you did attend. You've said that, in  
8 advance of the meeting, you sent an email to indicate  
9 that you would attend. Let me just ask for your views  
10 on that. It's at TRU-253704. You're explaining -- 14:57  
11 just down the page. Yes.

12

13 "I wish to confirm that I will be staying in for this  
14 item. This is an extremely serious matter for the  
15 Board and I need to be present. I have no conflict 14:57  
16 with this particular matter with my past personal  
17 illness and I will try to overcome the emotions."

18

19 So that's you signalling that, given the serious  
20 matters which the Board has to face, you're going to 14:58  
21 attend, but you say "I have no conflict with this  
22 particular matter", but you're going to try to put your  
23 emotions behind you, that's clearly a reference to the  
24 fact that Mr. O'Brien, the subject matter of the  
25 discussions in Urology, was your medical doctor; isn't 14:58  
26 that right?

27 A. What I was meaning was, I have no conflict with the  
28 detail of the matter that was being discussed, all of  
29 that, I mean, and I also then went on to say, you know,

1 whatever has happened in the past, you know, I would  
2 overcome that; you know, I was just being personal in  
3 that. But what I meant was, you know, in the detail  
4 that's there, I wasn't involved in any of that, the  
5 subject matter, I mean. And again, if I'm allowed to 14:59  
6 mention it, I was attending this meeting because I felt  
7 strongly that what I had heard from Minister and what  
8 was going to happen within a matter of days, was  
9 something that I had never dealt with before and  
10 I wasn't aware we were at that stage. Coupled with 14:59  
11 that, the Chief was saying to me: 'I am going to ask  
12 at that meeting for a delay of ministerial announcement  
13 because we haven't completed all of our scoping  
14 exercise or the review of some of the whole areas.'  
15 And, you know, to me, we didn't have what I would have 14:59  
16 called concrete or solid information to take to the  
17 Department and the Minister. So, on the one hand, we  
18 had this really serious matter that was going to have  
19 media interest and really, a really big announcement,  
20 but yet the Chief was telling me, you know, 'I'm coming 15:00  
21 to the Board and I would like to have a delay'.  
22 So, rightly or wrongly, my mind was, I would need to be  
23 in here, I would need to see what's going on, what has  
24 been happening, what -- are we assured the Board  
25 members, are we assured that due process is being 15:00  
26 followed? We have got and completed the process, or  
27 what stage are we at? How long of a delay are we  
28 looking? What were the implications for the Trust? It  
29 was for the Trust reason that I attended that meeting.



1 196 Q. Mm-hmm. So that's your rationale or your explanation  
2 for attending --

3 A. Yes, for attending that one.

4 197 Q. Whereas the curious bystander would say, 'Oh, it's  
5 Mr. O'Brien who's at the centre of this storm. Isn't 15:00  
6 Roberta Brownlee his best friend or a good friend?'

7 A. I think a good friend --

8 198 Q. 'Didn't he treat her as a doctor? Didn't they work  
9 together in a charitable company?'

10 A. Yes, but without repeating again, the charitable 15:01  
11 company was set up by Eileen O'Hagan and I and others,  
12 not as what's really coming across, that it was myself  
13 and Mr. O'Brien. That's the first thing. It was a  
14 collective of many people --

15 199 Q. Yes. 15:01

16 A. -- I mean. And the other thing is, that was why  
17 I attended that meeting. Mr. O'Brien was a good friend  
18 of mine, but be assured, Mr. Wolfe, I have never had  
19 Mr. O'Brien at any time visit my home, phone me, come  
20 to my office about any of his clinical issues -- 15:01

21 200 Q. Mm-hmm.

22 A. -- or any of his concerns, so I never was involved in  
23 the subject matter, never. I never was involved in any  
24 aspect of the investigation, and I knew Dr. Khan,  
25 Dr. Chada and Dr. Wright and Dr. Simpson really well 15:01  
26 and had an excellent working relationship with them, as  
27 I've said before. So I --

28 201 Q. Probably, it's my fault for perhaps asking you to  
29 comment on it again or inviting comment on it again.

1 we have been up and down this street several times.  
2 But can I summarise your position as this: You didn't  
3 recognise any contravention of the Guidance on Conflict  
4 of Interest and, although you might think a different  
5 approach might have been appropriate, reflecting on it 15:02  
6 today, at that time you didn't see any good reason for  
7 not attending?

8 A. Not at that time. Whenever I was aware how serious  
9 this was, what I was told by Shane, what had happened  
10 with Dr. Watt and how the same process was going to be 15:02  
11 followed and how the Minister had already spoken to the  
12 Assembly and wanted to go formal with it, versus, then,  
13 what we hadn't done and what we still needed to do,  
14 that was honestly my priority at that time, nothing  
15 else. 15:03

16 202 Q. Yes. And you didn't think 'I could delegate that to my  
17 Deputy, I could delegate that to Mrs. Leeson, as I did  
18 the week before'?

19 A. I didn't, at that time. I believed this was such a  
20 serious matter I needed to be in there to be assured. 15:03  
21 I hadn't been assured that, actually, process had  
22 followed and that everything was really in order to  
23 forward this accurate information that was required of  
24 us. What the Chief was saying was, we'd need to have a  
25 delay, and I am asking the Board for that because we 15:03  
26 haven't got it all done, and I think Mrs. McClements,  
27 you know, had asked him about that as well, from  
28 memory. But I was totally unaware that, I mean, Shane  
29 had any concern about me attending, or any

1 Non-Executive Director, even though it was late in the  
2 evening when Dr. O'Kane had referenced that. If  
3 someone had have said to me, Mr. Wolfe, 'look, we don't  
4 think you should be in there, don't go', or whatever,  
5 I wasn't aware of any of this until I'm reading it for 15:04  
6 the Inquiry, and I just -- you know, I found that,  
7 actually, quite hurtful.

8 203 Q. It is fair to say, Mrs. Brownlee, that, in his  
9 evidence, Mr. Devlin acknowledged that he had given you  
10 the green light to attend. We can see that if we just 15:04  
11 scroll up, we can see that - just scroll on up  
12 further - we can see that Dr. O'Kane is expressing some  
13 reservations, but, from his perspective at that time,  
14 he is saying "I think she needs to be part of the  
15 conversation". What he has gone on to say in his 15:04  
16 evidence to the Inquiry is that he did so believing  
17 that a balanced conversation required your attendance  
18 and he trusted that you needed to be in that, but, as  
19 the matter progressed, as you participated in the  
20 meeting on 22nd October, he didn't feel that it was a 15:05  
21 balanced meeting or he didn't feel that it was as  
22 balanced as it should have been and he is annoyed at  
23 himself that he gave you the green light to attend. In  
24 light of your contribution to the meeting on  
25 22nd October, do you understand why he has cause to 15:05  
26 regret your attendance?

27 A. Well, if I may, and allowed to go back, I think  
28 Dr. O'Kane sent that email quite late in an evening.

29 204 Q. Yes.

1 A. And, I mean -- and I would have been meeting with --  
2 normally, I would have seen Shane informally before we  
3 would have had a meeting. So I suppose what I am  
4 saying, Mr. Wolfe, is, I am amazed that Shane didn't  
5 say to me, 'Oh, by the way, I've said you can come, 15:06  
6 but, actually, you know, you're better to know  
7 Dr. O'Kane doesn't think you should be there'. There  
8 was none of that. I mean, in relation to how  
9 I participated, I would have found it difficult, as the  
10 Chair -- 15:06

11 205 Q. Let me just, to help you frame your answer, if I can  
12 bring up on the screen the interventions you made at  
13 that meeting, WIT-90924. Just, actually, if you scroll  
14 back to the previous page, you will see Dr. Gormley  
15 introducing the meeting. Just scroll up further, 15:06  
16 sorry. There we are.

17  
18 "Update on clinical concerns with Urology.  
19 Chief Executive updating on discussions with the  
20 Minister -- or with the Department in relation to an 15:06  
21 intended statement by the Minister and his concern" -  
22 that is the Chief Executive's concern - "that this  
23 might benefit from a delay."

24  
25 And then Dr. Gormley speaking to the report we have 15:07  
26 just glanced through a few moments ago at the bottom of  
27 the page. So he is providing a summary of the clinical  
28 concerns relating to Consultant A. And then, over the  
29 page, or down the page, you come in, and you can remind

1 yourself of the nature of the interventions that you  
2 made.

3  
4 So you begin by reminding people that Consultant A had  
5 written to you in June 2020, which you had shared with 15:08  
6 others, and this was in relation to his formal  
7 grievance and some HR processes. You also raised the  
8 fact that a number of different Urology Consultants had  
9 been in place over the years and asked why they had not  
10 raised concerns about the Consultant's practice and, 15:08  
11 similarly, why had his Personal Assistant not raised  
12 concerns regarding delays in dictation of patient  
13 discharges? And you go on to say, or ask a question as  
14 to whether general practitioners had recognised the  
15 problem around Bicalutamide. And then, further down 15:08  
16 the page, a further intervention from you - scrolling  
17 down just further, please - you asked a question about  
18 whether one Consultant Urologist reviewing the patient  
19 files was sufficient. Just scrolling down. No, you've  
20 gone past it. Thank you. 15:09

21  
22 So, those are the interventions that you made. On  
23 reading those interventions, which came directly after  
24 the Deputy Medical Director had summarised the concerns  
25 around patients, was it not a strange entry point for 15:09  
26 you to introduce the fact that this Consultant,  
27 Mr. O'Brien, had written to you about his grievance?

28 A. No, no, from --

29 206 Q. What was your thinking there?

1           A.    Well, my thinking in asking all of those questions  
2                    were, simply, I had not seen anything recorded in  
3                    previous minutes of any meeting, you know, giving an  
4                    assurance of areas. We had already heard from the  
5                    Chief Executive that it was premature to go to the                    15:10  
6                    Northern Ireland Assembly because some of the detail  
7                    wasn't all relevant. So I'm asking, as I would have  
8                    asked for anything, and I believe these questions I was  
9                    asking were actually relevant for the assurance of the  
10                   Trust. You know, my priority was actually knowing,                    15:10  
11                   when this would go public, where did the Trust stand?  
12                   Were we assured that, actually, our procedures and  
13                   processes, was one consultant looking at it adequate?  
14                   Did we need more? I mean, what had we not finished in  
15                   relation to a scoping exercise? I was asking a                    15:10  
16                   question about a drug, which, I mean, to me, the safety  
17                   net would be, if a Consultant prescribes a drug, then  
18                   it is sent off to a GP to have a prescription and then  
19                   another third safety net is the pharmacy that dispenses  
20                   it, and I was asked -- to me, those were fairly                    15:11  
21                   relevant questions to ask: Look, when did we identify  
22                   that this drug was being prescribed and going to  
23                   patients when it shouldn't have been, or should it have  
24                   been? What was the thinking? A bit more detail. All  
25                   of the other things I was asking, to me, if there is a                    15:11  
26                   backlog of letters not being dictated, if there is a  
27                   backlog of triage not being done, again I was asking,  
28                   you know - I hadn't heard it before - what about  
29                   Mr. O'Brien's Personal Assistant; had she identified

1 anything? How was that escalated? He worked with  
2 other colleagues, seeing the waiting lists and the ways  
3 of working; how was that not escalated? To me, these  
4 were questions that a good Non-Executive Director would  
5 need an assurance, before we go public, that, actually, 15:11  
6 we have explored every avenue and we've identified  
7 this. When did we identify some of these problems?  
8 What did we do about them? I hadn't read anything or  
9 been assured in any way, in a Board paper, that we'd  
10 asked these questions. And I think it may have been, 15:12  
11 and correct me if I am wrong, no doubt, that it may  
12 have been alluded to that Mr. O'Brien, did he ask me to  
13 ask questions at any meeting? And I want to tell this  
14 Inquiry, under no circumstances at any time did  
15 Mr. O'Brien or his wife ever talk to me about his 15:12  
16 clinical concerns about his practice, let alone ever  
17 asking me to ask questions. I must refute that,  
18 I would never do it, I didn't do it, and it just would  
19 be outside my professional realm, but definitely not.  
20 These, to me, were - I'm an experienced Chair, I've 15:12  
21 worked in senior positions for a long time, I've dealt  
22 with professional conduct and, therefore, to me, before  
23 you start to launch into a very serious matter to  
24 inform the public, you'd want to make sure what you did  
25 locally was all the boxes ticked and all done, and 15:12  
26 that's why I was asking that. I mean, others, we had  
27 had the assurance about the patients, I know that's  
28 been referred earlier, but we had already the lookback,  
29 we started the lookback exercise on patients, and that.

1 But I just wanted someone to tell us how did this  
2 happen? How was this missed? Have we done everything  
3 we are meant to do.

4 207 Q. Well, is it -- I've listened carefully to what you have  
5 said and I have read the minute. Is it possible to 15:13  
6 detect, in anything you have said at the meeting, any  
7 indication of concern for the patients who had been  
8 caught up in this, as opposed to -- and others have  
9 said this in evidence, others who were present at the  
10 meeting, they were detecting, in terms of what you had 15:13  
11 said at the meeting, a strong degree of defensiveness  
12 of Mr. O'Brien, something close to advocacy on behalf  
13 of Mr. O'Brien, a sense of, certainly,  
14 uncomfortableness that you were approaching matters as  
15 you did, so do you think, when you read that minute, 15:14  
16 that you got the emphasis wrong; it should have been  
17 more patient-focused?

18 A. No, we'd already -- it was discussed about the patients  
19 and the number that had been identified and what was  
20 happening. That was already in a process, it was 15:14  
21 following on; you know, we had discussed that or had  
22 had that in the report. I do not believe the questions  
23 I was asking was in any way an advocacy, I mean, and  
24 I have heard what others have said about me, I've read  
25 that, but I don't believe that -- maybe now, as I've 15:14  
26 said, looking back, I mean, would you have attended the  
27 meeting? We've covered that all. But at that time, my  
28 interest that I was asking was the safeguards for the  
29 Trust and, of course, patients and all were involved in



1 that. It was nothing to do with Mr. O'Brien or  
2 anything that he had contributed to me to ask,  
3 absolutely not.

4 208 Q. But your questions, on one view, and I would invite  
5 your comments on this, it's capable of -- it's possible 15:15  
6 to read your questions as saying, if there's substance  
7 to what is being said about Mr. O'Brien, why didn't his  
8 PA spot it? why didn't GPs spot it? what about the  
9 appraisal, why didn't it spot it? what about his other  
10 colleagues? Is that the way your remarks were 15:15  
11 intended?

12 A. It wasn't me doubting the report, Mr. Wolfe; it was me  
13 actually seeking assurance. I mean, who else  
14 identified this? Mr. O'Brien -- what I was asking  
15 wasn't going to change the course of travel for 15:16  
16 Mr. O'Brien. Remember, this, as I've said before, was  
17 ready to go public, forwarding information that wasn't  
18 accurate at that stage. And I'm asking, you know, tell  
19 me, tell the Board about some of these areas for the  
20 assurance. I mean, now, maybe I've missed it, but take 15:16  
21 me to a minute where we have had some of this  
22 identified, but there was absolutely no malice in what  
23 I was asking. Patients were very important, we knew  
24 they were being now looked back and recalled and lots  
25 of different things, and others had asked about the 15:16  
26 patients, but --

27 209 Q. But, as Chair, should you have been seeking assurance  
28 that the patients who may have been harmed in  
29 association with all of this, were, for example, being

1 well looked after?

2 A. Of course.

3 210 Q. Did you seek assurance on that?

4 A. No, I didn't seek assurance on that, but I do know it  
5 was discussed about the patients and we'd already had 15:17  
6 an introduction to tell us how the recall was working,  
7 but I think it was Mrs. McClements - I may be wrong  
8 there - who was saying, look, it was a big scoping  
9 exercise, there was still some of the reviews to do,  
10 they hadn't got it all bottomed-out yet. So, I mean, 15:17  
11 there was a lot of people all over the patients and the  
12 recall, you know, a lot of senior staff. But I still  
13 believe at that time, when I was asking those  
14 questions, they were relevant to get an assurance from  
15 the Board for the safeguarding of the Board as well, 15:17  
16 I mean, so that's all I can say. What I would do today  
17 is different.

18 211 Q. Can I put Mrs. Leeson's perspective to you. We can  
19 find it at WIT-99800. At 311, she is saying:

20 15:17  
21 "Mrs. Brownlee was very defensive of Mr. O'Brien and  
22 I agree with Mr. Devlin that she acted more as an  
23 advocate for the Consultant than patients who had been  
24 affected. Mrs. Brownlee should not have attended the  
25 item on Urology at 22nd October meeting as she had 15:18  
26 already declared a conflict of interest in relation to  
27 Mr. O'Brien. I thought it was inappropriate and  
28 I focused my intervention on the process of SAIs.  
29 Mrs. Brownlee was not able to act in an objective

1 manner as a Chair."

2  
3 That was one of your Non-Executive Directors, who you  
4 obviously had some trust and faith in, you had  
5 previously asked her to Chair in your -- because of the 15:18  
6 conflict at the previous meeting. She's sitting,  
7 listening and observing your input. When you reflect  
8 upon it now, do you understand how your fellow  
9 Non-Executive Directors could have taken that view of  
10 your input? 15:19

11 A. Well, it was a Zoom meeting, that's the first thing.  
12 And secondly, I don't believe I was defensive for  
13 Mr. O'Brien, mindful that he had already gone.  
14 Decisions had been made and that travel for Mr. O'Brien  
15 had already been determined. I note she said she 15:19  
16 supports Mr. Devlin and all in that. I have explained  
17 already why I attended that meeting, and I believe  
18 I was asking relevant questions and I was an objective  
19 Chair and I was always a challenging Chair and at the  
20 heart of everything I did was looking after my 15:19  
21 patients. I'm not going to be critical, Mr. Wolfe, of  
22 any of my Non-Executive Directors, that's not my style.  
23 I had a very good working relationship with  
24 Mrs. Leeson. If that's what she believes happened.  
25 But what I find strange in all of this, and I have said 15:20  
26 it to the Inquiry, if my Non-Executive Directors, even  
27 after that meeting, had concerns about me, or  
28 Mr. Devlin before it or Dr. O'Kane, I'm just amazed how  
29 none of them, at any time, ever spoke to me about it.

1 And I know Mr. Devlin well, in that if he had had  
2 concerns about me, he had an excellent working  
3 relationship with Mr. Pengelly and would probably have  
4 been talking to him most days, if not three times a  
5 week, so why did he not go to Mr. Pengelly and say 15:20  
6 'I have a problem with this Chair' and all that he said  
7 about me to the Inquiry? That was never said to me,  
8 nor any of my Non-Executive Directors. All I can  
9 conclude and say to this Inquiry was, to the best of my  
10 ability, I worked tirelessly for the Trust and put 15:20  
11 patients at the centre of all that I did, and I worked  
12 very well with my colleagues, and when I was leaving,  
13 I have many of the people, and I know it's referred to,  
14 and maybe you're coming to that, around the culture of  
15 the Board, about what it was like, if the culture of 15:21  
16 the Board was so bad when I was leaving that's referred  
17 to, I can't understand then why I got so many letters  
18 of praise from Directors, from -- I formed the Patient  
19 and Client Experience Committee, of which patients and  
20 service users were members, it was I that formed that 15:21  
21 with our former Chair, excellent -- and they came  
22 through my Personal Assistant. So, I suppose, all  
23 I can say to the Inquiry is, all of this I learned  
24 about myself and how bad I seemed to be doing at my  
25 job, during the Inquiry. But all of my Non-Executive 15:21  
26 Directors, all of my Executive team, and the Chief  
27 Executives I had the privilege to work with, were very  
28 competent, capable people. They wouldn't have been  
29 afraid to challenge you. And many times - I think of

1 Mrs. McAlinden, who was an outstanding Chief Executive,  
2 would have certainly told you about the blue water, why  
3 none of these people, even when I was absent for a long  
4 number of weeks, ever went to someone else. So, after  
5 that meeting, if this is what Mrs. Leeson thought - 15:22  
6 remember, we were on Zoom, that's even easier, because  
7 when one goes off, you can still stay on or you can  
8 talk. The Non-Executive Directors would have talked  
9 frequently together, why did they not say that and, I  
10 mean, be honest? I had a very open culture, Mr. Wolfe. 15:22  
11 I mean, the Boardroom was one of openness.

12 212 Q. Just, could I intervene. What -- just so that we are  
13 clear, are you communicating, in light of what you have  
14 just said, are you saying that you doubt that the likes  
15 of Mrs. Leeson and Mrs. Mullan, who has also commented 15:22  
16 adversely about your behaviours and your input at that  
17 meeting, are you saying that they could not seriously  
18 believe -- sorry, they don't seriously believe that you  
19 behaved inappropriately at that meeting, or are you  
20 simply criticising their failure to challenge you? 15:23

21 A. No, if that's what they believed happened, they have  
22 the right to actually put that forward to the Inquiry.  
23 I'm not doubting what they are saying. I am just  
24 saying back to you that I was not defensive, I was not  
25 advocating for Mr. O'Brien. And if all that they have 15:23  
26 said about me and I was so inadequate in many of these  
27 areas, I am just asking the question, and it's up to  
28 the Inquiry to decide that, why did nobody, if they  
29 couldn't approach me, which I find strange, why did

1 someone in their senior positions not bypass me and go  
2 to the Department? Because I can assure you,  
3 Mr. Pengelly would have dealt with it as a matter of  
4 urgency. So I'm not doubting what Eileen or Pauline or  
5 anyone has said about me; they have a right to say 15:24  
6 that.

7 213 Q. And certainly, Ms. Mullan has, in her evidence,  
8 reflected that she was annoyed at herself and annoyed  
9 at the Board colleagues collectively, not individually,  
10 that the meeting had been allowed to go ahead in the 15:24  
11 way it did, particularly for that item. And she said  
12 in her oral evidence that she -- the Board should have  
13 met and agreed that you should not attend, that's  
14 certainly her learning from it in terms of how she's  
15 giving her evidence. 15:24

16  
17 It is certainly the case that Mr. Devlin has given  
18 evidence that, having spoken to Mr. Pengelly, you were  
19 instructed or advised not to attend any future  
20 meetings, and you have given your evidence in respect 15:24  
21 of that, but just on that, and sort of a subtle  
22 distinction from what I have just said, you're making  
23 the point that you weren't told not to attend future  
24 discussions, but, more than that, Mr. Devlin didn't  
25 criticise you for your input at the 22nd October 15:25  
26 meeting?

27 A. Definitely not. No one did, that I recall.

28 214 Q. Yes.

29 A. And, I mean, I sent the Non-Executive Directors and the

1 Chief and a few others, the night before, and yes, if  
2 Eileen and colleagues felt I shouldn't have attended  
3 there, we meet before the meeting, you know, we meet --  
4 remember, it wasn't a formal meeting, you know, but  
5 they could have said 'Should you be there? I mean, why 15:25  
6 are you coming to this one?' But I have no answer for  
7 that. But certainly, after that meeting, Shane or no  
8 one spoke to me about that.

9 215 Q. I'm answering a query from counsel. I described you as  
10 'best friend' and I think I might have added 'good 15:26  
11 friend'. There's no evidence that you are  
12 Mr. O'Brien's best friend, and I formally withdraw that  
13 as a --

14 CHAIR: I think the evidence from Mrs. Brownlee was,  
15 she would describe them as good friends. 15:26

16 MR. WOLFE KC: Yes, and I think that's --

17 A. I was a good friend of Mr. O'Brien.

18 MR. WOLFE KC: Yes, I think that's fair, sorry --

19 A. But Mr. O'Brien was not in my home in 15 years, as an  
20 example, and, I mean, Mr. O'Brien nor his wife ever 15:26  
21 visited my home or the office to discuss in any way his  
22 clinical concerns about himself, and that's fact, and  
23 I have to leave that up to the Inquiry, that's fact,  
24 and I am telling the truth.

25 216 Q. Yes. 15:26

26 A. And that's all I can say. This perception that could  
27 be that we were great friends and that he was with me  
28 all the time and we were out all the time, we mightn't  
29 have been out together maybe only every 12 to 18 months

1 and with others. You know, just, I feel I have to have  
2 an opportunity to be fair to myself and the service  
3 that I gave to the Trust. So one has to have  
4 opportunities when colleagues say this about you, I'm  
5 not sure the Inquiry allows me to do that, but 15:27  
6 I hope -- I'm wanting to put forward that, I mean, I'm  
7 not a defensive person, I'm not an anxious person, like  
8 was described, but I have found the Inquiry, the detail  
9 I got was the first time I read most of this here, and  
10 I was shocked, Mr. Wolfe, to hear what the Chief 15:27  
11 Executive, Mr. Devlin, had said about me and thought  
12 about our working relationship, and the same with some  
13 of my Non-Executive colleagues, it came as a real  
14 shock. I was, to be fair, hurt.

15 217 Q. Thank you. And just to comment, I take Mr. Boyle's 15:27  
16 intervention in that respect as appropriately made and,  
17 just to be clear, I shouldn't have described the  
18 relationship as one of 'best friends', and 'good  
19 friend' was the evidence, and hopefully that corrects  
20 the record. 15:28

21  
22 Just finally, Mrs. Brownlee, you were Chair of this  
23 organisation for the better part of a decade. These  
24 events punctuated, or at least came to a head in the  
25 last months of your tenure. When you reflect back, as 15:28  
26 you have done, in your statement, to some extent, you  
27 recognise weaknesses in the processes and in the  
28 information coming to the Board, is that fair?

29 A. Yes, yes.



1 218 Q. And in your leadership role, in terms of the questions  
2 that you asked, the information that you sought, the  
3 kind of challenges that you advanced, the culture,  
4 maybe, that you tried to promote, do you recognise any  
5 particular learnings for yourself and for the Board 15:29  
6 that you would wish to share with the Inquiry?

7 A. Well, when I left, we had a very open, honest culture  
8 in the Board. All of those that sat around the Board  
9 table, we trusted each other. We had great mutual  
10 respect. We spent a lot of time, Mr. Wolfe, on Board 15:30  
11 effectiveness, reflecting on a Board meeting, to see  
12 how effective were we, did we talk about the right  
13 thing? Did we make the right decision? Are we getting  
14 the right reports? And I know in the bundles you have  
15 before you, also about our culture days away, of which 15:30  
16 Eileen Mullan and Pauline Leeson and colleagues were  
17 all at and participated at. And actually, on our Board  
18 table, set every time that we signed up to, the culture  
19 of the Board, the Board governance, it was on a card,  
20 about the mutual respect for each other. So I believe 15:30  
21 when I left the Board, that I left it in very good  
22 shape, with an open culture, with honest people. Can  
23 you learn? We're always learning, every day, and  
24 I have learned a lot from what I have read. But I'm  
25 only as good as the team of people in my boardroom and 15:30  
26 the information that comes, but we would regularly have  
27 looked at documentation that came. So if you take  
28 standards and guidelines as an assurance, we had 22  
29 standards. We had an acceptable -- they were all

1 acceptable, and that assured us that the risks within  
2 the Board were being managed effectively. And we had a  
3 review, an Overview Team looking at standards and  
4 guidelines to make sure how were they reviewed, how  
5 were they shared and disseminated, how were they 15:31  
6 implemented, how were they audited. And, I mean, we  
7 would have asked -- I can remember actually thinking  
8 back and, I mean, I believe you'll look in my diary and  
9 you will see this, when I met Dr. O'Kane for her  
10 one-to-one in, I think it was, June time or July '19, 15:31  
11 one of the areas I would always have asked would have  
12 been around a standard and guideline, I would have  
13 picked one that was relevant to the Medical Director,  
14 just to give you an example of how I understood the  
15 Board working, and I have it in the top of my diary, 15:31  
16 and you will see that when you get to it, that I asked  
17 her about a standard, and I even asked at that  
18 Governance meeting in September, you know, coming back  
19 again, could we have two standards to see when a  
20 standard or a new guideline came in from NICE or from 15:32  
21 the Department, my importance was, where it came into?  
22 How was it disseminated? What was the learning? How  
23 did we evaluate it? What was the impact on patients  
24 and on the service? So can you learn? We always  
25 learn. That's why we were a learning organisation. At 15:32  
26 our Trust Board, I mean, I think back over my tenure,  
27 we had -- the Northern Board had the C. Difficile or  
28 the Norovirus, the learning from it; we had, of course,  
29 Donaldson, we had all of these reports. But in the

1 more recent ones, once we knew there was a report, for  
2 example, on the Western Trust or indeed in Muckamore,  
3 I would have said, or an SAI, before we even got the  
4 detail of it, what was the immediate learning? I think  
5 of one of the maternal deaths in Daisy Hill, and Daisy 15:33  
6 Hill, for all of my time there, always had difficulty  
7 recruiting and retaining medical staff. I remember  
8 clearly asking, it wasn't waiting to learn from the  
9 Serious Adverse Incident and the Alert, what was the  
10 immediate learning from that maternal death? what did 15:33  
11 we learn at the time and what have we implemented? So,  
12 to me, I was a Trust Chair who was very involved. I  
13 walked the walk, I was visible, and I used a lot of  
14 learning to develop the Board, along with colleagues.  
15 219 Q. Sorry, Mrs. Brownlee, I don't wish to prolong your 15:33  
16 evidence. My question was much more focused than how  
17 you have answered it. You have told me for the past  
18 few minutes that you promoted a learning culture. My  
19 question was specific: what have you learnt from your  
20 experiences of dealing with this Urology issue? 15:33  
21 A. Well, certainly, we've learned a lot listening around  
22 the Maintaining Higher Professional Standards, what was  
23 the expectation and the reporting back to the Board.  
24 Now, I think I heard Eileen say how that's changed, and  
25 that's all good and healthy. I mean, in relation to 15:34  
26 Serious Adverse Incidents or Alerts, how a better  
27 process should be in making sure they all come to the  
28 Chair or are copied in to the Non-Executive Directors.  
29 There's all of that for learning, of course. I mean,

1 I've taken your point on the conflicts of interest,  
2 I've heard what you have said, I've listened to that.  
3 I mean, there's always things that you can learn.  
4 I mean, my biggest learning in this, I would say to the  
5 Inquiry, was, what went wrong when and how and why? 15:34  
6 How was it not identified early and dealt with? And  
7 I keep coming back, if line management, Head of  
8 Service, Clinical Lead, Assistant Director to Director,  
9 if they knew about this, what did they do about it?  
10 And if they hadn't the capacity or the capability to 15:34  
11 know what to do, how was that escalated to the Chief  
12 Executive? And I have already covered that, what a  
13 Chief Executive may have known and then what did they  
14 do about it? So that's -- to me, that's the big  
15 learning, it's around supervision, around audit and 15:35  
16 compliance and making sure your systems are sound, they  
17 are tested, and there is a good reporting mechanism in,  
18 but that's done within each Directorate with the Risk  
19 Register and clinical audit and clinical effectiveness.  
20 With respect, I mean, our Trust, in my time, I think 15:35  
21 for many years it was in the top hospitals in the  
22 United Kingdom with the CHKS, and that's, you know, the  
23 comparable healthcare knowledge, and you had to send  
24 into that clinical effectiveness, accidents, incidents,  
25 untoward events, near misses, all of that. We were 15:35  
26 measured against big standards, but that doesn't mean  
27 we were anywhere perfect; we were always learning. So,  
28 yes, I have learned a lot from listening in and  
29 attending the Inquiry, I've learned a lot from the

1 material that I have sent, much I learned for the first  
2 time, Mr. Wolfe. Sorry for going on.

3 MR. WOLFE KC: No problem at all. I have no further  
4 questions for you. The Panel may have some.

5 CHAIR: Thank you, Mr. Wolfe. Thank you, 15:36  
6 Mrs. Brownlee. We will have some questions for you.  
7 Mr. Hanbury, first of all, if you'd like to ask some.

8

9 THE WITNESS WAS THEN QUESTIONED BY THE PANEL,  
10 AS FOLLOWS: 15:36

11

12 220 Q. MR. HANBURY: Thank you very much for your evidence.  
13 Just to ask a few things. Going right back to the  
14 demand in capacity problems, I mean, that is something  
15 that affected a lot of the surgical departments. Back 15:36  
16 in 2014, Mr. O'Brien, Mr. Haynes and colleagues  
17 presented quite a high-level document, 'Vision of  
18 Southern Trust Urology', to the Health and Social Care  
19 Board and the Commissioners. Do you recall that coming  
20 to the Trust Board? 15:36

21 A. I don't remember the detail of it coming, Mr. Hanbury,  
22 but I do remember the Chief Executive informing us, and  
23 I am sure it's in the minute, of what was going to the  
24 Board, and that would have went to the Health and  
25 Social Care Board, and you were constantly visiting 15:37  
26 there, putting forward your case for the capacity and  
27 it ran -- and the new way of working and suggestions,  
28 but, at the end of the day, it's only the consultants  
29 know the best way how this would work for patients, and

1 you were very dependent on the Health and Social Care  
2 Board commissioning, maybe, even extra money, but it  
3 wasn't just the extra money. As I've said, in the  
4 past, it's also you needed the workforce, you needed  
5 the Consultants to do it, you needed the theatre 15:37  
6 capacity, you needed the clinic. To be honest, the  
7 Southern Trust hospital sites, wherever you visited,  
8 from south Tyrone to Daisy Hill to Craigavon, was at  
9 full capacity; there wasn't a spare office. So I don't  
10 remember the detail, but I do remember the consultants 15:37  
11 very strongly advocating for a change in service.

12 221 Q. But did you feel they were responsive, the Health and  
13 Social Care Board, to documents like that?

14 A. I think they listened. I mean, we've heard where the 15:38  
15 Chief Executive, and I would have went as well, but the  
16 Director of Planning would have been going at least  
17 monthly there. So they were very open and honest.  
18 I mean, had they extra money to give us, sometimes you  
19 got a drip of money, but it was never adequate to  
20 reshape the service, and I believe then that's what 15:38  
21 fell into the Urology Northern Ireland Review, that it  
22 couldn't just be done for Craigavon because there was  
23 similar problems in the Western Trust and indeed in the  
24 Northern Area.

25 222 Q. Thank you. We're aware in the Inquiry about failings 15:38  
26 in multidisciplinary team work, particularly in cancer,  
27 and, back in 2015, the peer review process gave the  
28 Southern Trust Urology MDT -- sorry, MDM, a poor score  
29 there, things like quoracy, long waiting lists and some

1 specialist services being done locally that should have  
2 been referred. Did that come to you and, if not, do  
3 you think it should?

4 A. It should have, but I don't remember it coming.

5 223 Q. Hmm. And then there was a second external validation a 15:39  
6 couple of years later, again things were actually a  
7 little bit worse. Again, you weren't aware of that as  
8 a Board, was that --

9 A. Certainly, I was very aware that Urology was constantly  
10 under pressure, big demand for patients coming through, 15:39  
11 the long waiting lists, both for Out-Patients and,  
12 indeed, for theatre. Like many of the Consultants,  
13 there was different specialties were always looking  
14 extra theatre space, and, I mean, we got -- we did get  
15 money to get modular theatres put in, which were really 15:39  
16 pretty good, but the more you got of those, it was ate  
17 up very quickly. It didn't make a big impact on actual  
18 waiting list. But, yes, I do remember that, yes. And,  
19 I mean, the Chief Executive would have been very  
20 involved in that at that time. 15:40

21 224 Q. Okay. But there weren't any easy solutions; things  
22 like recruitment was a problem, manpower?

23 A. It was. I didn't -- I sat on all Consultant Panels to  
24 my latter time to train others up, and Urology never  
25 got to its full capacity of Consultants, even the seven 15:40  
26 model, when you could have advertised and no  
27 applicants. You may have got one or two and they were  
28 going to do their fellowship, maybe, in New Zealand, or  
29 whatever, and when you would get two in, another one

1 would have moved on. So it was a very unstable team,  
2 like many others areas, but it never worked, at seven  
3 Consultants full-time. I do remember the time we got  
4 the money for the extra two Consultants, and it was  
5 wonderful, but then it was getting the people, I mean, 15:40  
6 with the specialty. But I can remember arranging  
7 interviews and, on the day, they'd be cancelled because  
8 no one came. And some of your colleagues would have  
9 been coming always from the Royal College to sit on the  
10 panels, and, I mean, we would have been hearing the 15:41  
11 same story in the UK, that, you know, what we're seeing  
12 in the Southern Trust, we saw the in the West, but  
13 we're hearing it was happening wherever that visiting  
14 physician came from, or surgeon.

15 225 Q. Okay. Just something about theatres, really. Urology, 15:41  
16 amongst many specialties, have sort of moved more to  
17 day surgery, when that is possible.

18 A. Yes.

19 226 Q. And we have heard from the Urologists their  
20 frustrations at not being able to do X-ray procedures, 15:41  
21 stones particularly, and bladder outflow,  
22 prostate-type, intermediate, and that seems to be a  
23 constant frustration, presumably, through most of your  
24 tenure. Did you hear that from the Urologists and  
25 other surgical specialties? Was there a -- 15:41

26 A. Well, we certainly would have heard it from the  
27 Director of Acute Services, would have heard it all of  
28 the time at the Board. We would also have heard it  
29 from the Medical Director, to be fair, and I would have



1 heard it personally when I sat on panels from other  
2 specialties as well. That's when you really got to  
3 know the Consultants, in between candidates or summing  
4 up, but we'd have heard about that. So, yes, I did  
5 hear that. I mean, could we do much about it? I'm not 15:42  
6 sure, until I left, despite any bits of extra money  
7 that we got or even a new Consultant, it made a big  
8 impact on the waiting list. And when I look at the  
9 waiting list today, it continues to grow; it hasn't  
10 really changed. But daycare -- or day procedures was 15:42  
11 really important. I think of the Stone Therapy  
12 Clinics, the new urodynamic nurses, that CURE sponsored  
13 a lot of that or helped with the research of it. Those  
14 were great innovations whenever people came in in the  
15 morning and went home. But we used to have, when I 15:42  
16 started there, 2 South was a ward, and sometime around  
17 2014, possibly, I mean, we lost the ward, for whatever  
18 reason, and that was a big thing, because our  
19 Inpatients and our day space was less.

20 227 Q. Okay. But we have seen successes in the Lagan Valley 15:43  
21 thing recently, about how --

22 A. Yes.

23 228 Q. Okay. So, moving on. I was interested to hear about  
24 the Leadership walks, which obviously you participated  
25 in. When you went down to the Thorndale Unit and met, 15:43  
26 I think, one of the -- I think Kate O'Neill --

27 A. Yes.

28 229 Q. -- did you - obviously, it's very much a team sport,  
29 Urology - did you, when organising that, ask to maybe

1 meet with the Clinical Lead or the Head of Service  
2 or --

3 A. Yes. To me, the --

4 230 Q. Just tell me more about that?

5 A. The Leadership walks were very special for me because 15:43  
6 they joined up the governance of what you heard in the  
7 Boardroom right to the frontline staff and it'd give  
8 you a chance to meet both, even ancillary staff as  
9 well, so I was very committed to it. A previous Chief  
10 Executive, along with her team and the Board, put 15:44  
11 together the pillars for that, so it was a very  
12 important walk. My Personal Assistant would have  
13 always booked in advance and we would have told -- we  
14 always told the Director, the Assistant Director and  
15 the Head of Service we are going, and on many occasions 15:44  
16 they would have popped in to say hello, but we were  
17 always looking to see the ward sister or the Head of  
18 that, and Kate O'Neill was on for mine. I know another  
19 colleague did one sometime later and she saw one of the  
20 Clinicians, I think it was Mark that she saw. I mean, 15:44  
21 so you tried to see who was on, and you would have met  
22 a lot of people, and you also watched what was going  
23 on, and it was to seek the assurance, even from their  
24 dashboard, you could see from their dashboard, you  
25 know, some of their clinical outcomes, you could see 15:44  
26 actually some of their quality indicators, what wasn't  
27 achieved. So I actually found the Leadership walks,  
28 despite what I have heard to the Inquiry, an  
29 outstanding source of informing us of what was really

1 going on, and, I mean, the triangle then to the Chief  
2 Executive and the Director. So, yes, I can think of  
3 many occasions that an Assistant Director would have  
4 dropped in or been present for the first part of it.

5 231 Q. But I suppose if they didn't, you sort of got a bit 15:45  
6 less value out of that, was that a --

7 A. Yes, well, I think as we moved on into when Shane came,  
8 there was a lot of discussion about trying to join up,  
9 that the Non-Executive Director would visit with the  
10 Director. With respect, Mr. Hanbury, getting a date to 15:45  
11 suit a Director or an Assistant Director with a  
12 Non-Executive Director, just to see how that happens  
13 now is nigh impossible because of just busy timescales,  
14 but, I mean, yes, we like to see. But, remember,  
15 whenever we did up the report, we drafted the report 15:45  
16 from what we'd heard and all of those governance  
17 pillars. It went back to the person you met to check  
18 the accuracy and then it went to the Chief Executive,  
19 who then forwarded it to the Director, so the Director  
20 was very involved, and the Director would, and I think 15:45  
21 we have seen it to the Inquiry, would have responded on  
22 many occasions the positive or the negative or what  
23 they agreed to differ with.

24 232 Q. Okay, thank you. Just moving on to the subject of 15:46  
25 audits, particularly national audits, and I was struck  
26 from your evidence that -- actually, from Pauline  
27 Leeson, that there were a couple of initiatives from  
28 the Department of Cardiology and another from Stroke  
29 Medicine, where one of the Consultants did a

1 presentation, bringing in information and data from  
2 their national audits and where they were compared to,  
3 I guess, the region, and maybe England as well, and  
4 that did effect change in practice and improvements.  
5 I'm not aware of Urology ever doing that. Was that 15:46  
6 something you encouraged as a Board or --

7 A. Yes, we would have encouraged. I mean, I think one of  
8 those was around cardiovascular, the stroke, the  
9 thrombophlebitis, I mean, that all coming a post -- I  
10 mean, also, the visit by the Royal College of that and 15:46  
11 linking that up, so there would have been a lot of  
12 that. Certainly, Cardiology did a lot. I mean, we had  
13 quite a bit on women, you know, gynae and obstetrics.  
14 I don't remember any coming from Urology, but I do  
15 remember Urology would have come in the Stone Clinic 15:47  
16 and some of the advances in that as well, but we would  
17 have encouraged audit. And to be a participant of the  
18 CHKS, as you know, you had to have clinical audit and,  
19 I mean, inform them so that they could measure. So  
20 when you were sending in your data for to compete for 15:47  
21 the top hospitals, you were sending in clinical audits,  
22 you were sending in clinical effectiveness, all of, you  
23 know, the detail of audit. So there was a lot of audit  
24 that would have went on within the Trust which we  
25 wouldn't have been aware of, but it went on within each 15:47  
26 Directorate.

27 233 Q. Okay, thank you. Just a couple more. One sort of  
28 question about CURE and research, and obviously  
29 fundraising is difficult and you should be commended

1 for all your work with that. with respect to the IV  
2 antibiotics thing, which happened almost a decade ago,  
3 we heard yesterday's evidence from Aidan Dawson, that  
4 when Diane Corrigan looked at the whole issue from a  
5 microbiological point of view, she made the comment 15:48  
6 that if, for some Trusts, Urologists were really keen  
7 on this technique, they should put together research  
8 protocol, with ethical clearance, and which seemed a  
9 strikingly good idea. Did they come to CURE for --  
10 with an idea and a protocol, for example? 15:48

11 A. No, and CURE is a vehicle, nothing like that came,  
12 Mr. Hanbury. What happened in CURE was, we were a  
13 fundraiser, and all of the money that was raised went  
14 into the fund, the charitable fund. Then, the  
15 Consultants, not just Mr. O'Brien, Mr. Young, there was 15:49  
16 Nurse Specialists, all contributed to what was the  
17 training, the development, the research, they wanted to  
18 do. So, yes, they could have used it for that. We had  
19 no restrictions, as an oversight of CURE, to what they  
20 spent the money on, as long as it was spent on research 15:49  
21 and training and development, and be assured, much came  
22 out of CURE from the money that went to it and added  
23 significance to the Urology Services, to this day, in  
24 Craigavon, but they could have used that money, but we  
25 wouldn't have been contributing or deciding that. 15:49

26 234 Q. So it was there if they had wanted to --

27 A. It was there. And, I mean, I am surprised that  
28 Mr. Young or Mr. O'Brien and -- that didn't put that  
29 paper together, maybe they did, but again, that's very

1 operational, we wouldn't have been involved in that.  
2 We had a very strong Research and Development  
3 Department, led by Dr. Sharkey, and, I mean, he was  
4 always, always open for new ideas for research and it  
5 was -- it was commended on many occasions in the 15:50  
6 Southern Trust, the Research Department, so they could  
7 have gone further, and they may have. I do think some  
8 Urology was done, but on a lesser scale.

9 235 Q. Okay. Just, lastly, I hear you sort of chaired a high  
10 proportion of new Consultants interviews, and did you 15:50  
11 ever ask them how they'd ensure the safety of their  
12 patients?

13 A. Oh, yes, that would have been, actually, one of the  
14 questions. I mean, you're very familiar with the  
15 process of recruitment for consultants and, I mean, who 15:50  
16 all sits on the Panel and the questions that would have  
17 been asked, so one was always around standards or  
18 deviation from a standard and, if you deviated from a  
19 standard, why? If there was a guideline and you didn't  
20 follow it, why? So a patient safety was always a 15:50  
21 question asked around that. And governance, of course,  
22 there was always a question on governance, but it  
23 wouldn't have been the specific about the pillars of  
24 governance; it would have been, tell us an example  
25 where you have learned from, you know. 15:51

26 236 Q. And in your role on the Trust Board, obviously you were  
27 concerned about the long waiting times, but did you ask  
28 the Clinicians to look at the long waiters and reassure  
29 you that they weren't coming to any harm?

1 A. Yes. Well, whenever we would have interviewed, I think  
2 I said this in one of my days, I could never understand  
3 if, say, Mr. Young had a foot-long waiting list and,  
4 say, Mr. O'Brien and maybe one of the other Consultants  
5 and you appointed a new Consultant, they started from 15:51  
6 zero, I couldn't understand why, even for six months,  
7 why did they not try to help to lower the others, I  
8 mean, but -- and I would have asked that. We would  
9 have asked, I mean, at the Board, and then when we got  
10 the Performance Committee, we would have noticed who 15:51  
11 were the long waits, how were they informed? Who was  
12 keeping in touch with them? And we were always told  
13 that the patients that become unwell go back via their  
14 GP. But our interest was, how are they told that  
15 you're on the waiting list, and why for so long, and 15:52  
16 how are those reviewed? So that would have been asked,  
17 definitely.

18 237 Q. And were you assured that was --

19 A. Yes, from what we were told, yes.

20 MR. HANBURY: Thank you very much. I have no further 15:52  
21 questions.

22 CHAIR: Thank you, Mr. Hanbury. Dr. Swart?

23

24 238 Q. DR. SWART: So, as Mr. Wolfe said, you have served the  
25 Trust for a decade or so, and I am sure you have 15:52  
26 approached your work with the idea of doing your best  
27 for your patients, as have many, many people in the  
28 Health Service, and that's always a difficult job. But  
29 we're here in an Inquiry because things went wrong, and

1 that's just a fact, that we have to consider how they  
2 went wrong, why they went wrong, and today, with you,  
3 I just want to explore a few things concerning the role  
4 of the Board, now that we have got the opportunity to  
5 talk to you.

15:52

6  
7 So one of the things you have said is that you are  
8 open, hard-working and visionary. What was your vision  
9 for the Trust?

10 A. Well, we had a vision, we had a strategic document of  
11 revision. What was my personal vision?

15:53

12 239 Q. Yes, what was your vision? How would you describe it?

13 A. My vision for the Trust was that, under my term, that  
14 I would be remembered for making change, making an  
15 impact, being remembered as a person who believed in  
16 the importance of high-quality care.

15:53

17 240 Q. Mm-hmm.

18 A. And I also worked tirelessly with staff at all levels,  
19 to listen to them and to see was there anything we  
20 could do, I mean, to get additional monies to help. So  
21 I just wanted the very best, and I'm pleased to say,  
22 under my tenure, whilst waiting lists may have been  
23 long, we had some amazing quality outcomes that were  
24 recognised even in Europe. We also --

15:53

25 241 Q. And if you had to summarise your vision then - that was  
26 your personal mission, almost - what was the overall  
27 vision for the Trust, in one sentence? How would you  
28 describe it to staff if you were going out to say 'this  
29 is our vision'? I know there's lots of documents, I've

15:53



1           been part of them for years and they are always  
2           difficult to remember and to describe to people, but if  
3           you had to describe it, how would you do that? what  
4           would you say it was?

5           A.    To me, the important thing was very much meeting the           15:54  
6           needs of the people. We had huge community needs and  
7           we had also huge acute needs, but how were we really  
8           impacting on the population that we were privileged to  
9           serve. To me, that's --

10   242   Q.    And do you think the Board, as a whole, shared a single           15:54  
11           vision about what you're there to do?

12           A.    Yes, I believe they did, and we talked about that  
13           often, and we did that at our Board Development Days  
14           and we would have also, when we were on our Board  
15           Development Days, have maybe taken a theme --           15:54

16   243   Q.    Mm-hmm.

17           A.    -- and to examine that, really, what was the impact?  
18           How were patients, be it young-people services to older  
19           people? And, to me, your vision has to be lived out;  
20           it's not a document, as you say. And your staff, at           15:55  
21           all levels, should know the position.

22   244   Q.    So if you went down and talked to your staff, do you  
23           think they understood your vision for the Trust? How  
24           did you assess that -- I don't mean -- most staff don't  
25           actually know what a Board does, actually --           15:55

26           A.    No, no, well that's --

27   245   Q.    So what was your view of that? what did the staff  
28           think you were trying to do?

29           A.    Well, that's why I believed it was important to be a

1 visible Board, because we were off the hospital site,  
2 down in a building. So I, under my watch and my  
3 previous Chair, we like to be out to walk the walk and  
4 to be seen and to meet staff in the canteen, they knew  
5 who you were.

15:55

6 246 Q. But did you describe what you did to them? Do you  
7 think they actually understood it? What would your  
8 view about the state of that --

9 A. I wouldn't have said they understood the Board and the  
10 whole dynamics of it, but during my time, I also

15:55

11 introduced bringing staff to the Boardroom, so it  
12 wasn't just the Director who attended, maybe an  
13 Assistant Director or, in some cases, it was clerical  
14 staff, it was support staff, depending on the  
15 Directorate that it was, because they needed to hear  
16 and see what we did. Did they understand our vision?  
17 No, but we were constantly trying to promote that, even  
18 on computers, or wherever, but that is a huge job to  
19 do, because not only were staff in the community quite  
20 a distance away, to staff on an acute site, to a  
21 subacute site.

15:56

15:56

22 247 Q. So, on that subject, in England, for years and years  
23 now, people have been talking about bringing it all  
24 together, had more integrated Trusts, lots of  
25 discussions and forms of that. Do you think, in any  
26 way, the bandwidth of the Trust was too broad? You  
27 had, as you say, an enormous range of services to  
28 cover?

15:56

29 A. Well, the --

1 248 Q. Did you ever talk about that in terms of, are we trying  
2 to cover too much in one Board?

3 A. Yes, yes, we did.

4 249 Q. What was the view on that?

5 A. I mean, we did, we talked about, and it's back to 15:56  
6 Bengoa, you know, how can we spread the butter enough  
7 to have urologists everywhere if we're thinking of  
8 that.

9 250 Q. Yes.

10 A. So we did talk about how could we bring services 15:57  
11 together, where -- I mean, we've moved on to south  
12 Tyrone, I mean, for example, doing some specifics to  
13 others, but that is a big vehicle to drive and to  
14 change with your population.

15 251 Q. Mm-hmm. 15:57

16 A. But, I mean, with the Trust area, it was huge.

17 252 Q. Mm-hmm.

18 A. Just that we had a population that we had to serve, we  
19 were spending big money, but again, that's back to how  
20 the people worked within the Trust and how they were 15:57  
21 known and how you involved your community, and we also  
22 worked with councils, a lot of the local councils,  
23 which was important in relation to housing, schools and  
24 voluntary sector, we were very committed to working  
25 with the voluntary sector and community groups. 15:57

26 253 Q. But you have got a huge portfolio of services here.  
27 You don't, at that Board, seem to have had a huge  
28 amount of clinical input, I'm talking about medical  
29 input particularly --

1 A. Yes.

2 254 Q. You have one Medical Director. This is a vast  
3 portfolio. Was that too little? Should you have had  
4 more clinical staff?

5 A. Well, during my tenure, we had also Dr. Rankin, who was 15:58  
6 the Director of Acute Services.

7 255 Q. Yes, but she wasn't a practising doctor, though, was  
8 she?

9 A. No, but, I mean, we had one nurse, we had one social  
10 worker, we had one doctor -- 15:58

11 256 Q. No, I'm talking specifically about medical staff?

12 A. I mean, you could have more, of course. I mean --

13 257 Q. Was there any barrier to that, because --

14 A. No.

15 258 Q. -- you know, there's a lot that can go wrong and did go 15:58  
16 wrong?

17 A. No barrier. I mean, I would describe it, that you'd an  
18 envelope of money for your team and how you spent what  
19 was in the envelope was up to us. So you could reform  
20 any time if you wanted to bring more medical people, 15:58  
21 and we did bring many medical people to the Board --

22 259 Q. Did you discuss this?

23 A. Yes, yes, we did.

24 260 Q. Okay, because one of the things you have said, and  
25 everyone has said, is that the Board was not aware of 15:58  
26 these serious issues, and we have to think why was  
27 that, and yet, as a Board, you do have responsibility  
28 for the management and leadership processes and  
29 everything --

1 A. Yes.

2 261 Q. -- going up to Board level. People have said various  
3 things about that. But underneath that, how can you  
4 really assure yourselves about the quality of services  
5 when the Board doesn't see a suite of metrics on 15:59  
6 quality outcomes, the review safety measures and  
7 things, you have got one Clinician on the Board  
8 covering Mental Health, Acute Services, Community  
9 Services, everything, it's a big responsibility. So  
10 what discussions did you have, as a Board, about making 15:59  
11 sure that the right things came to you? Because,  
12 looking at your papers, I can see then, when serious  
13 things came, you took it seriously, and there were good  
14 discussions and actions and so on, but there was quite  
15 a lot that didn't come. So what you need to worry 15:59  
16 about is how to find out what you don't know and be  
17 curious. So did you ask yourselves, how do we know  
18 that the care is good enough? How do you know the care  
19 is safe? Actually, standards and guidelines weren't  
20 routinely audited, so how did you know that people were 15:59  
21 following them; did you have that conversation?

22 A. Well, if you use the Medical Director's report as an  
23 example, it would have covered a lot of areas about  
24 clinical indicators.

25 262 Q. But I would say there are not many, actually. There 16:00  
26 were a few safety things, but there is not a regular  
27 report on the quality of cancer care, the quality of  
28 stroke care, the quality of cardiac care, the quality  
29 of --

1 A. Oh, not in that detail, no.

2 263 Q. And most Boards get stuff like that. So you could  
3 argue about how much you have, it could be that much,  
4 it could be this much, but did you have the  
5 conversation, as a Board, to say, are we getting the 16:00  
6 right information? Because it is the Board's duty to  
7 ask for the right information. But it's not simple, as  
8 we all know. So what conversations did you have about,  
9 are we getting assurance or are we getting reassurance?  
10 Is it good enough? What do we do? How did you manage 16:00  
11 that conversation at the Board level?

12 A. Well, you can always improve, as you know. But the way  
13 I would have done it with my colleagues was, those  
14 reports came in, we would have always asked, you know,  
15 are they the right detail? Sometimes you would get 16:01  
16 overwhelmed with detail. But equally, at the end of  
17 every meeting, I always asked the Clinical Leads and  
18 the Nurse and Social Worker, you know, what else, that  
19 may not have come to the Board, should you be telling  
20 us? What keeps you awake at night? What else? So we 16:01  
21 are only as good as what comes, but we needed to make  
22 sure, and we did, when we would have Board Development  
23 Days, looking at Board effectiveness, doing reviews of  
24 the Board, what was the information we were getting?  
25 You know, for example, I remember the Falls bundle 16:01  
26 coming and the infection, that was long before Covid  
27 when those bundles started to come, you know how many  
28 people in a surgical ward were getting it? Those were  
29 the clinical indicators. It was the same in the

1 nursing indicators and the quality standards. The  
2 Department would have a lot of standards for, say,  
3 nursing and, therefore, those came to the Board, how we  
4 were watching those, but it was only when you started  
5 to look, what was the patient's experience? And that's 16:02  
6 why I found the Patient and Client Experience Committee  
7 that was formed, one of the best, because once we got  
8 patients and service users and carers as fully-pledged  
9 members, they were able to tell us what was it really  
10 like, the service, and what else did we need to know. 16:02  
11 264 Q. So, that's good, and it is very important, I agree with  
12 you. But did the Board have a discussion about, for  
13 example, we should be collecting patient experience  
14 measures from every service? Did you have that  
15 conversation? 16:02  
16 A. Yes. Well, we did -- the Director of Nursing would  
17 have brought those experiences, and there was a whole  
18 piece of work done on that, the patient's experience,  
19 right, and led by the Department, and I think,  
20 actually, the Public Health Agency were involved in it 16:02  
21 as well, how to collect a thousand voices, from memory.  
22 I am trying to think what it was. You know, how did  
23 you get that? But again, you will only have certain  
24 people who complete questionnaires, do phone-ins, and  
25 whatever. To me, the experience begins when you are in 16:03  
26 the bed or when you are in the clinic.  
27 265 Q. But my question is, really, did you challenge yourself  
28 to say, are we getting enough information often enough  
29 to know what's really going on, did you have that

1 conversation with the Board?

2 A. Yes, I believe we did have that regularly and, I mean,  
3 that would have happened quite a bit at Governance as  
4 well, when I read back and look, and remember, the  
5 Subcommittee Chairs would have met myself and the Chief 16:03  
6 after every meeting to assure us, and that was a very  
7 important and pivotal part of the completion of the  
8 governance cycle, and we would have been asking them,  
9 you know, what else is it that you need to know or what  
10 have we not been doing? 16:03

11 266 Q. But you didn't measure it in --

12 A. We didn't measure it, no.

13 267 Q. So, as you know, there are many inquiry reports related  
14 to healthcare; they focus on lots of different  
15 services, they are in varying breadth, over many years, 16:03  
16 they have in common a few things. One is that the  
17 investigation and inquiry is usually prompted by fairly  
18 serious harm, often for a long period of time and often  
19 unrecognised, and yet nobody wanted that to happen, you  
20 know, it was never the intent of anybody for that to 16:04  
21 happen in an organisation. Lots of recommendations  
22 written - hundreds, maybe. The same things keep coming  
23 up, and one thing that keeps coming up is the  
24 importance of culture in an organisation. And the  
25 recurrent theme is -- one of the recurrent themes is 16:04  
26 the role of the Board in setting that culture and  
27 constant work to align it. Now, you have described  
28 some of that, you clearly recognise that with your  
29 Leadership walks. Again, what conversations did the



1 Board have or what else did they do to try and set what  
2 you describe as an open culture? Because we've heard  
3 from people in the Trust that perhaps it wasn't that  
4 open. Now, that was not your intent, so what  
5 conversations did you have about that and what else did 16:05  
6 you do about it, other than the Leadership walks?  
7 A. Well, I remember the review quite a few times of the  
8 right to speak up, the whistle-blowing policy.  
9 268 Q. Yes.  
10 A. I don't particularly like that word, I like the right 16:05  
11 to speak up, I mean, and how that was embedded within  
12 the organisation. And so, for example, I mean, a  
13 Non-Executive Director, I think it was John Wilkinson,  
14 was the nominated NED for that. How did you introduce  
15 that, I mean, that culture of candour? I mean, we have 16:05  
16 talked about it a lot. How do you get staff, what they  
17 see and what they hear, if it is not right, to speak  
18 up? Some will and some don't. So it's a constant --  
19 to me, that's a constant reminder to people that,  
20 I mean, you know -- 16:05  
21 269 Q. Anything --  
22 A. And encourage them. So there was a lot of training,  
23 I remember the training that went into that, I mean,  
24 but it's people that make a lot of it happen. I'm a  
25 firm believer if you have good relationships and good 16:05  
26 communications and systems, staff will talk to each  
27 other, I mean, and I don't think that will ever change.  
28 It's how you constantly have to be the leader, you have  
29 to believe in it yourself, and that's why I feel that

1 our Board was a very open Board.

2 270 Q. If you had to do it all again, would you do anything  
3 differently? Looking back over that decade and in view  
4 of what's happened, have you got a different  
5 perspective? 16:06

6 A. Well, the landscape had changed considerably when you  
7 look at, I mean, even interventions and, I mean,  
8 modernisation of services, so the landscape is  
9 different. What would I do differently? I think we  
10 have to - I totally agree with you - we have lots of 16:06  
11 reports that I have seen, Hyponatraemia, and ninety, or  
12 whatever, recommendations, and we're still working  
13 through them. I mean, I just think that, I mean, some  
14 of these reports and the learning has to be shared, the  
15 local learning, and, I mean, that's why I would have 16:06  
16 been very committed to, when something happened, how it  
17 was talked about at local level. I think back to that  
18 maternal situation I described, how was that talked  
19 about at the time? We had huddles, we introduced a lot  
20 of huddles after a serious incident, that staff were 16:07  
21 supported through it because they were very  
22 traumatised. But what was the immediate learning? And  
23 that people are encouraged to speak up.

24 271 Q. Mm-hmm.

25 A. That's one thing I would love to see better -- 16:07

26 272 Q. So, if you just follow that through, patient safety is  
27 a word that trips off the tongue, everybody says they  
28 care about it, but you really do have to demonstrate  
29 that it has primacy; it's quite difficult to do well.

1 All the research says that if you want things to be as  
2 safe as they can be, bearing in mind healthcare is not  
3 safe really, you have to encourage openness, which you  
4 have talked about, you have to encourage learning, you  
5 have to move away from hierarchy, move away from silos 16:07  
6 and make every single person really matter, and yet  
7 we've heard people from the Trust talk about too much  
8 hierarchy, too much silo, I am sure that wasn't  
9 intentional, but do you recognise that? Do you  
10 recognise that there was too much hierarchy and too 16:08  
11 much silo working?

12 A. I'm not sure there was too much hierarchy, but I do  
13 know that staff work in silos, I mean, in their own  
14 area, their own bubble, as I would have called it,  
15 because that's what they are doing every day, and it's 16:08  
16 how do you infiltrate the bubble to spread that?

17 273 Q. How would you remedy it?

18 A. It's very difficult how to encourage staff to share  
19 learning, to talk. I think you have to make time. So  
20 another big thing in Health and Social Care is actually 16:08  
21 the pace that we work at, and I think you do need to  
22 have time out to have -- you know, share huddles, and  
23 that's what I would like to see different. I mean,  
24 learning together, more learning environment, but that  
25 takes time, extra resources, extra environment and, 16:09  
26 I mean, but at the centre, all of what we do should be  
27 around patients and patients focus and, of course, as  
28 you have said, their safety, but you have to actually  
29 get feedback as well from patients. What was their

1 experience like? And I believe it's at the time we  
2 should be asking them what their experience was like,  
3 but we should also be able to feel that experience.  
4 Culture, to me, is something you feel, it's the way we  
5 do things here. And you'll know you can walk into an 16:09  
6 area and you think it's very good and, to be fair,  
7 Thorndale had that, it was a small, select  
8 accommodation, it had that feeling of openness,  
9 everybody gelled in working together as a team. You  
10 would have went to bigger areas that you wouldn't have 16:09  
11 had that same, you know, feel.

12 274 Q. But again, you know, you can't have all little areas  
13 not talking to each other, can you?

14 A. No, no.

15 275 Q. If you go back to the Board and reflection from the 16:09  
16 Board, which you have talked about, but I'm thinking  
17 now of medical appraisal, which is not the best thing  
18 in the whole world, but one really good feature is this  
19 need to reflect and actually contemplate your own  
20 error, contemplate your own humility, contemplate the 16:10  
21 biggest thing you got wrong this year, did the Board  
22 actually do that, really? Because all your  
23 self-assessments are fairly complimentary, from what  
24 I can see.

25 A. Yes. 16:10

26 276 Q. How often did the Board say, you know, actually, we  
27 don't know what's going on here?

28 A. Well, in relation to revalidation and appraisal --

29 277 Q. That's not about that; it is just about the Board's

1 reflection. I just use that as an example. Not about  
2 medical revalidation, about the whole hospital. Did  
3 you say, 'Look, this has happened, we've had the  
4 serious incident, but, actually, do we need to think  
5 about our role? Have we really got this right? Are we 16:10  
6 getting the right information?' Do you think there was  
7 that atmosphere of humility and leadership?

8 A. I believe there was. I mean, we were very critical of  
9 each other, in a constructive way.

10 278 Q. Yes. 16:11

11 A. And reports, if we felt they were not timely, not  
12 giving us the right information, we would have said  
13 that, and all of the Executive Directors and Chiefs  
14 were very open to change and to change in that.  
15 I mean, we were asking, to be fair, regularly for 16:11  
16 change of reporting, I mean, as the situation changed.  
17 So getting away from silo working is difficult, I feel,  
18 because of the volume of work, I think, as well, and  
19 then split sites. However, I do like an integrated  
20 Health and Social Care, but that's -- 16:11

21 279 Q. And just again with the Board, one of the things that  
22 I have worked with is having a senior independent  
23 Director to go to in case of any issue with the Chair.  
24 We talked about this with other witnesses. It's not in  
25 place in Northern Ireland. I'm not going to re-explore 16:11  
26 the whole conflict of interest thing, but I certainly  
27 found it helpful to have somebody else on the Board who  
28 was independent and senior and could step in in a  
29 variety of circumstances, actually; it might be an

1 illness, it could be a conflict of interest, it could  
2 be something else. What is your view of that role, of  
3 the possibility of having such a role formalised and --  
4 any thoughts?

5 A. I think it would be an excellent idea. I mean, that 16:12  
6 would have to be driven by the Public Appointments  
7 Department --

8 280 Q. Yes, I realise that.

9 A. -- and through -- maybe our new Minister of Health 16:12  
10 again will help and assist with that, but absolutely,  
11 I mean, I would welcome that. I mean, if that can be  
12 driven forward. I think Eileen had said that it was  
13 something she was starting to talk to the new Permanent  
14 Secretary about, I mean, and let's see that it moves  
15 forward to that, I mean. So, sometimes, you can have a 16:12  
16 lot of discussion about it, but it's bringing about  
17 nearly the legislation to change that. But even if it  
18 was tried as a pilot somewhere, but, I mean, of course,  
19 I think there should always be someone that can step in  
20 and be critical or, indeed, challenge that, I would 16:12  
21 have no problem with that. I think a healthy Board  
22 would do that.

23 281 Q. So, what would help, do you think, a Board implement  
24 well findings from Public Inquiries in a way that would  
25 actually assist them, because the Public Inquiry might 16:13  
26 say something like the Board should do X, Y and Z.  
27 None of these things are very simple, actually. What  
28 change in the way these are approached would be helpful  
29 to actually assist people in moving forward? Because

1 this should all be about learning, really, and yet  
2 people are failing to learn, repeatedly, all over the  
3 UK. So what would help?

4 A. Well, personally, I think many of the reports that we  
5 get, I mean, are very complex, very heavy, very 16:13  
6 overweighted, and I understand the detail that has to  
7 go in. But when you, and I don't want to be critical  
8 of any Inquiry, but when you have a lot of  
9 recommendations and you start to break those down into  
10 different strands, I mean, from the Department and out, 16:14  
11 it can be, with respect, how I say this, ploughing  
12 through treacle sometimes, it is so hard, so complex.  
13 And therefore, I can think -- I had at least four, if  
14 not five, of my Non-Executive Directors who were  
15 working on different strands for the Department in 16:14  
16 different areas, along with others from other Trusts,  
17 and they didn't meet often enough because of  
18 timeframes. But how effective were they? What did  
19 they actually get delivered? So if I was to go back  
20 and ask, Hyponatraemia, I keep thinking of it because 16:14  
21 it was a huge one, here we are, 25 years on, here we  
22 had this report, I would be interested to know how many  
23 of those recommendations are embedded and what was the  
24 real learning?

25 282 Q. So, on that, just to take a specific example, in this 16:14  
26 Trust there definitely was a problem with the  
27 information getting to the Board, for whatever reason,  
28 and if somebody were to say to you 'there needs to be  
29 work on management leadership processes in that

1 sphere', shall we say, what would help a Trust to get  
2 there quicker in terms of making changes? Because it  
3 doesn't have to be 155 recommendations, what would the  
4 help look like?

5 A. Well, I think, first of all, the help needs to be 16:15  
6 ring-fenced and separated out even for a period of six  
7 months or a year and money should be set aside to do  
8 that for a year. And we should take a small piece of  
9 the work, sometimes working away at smaller pieces, so  
10 we should take what was the highest risk, separate the 16:15  
11 staffing out for it and extra money and set clear goals  
12 and timeframes of what it is we're trying to achieve  
13 and then be able to say a year on, having put that  
14 money in and invested in the people to do it.

15 283 Q. In your experience has that ever happened -- 16:15

16 A. No.

17 284 Q. -- as a result of a public inquiry in Northern Ireland.

18 A. Not that I am aware, no.

19 DR. SWART: Thank you, that's all from me.

20 CHAIR: Mrs. Brownlee, thank you for your evidence. 16:16

21 I am just going to explore, if I may, a little bit more  
22 about your relationship with Mr. and Mrs. O'Brien and  
23 the O'Brien family in that sense.

24 285 Q. You obviously consider him to be a close friend, as  
25 you've said, not necessarily your best friend but a 16:16  
26 close friend?

27 A. A good friend.

28 286 Q. A good friend. Someone who you consider saved your  
29 life and who you and your family, as you have



1 described, hold in the highest regard. So can I ask  
2 you, first of all, when all of these revelations  
3 started to unfold about what was happening in his  
4 practice, going right back to Maintaining High  
5 Professional Standards being looked at, right up until 16:16  
6 the SAIs and then, ultimately, this Public Inquiry, how  
7 did you feel?

8 A. Well, initially whenever - it was Dr. Wright first  
9 brought it to my attention in the '16/17 year - I was  
10 shocked, I was shocked. And I think Dr. Wright would 16:17  
11 know me well enough to say, when he told me, I did say  
12 I am sure due process et cetera, he confirmed, was  
13 happening. And he did himself say this was very  
14 unfortunate, but be assured it will follow due process.  
15 So I was shocked. I actually was sad. I was sad not 16:17  
16 only for Mr. O'Brien but sad for the service. Because  
17 whilst Mr. O'Brien would go out and not be at work, the  
18 waiting lists didn't come down and we never had nobody  
19 to do backfill. So, yes, I would have been sad about  
20 that, yes. 16:17

21 287 Q. In terms of your personal relationship with Mr. and  
22 Mrs. O'Brien, I take it -- you talked about having  
23 turned up at his house when you heard that he wasn't  
24 doing too well one Sunday, you live nearby; we have  
25 seen from other evidence that you went on holiday with 16:17  
26 him on occasion; isn't that correct?

27 A. Well, I think -- maybe I did clarify it before, it was  
28 two weddings. The sister O'Hagan who was the  
29 co-founder of CURE with me, she tragically died from an

1 illness and she left a young family. So her husband  
2 was still very involved with CURE and fundraising etc.  
3 So many people supported those children. I mean, this  
4 going abroad was only on two occasions to this family  
5 wedding of the O'Hagan boys. I think one was 2015 and 16:18  
6 one was 2019.

7 288 Q. Very well.

8 A. If we take the last one first.

9 289 Q. But I mean I don't need to know the details.

10 A. We went together, there was hundreds went to that. So, 16:18  
11 for example, in 2019 we went on a bus to get to the  
12 airport. But Mr. and Mrs. O'Brien didn't travel on  
13 that bus. So while this has been perceived that we  
14 went on holiday together, they were there with hundreds  
15 of people to that. 16:18

16 290 Q. I don't need to know the details, but certainly that  
17 was something that was known. Mr. O'Brien has told us  
18 that he couldn't account for what you might have said  
19 to his wife when you and she went for coffee together.  
20 So would you have had regular coffee meetings with 16:19  
21 Mrs. O'Brien?

22 A. Never, no never. I never had coffee with Mrs. O'Brien  
23 that I can recall ever on her own, unless, say, at  
24 weddings along with others.

25 291 Q. Okay. You weren't in the habit of having chats or 16:19  
26 conversations with her on a friendship basis?

27 A. Definitely not, never.

28 292 Q. There is certainly a perception that we have heard from  
29 various witnesses that you and the O'Briens were very

1 friendly, and Mr. O'Brien in an email that we saw,  
2 I think, as recently as this morning perhaps suggested,  
3 when he was contacting Sara Hedderwick, he was close  
4 friends with you and with David your husband; and  
5 there's certainly evidence to suggest that that close  
6 friendship was known in the Trust, would that be fair?  
7 Good friendship if you prefer?

16:19

8 A. I would say most people knew, and I think Dr. O'Kane in  
9 her last report said it was commonly known, I think,  
10 was the words.

16:20

11 293 Q. Would you accept that it was commonly known within the  
12 Trust?

13 A. I would have thought it was commonly known. And also  
14 remember there was a lot of fundraising in the Trust  
15 even for the doctors' ball. I mean, so you attended  
16 and the O'Briens would be there with other people. It  
17 was the same for -- I mean I would have been very  
18 involved, not just in CURE, but fundraising for the  
19 whole of Northern Ireland and beyond. So I would have  
20 taken tables at different events or sponsored tables.  
21 I mean, Mr. and Mrs. O'Brien would have attended that  
22 with many others. But they weren't all from the Trust.  
23 There would have been GPs there and other people. But,  
24 yes, I would say that people knew we were good friends.

16:20

16:20

25 294 Q. Would you accept the evidence that the Inquiry has  
26 heard then that knowledge of that might make people  
27 less inclined to tell you about issues with  
28 Mr. O'Brien?

16:20

29 A. I am sorry, Chair, I would totally disagree with that,

1 with respect. I mean, we had a good friendship.  
2 I would think a lot of people knew that. The people  
3 that I have referred to who was his line managers, and  
4 indeed at Chief Executive level - and I can only talk  
5 with the chiefs that I have worked with - I cannot 16:21  
6 imagine that Mairéad McAlinden wouldn't have dealt with  
7 Mr. O'Brien if she had to, even though she knew we were  
8 friends. And the same with Dr. Wright and Dr. Khan.  
9 Dr. Wright can confirm that I never even discussed  
10 anything with him or went back to him again about that. 16:21  
11 And Dr. Khan I knew really well, and he was the  
12 investigating manager. I never once asked him about  
13 that. Yes, they would have known. Did it stop the  
14 path of investigation, the process and the outcomes?  
15 Definitely not. I don't believe that. But that's what 16:21  
16 being referred and I find that very strange.

17 295 Q. Do you recognise in any way saying to anybody that  
18 Mr. O'Brien was being ill treated?

19 A. No, I never would use that word, definitely not.

20 296 Q. I mean, I'm using that word, that's my word, just to be 16:22  
21 clear, I'm not suggesting -- but that he was being,  
22 I mean I know you took exception to the word that he  
23 was being persecuted?

24 A. Definitely.

25 297 Q. But that in some way he had not been properly treated, 16:22  
26 if I can put it that way in a more neutral fashion, by  
27 previous Chief Executives or Medical Directors?

28 A. No. Well I don't think I have read anything, unless  
29 I have missed it, where any previous Medical Director

1 right up to the time Dr. O'Kane came ever said that  
2 I interfered or made any comment about Mr. O'Brien.  
3 I don't think there would be any record of me ever  
4 speaking to anyone about that.

5 298 Q. Well there is certainly the record that we have and the 16:22  
6 evidence that we have heard from Mrs. Gishkori and  
7 Dr. Boyce about the telephone call that you made?

8 A. Yes, I appreciate that, and I would have been talking  
9 very often to Esther Gishkori because of just the  
10 performance and some of the issues that she was 16:23  
11 suffering. I definitely never said to Esther Gishkori  
12 'leave Mr. O'Brien alone'.

13 299 Q. Or in terms?

14 A. No, no. Anything I would have asked, even John  
15 Wilkinson was always about process, 'why is this going 16:23  
16 on so long, why can we not get this sorted'. But it  
17 was never to interfere in any way with the  
18 investigation. I was never involved in that or with  
19 any of the people doing the investigation or with the  
20 outcomes. 16:23

21 300 Q. Can you see, Mrs. Brownlee, how others might have felt  
22 that's what you were doing?

23 A. Well -- yes. Maybe now I can see it, yes. But the  
24 strange thing is, I think it goes right back to Martina  
25 Corrigan and different other people, heads of service 16:23  
26 and that. I mean, I didn't really know Martina  
27 Corrigan, I would have met her on a few occasions. But  
28 if she felt that, I mean then she needed to make sure  
29 and report that on right up to Chief Executive. So why

1 did my Chief Executives not know that? I just find  
2 that very strange. I mean it wasn't reported? And  
3 I mean, nobody ever said to me 'do you know Mr. O'Brien  
4 is referring to your name at meetings or during an  
5 investigation'. Be assured, Chair, if Mr. O'Brien had 16:24  
6 been mentioning my name and I was told it by any of my  
7 senior colleagues, I would have addressed it. But  
8 nobody ever said at any meeting that was happening. It  
9 never honestly came across my path until what I read  
10 there. 16:24

11 301 Q. Okay. In terms of the Board and the Board meetings -  
12 I mean I'm not going to go into much detail about the  
13 conflict of interest - but, in fairness to you, I think  
14 that anyone reading that guidance would consider that  
15 your behaviour was inappropriate and I'm offering you 16:24  
16 the opportunity to comment on that?

17 A. Yes. Well, now, as Mr. Wolfe has read it to me on  
18 several occasions, looking now at it, I mean I should  
19 never have been involved in it. But I didn't know the  
20 level of detail it was until the latter months of my 16:25  
21 term.

22 302 Q. But you were the first person told in terms of the  
23 Early Alert, you were the first person told in terms of  
24 what the SAIs were showing before the Board meeting,  
25 you got the papers the day before, so they were all 16:25  
26 there, it was all there in front of you. So for you to  
27 tell the Inquiry that you didn't feel that you were  
28 doing anything wrong by not stepping back and declaring  
29 the conflict of interest, can you see how difficult we

1 find that to accept?

2 A. Yes, I see that now. But at the time I didn't see  
3 honestly anything that I was doing. But I didn't know  
4 the level of detail in that '16/'17 year. But I now --  
5 yes, if I was doing it again, I mean the first thing 16:25  
6 I would never have went for my extension if I had known  
7 there was a problem, I wouldn't have stayed on despite  
8 Covid. Secondly, I wouldn't have been involved in any  
9 of it because really at the end of this Inquiry it's  
10 myself has suffered tremendously about how and what has 16:26  
11 been said about me and we'll leave it at that. But  
12 definitely I have learned from it. But I can assure  
13 you at all times I acted in the best interests of the  
14 Trust and patient care. I never advocated for  
15 Mr. O'Brien, nor did he ask me or discuss it in any 16:26  
16 way. You may find that hard to believe, but never did  
17 he mention anything like that. He never visited or  
18 anything, we have been through that all. And I am  
19 sorry but that's a fact. But if I was doing it again  
20 I wouldn't be there. 16:26

21 303 Q. Well, can I ask - sort of following on from Dr. Swart's  
22 questions - if there's one thing that you would like to  
23 see us recommend as a result of all that you have  
24 learned as a result of this Inquiry, what might that  
25 be? 16:26

26 A. I think there's a lot to learn around capacity and  
27 demand, the number of patients a consultant - and it  
28 wasn't just Mr. O'Brien, his colleagues had a huge  
29 number of patients. And we knew it. We knew it as did

1 his line management know. So surely the learning has  
2 to be what other consultants at today's date have huge  
3 waiting lists, that are struggling with capacity and  
4 demand and patients are having to wait a very long  
5 time. To me that's a very big area. I mean, I'm not  
6 blaming the Department for not having the money or the  
7 site or the Board, I am just saying the capacity and  
8 demand for that Southern Trust is huge. And the  
9 hospital, the acute hospital is not fit for purpose for  
10 that.

16:27

16:27

11 304 Q. So if I've understood what you are telling us  
12 correctly, you feel that that is the nub of what went  
13 wrong here?

14 A. No. Also, also what I said, I think, several times  
15 was, the whole supervision, the whole auditing of any  
16 clinician or other staff member, how does that happen,  
17 how is that reported, who does that? And I see that as  
18 the Head of Service or the Clinical Lead. When they  
19 are struggling with it or have complications that they  
20 can't cope with, I think there has to be learning, how  
21 do they escalate that, what went wrong there? When  
22 that was escalated to an Assistant Director, what did  
23 that Assistant Director do with it, and the same to the  
24 Director. There has to be a huge piece of learning  
25 around the early identification and was that through  
26 audit, was it failure in supervision, was it in  
27 appraisal, revalidation, all of that. There has to be  
28 learning around that. But definitely around  
29 management, both from the operational end. I still am

16:27

16:28

16:28



1 amazed how, if they were meeting every week, how was it  
2 not identified, there was long waiting lists of people  
3 not being seen or triaged. So there has to be a big  
4 piece on that as well. So, yes, that's the clinical  
5 end I would call that. But then there has to be a big 16:28  
6 piece around, because there is many other specialties,  
7 Chair, that have huge waiting lists and people waiting  
8 very long times.

9 305 Q. The waiting lists in the health service are somewhat  
10 outside our remit, so I don't know that we can make 16:29  
11 much recommendations around that. However, is there  
12 anything else that you don't feel that you have had the  
13 opportunity to say that you would now like to say, this  
14 is your opportunity, Mrs. Brownlee?

15 A. No. I'm sorry to have had to come to sit here. 16:29  
16 I equally have to learn, if I got it wrong, and I have.  
17 I want to refute strongly what many former colleagues  
18 who I worked well with said about me. That was never  
19 brought to my attention. And to listen to colleagues  
20 say that I wasn't approachable, that I couldn't be 16:29  
21 talked to, all of that I find quite hurtful when I had  
22 a very open door, I was there very long hours - nothing  
23 to do with that - I was out and about a lot and I can  
24 tell you that many consultants talked to me when  
25 I would have been in the canteen. Yes, I should never 16:30  
26 have been involved, I appreciate that. I've been  
27 reminded of the conflicts of interest. But I served my  
28 Trust Board well and I left much behind in the legacy  
29 of culture and changes. That was not me, that was the

1 privilege I had to work with. And Mairéad McAlinden,  
2 who is outstanding, I'm not sure if she's been to the  
3 Panel, who was so committed to quality and safety and  
4 quality improvements. It was the same, even despite  
5 what I have heard, when she left, and the interims, yes 16:30  
6 it wasn't ideal, but I didn't have a choice in that,  
7 two other trusts had to go before me. But I had no  
8 concerns in those people in those interim posts.

9  
10 I mean, public inquiry's happen, hopefully we learn 16:30  
11 from it and I learn from it. At my stage in life all  
12 of that is over. But, you know, I took my work  
13 extremely serious. I believe Permanent Secretaries and  
14 Ministers would confirm that to you. I think if the  
15 Inquiry, and it doesn't have time, allow it to speak to 16:31  
16 many of the 14,000 staff, I honestly believe you would  
17 hear very good feedback.

18  
19 I don't know what went wrong with Shane Devlin, I am  
20 sorry to have read that. And indeed with Dr. O'Kane, 16:31  
21 who I didn't really know. But I'm not here today,  
22 Chair, to be critical of any of my former colleagues.  
23 If I was wrong, they had an opportunity to put it right  
24 through going past me. When I was out of the country  
25 it was at the time of that very high level they could 16:31  
26 have went past me and done a lot of things. And that's  
27 what I would say to the Inquiry too, to take that on  
28 board, although that's not my place. So I mean, thank  
29 you for allowing me to come. It hasn't been an easy

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time.

CHAIR: No, I appreciate that.

A. But whatever the Inquiry does to improve patient care and support medical staff then I'll be interested to read that and to learn from it and thank you all.

16:32

CHAIR: Thank you, Mrs. Brownlee. Well, Ladies and Gentlemen, that concludes today's evidence. I think we're back again at ten o'clock tomorrow morning. So thank you, Mrs. Brownlee, you're at long last free to go.

16:32

THE WITNESS: Thank you.

THE HEARING STANDS ADJOURNED TO THURSDAY, 8TH FEBRUARY 2024 AT 10 A.M.

16:33