Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
T: 02890 251005 | E: info@usi.org.uk | W: www.urologyservicesinquiry.org.uk

Stephen McNally
C/O
Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

29 April 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust

Provision of a Section 21 Notice requiring the provision of evidence in the form of a written statement

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

Issued by the Urology Services Inquiry on 29 April 2022. Annotated by the Urology Services Inquiry.

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

Issued by the Urology Services Inquiry on 29 April 2022. Annotated by the Urology Services Inquiry.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

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

Issued by the Urology Services Inquiry on 29 April 2022. Annotated by the Urology Services Inquiry.

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 48 of 2022]

pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

Stephen McNally
C/O
Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

Issued by the Urology Services Inquiry on 29 April 2022. Annotated by the Urology Services Inquiry.

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.

2. The Notice requires you to do the acts set out in the body of the Notice.

3. You should read this Notice carefully and consult a solicitor as soon as possible about it.

4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.

5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 10th June 2022.**

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 3rd June 2022**.

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 29th April 2022

Signed: Personal Information redacted by USI

Christine Smith QC
Chair of Urology Services Inquiry

Urology Services Inquiry

SCHEDULE
[No 48 of 2022]

General

1. Having regard to the Terms of Reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, inter alia, 'Maintaining High Professional Standards in the Modern HPSS' ('MHPS Framework') and the Trust's investigation. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.

2. Provide any and all documents within your custody or under your control relating to paragraph (e) of the Terms of Reference except where those documents have been previously provided to the Inquiry by the SHSCT. Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to contact the Trust's legal advisors or, if you prefer, you may contact the Inquiry.

3. Unless you have specifically addressed the issues in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. When answering the questions set out below you will need to equip yourself with a copy of *Maintaining High Professional Standards in the Modern*

HPSS' framework ('MHPS') and the '*Trust Guidelines for Handling Concerns about Doctors' and Dentists' Performance' ('Trust Guidelines'),*

Policies and Procedures for Handling Concerns

4. In your role as a Chief Executive what, if any, training or guidance did you receive with regard to:

    I. The MHPS framework;
    II. The Trust Guidelines; and
    III. The handling of performance concerns generally.

5. With regard to Section VI paragraph 1 of MHPS, outline the training, guidance or support provided by the Trust during your time as Chief Executive for the handling of concerns and implementation of the MHPS Framework to those with specific roles under MHPS and the 2010 Guidelines. Your answer should address the training provided to;

    I. Clinical Managers
    II. Case Managers
    III. Case Investigators
    IV. Chief Executives
    V. Designated Board Members
    VI. HR Staff

6. What procedures or processes existed within the SHSCT to ensure that concerns were raised, registered or escalated to the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines.

7. With regard to Section I paragraph 29 of the MHPS framework, what processes or procedures existed within the Trust to provide a clear audit route for initiating and tracking the progress of investigations, their costs and resulting actions? Who was responsible for ensuring such processes were in place and what role, if any, did you have as the Chief Executive in relation to these matters?

8. Outline how you understood the role of Chief Executive was to relate to and engage with the following individuals under the MHPS Framework and the Trust Guidelines:

    I. Clinical Manager;
    II. Case Manager;
    III. Case Investigator;
    IV. Medical Director;
    V. Service Director;
    VI. HR Director;
    VII. Designated Board member,
    VIII. The clinician who is the subject of the investigation; and
    IX. Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.

Handling of Concerns relating to Mr O'Brien

9. In respect of concerns relating to the practice of Mr Aidan O'Brien which resulted in a formal investigation under MHPS and the Trust Guidelines:

    I. Were you as Chief Executive made aware of the concerns?
    II. If so, confirm when and in what manner the concerns were raised, registered or escalated to the Chief Executive as required by Section I paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines?
    III. On being informed of these concerns, what action did you take?
    IV. If you were not aware of the concerns, outline who in the Trust would have been responsible for bringing this matter to your attention.

10. Section I paragraph 37 of MHPS sets out a series of timescales for the completion of investigations by the Case Investigator and comments from the Practitioner. From your perspective as Case Manager, what is your understanding of the factors which contributed to any delays with regard to the following:

I. The conduct of the investigation;
II. The preparation of the investigator's report;
III. The provision of comments by Mr O'Brien; and
IV. The making of the determination by the Case Manager.

Outline and provide all documentation relating to any interaction which you had with any of the following individuals with regard to any delays relating to matters (I) – (IV) above, and in so doing, outline any steps taken by you in order to prevent or reduce delay:

i. Case Investigator;
ii. Designated Board member;
iii. the HR Case Manager;
iv. Mr Aidan O'Brien; and
v. Any other relevant person under the MHPS framework and the Trust Guidelines.

11. Outline what steps, if any, you took during the MHPS investigation, and outline the extent to which you were kept appraised of developments during the MHPS investigation?

12. Confirm when precisely you left your role as Chief Executive and who replaced you in that role? Did you provide a handover to that individual regarding any issues of concern relating to Mr O'Brien specifically, or the MHPS investigation more generally? If so, what form did that handover take and outline the information you provided as part of this handover. Refer to or disclose copies of any documentation which may have formed part of the handover or confirm that no such documentation exists.

Implementation and Effectiveness of MHPS

13. Having regard to your experience as Chief Executive, in relation to the investigation into the performance of Mr Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust Guidelines both generally, and specifically as regards the case of Mr O'Brien?

14. To what extent were you able to effectively discharge your role under MHPS and the Trust Guidelines in the extant systems within the Trust? What obstacles did you encounter when performing this role and what, if anything, could be done to strengthen or enhance that role?

15. Having had the opportunity to reflect, outline whether in your view the MHPS process have been better used in order to address the problems which were found to have existed in connection with the practice of Mr. O'Brien.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Urology Services Inquiry

USI Ref: Section 21 Notice No.48 of 2022

Date of Notice: 29 April 2022

Witness Statement of: Stephen McNally, Retired Accountant

I, Stephen McNally, will say as follows:-

General

1. **Having regard to the terms of reference of the Urology Services Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of sub-paragraph (e) of those Terms of Reference concerning, inter alia, 'Maintaining High Professional Standards in the Modern HPSS' ('MHPS Framework') and the Trust's investigation. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the Inquiry if you would provide this narrative in numbered paragraphs and in chronological order using the form provided.**

1.1. I understand from the Inquiry's Terms of Reference that it is reviewing the implementation of the MHPS by the Trust in relation to the investigation about Mr O'Brien in order to determine whether the application of this Policy by the Trust was effective and to make recommendations, if required, to strengthen the Policy.

1.2. My involvement in the MHPS process has been set out in my witness statement in response to my first Section 21 Notice (No.14 of 2022). I now refer to and rely upon that statement, and in particular my answer to Question 1 of it, in answer to this question.

1.3. By way of very brief summary, and without quoting the entirety of the relevant parts of my first statement, I offer the following:

1.3.1. My involvement in the process was limited.

1.3.2. The process began before I was Acting Chief Executive.

1.3.3. Mr O'Brien was both excluded from practice, and clearer to return to practice (subject to supervision etc.), before I started acting up.

1.3.4. The Oversight Committee became involved in the matter prior to my period acting up.

1.3.5. The Case Manager and Case Investigator under MHPS had each been appointed prior to my first period as Acting Chief Executive.

1.3.6. I received the briefing at Trust Board on 27 January 2017 that is described in more detail in my first witness statement.

1.3.7. I believe that, at some point during my first stint as Acting Chief Executive, I was made aware that the original Case Investigator had been substituted.

1.4. On reflection, and whilst I note that the Guidelines at paragraph 2.10 of the Trust Guidelines for Handling Concerns and Doctors' and Dentists' Performance dated 23 September 2010 located at TRU-83685- TRU 32702 appear to suggest that the designated Non-Executive Director's role includes a responsibility 'to oversee the case to ensure momentum is maintained', I would acknowledge that I could have taken a more proactive approach and made enquiries about the progress of the matter whilst I remained acting up. As to whether this would have made any positive difference, that would seem

to be a matter for the Inquiry (equipped with knowledge far beyond my own), rather than me, to consider.

2. **Provide any and all documents within your custody or under your control relating to paragraph (e) of the Terms of Reference except where those documents have been previously provided to the Inquiry by the SHSCT. Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to question 1 or to the questions set out below. If you are in any doubt about the documents previously provided by the SHSCT you may wish to contact the Trust's legal advisors or, if you prefer you may contact the Inquiry.**

2.1. As indicated in my first witness statement in response to my first Section 21 Notice (No.14 of 2022), I retain no documents from my time in the Trust. Any relevant documents to which I have had access in the course of this Inquiry are attached to and/or referenced in my first witness statement.

3. **Unless you have specifically addressed the issue in your reply to Question 1 above, answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are any questions that that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. When answering the questions set out below you will need to equip yourself with a copy of Maintaining High Professional Standards in the Modern HPSS framework ('MHPS') and the 'Trust Guidelines for handling Concerns about Doctors' and Dentists' Performance ('Trust Guidelines')**

Urology Services Inquiry

Policies and Procedures for Handling Concerns

4. **In your role as a Chief Executive what, if any , training or guidance did you receive with regard to:**
   - **(I) The MHPS framework;**
   - **(II) The Trust Guidelines;**
   - **(III) and The handling of performance concerns generally.**

4.1. Reading the MHPS and Guideline documents in the course of preparing this response (and my response to No.14 of 2022) jogged my memory to the extent that I recall being talked through each document by someone at approximately the time of the 27 January 2017 meeting referenced at Question 1 of my response to No.14 of 2022. My recollection is that this was done by Ms Toal (HR Director) in her office and that it took no longer than approximately 1 hour. I do not recall training or guidance on handling concerns generally.

5. **With regard to Section VI paragraph 1 of MHPS, outline the training, guidance or support provided by the Trust during your time as Chief Executive for the handling of concerns and implementation of the MHPS framework to those with specific roles under MHPS and the 2010 Guidelines. Your answer should address the training provided to;**
   - **(I) Clinical Managers**
   - **(II) Case Managers**
   - **(III) Case Investigators**
   - **(IV) Chief Executives**
   - **(V) Designated Board Members**
   - **(VI) HR Staff**

5.1. I am not aware of any such training, guidance or support other than (a) what I have mentioned in response to Question 4 and (b) an observation that the

Guidelines themselves appear to be an attempt by the Trust to guide or assist staff with the MHPS process.

6. **What procedures or processes existed within the SHSCT to ensure that concerns were raised, registered or escalated to the Chief Executive as required by Section 1 paragraph 8 of MHPS and paragraph 2.3 of the Trust guidelines.**

6.1. At a general level (and without focussing on MHPS), the Trust had established procedures and processes raising, registering, and escalating concerns to the Chief Executive and general governance matters (not related to urology) were escalated to me during my tenure (see, for example, my response to Questions 12, 26 and 30 of Notice No.14 of 2022). I was not aware and have no knowledge that the process or procedure for concerns arising under MHPS was different.

6.2. I also note, on reading the Guidelines in the context of preparation of my witness statements, that they give direction to staff on raising issues with the Chief Executive – see, e.g., paragraphs 2.3 and 2.9 of the Guidelines and the various helpful flowcharts such as those in Appendices 1, 3, 3a, and 5. It may be that the Mr O'Brien concerns were drawn to my predecessor's attention through reliance on, e.g., paragraph 2.3 of the Guidelines. I simply cannot be sure and other people would be better placed to address this issue.

6.3. I would also acknowledge that it is quite possible that there were other relevant procedures or processes relevant to this question of which I am unaware.

7. With regard to Section I paragraph 29 of the MHPS framework, what processes or procedures existed within the Trust to provide a clear audit route for initiating and tracking the progress of investigations, their cost and resulting actions? Who was responsible for ensuring such processes were in place and what role, if any, did you as the Chief Executive in relation to these matters?

7.1. I am not aware of the relevant processes or procedures and was not involved in putting any such processes or procedures in place.

7.2. I have already noted the flowcharts in the Guidelines and the reference in paragraph 2.10 to the designated Non-Executive Director's role in ensuring momentum is maintained in the process. I also accept that the Chief Executive has an overall responsibility for ensuring all systems necessary to run the Trust are in place and that, on reflection, I could have adopted a more proactive approach during each of my spells as Acting Chief Executive and made enquiries into the progress of the MHPS matter.

7.3. I should also say that I was aware that the Trust used a computerised system called 'Datix' to provide an audit route for initiating and tracking all incidents and distributing learning. I believe this was managed by the Assistant Director for Clinical Governance and Social Care, Mrs Marshall. I do not know if this was used in any way to track incidents giving rise to MHPS investigations.

8. Outline how you understand the role of the Chief Executive was to relate to and engage with the following individuals under the MHPS Framework and the Trust Guidelines:

(I) Clinical Manager;

(II) **Case Manager;**

(III) **Case Investigator;**

(IV) **Medical Director:**

(V) **Service Director;**

(VI) **HR Director;**

(VII) **Designated Board Member;**

(VIII) **The clinician who is the subject of the investigation; and**

(IX) **Any other relevant person under the MHPS framework and the Trust Guidelines, including any external person(s) or bodies.**

8.1. I have no memory of having any understanding of my role vis-à-vis this other persons or bodies beyond that outlined in the MHPS document and the related Trust Guidelines.

Handling of Concerns relating to Mr O'Brien

9. **In respect of concerns relating to the practice of Mr Aidan O'Brien which resulted in a formal investigation under MHPS and the Trust Guidelines:**

(I) **Were you as Chief Executive made aware of the concerns?**

(II) **If so, confirm when and in what manner the concerns were raised, registered or escalated to the Chief Executive as required by Section 1 paragraph 8 of MHPS and paragraph 2.3 of the Trust Guidelines?**

(III) **On being informed of these concerns, what action did you take?**

(IV) **If you were not aware of concerns, outline who in the Trust would have been responsible for bringing this matter to your attention.**

9.1. I was not acting as Chief Executive at the time concerns were raised about Mr O'Brien. I believe that my predecessor Mr Rice was Interim Chief Executive at the relevant time. He would be better placed to answer this question.

Urology Services Inquiry

10. Section I paragraph 37 of MHPS sets out a series of timescales for the completion of investigations by the Case Investigator and comments from the Practitioner. From your perspective as Case Manager, what is your understanding of the factors which contributed to any delays with regard to the following:

(I) The Conduct of the investigation;
(II) The preparation of the investigator's report;
(III) The provision of comments by Mr O'Brien;
(IV) The making of a determination by the Case Manager.

Outline and provide all documentation relating to any interaction which you had with any of the following individuals with regard to any delays relating to matters (I) – (IV) above, and in so doing, outline any steps taken by you in order to prevent or reduce delay:

i. Case Investigator;
ii. Designated Board member;
iii. the HR Case Manager;
iv. Mr Aidan O'Brien; and
v. any other relevant person under the MHPS framework and the Trust Guidelines.

10.1. I was not the Case Manager.

10.2. I do not in any event know what led to the MHPS process taking as long as it did. I expect there were multiple reasons including the number of persons who had to be spoken to, the number of documents that had to be

considered, the process of engagement with Mr O'Brien, all against a backdrop where the majority of persons involved had significant clinical and/or operational responsibilities which had to be managed as well.

10.3. As indicated above, I acknowledge that, during my tenure as Acting Chief Executive, I could have been more proactive than I was and enquired regarding the progress of the matter and the reasons as to why it was taking the time that it did. I do not know whether, if I had done this, it would have made a difference.

11. Outline what steps, if any, you took during the MHPS investigation, and outline the extent to which you were kept appraised of developments during the MHPS investigation?

11.1. As indicated previously, I took no steps. I understand that I was alerted to the investigation and appraised of at least 1 development (the substitution of Case Investigator) from December 2016 / January 2017 (see Question 1 of my response to Notice No.14 of 2022 and, in particular, paragraphs 1.5 to 1.10).

12. Confirm when precisely you left your role as Chief Executive and who replaced you in that role. Did you provide a handover to that individual regarding any issues of concern relating to Mr O'Brien specifically, or the MHPS investigation more generally? If so, what form did the handover take and outline the information you provided as part of the handover. Refer to or disclose copies of any documentation which may have formed part of the handover or confirm that no such documentation exists.

12.1. I left the role on 8 July 2017, returning to it from 15 November 2017 until 17 March 2017. I do not believe that I discussed any aspect of the case in my handover to Mr Devlin.

12.2. As indicated in my statement in response to Notice No.14 of 2022 (at Question 116), the investigation had not concluded at the date of Mr Devlin's arrival, it was not something I was working on at or around the time of the handover, and I thought Mr Devlin would be given the investigation's results in due course once they became available. These factors may have led to me not considering it a matter which I needed to draw to his attention. In any event, I. acknowledge that I nonetheless ought to have done so.

Implementation and effectiveness of MHPS

13. Having regard to your experience as Chief Executive, in relation to the investigation into the performance of Mr Aidan O'Brien, what impression have you formed of the implementation and effectiveness of MHPS and the Trust guidelines both generally, and specifically as regards the case of Mr O'Brien?

13.1. My impression during my period of tenure was that the MHPS matter was progressing. I believe that I was not concerned about the time being taken because I was aware that there was a look-back exercise ongoing in respect of a number of patients with arrangements were being made for serious adverse incident reviews and that there were likely to be issues regarding the availability of clinical colleagues, e.g., to carry out reviews. I also knew that the case investigator had been changed. As indicated earlier, I had no experience of these investigations and, rightly or wrongly, thought that they took the time that was reasonably necessary to establish the facts and arrive at an understanding of the issues.

14. To what extent were you able to effectively discharge your role under the MHPS and the Trust Guidelines in the extant systems within the Trust? What obstacles did you encounter when performing this role and what, if anything, could be done to Strengthen or enhance that role.

14.1. I believe I was able to do the very little that was required of me under the MHPS and the Guidelines effectively. It was, during my tenure, effectively receiving information. I did not encounter any obstacles in my way. My few thoughts on possible improvement or change are in the next answer.

15. Having had the opportunity to reflect, outline whether in your view the MHPS process have been better used in order to address the problems which were found to have existed in connection with the practice of Mr O'Brien.

15.1. As indicated above, I do not know whether a more proactive approach from me (enquiring into the progress of the matter and/or the reasons for the length of time it was taking) would have made any difference. I do think that it might have assisted me if the MHPS and/or the Guidelines set out in clearer terms a supervisory role for the Chief Executive.

15.2. I also wonder whether clearer provision in the MHPS and/or the Guidance could have prevented the initial appointment of a Case Investigator who was later considered to be inappropriate.

15.3. The key element of the Trust's control systems is that, when identified, a problem should be rectified as quickly as is possible and as close as possible to the point of origin. I wonder whether the lookback exercise may have been conducted sooner without the MHPS process.

Personal Information redacted by USI

15th JUNE 2022

Personal Information redacted by USI

15/06/2022