Urology Services Inquiry

Oral Hearing

Day 84 – Wednesday, 7th February 2024

Being heard before: **Ms Christine Smith KC (Chair)**

Dr Sonia Swart (Panel Member)

Mr Damian Hanbury (Assessor)

Held at: **Bradford Court, Belfast**

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

Gwen Malone Stenography Services

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THE HEARING COMMENCED ON WEDNESDAY,
7TH DAY OF FEBRUARY, 2024 AS FOLLOWS:

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

CHAIR: Good morning, everyone.
MR. WOLFE KC: Good morning, Chair and members of the Panel. Good morning again, Mrs. Brownlee. 09:59

A. Good morning, Mr. Wolfe.

1 Q. Thank you for coming back. Just to recap for the record, you were last with us on Thursday, 18th January. We have a transcript of your evidence on 17th January, it commences at TRA-10445, and the 09:59 transcript for 18th January commences on TRA-10714. You will recall when we were finishing the last day, the last sections of your evidence contained an examination of your view of whether you had a conflict or a potential conflict of interest in matters 10:00 pertaining to Mr. O'Brien, and just to remind ourselves of how we looked at that. If I could just bring up on the screen TRU-396521. And you will recall, just if we scroll down, that Mr. O'Brien had written to you, he had also sent letters to Mr. Devlin and Mrs. Toal on 10:01 10th and 9th June respectively in relation to primarily to his concerns about how he had been treated in relation to his planned retirement and his plan to return on a part-time basis, and you had been asked to

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

10:01

"The Chief Executive 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 Chief Executive 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."

10:02

10:02

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

10:02

10:03

being that you wouldn't have been aware or wouldn't have had knowledge from speaking to them or meeting with them that he was feeling under pressure?

A. Yes. I also think, Mr. Wolfe, was that the telephone call where you showed me that John had written, that I had discussed with him something about Mr. O'Brien's termination package, something about his pension, or whatever, and -- 10:04

2 Q. Yes, I'll bring that entry up --

A. And that's when I said I never discussed -- 10:04

3 Q. Let me bring that entry up for you. It's TRU-262021. And this is his note. Just scrolling down. And we had your evidence that you wouldn't have spoken to Mr. Wilkinson about the three items set out there?

A. Definitely not. I mean, that was what I was saying. 10:05 I mean, I don't ever remember talking to Mr. Wilkinson, or anyone, around his retirement policy and anything about when he was leaving or anything like that. I don't remember talking about that at all.

4 Q. Could I bring you to the transcript of your evidence 10:05 from the last time, it's TRA-10712, and if we go to line 13. Maybe just scroll up so that I can see the question. And I'm saying:

"If Mr. Wilkinson's account is accurate, it would seem 10:05 to suggest that you were able to say to him that this process was exerting undue pressure on Mr. O'Brien and his family and that would seem to suggest, on one reading, that you're in contact with Mr. O'Brien and

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

And your answer is:

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

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

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

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

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

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

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

7 Q. Yes.

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

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

A. Just late last evening.

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

A. Yeah.

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

A. Yes.

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

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

But he has no doubt that you, Mrs. Brownlee, would value Mrs. Hedderwick's advice, and he supplies your mobile number to Mrs. Hedderwick. 10:10

This email establishes that you were in discussion with Mr. O'Brien about your private sector interest? 10:11

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

12 Q. Of course.

A. Yes, thank you. Well, I only saw this last night. Just to explain, this was sent in April 2020 and Covid started around February, and you all will be aware that the nursing home sector never got any personal protective equipment for about four months. It all went to the hospitals - gloves, masks - so we were very, very short of equipment. And owners like myself would have travelled far to get all of this equipment and to bring it to the home to protect the safety of our patients and staff. It was really important. Like, for example, Mr. Wolfe, I had the local garden centre would have been leaving me off aprons. I mean, we had a firm that turned an area into make shields. 10:11 10:11 10:12 So, Mr. O'Brien, from memory - as I say, I have only seen this last night - is very involved in education in the Dungannon area, and I understand, I mean, in the Dungannon area, most of the post-primary schools, like

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

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

13 Q. Yes.

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

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

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

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

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

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

16 Q. Yes.

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

17 Q. Yes, of course.

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

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

18 Q. Yes.

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

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

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

20 Q. Okay. But you spoke to him?
A. I spoke to him on the telephone, yes.
21 Q. And you spoke to him about him being under pressure in relation to --
A. No, I have no recollection of having a conversation with Mr. O'Brien to even say he was under pressure. I don't remember that call with Mr. Wilkinson and I definitely can say I never discussed anything in relation to his employment issues with Mr. Wilkinson or anyone in the Trust. 10:18
22 Q. If we move on. I want to ask you about the circumstances in which you discovered that the Trust had become concerned about Mr. O'Brien's practice in 2020. If I can turn up your witness statement, first of all, WIT-90873. You recall that, you say: 10:19

"In July/August 2020, I recall the Chief Executive, Shane Devlin, walking into my 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 Chief Executive 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 Chief Executive then that I assumed due process and proper investigation was being followed." 10:19

So, that's a conversation with Mr. Devlin that you relate. Could I ask you, and set beside that, the

Early Alert that you would have received as Chairman of the Board, we can see that Early Alert was sent to you by email on 3rd August 2020, if we can bring that up at WIT-101964. This is Stephen Wallace, Interim Assistant Director of Clinical and Social Care Governance, writing to you on 3rd August 2020, and he is saying: 10:20

"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 Chief Medical Officer's office to advise of the content and the Chief Executive 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." 10:21 10:21

And then, if we scroll down to the next page, we can see the Early Alert that was sent to you (WIT-101964). Do you remember getting that, Mrs. Brownlee? 10:21

A. To be honest, Mr. Wolfe, until I got my pack, I don't remember getting that Early Alert, but I have to accept I got it. I do not remember getting that covering note from Mr. Wallace, I mean. 10:22

23 Q. Yes.

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

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

24 Q. Yes.

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

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

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

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

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

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

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

even. With not being in the Trust, I have no way of checking with my PA when was that received, that email, who else was copied into it. You know, I'm --

28 Q. Well, we can see it was received on 3rd August.

A. Yes. So -- 10:24

29 Q. And you have referred in your statement to speaking to Mr. Devlin and, again, you don't put a date on it, but you say July or August?

A. July or August. Well, I have to assume then that Mr. Devlin had spoken to me, as he would have now, to 10:24 be fair, he would have kept me very informed of anything like that, so he came in and talked to me, so it must have been before that, but I did know that was about Mr. O'Brien, but I didn't know that level of detail and I just have no recall of having that 10:24 covering note from Mr. Wallace.

30 Q. And in terms of Early Alerts and how they were handled during your time as Chair of the Trust, did they typically come to you for dissemination to your Non-Executive Directors? 10:25

A. We didn't always get all Serious Adverse Incidents, so, for example --

31 Q. So we're talking about Early Alerts?

A. Early Alerts - well, even the Early Alerts. We didn't always get those because, for example, the out-of-hours 10:25 would have had many Early Alerts and you would have had numbers of those because of just the coverage of the general practitioners, so they would have come in to Jennifer's office and normally to Sandra, the Board

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

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

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

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

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

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

A. Yes, absolutely, yes, yes.

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

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

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

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

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

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

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

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

39 Q. What, in your view, is the purpose of an Early Alert from the standpoint of you as Chair and Non-Executive Director?

A. To me, it's literally what it says, it's an Early Alert to inform you of, should it be about this particular situation or the out-of-hours, no cover for the GPs, to, really, the staffing in the mental health department. Those were all ones that just come to mind that I would have had. So they are to really inform you 'be aware, this is going on, we want you to know', and I would normally have covered it to my Non-Executive Directors. Normally, you would have then maybe heard more about this through the Nursing Report or the Medical Director's Report, but it is certainly to alert you that there is something going on that we need to be careful about. 10:32 10:33 10:33

40 Q. Yes. And I'm sure you'll agree with what Mrs. Mullan said in her evidence about it. When asked, she says:

"It should have been shared with the Board." 10:33

This is TRA-10044. And she says:

"Had it been shared, it would certainly have triggered a response..." 10:33

This is 158. Just on the left-hand margin:

"... it would certainly 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."

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

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

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

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

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

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

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

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

judgment not to send it on?

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

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

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

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

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

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

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

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

protect Mr. O'Brien in that manner.

47 Q. Yes.

A. Definitely not.

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

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

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

A. Normally, or to Jennifer.

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

A. You mean normal Early Alerts?

50 Q. Yes.

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

51 Q. Yes.

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

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

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

A. Well, I don't know.

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

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

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

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

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

55 Q. Yes.

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

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

"Prior to 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 judgment 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 10:44 the following categories..."

And she sets those categories out.

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

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

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

10:45

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

10:46

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

10:46

10:46

10:47

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

58 Q. Then, could I bring you to the August Board workshop, which was a prelude to the August Board meeting; I think they were both held on the same day, 27th August. If we go to TRU-158997. Just scroll up so we can see it, just a little bit further. Various issues are covered in the workshop. This one is an update from Executive Directors. Just scrolling down. Item 7 on the next page, just above that. Yes. So you left the meeting at this point. I think there is a cross-heading just above that. No, there is not. So you left the meeting at this point, and Dr. O'Kane brought the Board's attention to 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 and it records the Chair returned to the meeting at this point. Can you remember your actions that day?

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

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

10:47 10:48 10:49 10:49 10:49

there, that you left the meeting at the point when Dr. O'Kane introduced reference, albeit unnamed, to Mr. O'Brien, because you had a possible or potential conflict of interest and realised that it would be inappropriate to remain at the meeting? 10:50

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

60 Q. The issues concerning Mr. O'Brien which had begun to trouble the Executive Directors or the Senior Management, had come to their attention in June, and they did further work through June into July, and you have explained that Mr. Devlin spoke to you, you think, in July, then the Early Alert came; this is now 27th August, and it's our understanding of the documents and what we've heard from witnesses, that this is the first occasion that the Non-Executive Directors had been told that there is any issue, is that your understanding as well? 10:51 10:51

A. Yes, that was my first recollection of it coming to the Board and I know that was a workshop, but, no, I've no other recollection of it coming, apart from the past times, you know, in '16/'17 year, but nothing before that, not to that time. 10:51

61 Q. Yes. As I say, this is probably six weeks down the line from when the Executive Directors/the Senior Management Team were aware of a problem. You had been apprised of it through the Chief Executive and the Early Alert. Do you think it's acceptable that your 10:52

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

66 Q. Yes. Right. 10:59

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

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

A. Yes. 10:59

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

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

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

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

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

A. Yes.

70 Q. It's not the Board meeting?

A. No. 11:01

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

Mrs. Mullan, if we scroll back up in the direction we've come from, she explains she's not having a confidential section, she has a hefty agenda, but she's happy to give you a few minutes in open. 11:01

"... but we'll need to move quickly or immediately to the Covid-19 outbreak." 11:01

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

"I could not address my comments in 5 minutes as Chair of the Board. Several serious matters. Will ensure each of my points is highlighted and ask to be addressed/actioned in the full agenda." 11:02

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

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

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

And she draws attention to the "I need to speak" and your referral to "'several serious matters', but not being specific about what those matters were. 11:03
Second, the Chair emailed me from her personal email address initially.
Third, a meeting of the Governance Committee was not a meeting of the Trust Board and the Chair would have known this." 11:03

And she goes on to say:

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

And she sets the relevant material out.

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

A. Mr. Wolfe, I was shocked when I read this. First of all, I would have attended, and I am sure there is records going back in all of my ten years having attended many of the Governance meetings, so -- and I am not an anxious person, and I don't believe, on that occasion, I had any different style to what I normally would be. I don't know what order you want to take them in. If we want to take the last one first? This reference as if I was going to -- from August to September meeting, I wanted to talk about Urology. From memory, Urology wasn't on the Governance agenda. 11:04 11:05 11:05

72 Q. Exactly.

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

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

11:06

11:06

11:06

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

A. Sorry, I am maybe in the wrong meeting, but I think that --

11:06

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

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

11:07

75 Q. Yes.

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

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

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

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

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

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

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

much time as you want to address this --

A. Yes, well, I just would like to be clear on that, Mr. Wolfe --

77 Q. Let me try to --

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

78 Q. Let me try to package it in this way: It would appear, on Mrs. Mullan's account, that she found the intervention unusual, and it would appear from what she is saying that she had a suspicion, perhaps, at one point that you wished to introduce issues concerning Mr. O'Brien and that part of it, but you are saying that was not your intention? 11:09

A. Absolutely not. That may have been her thinking, but there's absolutely no way someone of my calibre would attend a Governance meeting and start to introduce something, it's just not what I would do. I was talking about the agenda points and the adjustment of the agenda and, actually, had told her the Chief Executive and I had discussed what we were going to discuss in the matters under, you know, the serious headings, and they were mostly around Covid, and what was happening within the hospital at that time were really quite grim, and what the Minister's latest update would be. We would have maybe been talking to the Minister two or three times a week online and had a phone call from the Permanent Secretary, so we needed -- to me, those were all very serious Governance matters, and those are the matters I was referring to. 11:09 11:09 11:09

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

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

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

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

I normally would take it in turn to ask different Non-Executive Directors to deputise, and I asked Pauline would she step into the Chair for that, yes.

81 Q. Yes. And you explain that, if we just bring up your witness statement at WIT-90873, you explain that in the third paragraph. You said that: 11:12

"Because of what could have been perceived as a conflict of interest, I spoke around July/August 2020 to Pauline Leeson to explain that I did not wish to attend Board meetings where Mr. O'Brien was going to be discussed - I asked Pauline Leeson, as a NED, would she Chair when this topic arose." 11:12

And you go on to say: 11:13

"I reminded Pauline Leeson 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." 11:13

You go on to list other tasks that you directed to Mrs. Leeson, including to check whether Mr. O'Brien's PA had comments on lack of administration and if there were any concerns raised by medical colleagues who worked alongside Mr. O'Brien. You questioned what the GPs had prescribed for the same conditions "because I knew there was an issue about medicines Mr. O'Brien had been prescribing", and you go on to emphasise that 11:13

the conversation with Pauline Leeson 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 procedures and governance adhered to.

11:14

I think we can leave that extract there.

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

11:14

A. Make sense.

82 Q. And you agree with that?

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

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

11:15

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

11:15

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

11:15

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

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

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

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

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

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

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

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

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

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

87 Q. Yes.

A. It must have been the Chief Executive, or whoever. I don't know who else because I wouldn't have been talking to anyone else. I mean, I have never had any discussion with Mr. O'Brien about prescribing any medicines at any time.

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

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

Then, you're telling the NEDs:

"This is an urgent matter of high risk and I ask that you read this paper thoroughly and come prepared to question." 11:22

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

A. Yes, I assume so, yes. 11:22

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

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

90 Q. And could I just ask you about what you say in relation to that paper in your witness statement to the Inquiry, WIT-90874, and just if we take: 11:22

"The next meeting of the Board was held on 24th September. 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. 11:23

Pauline Leeson took the Chair in my absence. Prior to receiving USI or Inquiry discovery documents on 17th November 2022, I had never seen the paper prepared for this agenda item in September 2020. I knew none of 11:23

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

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

91 Q. So that's inaccurate?

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

92 Q. I'm struggling to understand?

A. Sorry.

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

A. Yes.

94 Q. -- with the preparations for the September meeting?

A. Meeting, yeah.

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

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

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

96 Q. Yes, yes. And why didn't you see the November?

A. The November paper, I just never saw it. It came in the bundle. Well, I didn't attend the November meeting, the November 2020 meeting, I didn't attend it. 11:25 11:26

97 Q. Yes, because you had a conflict of interest?

A. Yes, and I was actually ready to go. You know, I was leaving near enough within that week.

98 Q. Yes. 11:26

A. But, I mean, that paper, I didn't see it. I am sorry if I'm confusing you.

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

A. No. 11:26

100 Q. 'Because I had a conflict of interest'?

A. Yes.

101 Q. 'And I shouldn't have seen that paper'?

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

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

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

A. Yes.

103 Q. That's what you should say?

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

104 Q. And then in the last sentence on that paragraph, that's wrong as well, where you say: 11:27

"I knew none of the detail of the allegations regarding Mr. O'Brien."

A. Until I read the detail for the meeting in September. 11:28

105 Q. Yes.

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

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

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

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

107 Q. Yes.

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

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

detailed paper, setting out the background to the concerns, and you discussed that paper with Mr. Devlin?

A. Yes, well, I mean, we wouldn't have discussed it in detail, but normally anything that was coming to the Board in the preparation for it, Shane would have had a pre-meeting, maybe, to go over high-level stuff and, I mean -- so we didn't go into the detail of it. He would have been telling me what was coming to the Board. 11:30

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

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

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

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

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

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

A. I understand clearly the Northern Ireland Audit Office.

I have attended much training on conflicts of interest. I did not see, and still don't see, any harm in what I did. I believe they were highly professional, accepting my role in the way that I do, I was putting forward, from reading a paper, as I would normally do. 11:34
If you look back on all of my records, that's what I would do. So I -- even reading the Northern Ireland Audit Office, I don't believe that there was anything in particular I was advocating for Mr. O'Brien here. I was saying, wearing my Trust hat, thinking of the 11:34
responsibilities that I had, thinking of all that was going on and the speed this was moving at, this was the first time this was coming to the Board, this was the first detailed paper we have seen - yes, I've read it. The Inquiry can decide if I was wrong in reading it or 11:35
not. I read it. Shane and I had discussed many points on it and the questions that I had. And I was just saying, as they would have been used with my NEDs, here is what I see in this paper and that was all. You know, I am sure they didn't ask maybe any of those 11:35
questions or, if they did, I wasn't leading them. I was just saying, here is what my impression is of reading this paper for the first time and what I would have wanted to know.

111 Q. Yes. Just in fairness, and I'll bring up the Audit 11:35
Office Guide again and you can help the Panel understand why you considered that there's no conflict - sorry, I'll choose a different word - no contravention of the guidance in your behaviours. If

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

CHAIR: Yes, I think it's appropriate.

MR. WOLFE KC: And come back to that. 11:37

CHAIR: We'll come back at five to twelve.

THE HEARING RESUMED AFTER THE SHORT BREAK AS FOLLOWS:

CHAIR: Thank you, everyone. 11:56

112 Q. MR. WOLFE KC: If I could bring you, Mrs. Brownlee, to an extract from the Northern Ireland Audit Office 'Guidance on Conflict of Interest', it's WIT-103232. The cross-heading is "Recognising a Conflict of Interest", and it says: 11:57

"At its most basic, a conflict of interest arises where an individual has two different interests that overlap. This Guide uses a broad definition that is applicable across the Public Sector and is relevant to public officials and Board members alike." 11:57

And it sets it out:

"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." 11:57

It goes on to say:

"A conflict can be perceived..."

11:58

And it goes on to explain that:

"A perceived conflict of interest exists where it could be perceived, or appears, that private-capacity interests could improperly influence the performance of 11:58
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 11:58
individuals concerned.

A perception of the conflict of interest can be just as significant as an actual conflict of interest. The key issue is whether there is a risk that a fair-minded 11:58
outside observer, acting reasonably, would conclude that there is a real possibility of bias."

And it goes on to explain under the heading "Whose Interest": 11:59

"The interest in question need not be that of the public official or Board member themselves. It can also include the interests of close relatives or

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

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

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

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

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

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

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

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

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

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

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

115 Q. Yes.

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

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

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

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

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

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

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

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

119 Q. The paper arrives with you?

A. Mm-hmm.

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

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

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

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

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

122 Q. How could you have a discussion with Mr. Devlin about the subject matter of this paper and not discuss Mr. O'Brien? 12:08

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

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

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

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

"When you read this extremely serious situation we're now in, as Chair, I feel this is coming to Trust Board late." 12:09

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

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

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

12:10 12:10 12:11 12:11 12:11

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

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

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

"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 the practice of Mr. O'Brien. No one formally assessed the extent of the issues or properly identified the potential risks to patients." 12:14 12:14

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

"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." 12:15 12:15

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

in any other way?

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

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

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

we have reports that come there, that look at clinical indicators, look at, I mean, infection control, look at lots of different areas that came on both the nursing report and, indeed, on the medical report, but I would have expected that to come in through governance. However, if it was so serious that it needed to be reported into the confidential section of the Board, which I believe it should, it should have been brought by the Medical Director to there.

12:17

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Assistant Director and, indeed, his Clinical Lead, should have identified that, whilst all of this is going on, there's patients here that aren't having the service they should and having the care and treatment plan they should have, and, yes, where the Director didn't know how to manage that, whatever way that was, that detail of patient safety should have come to the Board. I am just talking about grievance generally don't come to the Board. But that grievance, if it raised such issues as I've seen, for the first time, then that definitely, when patients were at risk and patients not being seen, for all of the reasons as described, whoever was involved, definitely should have come to the Board so that we would have been aware of that, but I was never told that. But I'm assuming, maybe wrongly, that the Medical Director knew that and others were looking into it. But as I read that, it's referring that it wasn't dealt with, but it should have been. Those were very serious matters about patients. 12:25 12:26 12:26

131 Q. In terms of Mr. O'Brien's grievance, it certainly had the impact of delaying and ultimately preventing a conduct hearing, which was the intention of Dr. Khan following the MHPS. So the grievance process ran and ran and didn't ultimately reach a hearing until shortly after he retired. Do matters like that ever receive the attention of the Trust Board, or is that operational and it is not the kind of thing that's drawn to your attention? 12:26 12:26

A. Well, firstly, I have no recollection of anything of

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

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

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

A. Well, I don't recall --

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

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

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

134 Q. Yes.

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

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

A. Yes.

136 Q. But only when the issue is spinning out of control, perhaps, for some reason, should it be brought to the Board? 12:31

A. Yes, yes. And if it's patients are at risk and if there is difficulties between the two parties, you know - I mean, that happens in workforce issues, sometimes you have to have mediation and other people involved - but I would have expected that to be done locally before it would come to us. 12:31

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

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

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

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

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

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

A. First of all --

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

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

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

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

A. Yes, yes.

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

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

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

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

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

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

"Please provide full details of all contact between yourself 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." 12:41

And what you say here is:

"I had spoken to the Permanent Secretary, Mr. Richard Pengelly, on two occasions. My first call was sometime in the summer of 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 the 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." 12:41 12:41

So that was telephone call 1, as you described it.

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

"... 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." 12:42

12:42

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

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

That's the answer I have just read from.

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

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

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

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

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

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

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

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

A. No, I didn't discuss conflicts with Mr. Pengelly.
145 Q. You didn't, just to be clear, you didn't explain that you were stepping out of meetings relating to Mr. O'Brien?
A. Not in that conversation. It was the next one that I told him that. No, I was asking him who -- I knew the interviews had taken place. I was asking him who had got the job, would it soon be announced, because it had went on a very long time and, also, I didn't want to be involved in the meetings about Mr. O'Brien. I remember that clearly, that discussion, because I remember I was out in a corridor. 12:47 12:47
146 Q. And when are you saying you told him that?
A. That was, I think, in late June, you know, when I was doing interviews. 12:48
147 Q. So you are saying, just to be clear, you told Mr. Pengelly, in June 2020, that you didn't want to be involved in any of these matters concerning Mr. O'Brien?
A. Yes, because I had already been now told in June by the Chief Executive that, you know, they were starting an investigation. We didn't know the detail. But I do remember -- now, it was a very short call because I remember he was driving and he had returned my call, and he said 'look, leave that with me'. And, I mean, within days then, I mean, he came back, or the office came back about the appointment process would be informed, and that, but that was definitely where I was when I made that call -- or when he returned the call, 12:48 12:48

was in the Seagoe Hotel.

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

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

149 Q. Precisely.

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

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

A. No, okay.

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

12:50

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

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

A. Yes, when I -- 12:50

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

A. Yes, but, with respect, Mr. Wolfe, when I was doing my Section 21, I didn't have any of those dates, so I was 12:50 trying to think back, what influenced me to attend?

153 Q. Yes.

A. And I believed, from my reflection, that it was a telephone call I had had with Mr. Pengelly, plus the discussion Shane and I had had regarding the Northern 12:51 Ireland Assembly and the Minister's announcement, that's what was going through my head when I wrote that, but, definitely, it was 26th October.

154 Q. But how could a telephone call with Mr. Pengelly, which hadn't taken place, have caused you to write a 12:51 statement which said "he influenced me to attend"?

A. Well, in my mind, when I was doing my Section 21, I was trying to reflect on that meeting of 26th October; why did I go to it when I didn't go to -- what made me go? I was trying to -- I knew I'd had a call or a 12:51 discussion in my office with Shane about the going public, and I also believed -- I knew I had had a conversation with Mr. Pengelly. I got the date wrong then. But, definitely, those -- the discussion with

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

12:52 12:52 12:52 12:53 12:53

was knowing that this was going public. I was told by Shane - I'd never worked through anything like this before - he told me it was going to be dealt with in the same way by the Minister as with Mr. Watt and how this works and it was very new to me and was very concerning, especially if we didn't completed and had accurate details to have announced. That's what, as well, influenced me. But I am sorry if I got the date mixed up. But Mr. Pengelly and I, I did discuss with him, on 26th October, my conflicts. 12:53 12:54

155 Q. Let me stop you there. It's just so that you understand the point I'm making to you perfectly well, let me reduce it to this: You've said in your original witness statement that your attendance on the 22nd was influenced by Mr. Pengelly, let me bring you to that again, it's WIT-90874. Just towards the bottom of the page, just over two thirds of the way down. So you have sat down to draft your answer to the Inquiry's Section 21 and you are thinking back a couple of years to these events. You have recorded that: 12:54 12:55

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

12:55

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

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

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

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

A. Yes.

157 Q. You simply misremembered?

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

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

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

A. Yes. 12:57

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

A. Yes.

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

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

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

A. Yes.

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

A. Yes.

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

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

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

during November you declared an interest and stepped out of the meetings were they touched upon urology?

A. Yes, it probably did, yes, but I did that in previous meetings as well.

165 Q. Yes. That approach on your part, after your attendance at 22nd October and after your conversation with Mr. Pengelly on 26th October, your behaviour after those dates was to completely step away from urology issues; isn't that right? 12:59

A. Yes, I didn't attend any more meetings, no. 12:59

166 Q. Yes. Is it fair to conclude that your conversation with Mr. Pengelly on 26th October influenced you to come away from those issues and to step away from those issues completely?

A. Well, Mr. Pengelly didn't -- sorry, Mr. Pengelly didn't tell me not to attend Board meetings. What he told me was I needed to ensure as long as I was there I fulfilled my roles and responsibilities and had a process of knowing what was going on. So he didn't tell me to attend, he didn't tell me not to attend, he knew I was declaring a conflict of interest. And it was a very favourable conversation. I mean, we spent quite a bit of time talking about it. But I mean, it didn't -- and I also think after that time Eileen was coming in to take over. We had had a brief handover. So, you know, I stepped out of other meetings. But I mean -- and I do understand, but maybe you're coming to that, about there was, you know Dr. O'Kane made it clear the night before the meeting that I shouldn't 13:00 13:00 13:00

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

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

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

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

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

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

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

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

discussion of these urology issues was problematic, did he?

A. Sorry, just repeat that again.

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

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

172 Q. Yes.

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

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

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

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

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

interest and I have expanded on what he told me. I mean, I remember him saying 'Roberta, you have been around a long time, we trust you, you just need to make sure you know what's going on'. But by this stage the travel journey for Mr. O'Brien had already -- decisions had been made. So I don't remember Shane Devlin talking to me again after -- neither before the October meeting to tell me about concerns Dr. O'Kane had. He never discussed it with me nor after it either or anything like that. He never discussed the Board meeting with me again that I can recall. And I again would have kept very good notes. Every time I met Shane I wrote down what I was wanting to talk to him about and what he was going to talk to me about in my diary. So I don't have anything. But I didn't attend any more meetings. But I am just saying, Mr. Wolfe, that Shane didn't talk to me about attending meetings. 13:04 13:05 13:05

MR. WOLFE KC: Well, I'll maybe pick up on that point and just put exactly what he said to you after lunch. Thank you. 13:05

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

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

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

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

to tidy up arising out of your evidence this morning. Could I just proceed to deal with those couple of items now. The first issue concerns the evidence you gave in relation to the Early Alert and the way of placing that into your hands. Let's just look at the email we saw this morning, it's WIT-101964, and obviously it's addressed "Dear Roberta", and what we couldn't see from that email was whether it was sent directly to you. It bears the name of "Jennifer Comac" on the top. If I can now show you an email which has been drawn to my attention over the break, it's at TRU-320250. This email would suggest, in that it's directed to your email address, Roberta Brownlee, that -- and no one else, that it was sent directly to you, that is the Early Alert was sent directly to you, and I want you to have a think about that in the context of what you said about earlier, that you needed clarification in terms of whether your Personal Assistant would have seen that and what date she would have seen it and that might help you to better understand why the Non-Executive Directors got to see it. Can I put it in these terms: If this email was sent to you directly and to nobody else, you could determine whether it should be sent out to Non-Executive Directors without having to rely on your Personal Assistant? 14:36 14:37 14:38 14:38 14:38

A. My position hasn't changed from what I have said earlier, Mr. Wolfe. I don't remember seeing that covering email, and I really can't remember seeing the alert.

176 Q. Yes.
A. I'm sorry, I just -- even showing me that and --
177 Q. Can I hold that up to the light just for a moment. The Early Alert is the first formal notification to you of something that has gone badly wrong in Urology; the Department is being told about it and you're being told about it. Okay, Mr. Devlin has spoken to you informally about it, perhaps, before this. But can you really not remember receiving this Early Alert, given the issues that we're discussing and your connection to them? 14:39 14:39
A. I honestly can't, but I definitely don't remember seeing that note from Stephen Wallace. And why it just came to me, you know, that's very different and, I mean, there must have been a reason behind that, why it came just to me, if I got it, but I don't remember it and, therefore, Jennifer would have been in and out of my emails, I mean, and how I missed that, I don't know, I mean, I can only but apologise, but I don't remember seeing it from Stephen, and certainly, if I only got that, I have -- I just can't recollect why I wouldn't have asked the Chief Executive, or indeed Jennifer, about the sensitivities and not sharing it. I mean, I am sorry. 14:40 14:40
178 Q. You have no explanation to offer the Panel in relation to that? 14:40
A. No, I've none. No, I just can't remember getting that and why I didn't deal with it, that's what I am saying, Mr. Wolfe.

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

A. Yes, yes.

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

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

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

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

A. Yes.

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

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

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

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

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

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

185 Q. Yes.

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

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

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

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

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

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

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

that it was a charity that had been created in 1997 by Mr. O'Brien and that he understood that 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." 14:48

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

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

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

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

190 Q. We can see, Mrs. Brownlee - take, for example, WIT-101982 - there were other engagements between you and your Non-Executive Directors through November, but this - if you just scroll back up, sorry, just to orientate you, I beg your pardon - this is the minutes for 12th November virtual Board meeting, Confidential Section, and as we can see, scrolling back down from whence we came, that, under "Declarations of Interest", you declared an interest in respect of Item 6, and we saw from the Board papers a moment ago Item 6 was the Urology element to the meeting. 14:50 14:50 14:50

So, if Mr. Devlin didn't give you the message to desist from attendance or in discussions around Mr. O'Brien and Urology, what was the influence? What caused you to change your approach as compared with the October meeting? 14:51 14:51

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

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

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

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

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

A. This is, sorry, the?

192 Q. This is for the October meeting.

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

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

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

194 Q. Yes.

A. I just can't...

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

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

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

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

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

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15:00
15:00

196 Q. Mm-hmm. So that's your rationale or your explanation for attending --
A. Yes, for attending that one.
197 Q. Whereas the curious bystander would say, 'Oh, it's Mr. O'Brien who's at the centre of this storm. Isn't Roberta Brownlee his best friend or a good friend?' 15:00
A. I think a good friend --
198 Q. 'Didn't he treat her as a doctor? Didn't they work together in a charitable company?'
A. Yes, but without repeating again, the charitable company was set up by Eileen O'Hagan and I and others, not as what's really coming across, that it was myself and Mr. O'Brien. That's the first thing. It was a collective of many people -- 15:01
199 Q. Yes. 15:01
A. -- I mean. And the other thing is, that was why I attended that meeting. Mr. O'Brien was a good friend of mine, but be assured, Mr. Wolfe, I have never had Mr. O'Brien at any time visit my home, phone me, come to my office about any of his clinical issues -- 15:01
200 Q. Mm-hmm.
A. -- or any of his concerns, so I never was involved in the subject matter, never. I never was involved in any aspect of the investigation, and I knew Dr. Khan, Dr. Chada and Dr. Wright and Dr. Simpson really well and had an excellent working relationship with them, as I've said before. So I -- 15:01
201 Q. Probably, it's my fault for perhaps asking you to comment on it again or inviting comment on it again.

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

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

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

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

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

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

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

204 Q. Yes.

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

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

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

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

yourself of the nature of the interventions that you made.

So you begin by reminding people that Consultant A had written to you in June 2020, which you had shared with others, and this was in relation to his formal grievance and some HR processes. You 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 the Consultant's practice and, similarly, why had his Personal Assistant not raised concerns regarding delays in dictation of patient discharges? And you go on to say, or ask a question as to whether general practitioners had recognised the problem around Bicalutamide. And then, further down the page, a further intervention from you - scrolling down just further, please - you asked a question about whether one Consultant Urologist reviewing the patient files was sufficient. Just scrolling down. No, you've gone past it. Thank you. 15:08 15:08 15:08 15:09

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

A. No, no, from --

206 Q. What was your thinking there?

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

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

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

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

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

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

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

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

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

well looked after?

A. Of course.

210 Q. Did you seek assurance on that?

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

211 Q. Can I put Mrs. Leeson's perspective to you. We can find it at WIT-99800. At 311, she is saying: 15:17

"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 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 focused my intervention on the process of SAIs. Mrs. Brownlee was not able to act in an objective 15:18

manner as a Chair."

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

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

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

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

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

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

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

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

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

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

214 Q. Yes.

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

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

215 Q. I'm answering a query from counsel. I described you as 'best friend' and I think I might have added 'good friend'. There's no evidence that you are Mr. O'Brien's best friend, and I formally withdraw that as a -- 15:25 15:26

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

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

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

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

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

216 Q. Yes. 15:26

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

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

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

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

A. Yes, yes.

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

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

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

15:31 15:31 15:31 15:32 15:32

more recent ones, once we knew there was a report, for example, on the Western Trust or indeed in Muckamore, I would have said, or an SAI, before we even got the detail of it, what was the immediate learning? I think of one of the maternal deaths in Daisy Hill, and Daisy Hill, for all of my time there, always had difficulty recruiting and retaining medical staff. I remember clearly asking, it wasn't waiting to learn from the Serious Adverse Incident and the Alert, what was the immediate learning from that maternal death? What did we learn at the time and what have we implemented? So, to me, I was a Trust Chair who was very involved. I walked the walk, I was visible, and I used a lot of learning to develop the Board, along with colleagues. 15:33

219 Q. Sorry, Mrs. Brownlee, I don't wish to prolong your evidence. My question was much more focused than how you have answered it. You have told me for the past few minutes that you promoted a learning culture. My question was specific: What have you learnt from your experiences of dealing with this Urology issue? 15:33

A. Well, certainly, we've learned a lot listening around the Maintaining Higher Professional Standards, what was the expectation and the reporting back to the Board. Now, I think I heard Eileen say how that's changed, and that's all good and healthy. I mean, in relation to Serious Adverse Incidents or Alerts, how a better process should be in making sure they all come to the Chair or are copied in to the Non-Executive Directors. There's all of that for learning, of course. I mean, 15:34

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Yes.

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

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

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

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

A. Yes.

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

A. Yes.

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

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

A. Yes. To me, the --

230 Q. Just tell me more about that?

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

15:43 15:44 15:44 15:44

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

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

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

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

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

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

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

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

A. No, and CURE is a vehicle, nothing like that came, Mr. Hanbury. What happened in CURE was, we were a fundraiser, and all of the money that was raised went into the fund, the charitable fund. Then, the Consultants, not just Mr. O'Brien, Mr. Young, there was Nurse Specialists, all contributed to what was the training, the development, the research, they wanted to do. So, yes, they could have used it for that. We had no restrictions, as an oversight of CURE, to what they spent the money on, as long as it was spent on research and training and development, and be assured, much came out of CURE from the money that went to it and added significance to the Urology Services, to this day, in Craigavon, but they could have used that money, but we wouldn't have been contributing or deciding that. 15:48 15:49 15:49

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

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

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

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

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

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

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

237 Q. And were you assured that was --

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

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

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

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

that's just a fact, that we have to consider how they went wrong, why they went wrong, and today, with you, I just want to explore a few things concerning the role of the Board, now that we have got the opportunity to talk to you. 15:52

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

A. Well, we had a vision, we had a strategic document of revision. What was my personal vision? 15:53

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

A. My vision for the Trust was that, under my term, that I would be remembered for making change, making an impact, being remembered as a person who believed in the importance of high-quality care. 15:53

240 Q. Mm-hmm.

A. And I also worked tirelessly with staff at all levels, to listen to them and to see was there anything we could do, I mean, to get additional monies to help. So I just wanted the very best, and I'm pleased to say, under my tenure, whilst waiting lists may have been long, we had some amazing quality outcomes that were recognised even in Europe. We also -- 15:53

241 Q. And if you had to summarise your vision then - that was your personal mission, almost - what was the overall vision for the Trust, in one sentence? How would you describe it to staff if you were going out to say 'this is our vision'? I know there's lots of documents, I've 15:53

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

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

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

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

243 Q. Mm-hmm.

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

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

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

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

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

visible Board, because we were off the hospital site, down in a building. So I, under my watch and my previous Chair, we like to be out to walk the walk and to be seen and to meet staff in the canteen, they knew who you were. 15:55

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

A. I wouldn't have said they understood the Board and the whole dynamics of it, but during my time, I also 15:55 introduced bringing staff to the Boardroom, so it wasn't just the Director who attended, maybe an Assistant Director or, in some cases, it was clerical staff, it was support staff, depending on the Directorate that it was, because they needed to hear 15:56 and see what we did. Did they understand our vision? No, but we were constantly trying to promote that, even on computers, or wherever, but that is a huge job to do, because not only were staff in the community quite a distance away, to staff on an acute site, to a 15:56 subacute site.

247 Q. So, on that subject, in England, for years and years now, people have been talking about bringing it all together, had more integrated Trusts, lots of discussions and forms of that. Do you think, in any 15:56 way, the bandwidth of the Trust was too broad? You had, as you say, an enormous range of services to cover?

A. Well, the --

248 Q. Did you ever talk about that in terms of, are we trying to cover too much in one Board?
A. Yes, yes, we did.
249 Q. What was the view on that?
A. I mean, we did, we talked about, and it's back to Bengoa, you know, how can we spread the butter enough to have Urologists everywhere if we're thinking of that. 15:56
250 Q. Yes.
A. So we did talk about how could we bring services together, where -- I mean, we've moved on to south Tyrone, I mean, for example, doing some specifics to others, but that is a big vehicle to drive and to change with your population. 15:57
251 Q. Mm-hmm. 15:57
A. But, I mean, with the Trust area, it was huge.
252 Q. Mm-hmm.
A. Just that we had a population that we had to serve, we were spending big money, but again, that's back to how the people worked within the Trust and how they were known and how you involved your community, and we also worked with councils, a lot of the local councils, which was important in relation to housing, schools and voluntary sector, we were very committed to working with the voluntary sector and community groups. 15:57
253 Q. But you have got a huge portfolio of services here. You don't, at that Board, seem to have had a huge amount of clinical input, I'm talking about medical input particularly --

A. Yes.
254 Q. You have one Medical Director. This is a vast portfolio. Was that too little? Should you have had more clinical staff?
A. Well, during my tenure, we had also Dr. Rankin, who was the Director of Acute Services. 15:58
255 Q. Yes, but she wasn't a practising doctor, though, was she?
A. No, but, I mean, we had one nurse, we had one social worker, we had one doctor -- 15:58
256 Q. No, I'm talking specifically about medical staff?
A. I mean, you could have more, of course. I mean --
257 Q. Was there any barrier to that, because --
A. No.
258 Q. -- you know, there's a lot that can go wrong and did go wrong? 15:58
A. No barrier. I mean, I would describe it, that you'd an envelope of money for your team and how you spent what was in the envelope was up to us. So you could reform any time if you wanted to bring more medical people, and we did bring many medical people to the Board -- 15:58
259 Q. Did you discuss this?
A. Yes, yes, we did.
260 Q. Okay, because one of the things you have said, and everyone has said, is that the Board was not aware of these serious issues, and we have to think why was that, and yet, as a Board, you do have responsibility for the management and leadership processes and everything -- 15:58

A. Yes.

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

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

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

A. Oh, not in that detail, no.

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

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

nursing indicators and the quality standards. The Department would have a lot of standards for, say, nursing and, therefore, those came to the Board, how we were watching those, but it was only when you started to look, what was the patient's experience? And that's why I found the Patient and Client Experience Committee that was formed, one of the best, because once we got patients and service users and carers as fully-pledged members, they were able to tell us what was it really like, the service, and what else did we need to know. 16:02

264 Q. So, that's good, and it is very important, I agree with you. But did the Board have a discussion about, for example, we should be collecting patient experience measures from every service? Did you have that conversation? 16:02

A. Yes. Well, we did -- the Director of Nursing would have brought those experiences, and there was a whole piece of work done on that, the patient's experience, right, and led by the Department, and I think, actually, the Public Health Agency were involved in it as well, how to collect a thousand voices, from memory. I am trying to think what it was. You know, how did you get that? But again, you will only have certain people who complete questionnaires, do phone-ins, and whatever. To me, the experience begins when you are in the bed or when you are in the clinic. 16:02 16:03

265 Q. But my question is, really, did you challenge yourself to say, are we getting enough information often enough to know what's really going on, did you have that

conversation with the Board?

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

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

A. We didn't measure it, no.

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

Board have or what else did they do to try and set what you describe as an open culture? Because we've heard from people in the Trust that perhaps it wasn't that open. Now, that was not your intent, so what conversations did you have about that and what else did you do about it, other than the Leadership Walks?

A. Well, I remember the review quite a few times of the right to speak up, the whistle-blowing policy.

268 Q. Yes.

A. I don't particularly like that word, I like the right to speak up, I mean, and how that was embedded within the organisation. And so, for example, I mean, a Non-Executive Director, I think it was John Wilkinson, was the nominated NED for that. How did you introduce that, I mean, that culture of candour? I mean, we have talked about it a lot. How do you get staff, what they see and what they hear, if it is not right, to speak up? Some will and some don't. So it's a constant -- to me, that's a constant reminder to people that, I mean, you know -- 16:05

269 Q. Anything --

A. And encourage them. So there was a lot of training, I remember the training that went into that, I mean, but it's people that make a lot of it happen. I'm a firm believer if you have good relationships and good communications and systems, staff will talk to each other, I mean, and I don't think that will ever change. It's how you constantly have to be the leader, you have to believe in it yourself, and that's why I feel that

our Board was a very open Board.

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

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

271 Q. Mm-hmm.

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

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

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

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

273 Q. How would you remedy it?

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

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

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

A. No, no.

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

A. Yes. 16:10

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

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

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

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

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

278 Q. Yes. 16:11

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

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

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

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

280 Q. Yes, I realise that.

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

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

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

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

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

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

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

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

A. No.

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

A. Not that I am aware, no.

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

CHAIR: Mrs. Brownlee, thank you for your evidence. I am just going to explore, if I may, a little bit more about your relationship with Mr. and Mrs. O'Brien and the O'Brien family in that sense. 16:16

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

A. A good friend.

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

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

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

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

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

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

288 Q. Very well.

A. If we take the last one first.

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

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

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

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

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

A. Definitely not, never.

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

friendly, and Mr. O'Brien in an email that we saw, I think, as recently as this morning perhaps suggested, when he was contacting Sara Hedderwick, he was close friends with you and with David your husband; and there's certainly evidence to suggest that that close friendship was known in the Trust, would that be fair? Good friendship if you prefer? 16:19

A. I would say most people knew, and I think Dr. O'Kane in her last report said it was commonly known, I think, was the words. 16:20

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

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

294 Q. Would you accept the evidence that the Inquiry has heard then that knowledge of that might make people less inclined to tell you about issues with Mr. O'Brien? 16:20

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

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

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

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

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

A. Definitely.

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

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

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

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

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

299 Q. Or in terms?

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

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

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

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

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

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

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

find that to accept?

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

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

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

his line management know. So surely the learning has to be what other consultants at today's date have huge waiting lists, that are struggling with capacity and demand and patients are having to wait a very long time. To me that's a very big area. I mean, I'm not blaming the Department for not having the money or the site or the Board, I am just saying the capacity and demand for that Southern Trust is huge. And the hospital, the acute hospital is not fit for purpose for that. 16:27

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

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

16:27 16:28 16:28

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

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

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

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

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

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

time.

CHAIR: No, I appreciate that.

A. But whatever the Inquiry does to improve patient care and support medical staff then I'll be interested to read that and to learn from it and thank you all. 16:32

CHAIR: Thank you, Mrs. Brownlee. Well, Ladies and Gentlemen, that concludes today's evidence. I think we're back again at ten o'clock tomorrow morning. So thank you, Mrs. Brownlee, you're at long last free to go. 16:32

THE WITNESS: Thank you.

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

16:33