



## UROLOGY SERVICES INQUIRY

**USI Ref:** Section 21 Notice Number 20 of 2022

**Date of Notice:** 29<sup>th</sup> April 2022

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**Addendum Witness Statement of: Mr Robert James Brown (Known as Robin Brown)**

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I, Robin Brown, will say as follows:-

I wish to make the following amendments and additions to my existing response, dated 15<sup>th</sup> June 2022, to Section 21 Notice number 20 of 2022:

1. Paragraph 1.1 (WIT-17509) should be amended to state the following:

*1.1 I was a Clinical Director (CD) for Surgery and Elective care (SEC) in the SHSCT from its inception on 02.01.2008 to 31.03.2016 01.09.10. Please see paragraphs 6.2-7 for full details of my changing role. In my role as CD, my responsibilities included operational management, performance, governance, recruitment, job-planning, appraisal, medical education and more – please see Appendix 2. In the beginning I was responsible for surgery and all surgical specialties across the Trust but, as I was located in Daisy Hill Hospital (DHH), this proved to be impractical, and my managerial influence on the Craigavon site was very limited. The Trust appointed a second CD, Ms Samantha Sloan, on the Craigavon site, with responsibilities including Urology, on 01.09.2010. I therefore had managerial responsibility for Urology from 01.01.2008 until 01.09.2010, and again from 12.12.2011 until my retirement on 31.03.2016. I have had a short conversation with Sam Hall to identify the period when I was CD for Urology which was between 12.12.11 and 21.03.16. Please see paragraphs 6.2-7 and Appendices 2-4.*

2a. Paragraph 1.5 (WIT-17510) should be amended to state the following:

*1.5 ~~There are no other occasions, that I can recall, when I had significant engagement in the Urology department.~~ I was CD for Urology but this was a difficult role to perform from Daisy Hill Hospital where my job was largely clinical. I had 1 PA (4 hours) allocated for management and, for most of my tenure, I was not supported by a lead clinician. Prior*



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*to the formation of the SHSCT I had been a CD in Daisy Hill Hospital alone and had responsibility for Surgery and Anaesthetics. I was able to manage that role effectively: I had agreed job plans with all my consultants and had time to design some important innovations. I was close to my team on a daily basis and had ready access to the soft intelligence that is so important to managing a department. I also had the adjacency and availability of all the managers that facilitated the exchange of information and advice and it worked well.*

2b. I would like to add the following paragraphs after paragraph 1.5 (WIT-17510):

*1.6 Things changed with the inception of the new Trust. The management systems in DHH were largely moved to CAH. All of the AMDs for acute services were then in CAH and I was remote for the 'nerve centre' of the Trust. My information came through official channels but even that was not all that effective given the communication difficulties relating to travel between sites, videoconferencing and simply my availability for meetings. The biggest problem was the lack of opportunity for acquiring soft intelligence or the ability to pop into a manager's office for a quick chat which makes for effective management. I knew a lot about my team in Daisy Hill Hospital but had little knowledge of the teams in CAH.*

*1.7 Videoconferencing (VC) was meant to address the problem of communication between the two sites but it was ineffective in my view for the following reasons:*

- (i) In most cases I was the only participant from DHH. If the link did not work meetings often simply proceeded at the CAH side;*
- (ii) Efforts were made to schedule meetings to suit my availability but all managers and most other participants were on the CAH side and it was often not practical to schedule a meeting around my availability;*
- (iii) The meeting room was in CAH and I was the person on the screen in the corner which did not make for good interaction. It was not like Zoom or Teams. The microphone was placed in the middle of the table and all conversations were picked up and superimposed. There were attempts to introduce protocols so that only one person spoke at a time but this never worked. I do recall that the only VC that*



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*worked well was the Urology MDT because only one person was permitted to speak at a time and this was adhered to.*

*(iv) Initially there were two locations in DHH for VC and there was competition for access. In 2011 I got VC access to a laptop but it was frequently problematic and I had great difficulty connecting to anywhere except the Urology MDT. However, even this failed from time to time.*

*(v) The biggest problem was that official meetings are no substitute for soft intelligence and opportunistic access to managers. I was aware that a lot of business is done on the way to a meeting or in a huddle outside after the meeting. This is what I really missed when the management left DHH: the opportunity for casual exchange of ideas and concerns was lost.*

3. At paragraph 5.2 (WIT-17515) I have stated 'March 2011 – March 2016.' This should state 'March 2011 – 12.12.2011.' I would also like to add the following paragraph after paragraph 5.2:

- *12.12.2011 – 31.03.2016. Clinical Director for General surgery DHH and Urology in CAH. I have been unable to find supporting documentation and I do not have a clear recollection of exactly when my role changed to include Urology. Following discussion with my legal team, I spoke to Sam Hall on the telephone, and it is his recollection that when he took over from Samantha Sloan that he took over responsibility for ENT and I became responsible for Urology.*

4. Paragraph 6.4 (WIT-17516) should be amended to:

*6.4. September 2010 – February 2011. Lead Clinician, but de facto CD, for General Surgery DHH and ENT in CAH, (not including Urology) SHSCT. I worked with Samantha Sloan. ~~and Sam Hall, (CD for Urology).~~ Ms Samantha Sloan was appointed CD for Urology on 01.09.2010, Appendix 3, and was replaced by Mr Sam Hall on 12.12.2011. I also worked with Simon Gibson and, from **October 2009**, Heather Trouton, Assistant Director (AD). ). ~~I don't know exactly when Heather Trouton replaced Simon Gibson but it was around the middle to end of April 2010 because I remember that it was at the time of~~*



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~~the Icelandic, volcanic ash cloud.~~ I reported to Eamon Mackle, (AMD). My responsibilities included operational management, performance, recruitment, governance, job-planning, appraisal and medical education.

5. Paragraph 6.5 (WIT-17516-17517) should state as follows:

6.5 March 2011 – 12.12.2011. Clinical Director for General surgery DHH and ENT in CAH (not including Urology). I worked alongside Samantha Sloan and later Sam Hall, (CD for Urology). Ms Samantha Sloan was appointed CD for Urology on 01.09.2010 and was replaced by Mr Sam Hall on 12.12.2011. I also worked with Simon Gibson (AD) and, from October 2009, Heather Trouton (AD). I reported to Eamon Mackle (AMD) Appendix 2. My responsibilities included operational management, performance, recruitment, governance, job-planning, appraisal and education.

6. I would like to add the following two paragraphs after paragraph 6.5 (WIT17516-17517):

6.6. 12.12.2011- 31.03.2016. **Clinical Director** for General surgery DHH and Urology in CAH. I have been unable to find supporting documentation and I do not have a clear recollection of exactly when my role changed to include Urology. Following discussion with my legal team, I spoke to Sam Hall on the telephone, and it is his recollection that when he took over from Samantha Sloan that he took over responsibility for ENT and I became responsible for Urology.

6.7. In short summary I was CD for Urology from January 2008 until March 2016 apart from the period from September 2010 to November 2011, when Samantha Sloan was CD for Urology.

7. At paragraph 7.1 (WIT-17518), I have stated 'I had clinical managerial responsibility for Urology from 01.01.08 – 31.08.2010 as CD for SEC.' This should state 'I had clinical managerial responsibility for Urology from 01.01.08 – 31.03.2016 **(excluding the period from September 2010 to November 2011)** as CD for SEC.'

8. At paragraph 19.1 (WIT-17524), I have stated 'I have had minimal, managerial involvement in the Urology unit for nearly 12 years, so I am not very familiar with these issues.' This sentence should be removed and replaced with 'As I was located in Daisy Hill



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*hospital, I had only very limited understanding of the changing staffing arrangements in in the Urology.'*

9. I would like to amend paragraph 20.1 (WIT-17524) to the following:

20.1. I had clinical engagement with the Urology service from 1993 to 2017. I provided a basic, and mainly diagnostic, urological service in DHH and I referred a lot of patients to the CAH Urology department. I observed the department develop from a single-handed consultant (Aidan O'Brien) to a team of six or seven consultants (I'm not sure exactly) and a complement of junior staff and trainees. During the **first** period from 2008-2010 when I was CD, I think that the number of consultants increased to three. I know that there was Aidan O'Brien and Michael Young, but I am not completely sure if there was a third or of the name. **During the second period from 2011-2016 there were several consultant appointments, several resignations and a number of temporary locums. There was also an expansion of the middle tier.** ~~There may have been other staff who were appointed resigned or replaced during my tenure, but I have no accurate recollection of precisely when staff came or left. The Trust could provide information on dates of appointments and resignations. Again I think Michael Young (Lead Urologist), Martina Corrigan (HOS) or Heather Trouton (AD) would be able to provide information on staffing.~~

10. At paragraph 21.1 (WIT-17525), I have stated '*I was CD for SEC (Including Urology) for 2 years and 9 months from 01.01.2008 to 31.08.2010 and CD for DHH (not including Urology) from 01.09.1010 to 31/03/2016.*' This should state '*I was CD for SEC (Including Urology) for 2 years and 9 months from 01.01.2008 to 31.08.2010 and **subsequently CD for DHH and Urology from November 2011 to March 2016.***'

11. At paragraph 24.1 (WIT-17526), I have stated '*There were two occasions when concerns were raised with me. On both of these occasions I wasn't CD for Urology, though I think that we probably all worked together and didn't apply rigid boundaries. In the first instance, as set out in paragraph 24.2, the CD was Ms Samantha Sloan. In the second instance, as set out in paragraph 24.3, the CD was Mr Sam Hall.*' This should state '*There were two occasions when concerns were raised with me. In the first instance, as set out in paragraph 24.2, the CD was Ms Samantha Sloan. In the second instance, as set out in paragraph 24, **I was CD for Urology.***'



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12. At paragraph 24.3 (WIT-17526), I have stated 'On a second occasion, in June or July 2013, Heather Trouton (AD) asked me to speak to Mr O'Brien regarding his practice of taking patient's charts home.' This should state 'On a second occasion, in June or July 2013, **Deborah Burns (DAS) or** Heather Trouton (AD) asked me to speak to Mr O'Brien regarding his practice of taking patient's charts home.'

13. Paragraph 30.1 (WIT-1729-17530), should be amended to the following:

30.1. During my tenure the AMD was Eamon Mackle, the Head of Service was Martina Corrigan and the Assistant directors were Simon Gibson followed by Heather Trouton. ~~I don't know exactly when Heather Trouton replaced Simon Gibson, as set out in paragraph 6.4.~~ It was my experience that the urologists worked very well together and with me. I was not aware of any difficulties interacting with me or any of the clinical or non-clinical managers, **apart from Mr Mackle. See additional paragraph 30.2.** Any management interaction I had with the Urologists, and for which I have some recollection, was always very professional – please see paragraphs, 24.2, 24.3 and 53.1. I do clearly recall a lot of interaction with the urologists when I was employed as a locum in the urology department from 01.09.2016 to 31.03.2017 and it was always amicable. I saw the urologists interact with each other and with Martina Corrigan, Head of Service, and on all occasions the conversations were very professional.

14. I would like to add the following paragraph after 30.1 (WIT-17530):

30.2. Mr Mackle stated in his evidence that he was accused of bullying and harassment by Mr O'Brien. Whilst I would not question the factual accuracy of his evidence, I cannot recall ever knowing about it. I do now recall that there was a period of time when Mr Mackle was not on good terms with Mr O'Brien. I think this was around 2012 but I have nothing on record to confirm. I know that Mr Mackle and Mr O'Brien had been engaged in some difficult negotiations. The two things that I recall related to his job-plan and his outpatient New/Review ratio. I recall that Mr O'Brien had a job-plan for more than 15 PAs. There was a push at that time to get all job-plans down to 12 PAs or less in keeping with European Working Time Regulations (EWTR). I remember being impressed by Mr Mackle's achievement, as a similar situation with one of my consultants in the legacy DHH Trust proved much more difficult to resolve. I was previously unaware of the facilitation carried out by Dr Murphy. I do remember Mr Mackle telling me that Mr O'Brien had so many review patients at his clinics that there were very few remaining slots for new patients. The





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*Service Based Agreements agreed with the Department of Health (DoH) related to quantities and access times for new outpatients and elective access. There were no access targets for outpatient review patients. I was not party to any of the negotiations with the DoH or subsequently with the Urology team. I do not know if it was one of these two issues or something else which led to disagreement between Mr Mackle and Mr O'Brien. I only recall that Mr Mackle did stop engaging directly with Mr O'Brien but I do not recollect that he had any issues with anyone else in Urology.*

15. Paragraph 31.2 (WIT-17530) should be amended to the following:

*31.2 ~~I was CD for Urology from 01.01.2008 to 31.08.2010. My~~ **As CD my** responsibilities included operational management, performance, recruitment, governance, job-planning appraisal and medical education. As outlined in paragraph 1.2, I was unable to have complete managerial oversight of all of these responsibilities **in Urology in** CAH. Apart from the issues already outlined in my answers to question 24, I do not recall any other issues relating to governance in the Urology service.*

16. Paragraph 33.1 (WIT-17531) should be amended to the following:

*33.1. Governance was part of the role of all the clinical and non-clinical managers supported by the Medical Director, the Director of Acute Services and a number of departments in the Trust. Given my remote location, I had very little day to day oversight of governance in the Urology service. ~~, when I was CD from 01.01.2008 — 31.08.2010. I was aware that the consultants engaged in the Morbidity and Mortality (M&M) meetings and were subject to yearly appraisal. Other governance processes such as Incident reporting, MDMs and mandatory training were just being developed during my tenure. Governance arrangements have developed considerably since 2010~~ **inception of the Trust** and ~~continue involved in reviewing IR1s (Incident Reports). I was never involved in reviewing complaints. Urology MDM's started on 01.04.2010. Mandatory training was introduced on 24/11/2009. Appendix 25. Mandatory training modules are added from time to time. I have appended my most recent training passport as an example, Appendix 26. to do so. Morbidity and mortality processes were in place at inception of the Trust. Incident reporting was introduced in January 2009 Appendix 18. I was never involved in reviewing IR1s (Incident Reports).~~ **I was never involved in reviewing complaints.** Urology MDM's started*



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on 01.04.2010. Mandatory training was introduced on 24/11/2009. Appendix 25. Mandatory training modules are added from time to time. I have appended my most recent training passport as an example, Appendix 26.

17. I would like to include the following sentence at the end of paragraph 46.1 (WIT-17540):

*After 12.12.2011, I was again CD for Urology but, as I was located in Daisy Hill, most of my interaction with management related to General Surgery.*

18. At paragraph 47.2 (WIT-17540), I have stated 'The Medical Director was Patrick Loughran. I attended meetings which included the medical director.' This should state 'The Medical Directors **were Patrick Loughran followed by John Simpson and Ahmad Khan.**'

19. At paragraph 47.3 (WIT-17540), I have stated 'The Director of Acute Services was Jim McCall followed by Joy Youart followed by Dr Gillian Rankin.' This should state 'The Director of Acute Services was Jim McCall followed by Joy Youart, Gillian Rankin, Deborah Burns and Ester Gishkori.'

19. At paragraph 47.6 (WIT-17541), I want to add the following sentences to the end of the paragraph:

*Most of my interaction with Martina Corrigan and Heather Trouton, in respect of Urology, related to performance, targets and waiting times. A lot of basic Urology was shifted, with my approval, from Craigavon to Daisy Hill. This was the dominant conversation in my email interactions. At one point in 2013 it was suggested that I should, temporarily, do only elective Urology. I don't recall if I ever agreed to that but I do remember being uncomfortable with it.*

20. At paragraph 47.7 (WIT-17542), I have stated 'The Consultant Urologists were Aidan O'Brien, Michael Young and Mehmood Akhtar.' I would like to remove 'were Aidan O'Brien, Michael Young and Mehmood Akhtar.' from this sentence.

21. At paragraph 48e.1 (WIT-17544), I have stated 'Perhaps or Heather Trouton (AD) would know.' This should state 'Perhaps **Martina Corrigan** or Heather Trouton (AD) would know.'

22. At paragraph 52.1 (WIT-17547), I have stated 'I met him twice after that in regard to management issues as referred to at paragraphs 24.1-3.' This should state 'I met him twice





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between 2011 and 2016 in regard to management issues as referred to at paragraphs 24.1-3.'

23. At paragraph 53.1 (WIT-17547), I have stated 'I was involved in the completion of the team job-plans for the five urology consultant jobs in 2013, Appendix 19.' This should state 'I was involved in the completion of the team job-plans for the five urology consultant jobs in 2012 - 2013, Appendix 19.'

24. At paragraph 53.3 (WIT-17548), I have stated 'I don't recall any meetings with Aidan O'Brien to negotiate his job-plan. From my recollection, this had all been done in advance of my engagement by Michael Young.' This sentence should be removed and replaced with 'I do now recall meeting with Aidan O'Brien at that time but to my recollection it was amicable.'

25. At paragraph 55.3 (WIT-17550), I have stated 'Sometime in June/July 2013 Heather Trouton asked me in person to speak to Mr O'Brien about his practice of taking charts home to his house.' This should state 'Sometime in June/July 2013 Heather Trouton or Deborah Burns asked me in person to speak to Mr O'Brien about his practice of taking charts home to his house.' I have also stated 'To my knowledge I reported back to Heather Trouton verbally, either in person or by telephone.' This should state 'To my knowledge I reported back to Heather Trouton or Deborah Burns verbally, either in person or by telephone.'

26. At paragraph 60.2 (WIT-17553), the last sentence which states 'At that time my CD role did not include Urology so, if there were on-going issues they may have been referred to one of the other clinical managers, Sam Hall (CD) or Eamon Mackle (AMD), but I don't know if that was the case.' should be removed.

27. At paragraph 63.1 (WIT-17555) should be amended to the following:

63.1. I was not aware of any concerns about Mr O'Brien and I did not raise concerns about Mr O'Brien's conduct or performance during my tenure as CD for Urology, ~~01/08/2020—31/08/2010~~. I was not aware of any concerns ~~thereafter~~, apart from those raised with me and addressed please see paragraphs 24.2, 24.3 and 55.2 and 55.3.

28. At paragraph 69.1 (WIT-17557), I have stated 'I was CD for Urology from 01.01.2008 to 31.08.2010, and I assisted with the job-planning process in 2013, as described in my



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answer to question 53.' This should state 'I was CD for Urology from 01.01.2008 to 31.08.2010, **and again from 12.12.2011 to 31.03.2016**. I assisted with the job-planning process in 2013, as described in my answer to question 53.'

29. At paragraph 69.3 (WIT-17558), I have stated 'I was CD for the whole of SEC (including Urology), across two hospital sites, from 01.08.2008 to 31.08.2010, and based in DHH.' I would like to add the following sentence 'I was CD for General Surgery in DHH and for Urology in CAH from 12.12.2011 to 31.03.2016.'

30. At paragraph 70.3 (WIT-17559), I have stated 'During my tenure as CD for Urology, 01.01.2008 – 31.08.2010, I don't recall any governance issues arising or being brought to my attention.' This should state 'During my tenure as CD for Urology, ~~01.01.2008 – 31.08.2010~~, I don't recall any **other** governance issues arising or being brought to my attention.'

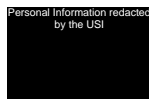
31. At paragraph 71.1 (WIT-17559), I would like to add the following sentence to the end of the paragraph:

*Even after that there were still only 2 CD's for the whole of SEC.*

### **Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed:



Date: 20.09.2023