Comac, Jennifer

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

Importance: High

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

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

Dear Mrs. Brownlee,

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

Aidan O'Brien

[redacted]

Irrelevant information redacted by the USI

Friday 19 clear

171-195

Tel. call pm R. Brownlee re AOB case.
initially asking me to phone. Then came
8.00 back off position. → I'd ring V. Toal
9.00 ok c̄ present situation.
10.00 1. Grievance - what are the delays &
11.00 impediments.
12.00 2. Is there a policy re retirement +
1.00 returning for 1 day pending a HR issue?
2.00 3. Do NEDs need an update on this issue? (CX + HR.)

[redacted]

Irrelevant information redacted by the USI

happening, it could have happened but I don't recall it. Do you understand the distinction?

A. Well, I don't remember having a call on 18th June with John Wilkinson where these areas were discussed. I don't believe that happened. I definitely have no recollection of those areas being discussed. 16:10

221 Q. If his account is accurate, it would seem to suggest where you are able to say to him that this process, this exerting undue pressure on Mr. O'Brien and his family, that would seem to suggest, on one reading, that you are in contact with Mr. O'Brien and his family in order to obtain that kind of information? 16:11

A. Well, I have nothing in my diary, and I have checked it for the Inquiry, in relation to meeting Mr. or Mrs. O'Brien during that year of 2020. I don't remember this call. I believe from my memory it didn't happen, I appreciate how you have explained the distinction between the two. But I would not have known at 18th June about undue pressure on AOB and his family. I don't remember that. 16:11

222 Q. Of course, given your acknowledged conflict of interest which you had communicated just a few days earlier to Mrs. Judt, you would accept that it would be inappropriate for you to be engaging on Mr. O'Brien's behalf in conversations of this nature? 16:12

A. I would agree with you. I didn't do it and I wouldn't do it and I have explained why I wouldn't do it before, so I accept that.

223 Q. Just going back to Mr. Wilkinson's oral evidence at

From: O'Brien, Aidan < Personal Information redacted by the USI >
Sent: 02 April 2020 12:33
To: Hedderwick, Sara
Subject: Nursing Home Advice

Sara,

I apologise for bothering you at this very busy time for you.
I presume that you will have met Roberta Brownlee, Chair of Trust Board.
Roberta and her husband, David, have been close friends of ours for very many years.
Roberta owns the Personal Information redacted by the USI.
She has asked me if I would ask you to advise her on how long a room in a Nursing Home should be left vacant after someone dies in that room, if known or suspected of having died of Covid19.
She does not have any suspect cases at present.
I think she fely somewhat reluctant to approach you directly for advice regarding her private sector interest.
However, I have no doubt that she would value your advice.
Her mobile number is Personal Information redacted by the USI

Thank you,

Aidan.

Nothing came to Trust Board about the practice of Mr O'Brien after the MHPS reference in 2016/2017. I was aware that an investigation had been at that time. I was assured by the Interim CX and Medical Director that the investigation was being processed through proper process. I was not aware of any further details as Mr O'Brien returned to work from my recollection after a short period of absence. This was confirmed by the HR Director as the process concluded. I cannot recall when this was, but my recollection was it was informed to the Board.

In July / August 2020 I recall the CX (SD) walking into my office (again my personal assistant was in the inner office), and he briefly mentioned that an investigation was ongoing into Mr O'Brien regarding triage of patients notes and delays in seeing patients not being followed up. The CX knew on that occasion that I had been a patient of Mr O'Brien, it was common knowledge at the Board of my past illness. I recall informing the CX then that I assumed due process and proper investigation was being followed.

Because of what could have been perceived a conflict of interest I spoke around July / August 2020 in a conversation with Pauline Leeson (NED) to explain that I did not wish to attend Board meetings where Mr O'Brien was going to be discussed – I asked Pauline Lesson as a NED would she Chair the Board meeting when this topic arose about Mr O'Brien. I reminded Pauline of the importance of following due process in a timely manner and asked her to check when Mr O'Brien had his appraisal completed and about his revalidation.

I also asked Pauline to check whether his PA had any comments on lack of administration and if there were any other concerns raised by medical colleagues who worked alongside Mr O'Brien. I questioned what the GPs had prescribed for the same conditions because I knew there was an issue about what medicines Mr O'Brien had been prescribing.
This conversation with Pauline was not for the purposes of advocating on behalf of Mr O'Brien but to protect the Trust and to ensure that due process was being followed in

Comac, Jennifer

From: Wallace, Stephen Personal Information redacted by the USI
Sent: 03 August 2020 10:29
Subject: CONFIDENTIAL - Early Alert - Urology July 2020
Attachments: 31072020 EA JULY 2020 20.pdf

Dear Roberta,

Please find attached an early alert regarding Urology for your information. As per regional Early Alert processes the Board and Department have been provided with the attached information, Dr O'Kane has spoken to the CMO office to advise of the content, the CX has also been made aware.

Please note given the sensitivities and ongoing processes surrounding this issue the internal circulation list has been limited and we ask that this is not shared wider at this stage.

Regards
Stephen

Stephen Wallace
Interim Assistant Director of Clinical and Social Care Governance
Mob: Personal Information redacted by the USI

Initial call made to CMO Office **(DoH) on** 31.07.2020 **DATE**

Follow-up Pro-forma for Early Alert Communication:

Details of Person making Notification:

Name: Dr Maria O'Kane | Organisation: Southern Health and Social Care Trust

Position: Medical Director | Telephone: [redacted]

Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)

1. ***Urgent regional action***
2. ***Contacting patients/clients about possible harm***
3. ***Press release about harm***
4. ***Regional media interest***
5. ***Police involvement in investigation***
6. ***Events involving children***
7. ***Suspension of staff or breach of statutory duty***

Brief summary of event being communicated: ****If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.***

On 7th June 2020 the Trust became aware of potential concerns regarding delays of treatment of surgery patients who were under the care of a Trust employed Consultant Urologist. As a result of these potential patient safety concerns a lookback exercise of the Consultants work was conducted to ascertain if there were wider service impacts. The lookback which considered cases over a 17 month period (period 1st January 2019 - 31st May 2020), the following was found:

- The emergency lookback concentrated on whether the patients had a stent inserted during procedure and if this had been removed. 147 patients taken to theatre that was listed as being under the care of the Consultant during the lookback period with concerns identified in 46 of these cases.
- There were 334 elective-in patients reviewed where 120 of cases were found to have experienced a delay in dictation ranging from 2 weeks to 41 weeks, a further 36 patients who had no record of care noted on the regional NIECR system. To date one of the elective in-patient cases has been identified for screening for Serious Adverse Incident review.

In addition two recent cases managed by this consultant have been identified which are being screened as Serious Adverse Incidents involving two prostatic cancer patients that indicate potential deficiencies in care provided by the consultant in question where these deficiencies potentially had an impact on patient prognosis. The following actions have been taken:

- Discussions with the GMC employer liaison service have been conducted
- This case has been discussed with NHS Resolutions who have recommended restrictions of clinical practice including a request to the Consultant not to undertake private practice in his own home or other premises pending further exploration
- Restrictions have been placed by the Trust that they no longer to undertake clinical work and that they do not access or process patient information either in person or through others either in hard copy or electronically. A request has also been made they voluntarily undertake to refrain from seeing any private patients at their home or any other setting and confirm the same in writing.
- A preliminary discussion has been undertaken with the Royal College of Surgeons invited Review Service regarding the consultants practice and potential scope and scale of any lookback exercise

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: Stephen Wallace / Zoe Parks

Contact details:

Email address (work or home) [redacted] : [redacted]

Mobile (work or home) Telephone (work or home) [redacted]

Forward pro-forma to the Department at: earlyalert@health-ni.gov.uk and the HSC Board at: earlyalert@hscni.net

FOR COMPLETION BY DoH:

Early Alert Communication received by: ..... Office: .....

Forwarded for consideration and appropriate action to: ..... Date: .....

Detail of follow-up action (if applicable) .....

Stinson, Emma M

From: Comac, Jennifer [redacted]
Sent: 04 August 2020 15:30
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Cc: Brownlee, Roberta
Subject: FW: Early Alert
Attachments: 20200804 EA AUG 2020 02.pdf

Dear colleagues

Please find attached for your information (in strict confidence).

Kind regards

Jennifer

Jennifer Comac
PA to Mrs Roberta Brownlee, Chair
Southern Health and Social Care Trust

Tel: [redacted] **(External);** [redacted] **(Internal)**
Email: [redacted]

'You can follow us on Facebook and Twitter'

From: Corporate.Governance
Sent: 04 August 2020 14:45
To: earlyalert@hscni.net
Cc: Acute Governance; Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; ONeill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen
Subject: Early Alert

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

ANNEX A

Initial call made to Ryan Wilson **(DoH) on** 04/08/2020 14:07 **DATE**

Follow-up Pro-forma for Early Alert Communication:

Details of Person making Notification:

Name: Stephen Wallace Organisation: SHSCT

Position: Corporate Governance Telephone: Personal Information redacted by the USI

Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)

1. ***Urgent regional action***
2. ***Contacting patients/clients about possible harm***
3. ***Press release about harm***
4. ***Regional media interest***
5. ***Police involvement in investigation***
6. ***Events involving children***
7. ***Suspension of staff or breach of statutory duty***

Brief summary of event being communicated: ****If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.***

This notification is to inform of a forthcoming Preliminary Inquest Hearing related to the homicide of an Personal Information redacted by USI, by an individual known to mental health services in the Trust.

The Preliminary Hearing is scheduled to take place on 7th August 2020. There has previously been significant media attention in relation to this case hence raising this as an early alert.

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: Stephen Wallace

Contact details:

Email address (work) Personal Information redacted by the USI

Mobile (work) Personal Information redacted by the USI Telephone (work or home)

Forward pro-forma to the Department at: earlyalert@health-ni.gov.uk and the HSC Board at: earlyalert@hscni.net

FOR COMPLETION BY DoH:

Early Alert Communication received by: ..... Office: .....

Forwarded for consideration and appropriate action to: ..... Date: .....

Detail of follow-up action (if applicable) .....

Stinson, Emma M

From: Comac, Jennifer [redacted]
Sent: 27 July 2020 09:16
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Subject: FW: Early Alert Update
Attachments: 21072020 EA JULY 2020 16 Update.pdf

Dear colleagues

Please see attached for your information (apologies if you already received when I was off on leave).

Kind regards

Jennifer

From: Corporate.Governance
Sent: 21 July 2020 15:31
To: earlyalert@hscni.net
Cc: Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; ONeill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen; Woolsey, Lynn; McKeegan, Elaine
Subject: Early Alert Update

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [redacted]

Stinson, Emma M

From: Brownlee, Roberta [redacted]
Sent: 23 July 2020 17:36
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Cc: Comac, Jennifer
Subject: FW: Early Alert
Attachments: 23072020 EA JULY 2020 17.pdf

FYI

From: Corporate.Governance
Sent: 23 July 2020 16:59
To: earlyalert@hscni.net
Cc: Reid, Cathrine; Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; ONeill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen
Subject: Early Alert

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [redacted]

Stinson, Emma M

From: Comac, Jennifer [redacted]
Sent: 07 July 2020 14:44
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Subject: FW: Early Alert
Attachments: 2020.07.07 Early Alert UPDATE EA JULY 2020 05.pdf

Dear colleagues – Please find attached for your information.

Kind regards

Jennifer

From: Corporate.Governance
Sent: 07 July 2020 12:40
To: earlyalert@hscni.net
Cc: Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; ONeill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen
Subject: Early Alert

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [redacted]

A. Oh, no, from the Inquiry and the process of the Inquiry.

155 Q. Now, Mrs. Brownlee didn't bring this to the Board, didn't raise this, didn't address any of the issues in this with you at that point? 14:22

A. At that point, no.

156 Q. Given that you have had a look at it now, you were provided with a copy of it, do you think it is something that should have been shared with the Board?

A. Oh, yes. 14:22

157 Q. And had it been shared with the Board, just based on your experience, your tenure at that time, your knowledge of the Trust, what do you think would have been the actions of the Board or what do you think the process would have been once the Board, if they had 14:23 have seen this Early Alert?

A. Yeah. Could you just remind me, the date of the Early Alert was 31st July?

158 Q. Yes.

A. Yes. If that Early Alert had have been shared with all 14:23 Trust Board members at the same time as it went to the Department, that certainly would have triggered a response particularly from Non-Executive Directors in terms of the seriousness of it and the patient safety issues that were contained within. For me that would 14:23 have warranted an urgent meeting of the Trust Board.

159 Q. In fact the meeting that did take place the next time was 27th August meeting that we just looked at?

A. Yeah, but that wasn't a Trust Board meeting, that was a

Early Alert Reference	Sent to Roberta Brownlee	Forwarded to Non-Executive Directors
20200804 EA Aug 2020 02	04th August 2020	04th August 2020
21072020 EA July 2020 16 Update	21st July 2020	27th July 2020
23072020 EA July 2020 17	23rd July 2020	23rd July 2020
2020.07.07 Early Alert UPDATE EA JULY 2020.05	07th July 2020	07th July 2020

Please see:

85. 20200804 E re Early Alert

86. 20200804 E re Early Alert A1

87. 20200727 E re Early Alert

88. 20200727 E re Early Alert A1

89. 20200723 E re Early Alert

90. 20200723 E re Early Alert A1

91. 20200707 E re Early Alert

92. 20200707 E re Early Alert A1

15.4 Prior to the 18th September 2020, the sharing of Early Alerts with Non-Executives other than the Chair was *ad hoc* and appeared to depend on the personal judgement of the Chair. This meant that members of the Board were sometimes unaware of issues that were notified to the Department about the workings of the Trust under the following categories:

a) Urgent regional action;
b) Contacting patients/clients about possible harm;
c) Press release about harm;
d) Regional media interest;
e) Police involvement in investigation;
f) Events involving children;

5. REVIEW OF ARM'S LENGTH BODIES – CORRESPONDENCE FROM THE DOH DATED 8.8.2020

Members noted the purpose of the review of Arm's Length Bodies (ALBs) to be carried out in accordance with the New Decade New Approach deal. Stage One is now complete. Stage Two will be completed by the Department of Finance, however due to Covid-19 pressures and priorities, it is envisaged the original timeline will not be achieved. It is proposed that stage two of the review will be completed within around two months from receiving the information from Departments, with its conclusions being brought to the Executive for comment and consideration after the summer.

6. UPDATE FROM EXECUTIVE DIRECTORS (VERBAL)

The Chair asked the Executive Directors if there were any other issues relating to their professional roles they wished to bring to the Board's attention.

Mrs Trouton referred to the Bluestone Unit and raised concern at the significant increase in those presenting acutely unwell and the associated pressure impacting on the patient/nurse ratio and stated she would keep the matter under review. Mrs Trouton also raised Workforce pressures in relation to high levels of staff absence within Midwifery at CAH, particularly the Delivery Suite. A programme of short term bolstering from agency staff across the mainland has commenced and longer term recruitment and retention work will take place. Members were assured there were no patient safety issues at that time and the number of SAIs were being monitored. Members were alerted to a number of issues raised around a Ward in CAH. Mrs Trouton and Mrs McClements provided assurance that staff have been met with and an improvement plan has been implemented.

Mr Morgan advised he had had discussions with colleagues across programmes of care in terms of social work and social care and advised of issues relating to Covid-19 including alcohol abuse, domestic violence and child protection and the expected pressure on adult mental health and CAMHS services moving into the future. Members noted the first meeting of the Welfare Reform Group has taken place.

The Chair left the meeting at this point.

Dr O'Kane brought to the Board's attention SAI investigations into clinical concerns involving a recently retired Consultant Urologist. Members asked that this matter be discussed at the confidential Trust Board meeting following the Workshop.

The Chair returned to the meeting at this point.

Dr O'Kane drew member's attention to staffing issues within the Infection Prevention Control (IPC) team along with a significant increase in workload due to Covid-19. She also alerted members to particular medical workforce challenges in the GP Out of Hours Service and Acute Physicians.

The Chair thanked Executive Directors for providing updates on important issues within their areas of responsibility.

7. ANY OTHER BUSINESS

None.

The workshop concluded at 12 noon

Southern Health and Social Care Trust
Quality Care - for you, with you

Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 27th August 2020 at 12.10 p.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Acute Services
Mr B McNeany, Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

and non RRL anticipated income of £42.8m, the Trust has a total maximum income of £760m available and hence the spending allowance for the Trust is currently £760m in 2020/21.

Ms O'Neill reported total forecasted expenditure 2020/21 of £774.3m as detailed in Table 7 of the document, leaving a forecasted gap of £14.3m. She advised that measures of £7m have been identified, these include pharmacy prescribing measures and natural slippage on some full year allocations, leaving at this stage an unresolved gap of a maximum of £7m.

Ms O'Neill stated that the financial plan will be further refined, with the Department of Health planning meetings to take place in September 2020. Directors will continue to review what additional savings measures are possible in the event that additional funding is not secured. Mrs McCartan asked if it was permissible to submit an Interim Financial Strategy without a balanced budget. Ms O'Neill stated that Directors of Finance were asked to submit a plan which identified the impact of the indicative allocations. This is merely the first stage and at present this shows an unresolved gap of £7m. The Interim Financial Strategy being discussed at Trust Board is to seek approval to set an unbalanced budget to support the appropriate stewardship and accountability of public funds. As discussions evolve with both the HSCB and DoH, the position may change, to include either potential additional unplanned expenditure benefits or some further funding support. Mrs McCartan noted the Trust's statutory duty to breakeven and stated that hopefully additional funding support would be secured.

Trust Board approved the setting of an unbalanced interim budget for 2020/21

3. **ANY OTHER BUSINESS**

i) SAI

Dr O'Kane brought to the Board's attention SAI investigations into concerns involving a recently retired Consultant Urologist. Members requested a written update for the next confidential Trust Board meeting.

Stinson, Emma M

From: Brownlee, Roberta [redacted] >
Sent: 07 September 2020 09:05
To: Mullan, Eileen; Devlin, Shane
Cc: Comac, Jennifer; Wright, Elaine; Judt, Sandra; Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Wilkinson, John
Subject: Govern Meeting

Eileen

I plan to attend Govern meeting (most of) Thursday am. Hope this acceptable.

Roberta

Mrs Roberta Brownlee
Chair
Southern Health and Social Care Trust

Changed My Number

Tel: [redacted] **(External);** [redacted] **(Internal)**
Email: [redacted]

'You can follow us on Facebook and Twitter'

smoke free
Southern Trust will be Smoke Free from 9 March 2016

Stinson, Emma M

From: Roberta Brownlee [redacted] >
Sent: 08 September 2020 18:41
To: Mullan, Eileen
Cc: Judt, Sandra
Subject: Re: Govern meeting

Eileen

Message noted.
I Could not address my comments in 5 mins as Chair of the Board. Several serious matters. Will ensure each of my points Is highlighted And asked to be addressed / actioned in the full agenda.

Roberta

Sent from my iPhone

> On 8 Sep 2020, at 15:51, Mullan, Eileen <[redacted]> wrote:
>
> Roberta
>
> RE: Governance Committee Thursday 10th September
>
> As you will be aware, I am not having a confidential section on Thursday and will run the meeting in a fully open way from 0845.
>
> As discussed yesterday, we have a very hefty agenda for the Governance Committee and starting on time is extremely important to facilitate everyone.
>
> Happy to give you a few minutes once I open the meeting, but will need to move immediately to Covid-19 outbreak. I would really appreciate it if you could keep your remarks to no more than 5 mins. It is really important that we have the Covid-19 discussion and update without be rushed. Then I will move us all on to the other important parts of our agenda and focus for Thursday.
>
> Hope this is ok with you.
>
> Thanks
>
> Eileen
>
> -----Original Message-----
> From: Roberta Brownlee [mailto[redacted]]
> Sent: 08 September 2020 08:55
> To: Judt, Sandra; Mullan, Eileen
> Subject: Govern meeting
>
> Elaine

> At the beginning of confidential section when all members present may I please speak to the Board on a few areas.
> As Chair, and after you do the welcome, i need to speak.
>
> Roberta
>
> Sent from my iPhone
>

	would be in attendance. Governance Committee has other staff attending and two absent Executive Members.	
9th September 2020 20:25	Roberta Brownlee responded to my previous email that morning and copied in the Chief Executive and Board Assurance Manager. She noted that the the Chief Executive and she would be updating the following day's meetings on issues that were all well known to the Trust Board members at that time. Further, she went on to say she did not wish to delay the start of the meeting. She stated that she did not see the need for an emergency Trust Board meeting as all Trust Board Members would be present for the Confidential Section (excluding those on holidays and the absence of one NED).	Email from Roberta Brownlee to Eileen Mullan. CEO Shane Devlin and Board Assurance Manager Sandra Judt copied in.

52.2 It was not uncommon for the Chair of the Board to attend Governance Meetings. However, I found the above exchange strange at the time on a number of fronts:

a. First, there appeared to me to be an air of anxiousness from the Chair of the Board – e.g., "I need to speak" and referring to "several serious matters" but not being specific about what those matters were.

Stinson, Emma M

From: Brownlee, Roberta <[redacted]>
Sent: 09 September 2020 20:25
To: Mullan, Eileen
Cc: Devlin, Shane; Judt, Sandra
Subject: Re: Your phone call this am

Eileen

Thanks for getting in touch. Sorry I had a busy day with mostly no phone.

The CX and and I will be updating tomorrow's meeting on issues all well known to Trust Board members at this present time. I'm happy to discuss them under each item as they arise tomorrow.
I do not wish to delay the start time of the meeting as you have asked with such a busy agenda. But it's very important they are discussed as time allows.
All Trust Board Members have been kept up to date on CAH Covid 19 outbreak on a daily basis/ at times hourly by the CX with his emails and updates. Thats why I asked for this Covid 19 outbreak to be put on the agenda as a first item.

The Board learning (and the report) on Muckamore Abbey, members all have a copy, must be noted at a first Govern meeting since report was issued. The CX and I have discussed how this report will need to be reviewed as we all take time to read and hopefully in the next month will come to Trust Board or Governance? To be decided. There is much learning in this Muckamore Abbey report for a Trust Board.

The CX and I also need to update all Trust Board Members on the latest Virtual meeting with Minister and his senior team regarding the Covid 19 outbreak.

The CX made me aware that Dr Maria was on holiday and her deputy Dr Gorman is attending who will fulfil her role at Govern meeting. I'm sure Paul has a deputy as well attending.

I do not need see the need for an emergency Trust Board meeting as all Trust Board members will be present for Confidential Section (excluding those on holidays and the absence of one NED). However happy to discuss this when we meet in the morning.

Thank you.

Roberta

Sent from my iPad

> On 9 Sep 2020, at 15:23, Mullan, Eileen <[redacted]> wrote:
>
> Roberta
>
> Thanks for letting me know.
>
> I picked up your email this morning, so was touching base in relation to that.

procedures and governance adhered to. I was alerting Pauline re the systems in place. I never asked the outcome, only if these questions had been asked. Pauline was merely asking for advice, and I was helping her prepare for the Board meeting in August 2020 (SHSCT Board do not meet in July).

Board meetings in 2020 were Virtual meetings due to Covid. A Board meeting was held on 27 August 2020 and during this Confidential Section of the meeting the Medical Director gave an update of a SAI regarding a retired Consultant Urologist. I was not in attendance due to the conflict.

The next meeting of the Board was held on 24 September 2020 – I declared an interest in Item 7 (mindful the Board had asked for a written update at the August meeting to be brought to the September meeting) and I left the meeting for this Urology agenda item.
Pauline Leeson took the Chair in my absence. Prior to receiving USI discovery documents on 17/11/22 I never had seen the paper prepared for this agenda item in September 2020. I knew none of this detail of the allegations regarding Mr O'Brien

I attended the Board meeting on 22 October 2020. I had sent an earlier email to the NEDs and the CX explaining I planned to attend this meeting and declared my interest (Exhibit RB-02). The decision to attend was influenced by the second conversation I had with Richard Pengelly, in late September 2020, referenced to above at Q28. I was mindful of my obligations and accountability as Chair of the Board.

I decided to attend the October 2020 Board meeting. I can confirm that I declared an interest by email to NEDs and the CX prior to the date of this meeting.

Bolstering my decision to attend this meeting was a conversation I had with the CX a few days prior to the October meeting. Shane Devlin had explained with no notice of the Press announcement regarding Mr O'Brien. I asked what was this about and he referenced how this had been done in the same way for the Dr Watt case. I did ask had we followed due process and to make sure the Trust was not at risk.

2020 to chair the item on Urology at the Trust Board meeting on 24th September 2020. I was not asked to raise specific issues about appraisals or validation. Mrs Brownlee asked me to raise the issue of why these concerns were not brought to the Board before. Mrs. Brownlee did not ask me the outcome of the meeting. I did not ask Mrs Brownlee for advice.

(ii) Please outline your recollections about a discussion which took place between yourself and Mrs Brownlee in or around July / August 2020 regarding the Board's handling of issues concerning Mr O'Brien.

30.17 Mrs Brownlee contacted me in late August/early September to ask me to chair an item on Urology at the Trust Board on 24th September 2020. I have no recollection of discussing any specific issues. Mrs Brownlee wanted me to ask why concerns hadn't come to Trust Board before then.

(iii) **Specifically, do you agree with Mrs Brownlee recollection that she reminded you *"of the importance of following due process in a timely manner and asked* [you] *to check when Mr O'Brien had his appraisal completed and about his revalidation. I also asked* [you] *to check whether his PA had any comments on lack of administration and if there were any other concerns raised by medical colleagues who worked alongside Mr O'Brien."***

30.18 I disagree with this statement. I have no recollection of any discussion in relation to these specific issues. Mrs Brownlee asked me to chair the item on Urology and raise her concern about this issue not being brought to the Board before.

(iv) Did you take the actions asked of you by Mrs Brownlee as detailed in (iii) above? If so, please set out in detail the steps you took and the outcomes of your actions.

30.19 I disagree with this statement. Mrs Brownlee asked me to chair the item at the 24th September 2020 meeting saying that she had a potential conflict of interest as she was a former patient of Mr O Brien. The only issue that she asked me to raise was why concerns hadn't come to Trust Board before. I did not raise the issue of this matter not coming to Trust Board beforehand as I was taken aback at the information contained in the Urology report. I asked about SAIs from 2016; if there were new SAIs and how far back the review would go. My concern was on Patient Safety and Risk. Mrs Clements stated that there was a potential of an additional 6 SAIs at that point and other

Stinson, Emma M

From: Brownlee, Roberta [redacted]
Sent: 22 September 2020 13:01
To: Devlin, Shane; Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Wilkinson, John
Cc: Comac, Jennifer; Judt, Sandra; Wright, Elaine
Subject: Confidential Section Agenda 7

Shane/NEDS

Thank you for discussing the detail of Agenda 7 (Confidential) with me this am. The paper I have read and I understand you will forward paper to NEDS later today.
I will leave the meeting for Agenda 7 item and this part will be Chaired by Pauline Leeson in my absence.

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

Roberta

Mrs Roberta Brownlee
Chair
Southern Health and Social Care Trust

Changed My Number

Tel: [redacted] **(External);** [redacted] **(Internal)**
Email: [redacted]

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BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 24th September 2020
Title:	Clinical concerns within Urology
Lead Director:	Dr Maria O'Kane Medical Director
Purpose:	Confidential – For Information

Key strategic aims:

Delivery of safe, high quality effective care

Key issues/risks for discussion:

This report outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans to minimise risk or harm to patients.

There is likely to be significant media interest in this case.

Plans need to be put in place to respond to primary care colleagues and to establish a targeted help line for patient concerns.

There is likely to be impact on other patients who are awaiting urological appointments/follow up.

Consultant A is no longer employed as of 17th July 2020, having given his notice of his intention to retire from his substantive post as at 30th June 2020. The Trust declined his request to return given outstanding employment matters relating to a previous MHPS case commenced on 30th December 2016. Although Consultant A initially challenged this matter, following correspondence exchange between his solicitor (Tughan's) and DLS, he is no longer employed as of 17th July 2020. There has been no legal challenge in respect of this matter, to date.

Comac, Jennifer

From: Brownlee, Roberta [redacted]
Sent: 23 September 2020 07:17
Subject: Fwd: Additional Paper for Confidential Trust Board - Item 7
Attachments: Summary for Trust Board Clinical Concerns 24th August 2020 vt.pdf; ATT00001.htm

NEDs

You are aware I am removing myself from this agenda item. However I still have very serious responsibility for this. The CX and I discussed this yesterday and I asked many Qs. I have read this paper and have noted many areas that need further explained.
This paper references many HR areas. I am would have liked to see in this paper in chronological order of clinical events listed with Medical input as well for ease of reference
Why has an alert/ paper on this area never come to Trust Board before or to Governance - Eileen did this ever or any aspect of it come /get discussed at Governance? You will note an early alert only went to DoH in recent weeks (during CX most leave) sorry don't have actual date at hand.
This is also a Performance issue again did it ever come to be discussed? I am not aware of this coming to performance even in relation to one consultant with such long waiting lists? Or did we miss this ? Have we missed anything on reporting?
At performance was there a comparison of all consultant urologist Individual waiting lists ?
Have we had any concerns raised by GPs Primary Care in relation to long waits and outcomes of referrals?
Have we had any complaints concerns raised by patients Re waiting and pre and post op treatments?
In this paper, I did ask CX, there is NO mention of other consultant urologist colleagues observations, intervening or escalating. Did they ever notice anything and if so what did they do about this.
Also there is no mention of Consultant A performance management by line management clinically? Where is Continuous Professional Development/ Appraisal process and Revalidation mentioned. Again this is all part of clinical supervision in its widest content.
I would be looking to the Medical Director (their deputy at the meeting) to answer these Qs.
When you read this extremely serious situation we are now in as Chair I feel this is coming to Trust Board late. I note time delays and the involvement of many senior Medics. Noting CW initially and then was removed why? Then Dr AK then Dr AC. Would need to know in the time line why so long for intervening from when first noted and the action taken and supervision. Who was supervising medically at AMD/ Medical Director level? There involvement.

I also would like to see what is the immediate learning and what action taken to prevent reoccurrences? How was learning shared.

Have the longest waits of high risk patients been spoken to and now planned to be seen by Urologist as matter of urgency. Again not listed in this paper. I read the first paper yesterday and asked for changes due to Consultant A named in pages and then his name named fully in many others. I have not fully check your attached version now.

Whilst I'm stepping out of this item, not due to any aspect of content included, I still wish to know many of these answers. I will be looking to NEDs To challenge this and have well recorded the answers.

Please be mindful of the BHSCT and their challenges around similar.
We would need to discuss with CX 1:1 meeting at 8.30 due to its seriousness.

Roberta

Sent from my iPad

Begin forwarded message:

Part Two: Recognising a Conflict of Interest

Definition of a conflict of interest

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

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

2.2 A conflict of interest can also be perceived.

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

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

Whose interest?

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

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

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

---

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

The formal investigation report does not highlight any concerns about Mr O'Brien's clinical ability. The concerns highlighted throughout the investigation are wholly in respect of Mr O'Brien's administrative practices. The report highlights the impact of Mr O'Brien's failings in respect of his administrative practices which had the potential to cause harm to patients and which caused actual harm in 5 instances.

I am satisfied, taking into consideration advice from Practitioner Performance Advice (NCAS), that this option is not required.

6. There are serious concerns that fall into the criteria for referral to the GMC or GDC

I refer to my conclusion above. I am satisfied that the concerns do not require referral to the GMC at this time. Trust processes should conclude prior to any decision regarding referral to GMC.

7. There are intractable problems and the matter should be put before a clinical performance panel.

I refer to my conclusion under option 6. I am satisfied there are no concerns highlighted about Mr O'Brien's clinical ability.

6.0 Final Conclusions / Recommendations

This MHPS formal investigation focused on the administrative practice/s of Mr O'Brien. The investigation report presented to me focused centrally on the specific terms of reference set for the investigation. Within the report, as outlined above, there have been failings identified on the part of Mr O'Brien which require to be addressed by the Trust, through a Trust conduct panel and a formal action plan.

The investigation report also highlights issues regarding systemic failures by managers at all levels, both clinical and operational, within the Acute Services Directorate. The report identifies there were missed opportunities by managers to fully assess and address the deficiencies in practice of Mr O'Brien. No-one formally assessed the extent of the issues or properly identified the potential risks to patients.

Default processes were put in place to work around the deficiencies in practice rather than address them. I am therefore of the view there are wider issues of concern, to be considered and addressed. The findings of the report should not solely focus on one individual, Mr O'Brien.

In order for the Trust to understand fully the failings in this case, I recommend the Trust to carry out an independent review of the relevant administrative processes

with clarity on roles and responsibilities at all levels within the Acute Directorate and appropriate escalation processes. The review should look at the full system wide problems to understand and learn from the findings.

30th January 2012. This is attached at Tab 49. I never received an explanation as to why those deductions were made. I now formally reactivate this grievance.

2.11 Duty of Clinical Care

Prior to concluding this formal grievance, I wish to take this opportunity to express my concerns regarding the Trust's duty of care to its urological patients, and particularly as that duty of care has been breached by the Investigation itself.

During these past 26 years, I have worked well beyond any expectation to maximise the care that I could possibly provide to those in most need of it. During more recent years, I have carried out additional operating in order to minimise actual and potential harm to patients. During recent years, I did not take annual leave on any available operating day in order to do. A record of the additional sessions for the years 2012 – 2016 were submitted to the Case Investigator who chose not to include the record or refer to it in her Report to the Case Manager. A record of additional clinics during the same five years suffered a similar fate.

During my sick leave in November and December 2016, I continued to work. By the time of my scheduled return to work in January 2017, I had timetabled operating for that month, and had scheduled clinics for January and February 2017. The devastation that I experienced in my meeting with Dr. Wright and Ms. Hainey on 30 December 2016 was exacerbated by my concern for the welfare of the patients whose surgery and review I had scheduled. I pleaded with Dr. Wright to allow me to process the remaining 189 patients, but he refused to allow that to be done, insisting that these patients' charts be returned by 03 January 2018. Dr. Wright subsequently informed me in writing that these charts would be returned to my office so that they could be processed. They never were. Six months later, in June 2017, I learned that their outcomes had still not been processed or implemented. Whilst their outcomes were then implemented on PAS, letters were never dictated.

During the course of the investigation, I was advised that 24 patients referred as urgent or routine, had subsequently been upgraded to Red Flag status, and of these, four had a diagnosis of cancer. The delays between referral and diagnosis of cancer had been 238 days, 207 days, 179 days and 151 days. There had been a period of 282 days between my receipt of the letter of 23 March 2016 and the meeting with Dr. Wright on 30 December 2016. There were 354 days between Ms. Helen Trouton's meeting with Dr. Wright in January 2016 and my meeting with Dr. Wright in December 2016. If the actions of the Trust had been different in during 2016, **none** of these patients would have had a delayed diagnosis.

Scheduled reviews of patients in the early months of 2017 were cancelled as a consequence of my exclusion which was subsequently considered to have been unnecessary. Some of these patients are still awaiting review. Two who have their reviews only recently scheduled have had cancer diagnoses confirmed since 01 October 2018, one of whom has advanced prostatic carcinoma. **These delayed diagnoses have been solely, exclusively and directly a result of the investigation and of my exclusion**.

Meanwhile, the same Trust management personnel have overseen an increasing disparity between urological waiting list and those for other specialties, and to the extent that, in June 2018, there were 597 patients awaiting urgent elective admission for surgery up to 208 weeks, while there were only 28 patients awaiting urgent elective gynaecological surgery, the longest waiting up to 11 weeks. Those awaiting elective admission for urological surgery, now dating

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Chair and Non Executive Director meeting with the Chief Executive

Notes of a virtual meeting on Covid-19 held on 8th October 2020 at 4.00 p.m.

Present:- Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Pauline Leeson
Hilary McCartan
Eileen Mullan
John Wilkinson

Apologies:- Martin McDonald

1. COVID-19 KEY FACTS AND FIGURES

The Chief Executive highlighted the key messages as follows:-

Inpatients – Numbers continuing to increase with 33 Covid-positive in-patients as at 8.10.2020.

Community – continued community transmission of Covid, particularly in Newry, Mourne and Downe with last 7 day rate showing 322 covid positive cases per 100k population.

Staff – 450 staff currently off with Covid related absence.

Care Homes – 69 green, 4 amber, 1 red.

2. DAISY HILL HOSPITAL ED

The Chief Executive confirmed the re-opening of DHH ED on 19th October 2020 as planned.

3. REBUILDING HSC SERVICES

The new Surge Planning Strategic Framework has been announced by the Minister.

The Chief Executive shared the 'No More Silos' 10 point plan with members and outlined the project management and oversight structure. He stated that the biggest challenge was GP capacity for the Urgent Care Centres.

Mr Wilkinson asked about discharges to nursing homes and sought assurance around patient safety. The Chief Executive advised that clear procedures were in place and followed. The Chair made reference to staff in the IS Care Home sector who are off with Covid related absence and asked about financial arrangements in respect of payments to this sector. The Chief Executive stated that guidance had been issued by the Department and he undertook to check the financial arrangements with Ms Helen O'Neill.

The pressure on Acute Services was discussed in which the Chief Executive advised of support for Mrs M McClements at Assistant Director level. He also advised that the DoH had given approval to permanently recruit for the Director of OPPC and Mrs McClements will move to Director of Acute Services on a permanent basis.

4. COVID-19 Cluster SAI process update

The Chief Executive advised that the majority of the Panel has now been appointed. Draft Terms of Reference to be agreed with the families and then timeline will be published.

The Chief Executive agreed to provide a short update at the next confidential Trust Board meeting.

5. CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive stated that the Trust continues to identify further issues and are now up to 12 SAIs at this point. Concerns had been related to process and administration, but now patient harm concerns are being identified. He added that the Trust has more explorative work to do before any public statement is made. Discussion ensued in which members sought assurance that one Consultant Urologist reviewing files was adequate; that a timeline of action was in place and that there would be no legal recourse if Consultant A was not given prior notice of the case being made public. In respect of the latter point, the Chief Executive advised that the Trust was seeking legal advice. The Chief Executive gave assurance on the actions taken to review aspects of Consultant A's practice and the development of appropriate management plans to minimise risk or harm to patients.

An update will be brought to the next confidential Trust Board meeting.

6. DATE OF NEXT MEETING

To be confirmed.

Southern Health and Social Care Trust
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Chair and Non Executive Director meeting with the Chief Executive

Notes of a virtual meeting on Covid-19 held on 15th October 2020 at 4.00 p.m.

Present:- Roberta Brownlee
Shane Devlin
Geraldine Donaghy
Hilary McCartan
Eileen Mullan
John Wilkinson

Apologies:- Pauline Leeson
Martin McDonald

1. COVID-19 KEY FACTS AND FIGURES

The Chief Executive highlighted the key messages as follows:-

Inpatients – Numbers continue to increase with 50 Covid-positive in-patients as at 15.10.2020. The Chief Executive stated that it was important to note that the highest number of Covid positive inpatients in the first phase was 63.

Community – continued community transmission of Covid.

Staff – 535 staff currently off with Covid related absence.

Care Homes – 66 green, 4 amber, 4 red.

Ms Mullan asked about testing in the Care Homes. The Chief Executive advised that staff were regularly tested every 14 days.

Cancellations were discussed and members noted that any cancellations were clinically led and have Chief Executive approval.

2. COVID-19 Cluster SAI process update

The Chief Executive advised that good progress was being made with the full external panel membership soon to be confirmed. A rapid learning event has also taken place.

The Chief Executive agreed to provide a short update at the next confidential Trust Board meeting.

3. CLINICAL CONCERNS WITHIN UROLOGY

The Chief Executive advised that the Trust had submitted a report to the Department of Health on 14th October 2020. Timeframe was discussed in which members emphasised the importance of support to the patients and their families once this case was in the public domain. Members referred to the process and asked if one Urologist reviewing files was adequate. The Chief Executive agreed to further discuss with Dr O'Kane.

An update will be brought to the next confidential Trust Board meeting.

4. DATE OF NEXT MEETING

To be confirmed.

The meeting concluded at 5.10 p.m.

28. Please provide full details of all contact between you and any other person or third party (including the HSCB and the Department of Health) regarding or touching upon the issues of concern about Mr. O'Brien and his practice.

I had spoken to the Permanent Secretary, Mr Richard Pengally on two occasions: my first call was sometime in Summer 2020, and it was regarding my replacement as Chair. I remember I was interviewing in the Seagoe Hotel Portadown and stood out of the meeting to take this call. I asked Richard Pengelly when my replacement was being announced. I was advised that interviews were completed, and he would push to get an announcement. I explained then the investigation into Mr O'Brien, the situation that I was in, and that I did not wish to be involved in any meetings.

The second telephone call with Richard Pengelly was late September, again cannot recall the exact date and I did not take notes. Mr Pengelly phoned me to ask about the CURE Charity. I explained the history behind the foundation and management of this charity. I told Mr Pengelly that I had not been attending Board meetings with an agenda item on Mr O'Brien.
Mr Pengelly told me that - whilst I had a conflict of interest - it still was extremely important that I fulfilled my role and responsibilities as Chair. He reminded me that I should be careful that, in my absence from Board meetings, I was kept well informed and maintained control as Chair.

Richard stated to me that he knew me well enough to know I would act professionally. I had a particularly good meaningful conversation with Richard.

Board actions regarding urology and Mr. O'Brien

29. Please provide full details of when, how and by whom (i) you and (ii) the Board (if different or at different times) were first made aware of issues and concerns regarding the practice of Mr. O'Brien, to include all information about what was said and/or documentation provided?

Addendum Witness Statement of Roberta Brownlee

I, Sarah Roberta Brownlee, will say as follows:-

I wish to make the following amendments to my existing responses dated 29 November 2022, to Section 21 Notice number 105 of 2022

1. At WIT-90872 para 28 I state that *'The second telephone call with Richard Pengelly was late September, again cannot recall the exact date and I did not take notes. This should state 'The second phone call with Richard Pengelly took place on 26 October 2020. I have received my telephone records from Vodafone, and they confirm that I rang Mr Pengelly on his mobile at 11.37am and that the call lasted 7 minutes and 18 seconds. I did not take notes on this call.*
2. *At WIT-90874 para 29 I state that 'I attended the Board meeting on 22 October 2020. I had sent an earlier email to the NEDs and the CX explaining I planned to attend this meeting and declared my interest (Exhibit RB-02). The decision to attend was influenced by the second conversation I had with Richard Pengelly, in late September 2020, referenced to above at Q28. I was mindful of my obligations and accountability as Chair of the Board. This should state 'I attended the Board meeting on 22 October 2020. I had sent an earlier email to the NEDs and the CX explaining I planned to attend this meeting and declared my interest (Exhibit RB-02). I was mindful of my obligations and accountability as Chair of the Board.*
3. *At WIT-90884 para 42(i) I state that 'I attended the October 2020 Board meeting after having had a telephone call from Richard Pengelly (as referenced earlier) I sent an email to the CX and NEDs explaining why I was attending. I was not at the September meeting on this Urology item as Pauline Leeson Chaired this. As I have said above, Richard Pengelly phoned me in late September and then I attended the October meeting because of this phone call.*
   I now believe this timeline to be inaccurate and ask that this reference be removed from my S.21 responses.

Signed: [redacted]

Dated: 16/1/2024

Comac, Jennifer

From: Wallace, Stephen Personal Information redacted by the USI
Sent: 03 August 2020 10:29
Subject: CONFIDENTIAL - Early Alert - Urology July 2020
Attachments: 31072020 EA JULY 2020 20.pdf

Dear Roberta,

Please find attached an early alert regarding Urology for your information. As per regional Early Alert processes the Board and Department have been provided with the attached information, Dr O'Kane has spoken to the CMO office to advise of the content, the CX has also been made aware.

Please note given the sensitivities and ongoing processes surrounding this issue the internal circulation list has been limited and we ask that this is not shared wider at this stage.

Regards
Stephen

Stephen Wallace
Interim Assistant Director of Clinical and Social Care Governance
Mob: Personal Information redacted by the USI

From: Wallace, Stephen [Personal Information redacted by USI]
Sent: 03 August 2020 10:29
To: Brownlee, Roberta
Subject: CONFIDENTIAL - Early Alert - Urology July 2020
Attachments: 31072020 EA JULY 2020 20.pdf

Dear Roberta,

Please find attached an early alert regarding Urology for your information. As per regional Early Alert processes the Board and Department have been provided with the attached information, Dr O'Kane has spoken to the CMO office to advise of the content, the CX has also been made aware.

Please note given the sensitivities and ongoing processes surrounding this issue the internal circulation list has been limited and we ask that this is not shared wider at this stage.

Regards
Stephen

Stephen Wallace
Interim Assistant Director of Clinical and Social Care Governance
Mob: [Personal Information redacted by USI]

From: McCormick, Susan [redacted]
Sent: 11 November 2020 10:17
To: Brownlee, Roberta
Cc: Judt, Sandra; Comac, Jennifer
Subject: Confidential Papers - Trust Board Meeting 12.11.2020
Attachments: PDFs.zip; Chair Brief 12.11.20 Confidential.pdf; Chairs Brief 12.11.2020 Public.pdf

Roberta,
Please find attached papers for the Confidential TB meeting tomorrow.
Briefing notes for both Confidential and Public meetings are also attached for you.

Covid-19 update for public section will be provide on the day.

Kind Regards,
Susan

Committee Secretary
Office of Chair & Chief Executive

Direct Dial Office: [redacted]
You can follow us on:

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TRU-320253

VIRTUAL TRUST BOARD MEETING

DATE: **Thursday, 12th November 2020**
TIME: **9.30 a.m. – 11.00 a.m.**

CONFIDENTIAL AGENDA

TIME		ITEM	DIRECTOR
9.30 – 9.35 a.m.	1.	Chair's Welcome Apologies • *Mr M. McDonald, (Non-Executive Director)* • *Mrs P. Leeson, (Non-Executive Director)* • *Mrs H. Trouton, (Mrs D. Ferguson deputising)*	Mrs R. Brownlee
	CHAIR'S NOTE: • Welcome everyone to the Virtual meeting including **Eoin McAnuff**, Boardroom Apprentice 2020 Programme and **Ajay Mirakhur**, CPANI Mentoring Scheme, (QUB) *Especially welcome:-* • **Mrs Dawn Ferguson**, Assistant Director Nursing Education and Workforce, deputising for Mrs Heather Trouton		
	2.	Declaration of Interests	Mrs R. Brownlee
	CHAIR'S NOTE: Chair to declare an interest in item 6 and leave the meeting at that point.		
9.35 – 9.45 a.m.	3.	HH/BC update (*verbal)*	Mr B. McNeany
9.45 – 10.15 a.m.	4.	• Covid-19 update • SAI Outbreak update (*verbal)*	Mr S. Devlin/ Dr M. O'Kane
10.15 – 10.25 a.m.	5.	Valley Nursing Home	Mr S. Devlin/ Mr B. Beattie
10.25 – 10.55 a.m.	6.	Update on clinical concerns within Urology	Mr S. Devlin/ Dr M. O'Kane
10.55 – 11.00 a.m.	7.	Any other business	
	CHAIR'S NOTE: Allow a 30 minute break prior to the main meeting, agenda commencing at 11.30 a.m. Advise of high number of public attendees joining the main meeting via Zoom.		

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BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 12th November 2020
Title:	Urology Update
Lead Director:	Dr Maria O'Kane, Medical Director Melanie McClements, Director of Acute Services
Purpose:	Information

Overview:

The purpose of this paper to provide an update to Trust Board (November 2020) on the ongoing review of urology services relating to Consultant A

Key areas for SMT / Committee consideration:

- Update on review progress to date (10th November 2020)
- Formation of Department of Health Oversight group and details of planned ministerial statement to the NI Assembly
- Update on the progress of identified Serious Adverse Incidents and Public Health Agency advice regarding a proposed 'Clinical Investigation' model for future identified urology incidents
- Update on engagement with the Independent Sector Provided engagement to provide review appointments for 236 oncology backlog patients
- Update on review of prescribing of the medication Bicalutamide, an Anti-androgen drug, to date there have been 26 patients out of 300 identified as needing an urgent appointment.

Human Rights/Equality:

None to declare

	call) I received a telephone call from the Permanent Secretary, Richard Pengelly, asking whether I was aware of 'Craigavon Urology Research and Education – CURE'. I was not aware and advised him of this. He proceeded to explain to me that it was a charity that had been created in 1997 by Mr O'Brien and that he understood Roberta Brownlee had been a director of the charity for 15 years up to 2012. Richard Pengelly asked me if Roberta had been declaring a conflict of interest in our Board meetings with regards to Mr O'Brien and Urology, which she had not. Richard Pengelly then instructed me to telephone the Chair and advise her of our conversation and request that she withdraw herself from any further Trust Board conversations on this topic. I subsequently phoned the Chair and advised her accordingly. It is my understanding that Roberta then telephoned Richard to discuss the issue. From that point forward Roberta excused herself from further Board meeting conversations on the topic. It is important to note that, even though our working relationship was less than optimal, I do not believe that this had any impact on the path that was followed with the Mr O'Brien Case and / or urology. All appropriate regard, to Mrs Brownlee as Trust Chair, was given from me. Our relationship did not alter my behaviours with regards to sharing information with the Chair and Board and I am of the view that the actions Mrs Brownlee chose to take were not affected by our relationship.

Q70	**Please explain how and in what circumstances you first became aware of possible concerns regarding Urology Services in the Trust.**
Response	As referenced in my answer to question 54 on the 6th September 2018 Dr Khan, acting Medical Director, made me aware that in his role as case officer for the Managing High Professional Standards case of Mr A O'Brien he was engaging with the GMC and the Trust HR function to start disciplinary procedures. (Reports included as appendix 18a and 18b) I had been made aware of this case by Vivienne Toal, Director or HR, in the previous months including that she had considerable concerns about the performance Mr O'Brien. At that time I had asked Vivienne for further information and I was advised of the incidents of 2016/17 whereby 783 untriaged letters were discovered in a drawer in Mr O'Brien's office as well as 307 sets of patient notes at his home address. In addition, a further 668 letters had no dictation outcomes and there were queries as to whether the management of private patients was in line with the agreed Trust processes. When the matter was raised to me in September 2018, I asked for an assurance from Esther Gishkori, then Director of Acute Services, and Dr Khan that the issues that had been identified two years previously (i.e., in 2016/17) had been addressed. I was advised that an SAI was being carried out to fully understand the learning, however in the interim control measures had been put in place. This involved monitoring by the service lead, Martina Corrigan, and the Assistant Director for Surgery, Ronan Carroll. This involved weekly monitoring of agreed actions. Following these conversations, I was assured that the existing issues were being dealt with. In the middle of June 2020 (I do not have a note in the diary of the exact date), Maria O'Kane, Medical Director, approached me in my office to raise her serious concerns about an issue that had come to her attention. She had been made aware by Mark Haynes, Associate Medical Director (Surgery), that an e-mail had been sent from Mr O'Brien to request that his patients that had not been added to the waiting list were to be considered for an urgent bookable list. When the Mr Haynes reviewed this further it was clear that there were other patients that required to be investigated. At that point Dr O'Kane had already commenced an administrative review and suggested that the offer for Mr O'Brien to return to work following his retirement should be withdrawn. I supported this proposal. Dr O'Kane and Melanie McClements (Director of Acute Services)

Southern Health and Social Care Trust
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Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 12th November 2020 at 9.30 a.m.

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work
Dr M O'Kane, Medical Director
Mrs H O'Neill, Director of Finance, Procurement and Estates
Mrs D Ferguson, Assistant Director Nursing Education and Workforce (for Mrs H Trouton)

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mr Ajay Mirakhur, CPANI/QUB Mentee
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mrs P Leeson, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. The Chair declared an interest in item no. 6 and left the meeting for discussion on this item.

3. Personal Information redacted by the USI UPDATE

Mr McNeany informed members that the sale of Personal Information redacted by the USI and Personal Information redacted by the USI was progressing. An application has been made to the RQIA for a Registered Manager for both sites and agreement reached that a Deputy will be permitted in the interim.

4. i) COVID-19 UPDATE

A paper on Covid-19 outbreak risk management had been circulated to members. The Chief Executive explained that the purpose of this paper was to provide an overview for Trust Board on the potential risks of Covid-19 transmission within Trust inpatient and emergency department environments and outlines a proposed managed risk based resource allocation and priority-setting approach. Dr O'Kane spoke of the challenging circumstances particularly in the Emergency Departments (EDs) which present a particular high risk of nosocomial infection due to the lack of adequate spacing for patients, both in terms of waiting and clinical space available. She spoke of mitigating measures such as the introduction of physical distancing in EDs and wards, the introduction of a risk managed approach to reopening of wards closed due to outbreaks, the expansion of current Covid-19 testing regime and the introduction of rapid testing.

Members discussed the Trust's well established constraints on both Acute Hospital sites with both sites requiring urgent redevelopment. In respect of re-development proposals, Mrs Magwood advised that the Trust had submitted a number of interim schemes to the Department in January 2020. The Trust has now been asked to resubmit two of these schemes, the expansion of the Emergency Department being one. The Department has also agreed to review

Southern Health and Social Care Trust

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BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board - Confidential
Title:	Clinical Concerns within Urology – Southern Trust
Lead Director:	Dr Maria O'Kane Melanie McClements
Purpose:	Update

Key strategic aims:

Safe and Effective Care

Key issues/risks for discussion:

This report is an update to the report that was shared at the September Confidential Board meeting, this report was shared with the Department of Health on the 14th October. It outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans to minimise risk or harm to patients. There is likely to be significant media interest in this case. Plans need to be put in place to respond to primary care colleagues and to establish a targeted help line for patient concerns. There is likely to be impact on other patients who are awaiting urological appointments/follow up. Consultant A is no longer employed as of 17th July 2020, having given his notice of his intention to retire from his substantive post as at 30th June 2020. The Trust declined his request to return given outstanding employment matters relating to a previous MHPS case commenced on 30th December 2016. Although Consultant A initially challenged this matter, following correspondence exchange between his solicitor (Tughan's) and DLS, he is no longer employed as of 17th July 2020. There has been no legal challenge in respect of this matter, to date.

Southern Health and Social Care Trust

Report to Department of Health on Consultant A

Date:	14 October 2020
Title:	Clinical Concerns within Urology – Southern Trust
Lead Directors:	Mrs Melanie McClements – Director of Acute Services Dr Maria O'Kane – Medical Director

Key Strategic aims:

Delivery of safe, high quality effective care

Key Issues/risks:

This report outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans to minimise risk or harm to patients.

Consultant A is no longer employed as of 17th July 2020, having given his notice of his intention to retire from his substantive post. The Trust declined his request to return given outstanding employment matters relating to a previous MHPS case commenced on 30th December 2016.

Any patients identified where clinical concerns have been raised will be reviewed and followed-up. Due to capacity issues there is likely to be impact on other patients who are awaiting urological appointments/follow up.

Plans have been put in place to respond to primary care colleagues and to establish a targeted help line for patient concerns.

Background

On 7th June 2020, the Trust became aware that 2 out of 10 patients listed for surgery under the care of Consultant A were not on the hospital's Patient Administration System at this time. As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there could be wider service impacts.

As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there were wider patient safety concerns and service impacts. The internal reviews, which considered cases over an 18 month period (period 1st January 2019 – 30 June 2020), identified the following:

- The first internal review concentrated on whether the patients who had been admitted as an emergency had had a stent inserted during procedure and if this had been removed. There were 160 emergency patients listed as being taken to theatre. 3 patients had not had their stent management plans enacted. Clinical Management has been subsequently arranged for these 3 patients.

- The second internal review was for 343 elective-in patients taken to theatre. Out of the 343 patients reviewed there have been **2 of these patients who have been identified as meeting the threshold of needing a Serious Adverse Incident Review**.

The following areas have been identified that immediately need to be reviewed and actions taken on these patients to mitigate against potentially preventable harm

1. **Jan 2019- June 2020** - Pathology and Cytology results: 168 patients with 50 patients needing reviewed. From this there has been **3 confirmed SAI with a further 5 requiring a review follow-up** to determine if they have come to harm.

2. This exercise has also now identified concerns of clinical practice in the prescribing of Bicalutamide drug has revealed examples of poor practice, delay in following up the recommendations from results/MDM's and delay in dictation to other health care professionals in the ongoing care and treatment of the patients. The full extent of this is not yet clear.

3. **Jan 2019- June2020** - Radiology results –1536 patients listed on NIECR. These patients may have had the results manually signed off and actioned but as we have identified cases where this hasn't happened we need to review all of these records to reassure ourselves that these have all been actioned. This exercise is ongoing.

4. **Jan 2019-July 2020** - MDM discussions – there are 271 patients who were patients of Consultant A and who were discussed at MDM, a review of these patient records is being undertaken. There are currently **2 confirmed SAI's and a further 2 needing a review follow-up** to determine if they have come to harm. This exercise is ongoing.
5. **Oncology Review Backlog** – 236 review oncology outpatients will be seen face to face by a retired Urologist in the independent sector. This consultant will either discharge or make appropriate plans for ongoing management

and referral back the Southern Trust Urology Team MDM for further review/management. (Note to date there has been **one SAI confirmed** from this backlog as the patient presented to Emergency Department and he has been followed up as a result of this attendance).

6. **Patients on Drug "Bicalutamide" (raised in point 2 above) -** *this is an Anti-androgen that has a number of recognised short term uses in the management of prostate cancer. In men with metastatic prostate cancer NICE Guidance states;*

'1.5.9 For people with metastatic prostate cancer who are willing to accept the adverse impact on overall survival and gynaecomastia with the aim of retaining sexual function, offer anti-androgen monotherapy with bicalutamide[6] (150 mg). ***[2008]***

1.5.10 Begin androgen deprivation therapy and stop bicalutamide treatment in people with metastatic prostate cancer who are taking bicalutamide monotherapy and who do not maintain satisfactory sexual function. ***[2008]'***

All patients currently receiving this treatment are being identified by a number of parallel processes utilising Trust and HSC / Primary Care systems in order to provide a review to ascertain if the ongoing treatment with this agent is indicated or if an alternative treatment / management plan should be offered.

Summary table of Serious Adverse Incidents

Element of Concern
MDM *RIP ** was diagnosed with locally advanced prostrate cancer in August 2019. An MDT discussion on 31 October 2019 recommended androgen deprivation therapy (ADT) and external beam radiation therapy (EBRT). ** was not referred for ERBT and his hormone treatment was not as per guidance. In March 2020 ** PSA was rising and when restaged in June 2020 ** had developed metastatic disease
Review Op Backlog In May 2019 ** had an assessment which indicated he had a malignant prostrate. ** was commenced on androgen deprivation therapy (ADT). Reviewed in July 2019 in outpatients and planned for repeat PSA and further review. Patient lost to review and attended Emergency Department in May 2020. Rectal mass investigated and diagnosed as locally advanced prostate cancer
Elective Exercise ** had a follow up CT scan of chest abdomen and pelvis performed on 17 December 2019 which was reported on 11 January 2020. The indicate for this was restaging of current renal cell carcinoma. ** had a right radical nephrectomy March 2019.The report noted possible sclerotic metastasis in L1 vertebral body. Result was not actioned. Patient contacted with result on 28 July 2020 and further assessment required
Elective Exercise Patient underwent TURP on 29/1/20. Pathology reported incidental prostate cancer. No follow-up or action from pathology result until picked

up from elective exercise
MDM CT renal report of 13/11/2019 unsigned on NIECR. No record of action taken recorded in NIECR. Case identified at urology MDM of 3/9/2020 following review of backlog
Pathology Patient diagnosed with prostate cancer Gleason 7. MDM 08/08/19- Significant Lower urinary tract symptoms but declined investigations. On maximum androgen blockade - No onward oncology referral was made.
Pathology Diagnosed with penile cancer, recommended by caner MDM for CT scan of Chest, Pelvis and Abdomen to complete staging. Same delayed by 3 months.
Pathology Patient diagnosed with a slow growing testicular cancer (Seminoma) had delayed referral to oncology and therefore delay in commencing chemotherapy.
MDM/ Bicalutamide (RIP)** MDM outcome not followed and inadequate treatment given. MDM outcome = commence LHRHa. Started on low dose of bicalutamide (unlicensed and sub-therapeutic dosage), subsequently represented with local progression January 2020 and appropriate treatment (Degeralex) was given along with TUR and stent / nephrostomy. The evidence for LHRHa in context of metastatic disease is that it reduces the risk of local progression (renal failure and spinal cord compression). This man had inadequate treatment and experienced a complication likely as a result of this.

Immediate actions following discovery of concerns in June 2020

- Advice sought from NHS Resolutions (formerly NCAS) who recommended restrictions of clinical practice.
- Referral of these concerns in respect of Consultant A was made to the GMC. This doctor is already known to the GMC.
- In consultation with NHS Resolutions and the GMC, from discovery until the date of termination of contract, restrictions were placed by the Trust on the Consultant's practice. Consultant A was to no longer undertake clinical work and could not access or process patient information either in person or through others either in hard copy or electronically. A request was also made that he voluntarily undertake to refrain from seeing any private patients at his home or any other setting and same was confirmed in writing via Consultant A's solicitor.
- Given that Consultant A is no longer employed by the Southern Trust since the 29th July 2020, the Responsible Officer authority has now passed to the GMC. Consultant A has asked for all correspondence through his solicitor, Tughan and Company, Belfast. In keeping with the Regional Guidance, Health and Social Care Board, Procedure for the Reporting and Follow up of Serious Adverse Incidents (November 2016),the Trust together with the PHA and the Board has facilitated the establishment of a panel to undertake the Serious Adverse Incident Reviews identified in the course of

Stinson, Emma M

From: Devlin, Shane
Sent: 21 October 2020 00:29
To: OKane, Maria
Cc: McClements, Melanie; McKimm, Jane; Toal, Vivienne
Subject: RE: TB Confidential item 7

Maria

Happy to discuss, although the chair has Not been a patient in recent years, she was a patient nearly 20yrs ago.

I think as chair she needs to be part of the conversation and the whole board need to be in the middle of this.

Catch up tomorrow

Shane

On 20 Oct 2020 23:54, "OKane, Maria" <[redacted] > wrote:
Shane my understanding from what the Chair has disclosed openly is that she has been a patient of this doctor in recent years. Given that we will be discussing the impact on patients potentially I am concerned. Maria

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From: Devlin, Shane
Sent: 20 October 2020 10:52
To: OKane, Maria; McClements, Melanie; McKimm, Jane
Subject: FW: TB Confidential item 7

Please see below.

Can we have clear answers to the Chair's comments for the meeting

Thanks

Shane Devlin
Chief Executive
Southern HSC Trust
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

Tel: [redacted]

From: Brownlee, Roberta
Sent: 20 October 2020 10:48
To: Devlin, Shane
Cc: Judt, Sandra; Comac, Jennifer; Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Wilkinson, John
Subject: TB Confidential item 7

Shane

I wish to confirm that I will be staying in for this item as Chair (item 7). This is an extremely serious matter for the Board and I need to be present. I have no conflict with this particular matter. My past personal illness I will try to overcome the emotions.

As mentioned when we last spoke of this at 1:1 will Dr Damian (as Dr Maria not coming to TB) be able to confirm that one Urologist Dr Mark (only) having reviewed files is adequate and acceptable under process. Just want to be sure we don't need other specialist opinions of assessment on patients conditions/notes etc on such serious matters (stents/medications). Also are we sure legally (and by DoH CMO) that AOB must not be informed of this all taking place to date and not until the morning of the press release??

We need to be assured that process is as perfect and robust as possible. I appreciate the Dr Watt legal information but was there any learning from it when he wasn't told to the morning of – any legal difficulties. Hope you understand where I am coming from – protecting patients is paramount and the Board too.

Roberta

Mrs Roberta Brownlee
Chair
Southern Health and Social Care Trust

Tel: Personal Information redacted by the USI **(External);** Personal Information redacted by the USI **(Internal)**
Email: Personal Information redacted by the USI

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overcrowded Emergency Department at Craigavon Area Hospital. Mrs McClements acknowledged that the biggest risk period was between the swab test and the result and she spoke of measures in place such as more fast swabs, optimising community care and discharge, promoting safety in hospital flow etc.

ii) SAI Outbreak

The Chief Executive reported that the Panel Chair has given a commitment to feedback any immediate learning to the Trust. An early learning report has been produced and shared. Mrs McClements highlighted three key learning points; i) communication with families and relatives; ii) restricting visiting and iii) looking after staff.

7. **UPDATE ON CLINICAL CONCERNS WITHIN UROLOGY**

The Chief Executive informed members of discussions with the Department in relation to an intended statement by the Minister for Health to the NI Assembly. The Trust has advised that a public statement at this stage would be premature as the Trust has not completed a review of processes to the detail it requires. The Chief Executive therefore sought Trust Board approval to request a delay in the Ministerial announcement.

Members discussed the fact that there is likely to be significant media interest in this case with the potential for significant reputational risk to the Trust. Members emphasised the Trust's duty of care to patients and the importance of the Trust completing its investigative work to ensure that the information it provides is complete and accurate.

Dr Gormley spoke to a report which provides a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans. He reminded members that Early Alerts submitted to the Department of Health have been part of this process advising them of the professional performance and patient safety concerns. Dr Gormley advised that in relation to the SAI process, the Panel Chair has been appointed as well as a Subject Matter Expert.

He informed members of an issue that has recently arisen regarding the Consultant's prescribing of the medication Bicalutamide which appears to be outside established NICE guidance. A review is underway to identify patients receiving this treatment.

The Chair advised that Consultant A had written to herself in June 2020, the content of which she had shared with the Non Executive Directors in which Consultant A raised concerns at how the HR processes were being managed and requesting that his formal grievance and its included Appeal are addressed. The Chair was advised that this matter was being progressed through HR processes. The Chair also raised the fact that a number of different Urology Consultants had been in place over the years and asked why they had not raised concerns about Consultant A's practice and similarly, why had his PA not raised concerns regarding some delays in dictation of patient discharges. The Chair also asked should a GP not have recognised the prescribing of Bicalutamide as an issue?

Dr Gormley stated that patients remained under this one Consultant's care and this will be examined under the SAI process. The Chair then asked about Consultant A's appraisals and asked if performance issues had been identified through this process and if so, were professional development and training needs then identified. Dr Gormley advised that Consultant A's appraisals were also part of the review process.

In terms of systems and processes, Mrs McClements spoke of the SAI process since 2016 when a robust action plan was put in place at that time to address such issues as triaging, communication etc. and the work since June 2020 to scope and review the patient records of Consultant A's cases. Mr McAnuff noted that when performance issues were identified, additional measures were put in place and asked if these additional measures had not effected positive change, what further controls would need to be put in place should there be concerns raised about other Consultants. Mrs McClements referred to the query as to whether such clinical concerns could happen elsewhere and she advised that the Trust required more time to conduct its review and scoping exercises.

In response to a question from the Chair as to whether one Consultant Urologist reviewing the patient files was sufficient, Mrs

McClements provided assurance that in addition to Mr Mark Haynes' involvement, there is some clinical nurse specialist input and the Head of Service is involved in reviewing systems and pathways. She referred to the multi-disciplinary aspect of this work as detailed in the paper. In addition, there has been Independent Sector Consultant sessions reviewing oncology patients and Subject Matter Experts engaged as part of SAI process.

Mr Wilkinson stated that this was a complex case with various strands. He advised that whilst he supported the Trust's request for a delay in a Ministerial announcement, it was important that this was not a prevaricated delay.

Ms Donaghy referred to this case coming into the public arena and asked about natural justice and Consultant A's right of reply. She raised her concern at the issues Consultant A had raised in his grievance around his appraisals, pressure of work etc. and she asked that these are addressed as part of any review. Mrs McCartan restated the importance of the Trust releasing information only when it is assured it is accurate. Mrs Leeson highlighted the importance of due process being followed with SAIs completed as a priority to ensure learning from this case for the benefits of patients.

Following discussion, the consensus view of Trust Board was to approve the Trust's request to seek a delay in the Ministerial announcement. Members emphasised the importance of a robust timeline to conclude the review processes. It was agreed that following the Trust Board meeting, the Chief Executive would informally advise the Department of Health of the Trust Board's decision followed by a formal letter.

Action: Chief Executive

8. FINANCE REPORT

Ms O'Neill presented the Finance report for the 6 months ending 30 September 2020. Ms O'Neill reported a deficit at month 6 of £1.6m and advised that this position assumes that full funding will be secured for the cost of Covid-19 incurred to date at a value of £24m and that Transformation funding will be received for all schemes

31.9 I would like to know who the SMT colleagues were who allegedly raised the concerns, to which Devlin refers, and, more importantly, what Mr Devlin did about this?

31.10 If this were how my comments had been perceived I would, at the very least, expect to be informed by the CX or NEDs.

In light of the above from Mr Devlin and Mrs Brownlee, please addressing the following:

(i) Please comment on what Mr Devlin and Mrs Brownlee state in preceding paragraphs and indicate in which respects you agree or disagree with what was said, and why?

31.11 Mrs Brownlee was very defensive of Mr O Brien and I agree with Mr Devlin that she acted more as an advocate for the Consultant than the patients who had been affected. Mrs Brownlee should not have attended the item on Urology at 22nd October meeting as she had already declared a conflict of interest in relation to Mr O Brien. I thought it was inappropriate and I focussed my intervention on the process of SAIs. Mrs Brownlee was not able to act in an objective manner as a Chair.

(ii) Was it your impression that Board discussion of issues concerning Urology was not *"quite as open as with other topics"*? If so, please outline what factors or circumstances contributed to you gaining this impression.

31.12 There was little discussion of issues concerning urology until August 2020. I agree with Mr Devlin's comments in relation to Urology after August 2020 as Mrs Brownlee brought up Mr O Brien's concerns in e mails and at meetings instead of focusing on Patient Safety and our Duty of Care to those patients affected by the Urology Inquiry.

(iii) Did you have any grounds to *"question the total commitment of the Chair of the Trust to be totally open with regards to her willingness to criticise Urology and, specifically, Mr O'Brien"*? If so, please outline why you believed this was the case.

31.13 I believe Mrs Brownlee was not able to be as objective regarding Urology due to having been a former patient of Mr O Brien. This was demonstrated in the meeting in October 2020. My personal opinion was that the Chair should have been more concerned about the potential of patient harm rather than Mr O Brien's employment status – the fact that he was not