Roberta Brownlee

6 October 2022

BY EMAIL: [redacted] Personal Information redacted by the USI

Dear Madam,

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 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 may be 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/or has not been provided to us to date, then we would ask that this is also provided with this response.

You will also note several references to documents referenced, but not attached to this Notice (e.g. at Para's 40, 41, 42, 44 45 etc.). These documents are Inquiry 'BATES Referenced' documents. BATES referencing is the Inquiry's pagination system whereby the source of the document is recorded and a number attributed to the document depending on the order in which it was received e.g. TRU 130822, which is a Trust source document and is the 130,822nd page of documents received from the Trust. Please speak to your legal advisor concerning these documents.

If it would assist you, I am happy to meet with you and/or your 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.

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 the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

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

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

Chair's Notice

[No 105 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:

Roberta Brownlee

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 15th November 2022.**

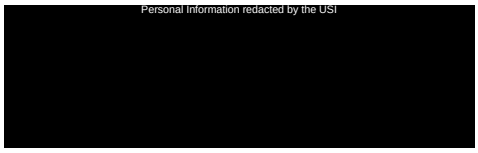
APPLICATION TO VARY OR REVOKE THE NOTICE

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 8th November 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 6th October 2022

Signed: 

Christine Smith QC

Chair of Urology Services Inquiry

SCHEDULE
[No 105 of 2022]

Qualifications

1. Please set out all professional roles held by you and your qualifications.

Role

2. Please set out the dates of your tenure as Chair of the Southern Trust Board and your duties and responsibilities in that role.

Training

3. Who was responsible for (i) identifying, and (ii) organising training for Board members?

4. What, if any, training did Board members receive during your tenure? Please provide all dates and an outline of the purpose and nature of the training received.

5. What, if any, training did you receive to assist you in carrying out your role as Chair of the Board?

6. Do you consider that the training provided to (i) you and (ii) other Board members was adequate in enabling you to properly fulfill your roles? Please explain your answer by way of examples, as appropriate.

Board

7. Please set out the frequency and duration of your engagement, and if different, the Board's engagement, whether formal or informal, with senior members of the Trust's management team, including the Chief Executive. Please provide notes and minutes of any of these engagements involving urology or Mr. O'Brien.

8. How is the Board informed of concerns regarding patient safety and risk?

9. Please explain your specific role as Chair in assuring yourself and the Board that the clinical governance systems in place are adequate.

10. How do you ensure that the Board is appraised of both serious concerns as well as current Trust performance against applicable standards of clinical care and safety? What is your view of the efficacy of these systems?

11. During your tenure, how did the Board assure the HSCB and the Department of Health that the governance structures in place are effective (or otherwise)? Please provide examples.

12. How did the Board assure itself regarding governance issues (i) throughout the Trust generally and (ii) within urology services in particular?

13. How did the Board monitor and quality assure the governance actions and action plans of the Trust? If possible, please illustrate your answer by reference to examples of Board monitoring and quality assurance throughout the Trust and most particularly within urology?

14. What were the lines of management providing information on governance issues to the Board? How did this information reach the Board? What, if anything, was in place to bring governance concerns to the Board on an urgent basis?

15. Is the Board appraised of those departments within the Trust which are performing exceptionally well or exceptionally poorly and how is this done? Is there a committee which is responsible for overseeing performance, where does it sit in the managerial structure and hierarchy and how does the Trust Board gain sight of these matters?

16. What was the Board's attitude to risk and risk management? What processes were in place to assist the Board in identifying and responding to risks related to clinical concerns and patient safety?

17. Who provided information on governance issues to the Board? How did this information escalate to the Board? Please answer by way of examples, particularly in relation to urology. Please also attach all documents relevant to your answer.

18. How was this information recorded and communicated to the Board? How did the Board assure itself of the accuracy and completeness of this information?

19. What procedures and policies are in place to allow concerns around governance issues to be escalated to the Board as a matter of urgency? Please explain how these procedures and policies work in practice, providing examples, as relevant.

20. How, if at all, does the Board communicate with the Department regarding issues of patient safety and risk?

21. Are the issues of concern and risk identified in urology services of the type the Board would be expected to have been informed about at an early stage? Was the Board informed of concerns regarding urology, and Mr. O'Brien in particular, at the appropriate time? If not, what should have happened, when, and why did it not?

Urology services

22. Save for concerns in relation to Mr. O'Brien (which are addressed in questions below), please detail all concerns and issues brought to your attention and the Board's attention (if different) regarding the provision of urology services during your tenure. You should include all relevant details, including dates, names of informants, personnel involved and a description of the issues and concerns raised. Please also include all documents relevant to your answer.

23. Please set out in full what, if anything, was done to address the concerns raised.

24. How, if at all, did the Board monitor and evaluate any decisions or actions taken to address concerns?

25. Was it your view and the view of the Board that actions taken were effective? If yes, please explain why. If the actions taken were not effective, explain why, and outline what, if anything, was done subsequently?

Relationship and Contact with Mr. O'Brien

26. Outline the nature of your relationship and contact with Mr. O'Brien before and during your tenure as Chair of the Board, to include details of the nature and frequency of your interactions with him or his family, whether professional, personal, social or other.

27. Please provide full details of all contact, howsoever made, between you and Mr. O'Brien and/or any member of his family regarding or touching upon the issues of concern raised about him and his practice.

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

Board actions regarding urology and Mr. O'Brien

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

30. Please detail all subsequent occasions any concerns and issues regarding Mr. O'Brien were discussed by or with (i) you and (ii) the Board, to include the detail of those discussions, including dates and who those discussions were with.

31. Please provide all notes and minutes of any and all meetings, conversations and decisions made by (i) you and (ii) the Board regarding Mr. O'Brien and urology generally.

32. Were you/the Board made aware of any concerns raised by Mr. O'Brien? If so, what were those concerns? Were those concerns reflected in Board governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raised were not reflected in governance documents and raised in Board meetings relevant to governance, please explain why not.

33. How, if at all, were the concerns raised about Mr. O'Brien by others reflected in Board governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raised were neither reflected in governance documents nor raised in Board meetings relevant to governance, please explain why not.

34. What support was provided by the Board to urology staff and clinicians and specifically to Mr. O'Brien given the concerns identified by him and others? Did the Board engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.

Your involvement with issues concerning Mr. O'Brien and urology

35. Did you ever use your position as Chair to speak with any Trust staff members or fellow Board members on behalf of Mr. O'Brien for any reason? If yes, please provide full details and explain whether or not it is your view that you were advocating on behalf of Mr. O'Brien in these follow up meetings with Trust staff members and/or fellow Board members.

36. Throughout your tenure, did you ever question or challenge (i) clinical and/or (ii) operational management decisions regarding Mr. O'Brien for any reason? If yes, please provide full details, and explain why you became involved.

37. During your tenure, did you engage with Mr. O'Brien and/or his family after concerns were raised regarding his practice? If yes, provide full details, and explain why you became involved?

38. Do you consider that you took any steps on behalf of Mr. O'Brien or in connection with the concerns which had been expressed about his clinical practice, as a result of any prior relationship you held with him and/or his family, rather than as Chair of the Board?

39. Do you consider that any prior relationship which you may have held with Mr. O'Brien and/or his family, impacted in any way on the operational and clinical decisions taken by others in response to the concerns raised regarding his practice?

Information provided to the Inquiry

40. **Shane Devlin**, former Chief Executive to the Trust commissioned the HSC Leadership Centre to review the complete governance system within the Trust in 2019. At **WIT 00038** he states:

> *"It is important to note, and as articulated in the minutes of the Trust Board Workshop 27/2/2020 (appendix 14), I perceived that the Trust Chair, Roberta Brownlee, was annoyed with the way I had commissioned and managed the review. She felt that as Chief Executive I did not have the right to commission such a report as the management of the non-executive functions were not within my gift. You can note from the minutes that I agreed that we would move forward with the actions relating to clinical and social care governance only."*

Please comment on what Mr. Devlin says about you. With particular regard to the last sentence of that paragraph, how, if at all, were any proposals from the Chief Executive curtailed or not actioned, as a result of your alleged annoyance, or at all?

41. At **WIT 00095**, when asked whether he considered the Board operated efficiently and effectively and during his tenure, Mr. Devlin replies:

> *"One weakness, from a personal reflection, is that during my early tenure the relationships between me and the Chair, Roberta Brownlee (whose tenure ended in November 2020), were not as strong as they could have been. Outside of public Trust Board meetings we had clashed a small number of times on the difference between the roles of a Chief Executive and a Chair. In my opinion, given the lack of consistency of personnel in the Chief Executive post prior to my tenure, the Chair had understandably become more involved in the operational delivery of the Trust. As the new Chief Executive, I found her approach 'overreaching' and in many cases unhelpful. On reflection, I know that this imperfect relationship may have had an impact on the functioning of the Board and I know, through discussion, some members of SMT found the relationship with the Chair difficult at times. I have provided further understanding of this issue in question 69. In some cases I felt undermined by the Chair as she often chose to interact directly with the members of SMT outside of my knowledge."*

Please comment on what Mr. Devlin states in this paragraph indicating in which respect(s) you agree or disagree with it, and why? Please provide examples and all relevant details.

42. At **WIT 00095 – 00096**, when asked if Board meetings were conducted in an open and transparent manner, Mr. Devlin replies as follows:

> *Specifically with regards to Urology, during my tenure when items were brought to Trust Board I did not feel that the conversation was quite as open as with other topics. On reflection, I would question the total*

commitment of the Chair of the Trust to be totally open with regards to her willingness to criticise Urology and, specifically, Mr. O'Brien. At the confidential meeting of the Trust Board on the 22 October 2020, we tabled the details of the case so far and strongly debated the concerns with regards to Mr. O'Brien. I have included a section of the minutes below

> *"The Chair advised that Consultant A had written to herself in June 2020, the content of which she had shared with the Non Executive Directors in which Consultant A raised concerns at how the HR processes were being managed and requesting that his formal grievance and its included Appeal are addressed. The Chair was advised that this matter was being progressed through HR processes. The Chair also raised the fact that a number of different Urology Consultants had been in place over the years and asked why they had not raised concerns about Consultant A's practice and similarly, why had his PA not raised concerns regarding some delays in dictation of patient discharges. The Chair also asked should a GP not have recognised the prescribing of Bicalutamide as an issue?"*
>
> *I was left with the strong impression during the meeting that the Chair was advocating on behalf of Mr. O'Brien, a feeling which was shared and relayed to me by a number of SMT colleagues. It was common knowledge amongst the Trust Board and the SMT that the Chair had previously been a patient of Mr. O'Brien and that she was a personal friend. I felt aggrieved that the Chair had not declared a conflict of interest in the conversation at the Board meeting. I discussed my concerns with members of SMT and was considering what I should do. A few days later (I cannot recall the exact date as I did not note the time and date of the call) I received a telephone call from the Permanent Secretary, Richard Pengelly, asking whether I was aware of 'Craigavon Urology Research and Education – CURE'. I was not aware and advised him of this. He proceeded to explain to me that it was a charity that had been*

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

In light of the above from Mr. Devlin, please address the following:

(i) Please comment on Mr. Devlin's view that "*when items were brought to Trust Board [he] did not feel that the conversation was quite as open as with other topics,*" as a result, he suggests, of your personal friendship with Mr. O'Brien.

(ii) Please comment on Mr. Devlin's view that he "*would question the total commitment of the Chair of the Trust to be totally open with regards to her willingness to criticise Urology and, specifically, Mr. O'Brien*."

(iii) Please provide details of the correspondence to you from Mr. O'Brien in June 2020, including a copy of that correspondence. If you shared this correspondence with anyone, please provide full details of how and when you did so, who you shared it with including Board members (please name all), and provide details of any discussions or any other communications or

correspondence subsequent to this letter between you and Mr. O'Brien, or between you and any third party regarding his letter.

(iv) Please comment on Mr. Devlin's view that at the meeting of the 22 October 2020 he "*was left with the strong impression during the meeting that the Chair was advocating on behalf of Mr. O'Brien, a feeling which was shared and relayed to me by a number of SMT colleagues*."

(v) Please comment on Mr. Devlin's view that *"[i]t was common knowledge amongst the Trust Board and the SMT that the Chair had previously been a patient of Mr. O'Brien and that she was a personal friend. I felt aggrieved that the Chair had not declared a conflict of interest in the conversation at the Board meeting.*"

(vi) Please detail your involvement with CURE during your tenure and whether, if at all, there was any overlap or conflict between that role and your role as Chair of the Board whether generally, or when you were chairing the Board when it discussed issues relating to Mr. O'Brien. Please provide details of when, if at all, you informed the Board of anyone else in the Department or Trust of your involvement with CURE, naming all individuals.

(vii) Please provide all details of the phone call between you and Mr. Devlin, referred to by him, after he was instructed to telephone you by Mr. Pengelly and request that you withdraw yourself from any further Trust Board conversations on urology or Mr. O'Brien. What, if anything, did you say to Mr. Devlin as to why you had not declared a conflict of interest by this stage? If there is a note of this conversation, please provide it.

(viii) Please provide all details of your subsequent phone call to Mr. Pengelly following your conversation with Mr. Devlin. What, if anything, did you say to Mr. Pengelly as to why you had not declared a conflict of interest by this stage? If there is a note of this conversation, please provide it.

43. Please explain why you did not declare a conflict of interest at the meeting on the 22 October 2020 given your involvement with CURE and Mr. O'Brien.

44. At **TRU 130822** (*Confidential minutes of board meeting dated 24.09.20*) you declare an interest in the urology item on the agenda and leave the room for the discussion. The minutes reflect this as follows:

> *The Chair declared an interest in item 7) Urology and left the meeting for discussion on this item*

Please explain what is meant by you having "declared an interest", what this interest was, and why it arose on the 24 Sept 2020?

45. You subsequently sent an email with Subject line "*TB Confidential Item 7*" dated the 20 October 2020 at 10:48 to Shane Devlin, Chief Executive, cc'ing the non-Executive Directors of the Board (Please see attachment '*20201020 – Email from Chair, Mrs. R Brownlee to the Chief Executive, Mr. Shane Devlin re TB Confidential Item 7*' sent alongside email correspondence serving this Notice) where you state in part:

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

At the confidential meeting of the Trust Board on the 22 October 2020 to which your email refers (and referenced above at paragraph 42 in the extract from Mr. Devlin's Section 21 reply) you remain at the meeting, despite discussions concerning urology and Mr. O'Brien taking place. The minute of that meeting indicates you took an active part in discussions regarding urology generally and Mr. O'Brien in particular (**TRU 133830**). Please explain:

(i) Why in your email you considered that this was an extremely serious matter for the Board, as at 20 October 2020, which required your

presence? Had you considered that this was an extremely serious matter prior to this date, and, if so, what was done by you and others in response? Was reference to the seriousness of matters documented anywhere by you or the Board prior to the 20 October 2020? If yes, please signpost or provide the relevant reference.

(ii) Why you considered you had a conflict of interest on the 24 September 2020 but not on the 22 October 2020?

(iii) Why, given your past excusal from discussions on agenda item 7 on the 24 September 2020, you considered you "*need[ed] to be present*" at the October meeting? What did you consider necessitated your presence, notwithstanding your previously declared conflict of interest in relation to this agenda item?

(iv) Why you took an active part in discussions given your previously declared conflict?

46. Given your comments as noted in the minute of the meeting of the 22 October 2020 (**TRU 133830)**, had you spoken to Mr. O'Brien or any member of his family or anyone advocating on his behalf prior to that meeting to inform your input at that meeting or otherwise? If so, identify all persons who you spoke to, specify what you were told by each person, indicate whether you were provided with any documentation, and state what you said in response to what you were told. How did any such conversation inform your decision to participate in the meeting of the 22 October, or what you said at that meeting?

47. **Eamon Mackle** has provided information to the Inquiry as follows:

> *"In 2012 (I am unsure of the exact date) I was informed that the Chair of the Trust (Mrs Roberta Brownlee) reported to Senior Management that Aidan O'Brien had made a complaint to her that I had been bullying and harassing him"*. **WIT 11769.**

Please comment on this and provide full details, including the names of others with knowledge of this, as appropriate. In particular, you should respond to the suggestion that Mr. O'Brien made a complaint to you of being bullied or

harassed, and if that is your recollection of events, please outline the circumstances in which Mr. O'Brien spoke to you and what he told you. You should include the detail of all steps taken by you, if any, regarding any complaint by Mr. O'Brien, including who you spoke to about the matter, why you became involved in communicating his complaint and what was done. Please provide all relevant documentation.

48. **Martina Corrigan** has provided information to the Inquiry as follows:

(i) "*I have an awareness of at least two occasions where managers had been asked to step back from managing Mr. O'Brien. In approximately 2011/2012 Mr. Mackle had been advised that he was being accused of bullying and harassment towards Mr. O'Brien and that he needed to step back from managing him. I was not present when Mr. Mackle was told this but he came straight to me after this happened, told me about it, and was visibly annoyed and shaken and said to me that he would no longer be able to manage Mr. O'Brien. I also understand that, in mid-2016, Mrs Gishkori received a phone call from the then Chair of the Trust, Mrs Brownlee, and was requested to stop an investigation into Mr. O'Brien's practice. Once again, I did not witness this but I was told later by Mr. Carroll that it happened as my understanding is that Mrs Gishkori had told some of her team*." **WIT 26224 - 26225**.

(ii) At 24/22 at para 67.5 – "*It is my opinion, on reflection, that outside influence from the Trust Chair (Mrs Brownlee) in dealing with Mr. O'Brien's practices and Mr. O'Brien using his connection to the Chair to his advantage, were other features or causes of what went wrong within Urology services. On occasions, Mr. O'Brien in conversations with me and other members of the team would advise that he had spoken with the Chair directly to advise her of the capacity issues within Urology Services and he would have told us that she had assured him that she would sort this out, for*

example, that she would work on getting the urologists more theatre time. He would have advised of the times that he had met and spoken with Mrs Brownlee at social functions and that he had made her fully aware of what was happening in Urology. He also mentioned on a number of occasions that she was involved and supported the work of CURE (Craigavon Urological Research and Education), which is a limited company set up by a number of urological staff to provide funding (raised through fundraising) to allow for urology staff to do research and training and attend courses, and of which Mrs Brownlee had been a Director and she had also been actively involved in fund raising. As previously mentioned, I believe she was involved in asking at least two members of Trust staff who were actively trying to manage and address concerns regarding Mr. O'Brien to step back (Mr. Mackle and Mrs Gishkori). Although I am not aware of any other incidents, this outside influence always concerned me because, like the mentioning of his legal connections, Mr. O'Brien also referenced this connection in his conversations and, in my opinion, the purpose may have been to make others feel intimidated by the knowledge that he was influential with someone who held a senior position in the Trust's senior management." **WIT 26300 - 26301**.

Please respond in full to both (i) and (ii) to indicate where you agree or disagree with what Ms. Corrigan has reported concerning your actions, providing all relevant details, as appropriate.

MHPS

49. At the confidential Board meeting of 27 January 2017 (**TRU 112984-990**) the Board appears to be informed for the first time of Mr. O'Brien's exclusion and planned return to work, under the heading of Agenda item 6 "*Maintaining High Professional Standards (Exclusions)*". You attended this meeting and, while it is noted that you left before this item on the Agenda was reached, you did not

declare a conflict of interest. Why did you leave the meeting? Given what others have said about your friendship with Mr. O'Brien and your role with CURE (see Questions 42 and 48 above), should you have declared a conflict of interest at this point? Why did you not declare a conflict of interest?

50. When you were first made aware of concerns regarding the practice of Mr. O'Brien, did you recognise you had a conflict of interest if you were to take part in a discussion or process regarding those concerns? If you do not accept that any such conflict arose, please explain your position? If a conflict of interest arose, or potential for a conflict of interest what did you do about it? To whom was it reported? Is any declaration from you recorded?

51. Was the DOH aware of any friendship which you may have had with Mr. O'Brien on or before January 2017? Whether your answer is yes or no, please explain how and when the Department become aware of any friendship which you may have had with Mr. O'Brien, to the best of your knowledge?

52. By way of letter dated 24 March 2017 (**TRU 113435**) the Department of Health issued a reminder of requirement for Board Members to act in accordance with conflict of interest policies. This letter reads in part:

> *"In response to a query raised at the Departmental Board, I wish to take the opportunity to remind Non Executive Directors (NEDs) of the requirement for Board members of Public Bodies to act appropriately when a conflict of interest situation arises. All NEDs must discharge their duties in line with the seven principles of public life and any conflict of interest must be identified and managed in a way that safeguards the integrity of Board members and maximises public confidence in the organisation's delivery of Public Services.*
>
> *I would draw your attention to the attached Codes of Conduct and Accountability that all NEDs will have received on appointment. …"*

Records seen by the Inquiry indicate you were at the meeting at which this letter formed part of the Board pack (**TRU 113424**). Do you recall this letter? What is your understanding as to why the Department sent such a letter to the Board(s) at this time?

53. If you accept that you held a relationship of personal friendship with Mr. O'Brien, and/or had a relationship with him through your work with CURE, did you declare a conflict of interest regarding him at any point prior to 2020, but most particularly at the point when it became clear that the MHPS process was to commence?

54. Do you accept that you appointed Mr. John Wilkinson as the Non-Executive Director in the MHPS process? If so, was it appropriate for you to make that appointment if you had a friendship or other relationship with Mr. O'Brien through your work with CURE?

55. John Wilkinson, Board member and NED for the MHPS process has provided the following information to the Inquiry. '*RB*' in his Section 21 reply denotes you:

    (i) *On 26th January 2017 I met with RB and we discussed the case. RB expressed her opinion about the case. She explained that she had known AOB for a number of years and that he had been her consultant; that he was an excellent surgeon and that he had helped many people; that he had built up the urology department in SHSCT and had worked hard to meet patients' needs as they awaited surgery or a diagnosis. She asked me to make contact with AOB. I received an email (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20170126 - E - V Toal to J Wilkinson re MHPS Case) from VT who advised that AOB's exclusion would be lifted subject to the implementation of controls and restrictions on his practice. I was also advised that a formal investigation would be undertaken. This would be reported to Trust Board at its monthly meeting*. **WIT 26092 para 6**

(ii) *"On 2 March 2017 RB telephoned me and expressed her concerns about case progression and timescales. She stated that AOB was a highly skilled surgeon who had built up the urology department and was well respected by service users. She further expressed concern about the handling of the case by Human Resources. RB pointed out that the case was having an adverse effect on AOB and his wife. She asked me to contact AOB."* **WIT 26095 para 19**

(iii) *From this point on, I have limited records of any direct contact made by AOB to myself regarding the case. (except through copied emails). I continued to track progress with SH and with VT. From time to time I received emails from AK which assured me that the case was progressing. (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20170413 - E - J Wilkinson to A Khan and 20170515 - E - A Khan to J Wilkinson). I felt uneasy that AOB had not contacted me and I sought (and received) advice from DLS as to whether I should make contact with AOB (albeit that I had previously intimated to AOB that he was to contact me if and when he required my input). I made contact with AOB but I did not receive a response from him. I was not surprised at this as RB informed me that he was not satisfied with the level of support from Human Resources and myself.* **WIT 26098 para 27**

(iv) *On 15th February 2018 RB had made an informal oral inquiry to me regarding the AOB case. (see diary entry located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20180215 - Diary Entry JW*. **WIT 26099 para 35**

(v) *On 11th September 2018 I received a telephone call from AOB at 12.18 but I was working in a school. I responded as soon as I could at 12.50. The call lasted approximately 40 minutes. I was unsure as to the reason for the call but I was able to distil the following and made a contemporaneous note:*

a. *The SHSCT continued to act outside of the legal framework.*
b. *NED involvement was of no significance. He made clear that he was making all of the contact with the Trust.*
c. *Any representation made by the NED would be of little or no importance.*
d. *He was very critical of the process which had lasted 21 months to date.*
e. ***He was going to meet up with RB and he mentioned a previous meeting with her.*** (emphasis added to highlight area requiring comment from you)
f. *He described the serious impact the process was having on his wife.*
g. *He advised that he had made contact with the Chief Executive.*
h. *He asked me if I was aware of the number of people not being seen in Urology (Waiting List) – he suggested it was around 600 people.*
i. *He was very critical of the Director of Acute – Esther Gishkori - and the Medical Director – Dr Wright.*
j. *He inquired when the process would end. I advised him that, from memory, I thought there was an indicative date of October 2018.*

At the end of the call I advised AOB that I would bring these concerns to the Trust. **WIT 26099 para 38**

(vi) *On 11th June 2020 I was made aware by RB that the Chair, the Chief Executive and the Director of Human Resources had received emails from AOB. I replied acknowledging the email and requested direction as the designated NED. VT advised me that the Chair was not willing to engage with the case since she might be compromised."* WIT 26103 para 51

(vii) *On 18 June 2020 I received a telephone call from RB requesting that I telephone AOB…this was a strange call as, after a number of minutes, she came back on this request."* **WIT 26104 para 53**

Please provide your comments in response to each of the instances cited above by Mr. Wilkinson where he draws attention to your engagement with him in the context of the MHPS process, and your engagement with Mr. O'Brien or his family or others, providing all relevant details, as appropriate.

56. As regards paragraph 55 above at point (i), did you play or attempt to play any part in any aspect of the process or decision-making regarding the MHPS or any other process involving Mr. O'Brien, including Mr. O'Brien's exclusion being lifted? If yes, please explain your answer in full.

57. Regarding what is said at paragraph 55 above at point (vi), did you express the view that you were not willing to engage with the MHPS case because you "*might be compromised*"? If so, who did you express this to and why? On what basis did you consider yourself compromised?

58. Following receipt by you of a letter from Mr. O'Brien dated the 10 June 2020 where Mr. O'Brien seeks to revoke his intention to withdraw from full time employment, you emailed Jennifer Cormac and Sandra Judt on the 11th June 2020 at 17:52 indicating you have replied to Mr. O'Brien (Please see attachment '*20200611 – Email from Chair, Mrs. R Brownlee re Mr. Aidan O'Brien correspondence*' sent alongside email correspondence serving this Notice) Please provide a copy of that reply. You also state in this email:

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

Please explain:

(i) When were Ms Cormac, Ms Judt, and the CX and NEDs, first made aware of "a possible conflict of interest" given you state they were made aware of it *again* on the 11th June 2020? Please provide all relevant details and documentation in your answer, to show when they were first made aware of your possible conflict of interest.

(ii) why you describe your conflict as "*possible"*? What were the circumstances as you understood them to be that did not render your friendship with Mr. O'Brien an *actual* conflict of interest?

(iii) what you mean by *the "finer operational aspects of this situation"*? How and in what way does that differ from any involvement by you generally in the situation regarding Mr. O'Brien?

59. The Inquiry understands that the Board members, except for the NED involved in the MHPS process, are supposed to remain separate from investigations in order to preserve their independence in case they are needed to sit on any disciplinary or conduct panels / appeals. Having appointed Mr. Wilkinson to the NED role, why then did you make contact with Mr. Wilkinson and discuss Mr. O'Brien with him both during the MHPS process and subsequent to it?

60. What was the purpose of your contacts with Mr. Wilkinson during the MHPS process and subsequent to it? Were any of your contacts with Mr. Wilkinson intended in any way to influence Mr. Wilkinson in Mr. O'Brien's favour?

61. Having reflected on your interactions with Mr. Wilkinson regarding Mr. O'Brien, do you consider those interactions to have been inappropriate or have the

potential to be seen as inappropriate? Whether you agree or disagree, please explain your answer. What, if anything, would you now do differently?

Learning

62. Do you think, overall, the governance arrangements within the Trust were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

63. Are you now aware of governance concerns arising out of the provision of urology services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.

64. Having had the opportunity to reflect, do you have an explanation as to what went wrong within urology services and why?

65. What do you consider the learning to have been from a Board governance perspective regarding the issues of concern within urology services, and regarding the concerns involving Mr. O'Brien in particular?

66. Do you think there was a failure on the part of the Board or Trust senior management to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

67. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been

done differently/better within the arrangements which existed during your tenure?

68. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?

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.

An addendum amending this statement was received by the Inquiry on 15/01/24 and can be found at WIT-105947. An amended addendum was received on 16/01/2024 and can be found at WIT-106615 to WIT-106616. Annotated by the Urology Services Inquiry.

SCHEDULE

[No 105 of 2022]

Qualifications

1. Please set out all professional roles held by you and your qualifications.

Professional Roles		
Role	***Employer(s)***	***Dates***
Registered Nurse	*Various – See below*	*1974-1978*
Registered Midwife	*Royal Victoria Maternity Hospital*	*1979 -1980*
Ward Manager	*Royal Victoria Hospital (RVH)*	*1980- 1983*
Ward Manager	*Armagh City Hospital*	*1983-1985*
Registered Home Manager	*Manor Court Private Nursing Home, Dungannon*	*1985-1987*
Director of Nursing & then Chief Executive	*Sandown Private Nursing Home Group*	*1987 - 1997*
Managing Director	*Tamaris Healthcare (NI)*	*1997- 2002*
Managing Director	*Beneveagh Healthcare*	*2002 – 2005*
Non-Executive Director (NED)	*Armagh and Dungannon Health and Social Care Trust*	*1998-2002*
NED	*Southern Health and Social Care Board*	*2003-2007*
NED	*SHSCT*	*2007-2011*
Board Chair	*SHSCT*	*2011 -2020*
Board Member	*Southern Education and Library Board (SELB)*	*2001-2011*
Lay Panel Member *Courts & Tribunal Services*	*Care Tribunal*	*1998 -to date*

Lay Committee Member	*Abbeyfield Society*	*1997-2002*
Chair	*Macmillan Cancer, Craigavon Area Branch*	*No dates at hand c.1999- 2001*
Co – Founder of Craigavon Urological Research & Education Charity (CURE)	*Director & Committee member*	*CURE 2005 -2012*
Member of Board of Governors	*Three different schools (Primary, Post-primary, and Grammar)*	*2001 -2011*
Board Member and Deputy Board Chair	*Agri Food & Biosciences Institute (AFBI) Board*	*2016-2020 2020– to date*
Board Member	*Prison Service Pay Review Board (PSPRB)*	*2015-2019*
External Assessor for Performance and Staff Development of Principals in Controlled and Maintained Schools.	*Education Authority*	*2005-2011*
Director and Care Home Owner.	*Silverdale Care Home*	*2005 - present*

Professional Qualifications

Qualification	***Institution***	***Date***
Postgraduate Diploma in Neurosurgical and Neuromedical Nursing,	*Royal Victoria Hospital*	*1983*
Masters in Executive Leadership	*University of Ulster*	*1996-1998*
Business Management and Culture of an Organisation	*Queen's University Belfast – Institute of Lifelong Learning*	*2002*

Role

2. Please set out the dates of your tenure as Chair of the Southern Trust Board and your duties and responsibilities in that role.

<u>Tenure</u>

I was appointed Chair of Southern Health and Social Care Trust (SHSCT) Board on 7 March 2011 and completed my first four-year term. I was re-appointed as Chair for a further four-year term from March 2015 to March 2019. I was further appointed and remained in this position until November 2020. I was asked to remain in post whilst new Chair was appointed but this appointment took longer than expected, so in March 2020 I was asked again to remain in post until a successor was appointed.

It is important to note that I was asked to stay on as there was no permanent Chief Executive in post from early March 2015 to Shane Devlin was appointed in March 2018. During this three-year period, I had four different Interim Chief Executives (one being off on [redacted] *and then returned to post). Also contributing to my extension was the onset of the Covid Pandemic in February 2020. I recall asking the Department of Health (DoH) Permanent Secretary Richard Pengally on the telephone, (I didn't keep a note of this call but from recollection it was possibly Summer 2020 as I was Chair of a Consultants interview panel which was being held at the Seagoe Hotel),*

when the new Chair would be appointed as I was aware the interview process was completed and I had stayed on longer than expected. Richard Pengally told me on that call that interviews for my replacement had taken place and he would try and expediate the decision for the new Chair. I have recollection of telling Richard Pengally that I did not wish to be in post during the investigation into Mr O'Brien and my reasons for that.

Duties and Responsibilities

I had substantial responsibilities as the Chair of SHSCT *('the Trust') Board. I was accountable for the performance management of the Trust in its broadest sense; the effective and efficient use of resources, oversight, governance and accountability. The appointment of the Chief Executive and Senior Executive appointments. The performance management of the Chief Executive (CX) were all duties which fell under my remit.*

I adhered to Corporate Governance Codes of Conduct and Accountability.

I had the privilege to work with six Ministers of Health and two Permanent Secretaries during my tenure. My annual appraisal was completed formally and very effectively, and I was always commended for my work and had excellent outcomes signed off.

At no time during my time in office did any Chief Executive (CX), Member of Senior Management Team (SMT), Non-executive Director (NED), Minister of Health or Permanent Sectary ever speak to me about my work performance or raise any concerns about my conduct or work.

On the contrary, I was highly praised and received an MBE (New Year's Honours List 2019) for my services to SHSCT and my commitment to charity work in NI. I was awarded a Lifetime Achievement Award (2015) by Royal College of Nursing for my outstanding contribution to Health and Social Care.

Training

3. Who was responsible for (i) identifying, and (ii) organising training for Board members?

Identifying training needs

Each individual Board member is firstly responsible for their own training needs and for identifying their weaknesses. Each Board member completed an annual appraisal which explores the need for training, and a training needs analysis is developed. Before completing their appraisal each NED every year was asked to complete this tool on self-reflection and then had a formal 1:1 meeting with myself to agree the final signed of version which included all training needs for the Board as well as for the individual.

Each year the Department of Health (DoH) required Health Trusts to complete a Board Effectiveness Audit Toolkit – (from my recollection this process commenced 2012/13 year and my last toolkit completed for the SHSCT was 2019 year), every Board member completed the individual audit tool themselves. The NEDs collectively with myself as Chair came together to discuss and confirm. The Chief Executive followed the same process with his Executive Directors. Following this the whole Board came together to discuss and agree how effective was the Board and signed off the final document.

Much training was identified from these two exercises, or training needs were raised by the Board member individually, or because of learning lessons. So collectively we were all responsible for our training needs, but I had overall responsibility for the Board. The SHSCT was one of the first Trusts to complete the Board Effectiveness DoH tool, and I recall the Trust was highly commended for our first returned document by DoH.

The SHSCT had many "Board development away days" (one was held every November) for learning and development to ensure we had time to reflect, listen and learn. In advance of my DoH Annual Appraisal process I asked all Board members (this included the Board Assurance Manager, NEDs, Chief Executive and Executive & Board Directors) to complete 360 feedbacks on myself. This was an excellent tool, (updated each year)

for identifying my strengths and weaknesses and where training might be required. There was always the option of completing the form anonymously too, and this was for the purposes of collecting honest feedback. Board members were always very supportive and responsive in this aspect.

Organising training for Board members

The Board Assurance Manager organised any training for Board members when needs had been identified from the analysis gathered, this was for both NEDs and for the Senior Management Team. I was always involved in the training that was required.

4. What, if any, training did Board members receive during your tenure? Please provide all dates and an outline of the purpose and nature of the training received.

I cannot remember dates, but the Board Assurance Manager would have notes and minutes of all these training records: Risk management and appetite for risk; What does a good Board look like; Governance; Culture and Openness to name but a few. All new NEDs had an induction which included a "buddy system", manual of information on Board Assurance documents, visits to every Directorate for on site learning with each Director. On going meetings with myself, the Board Assurance Manager and the Chief Executive as needs arose. I was responsible for NEDs training needs and the Chief Executive for the Senior Management Team (SMT) which flowed from their appraisal system and their monthly performance meetings with the Chief Executive. Then collectively all training needs that was specific to the Board training needs were planned and delivered.

I introduced away days for the Board (off site) for the purposes of reflection, self-assessment, critical analysis of how the Board operated each time it had meetings. External Speakers came on every occasion and the Permanent Secretary also attended on occasions. I felt that SHSCT was a highly skilled and effective Board and that

members had a broad breadth of knowledge and skills. Our self-assessment brought this reassurance.

5. What, if any, training did you receive to assist you in carrying out your role as Chair of the Board?

I attended numerous training sessions during my tenure and as an experienced NED across a variety of sectors both in the Private, Public and Voluntary Sectors I gained a broad breadth of skills, knowledge and experience. I also had held Senior Executive positions spanning 25 years plus. I do not have specific details of the training sessions I attended.

I remember receiving training from the Institute of Lifelong Learning at Queen's University Belfast on what a good Board looks like, on Governance, Risk, Quality Assurance, Serious Adverse Incidents and associated learning. I completed a MSC in Executive Leadership which afforded me visits to Harvard and Lausanne Business Schools this involved Governance, Human resources, Business management and a wide range of high-quality opportunities.

6. Do you consider that the training provided to (i) you and (ii) other Board members was adequate in enabling you to properly fulfil your roles? Please explain your answer by way of examples, as appropriate.

Yes, I do. We were an effective Board - used as a role model – and the members had a broad range of expertise and experience. As detailed above, we completed yearly individual assessments on our own skills and weaknesses. Training needs were identified, and training was provided. We were a forward-thinking Board and had many innovative initiatives in place.

I introduced Leadership Walks to improve the Governance arrangements. We introduced at the start of each Board meeting "Good News or Innovative stories" this detail was shared by frontline staff. We invited four or five staff from each Directorate to the Board room for their own learning and to see how the Board operated. These

staff were frontline or middle management. I also invited Users to join the Board meetings.

In 2011 I set up a Patient and Client Experience Committee (Sub-Committee of the Board). This was Chaired by a NED and full membership included advocates, users of the service, and carers. This became one of the most powerful Sub-Committees of the Board on informing members of patient's experiences. From memory we won awards for this innovative committee through which we shared and learnt together.

Board

7. Please set out the frequency and duration of your engagement, and if different, the Board's engagement, whether formal or informal, with senior members of the Trust's management team, including the Chief Executive. Please provide notes and minutes of any of these engagements involving urology or Mr. O'Brien.

When I was in my office (approx. four days per week early am to late pm), I would have seen the CX most days. I met with the CX formally usually once per month, but this was subject to change due to busy work schedules. However, most days if myself and CX were both in the office we would have had informal chats and indeed had many cups of coffee together informally for updates.

My office was beside the CX and many of the directors were on the same floor. This was a small office space we had our own HQ canteen which we shared with the Clinical Education Centre (CEC). This allowed many opportunities to meet SMT informally. I only met with SMT on official Board meeting days. However, when a new Director was appointed as part of their induction, I always met with them. I have no notes of ever meeting with a SMT member formally and if informally no notes. My style of management being a "people's person" if the door were open of a director's office, I would always have spoken in to say even a hello. This was very well known my style. The same to all admin and office support staff who shared the same corridor and small

canteen area. I "walked the walk as well as talking the talk" - I was a visible Chair. I liked to meet all grades of staff and made time to stop and have a brief chat.

I never formally or informally discussed urology services or Mr O'Brien with any member of SMT.

In all my years as Chair I never met with Mr O'Brien formally and have no notes of any meeting.

I never remember any of the Urology Consultants speaking to me formally re Urology services. I knew many of the Urology staff, but none came to me formally. I would have visited the canteen often during my tenure and met many staff including staff from the Urology Dept, during my travels. No one ever spoke to me formally or informally about clinical issues about Mr O'Brien.

It was only when Dr Richard Wright (then Medical Director) walked into my office (2016/2017 year- when Francis Rice was Interim Chief Executive) to inform me that concerns that had been raised about Mr O'Brien. Dr Wright did not go into any detail of the concerns during that discussion (referred to later in my statement). Then, in July 2020, Shane Devlin Chief Executive came to my office and said there were concerns being investigated regarding Mr O'Brien. Shane mentioned it was to do with storage of patients records not having been triaged and followed up in a timely manner. No further detail from my recollection was shared at that time.

No other member of the SMT, any other Urology staff ever raised any concerns with me formally or informally. The Leadership walks from my recollection had not picked up any Urology clinical concerns.

8. How is the Board informed of concerns regarding patient safety and risk?

Normally concerns regarding patient safety and risk would be brought to the attention of the Board via the CX or relevant SMT member to the Confidential Governance meeting or the Confidential Board meeting. The Governance Committee is a sub-committee (delegated schemes to Sub Committees) of the Board and Chaired by a NED. Meetings were held every three months.

All NEDs (excluding myself) sat on this Committee because of its important function. The Governance Committee reported into the Board and minutes were presented by the Chair for approval. The Chair of Governance would always have provided a verbal update to the Board if anything of significance had arisen during the Governance meeting. The Chair of Governance Committee after every meeting always held a formal meeting with me, the Chief Executive and the Board Assurance Manager and the written update was provided. This feedback meeting was normally held within 10-14 days after the Sub Committee meeting. If something arose between Board meetings regarding patients' safety or adverse risk of a serious nature, then the CX would have phoned to tell me or spoke to me in person. Then I would have phoned the NED to keep them informed. SAI notification to DoH/HSCB would be seen via my office on most occasions unless a director forgot to copy me in on alerts.

I also introduced Leadership walks by NEDs to all areas across the Trust looking for evidence that what we heard in the Board was happening on the frontline. These Leadership walks enabled testing of the systems, opportunity to meet all grades of staff, listen and be a visible Board. This further completed the Governance circle.

The NEDs had to complete four visits per year planned with input by each Director and my personal assistant. A Leadership tool was developed with the input of previous Chief Executive with all Governance headings. These walks were planned and could have taken 2-4 hours to complete depending on which site was visited. It was a formal process, and the returned documents came back to me and the Chief Executive and then brought quarterly to the Governance Committee. These were excellent visits and highly rated by frontline and management staff. Action plans may have had to be developed because of the visit and again this came from the Director via the Chief Executive's office.

At the Governance Committee each time it held a meeting the Risk Register was an agenda item for discussion. The Risk Register also came to the Board from recollection six monthly. Again, from my recollection I never recall anything to do with Urology

clinical issues or Mr O'Brien on the Risk Register or being brought by the Chair of Governance to myself.

9. Please explain your specific role as Chair in assuring yourself and the Board that the clinical governance systems in place are adequate.
Governance was always high on the Board Agenda. The Board's role and functions were clearly defined in the Governance Board Assurance Statement. At each Board meeting the agenda was alternated to have Performance Strategy and Governance given as priority.

As Chair I regularly assessed the systems through internal audit, external audit, Board Assurance Framework, Performance reports, Board Committee minutes, Serious Adverse Incidents, Medical Director and Director of Nursing reports to the Board, Patient safety and quality of care reports to the Board, Corporate Risk Register, and the Management Statement signed by the Accounting Officer – the CX.

Each CX that I worked with undertook a Clinical and Social Care Governance Review as well as the high-level overarching Governance reviews generally.

The Governance Sub Committee (I was not a member of this) of the Board was Chaired by an NED. The minutes of these Governance meetings came to Trust Board for approval. Prior to coming to the Trust Board following each of the Governance meeting the Chair of this Committee plus the CX and the Board Assurance Manager would meet with me formally in a planned diary meeting to give feedback on the agenda and the findings. A written report was always provided by the Chair in advance. This helped complete the circle of Governance.

The Leadership walks undertaken by the NEDs quarterly and me monthly provided further assurance. These Leadership reports all came to the Governance Committee as a means of reporting. Each Directorate has their own Governance Lead which fed into the structures of each Directorate. NEDS had to visit the Children's Home quarterly -

this was a Statutory requirement - and reports provided were presented to the Governance Committee. I should add the Chair of each Sub-Committee had a formal meeting with myself, the CX and Board Assurance manager to give feedback and actions on the relevant meeting. A written report was always provided in advance. This allowed a timely reporting chain of events for early detection of problems or failures in the systems. As Chair I held the CX accountable to inform the Board of any C&SCG or risks with which they were concerned.

At the end of every Board meeting under Any Other Business I always asked the CX and the Executive Directors of Nursing, Medical Director and Director of Social Care and Children's Services if they had anything further that they needed to inform the Board about which was not on the agenda. Minutes will confirm this monthly meeting and this question posed to each I have mentioned.

The Board always wished to learn and follow up on SAIs, near misses and any governance issues that they were made aware of. Follow up reports would come to Governance Committee for assurance of action and completion.

I ensured there was always a provision of clear reporting, ensuring the correct structures and reporting lines were in place and adequate time to discuss such issues. The CXs and the SMT at every meeting always had the time allowed to inform the Board of any Governance issues or concerns. This was strongly encouraged and challenged by NEDs and me.

10. How do you ensure that the Board is appraised of both serious concerns as well as current Trust performance against applicable standards of clinical care and safety? What is your view of the efficacy of these systems?

I was confident that, through the various structures in place, there were always clear lines of reporting to the Board. The Sub-Committees (delegated schemes of work) of the Board were there to ensure that risk and concerns were managed at the

appropriate level and fed into the Board where appropriate. I was satisfied with the performance toolkits in place and training made available that all members of the Board, the various sub-committees, and SMT were aware of when a concern or risk should be escalated to the Board.
During my last few years as Chair we introduced a separate Sub Committee of the Board a - Performance Committee to assess and measure the performance of the services within the Trust and ensure that any performance issues were brought to the attention of the Board.

This new Sub Committee was developed to allow longer time to do a deeper dive into performance and the reports. This was Chaired by an NED and allowed more time to scrutinise the reports and where performance fell short. I expected the CX to always inform me of any serious concerns even outside of the Board scheduling of meetings. I was a visible Chair and always available to be informed.

The Risk Register, SAIs and reports from the CX and SMT members was paramount – I nor any NED would not know what was happening operationally on a day-to-day basis unless the CX and SMT informed us. This was constantly stressed the importance of keeping the NEDs and myself informed. All the Chief Executives that I had worked with, on many occasions would have phoned me to inform of serious adverse incidents and serious clinical issues but I never recall any phone calls or informal meetings to inform me of serious clinical issues in Urology, other than what is recorded in my statement. As Chair of the Board, I was not aware of the detailed information that is now before the USI in relation to clinical issues with Mr O'Brien. (As I refer later, I did not see the detailed Medical Directors report on Mr O'Brien clinical issues that came to the Trust Board in Sept 2020).

As Chair I depended on the CX and SMT informing Trust Board of all clinical concerns via their reports. The Whistleblowing policy was critically important too to ensure that an open and honest culture - modelled from the Board room – was in place throughout the Trust.

My professional background along with several of the NEDs health and social care background enabled significant challenge questions. I was satisfied that the systems in place were effective. I had no reason to think otherwise on the information presented to me via systems in place for data collection and feedback.

11. During your tenure, how did the Board assure the HSCB and the Department of Health that the governance structures in place are effective (or otherwise)? Please provide examples.

Every six months the CX and I had a formal Accountability meeting with Permanent Secretary. Governance was always on the agenda. There was also an Adverse reporting which took place at the time to DoH and HSCB. The Director of Performance had monthly meetings with HSCB to discuss performance and where there was a falling short of outcomes due to financial pressures or workforce issues these were brought to the HSCB attention and reported back into the Board meetings. The Risk Management Strategy, The Board Assurance Framework brought assurance.

As Chair I do not recall meeting a Minister alone to discuss any aspects of Trust business, but we did have ad hoc meetings (all HSC ALBs with Minister yearly). Therefore, the assurance statements signed by the CX assured us as a Board that all was being informed. The Board would have data provided by the Medical Director on Mortality & Morbidity on a regular basis. The Medical Directors reports always included Consultants Appraisal, Revalidation, training & development, workforce shortages. The Nursing and Social Services reports too were used as an effective means of informing.

12. How did the Board assure itself regarding governance issues (i) throughout the Trust generally and (ii) within urology services in particular?

As stated previously throughout my answers, Governance Reporting, Committee Structure Risk Register, Board Assurance Framework, Internal & External Audits. I cannot ever remember Urology services coming to Trust Board in relation to any

governance issues until 2017 year. We were made aware by the Director that an action plan was in place and being monitored. I do not recall attending a Board meeting where urology clinical issues of a high-level risk were brought to the Board to be informed. The Board was aware of the long waiting lists in Urology (but was assured by CX of a review for a Regional Strategy for Urology services due to long waiting in all other Trust areas being undertaken by the DoH).

Along with other services like Radiology, Endoscopy, Unscheduled Care - to name a few - Urology came to the attention of the Board as a service under pressure. I do not remember Urology ever coming to the Board as a single agenda item. We did know of the long waiting lists as this was referenced on the performance reports along with many other specialities.

13. How did the Board monitor and quality assure the governance actions and action plans of the Trust? If possible, please illustrate your answer by reference to examples of Board monitoring and quality assurance throughout the Trust and most particularly within urology?

As previously mentioned, action plans came to the Board regularly as an update and NEDs/myself always asked for an update either three or six monthly on progress and monitoring. I recall (18/19 year) some serious issues coming to the Confidential Board agenda (the Mental health facility Bluestone Unit as an example) the Director would have provided a paper and talked to members in detail regarding this. The paper also provided an action plan which was time bound. In this case I mention an independent team outside of SHSCT was asked to complete a review and present a report of their findings to the Board. This happened and an action plan was further developed and monitored by the Director who in turn brought in a timely manner reports to the Board of progress to ensure completion and improvements achieved.

Aside from an update that Mr O'Brien was under investigation in 2017 and details provided, Urology from my memory never came to Trust Board again until to Summer

2020. I mean Urology clinical concerns never came as an agenda item to the Board and I do not recall ever seeing this on the Governance Committee agenda.

14. What were the lines of management providing information on governance issues to the Board? How did this information reach the Board? What, if anything, was in place to bring governance concerns to the Board on an urgent basis?

Each Directorate had its own Governance Lead reporting to the Director. The relevant Director would then have brought any governance issue to the CX who would then have informed me if there was a governance issue to be brought to the attention of the Governance Committee or Board. We also had an excellent Board Assurance Manager in Sandra Judt.

Depending on the seriousness of the situation, which I would have been informed of by the CX, an Emergency Board Meeting may have been called (if the date of the next Board meeting were too many weeks ahead) – Covid Pandemic is an example of when extra meetings took place to keep the Board updated. (The need for an emergency Board meeting would have been decided mostly by me as Chair with the agreement of the CX. Once it was agreed to have an emergency Board meeting it normally took place within a number of days once a suitable date was agreed with full Board members).

This happened on a weekly basis of extra meetings due to the urgency: extremely ill patients, huge staffing shortages, shortage of beds. On occasions where the issue was very urgent, I would have phoned the NEDs to update them immediately. The reporting structures were firstly into the Governance Committee and if urgent or of a more serious nature came to Confidential Section of the Boards monthly meeting. Written reports were always provided and continued as an agenda item for many months after as an action.

I never was phoned or informed to have any emergency meetings regarding Urology or Clinical issues with Mr O'Brien. As I refer except in 2016/2017 year and in July 2020 was, I informed of Urology concerns.

15. Is the Board appraised of those departments within the Trust which are performing exceptionally well or exceptionally poorly and how is this done? Is there a committee which is responsible for overseeing performance, where does it sit in the managerial structure and hierarchy and how does the Trust Board gain sight of these matters?

Yes. The Board was provided monthly with a performance report that showed via traffic light system of "red, amber and green" (green indicating areas of high performance to red which indicated non - compliance or high risk) of all areas in each Directorate via the Director of Performance.

Information about performance of departments is fed into the Board through the various Sub-Committees of the board, chaired by the relevant NED. A new Performance Committee (Chaired by an NED) was established, from memory, in 2019 to enable more time and challenge on every aspect of performance reporting. This was a Sub Committee of the Board. The Board would scrutinise the reports and ask questions. This performance report showed how the areas are performing but did not alert clinical issues.

The Urology waiting lists for first referrals was listed and the report did indicate "long waiters" outside of the timeframe. The Director of Performance reported to the Board monthly of her regular meetings with the Commissioner (HSCB) of these pressures. There was theatre pressures and work force pressures adding to the issues. No clinical concerns are reported on the Performance report. The Board would have no other means of gaining sight of these issues unless the CX Directors of Medicine, Performance and Nursing brought this to the Board attention.

16. What was the Board's attitude to risk and risk management? What processes were in place to assist the Board in identifying and responding to risks related to clinical concerns and patient safety?

Board members took risks extremely seriously and when informed of such by the CX or SMT member asked challenging questions about risk assessments and measured outcomes and actions. Risk was always extremely high on the Board agenda and the effectiveness of the systems in place was constantly under review. The Risk Register was kept updated and systems were in place to ensure that risks related to clinical concerns and patient safety were always prioritised - as they should be. These reports fed into the Governance Committee and if very serious and of an urgent nature directly to the Confidential section of the Trust Board. There was a Risk Management Policy, and each Directorate had their own Risk Register which fed into the wider Trust Risk Register. It was expected that each Director would know from their management structures of all the risks in their areas of responsibility and ensure these were recorded. Internal Audit contributed to this process. The Risks on each Register I refer was graded with a score according to severity. These Risk Registers were very regularly reviewed by each Director and scores adjusted accordingly. Some of the high-level Risks remained on the Register for many months but was regularly reviewed by the SMT to ensure they were receiving attention and actions taken.

The reporting lines were in place to ensure that any risk that should be brought to the attention of the Board were and that the appropriate measures were put in place to manage that.

NEDS and I regularly asked the CX and Directors of the importance of knowing what the risk areas were and how were these audited and corrected.

17. Who provided information on governance issues to the Board? How did this information escalate to the Board? Please answer by way of examples, particularly in relation to urology. Please also attach all documents relevant to your answer.

As referenced earlier in my replies, each of the substantive CX post holders in 2008 to 2013 and in 2019 all undertook a review of C&SCG and the wider Governance of the

Trust. At each review the reporting systems and structures were always reviewed to be assured that the lines of responsibility knew exactly what was ongoing and the system alerted failures quickly.

Governance Leads were in each Directorate reporting to their Director, and regular Governance meetings took place with each Director of their specific area outside of the Board. These Directorate Governance meetings then fed into the wider Board agenda through the Governance Committee. From recollection the Chief Executive had overall responsibility for Clinical Governance but that changed in 2018/19 to the responsibility of the Medical Director. The Medical Director had a team of staff to assist with this particularly critical area. It was the CX who always informed me of any Governance issues (no SMT member that I can recall ever informed me).

Any CX who wanted to review Governance processes would have prepared a paper with Terms of Reference for the Board for information to keep the Board informed and to involve Board members in the review process. We had several NEDs who had excellent experience in Governance issues generally.

As mentioned previously I do not recall Urology specifically coming to the Board during 2017 and thereafter. I do remember that in Jan 2017 the HR Director under the Maintaining Higher Professional Standards (MPHS) (a requirement to have this as an agenda item) informing of a consultant who had been excluded from practice. The Medical Director normally confirms due process is being followed and a Case Manager and a Case Investigator had been appointed. Normally NEDs or I would not at this stage ask any questions due to the investigation process and the Medical Director would normally confirm that the early alert had been informed to the Dept.

Where Shane Devlin states I questioned him on his review I must stress that Shane undertook a comprehensive review of all aspects of Trust Governance which included C&SCG without informing me or any other NED in advance and without bringing it to the Board. I will deal with this later in my answers.

18. How was this information recorded and communicated to the Board? How did the Board assure itself of the accuracy and completeness of this information?

The Board Assurance Framework was in place to ensure accuracy and completeness of information presented to the Board. The Risk Register was there to ensure that the Board was always apprised of what the areas of risk were. These documents were updated by the CX and Board Assurance Manager. We also had Governance reports and regularly invited staff members to come to the Board to present on specific areas of concern. Board members would ask for follow up reports to come to the Board to confirm progress and improvements. NEDs would ask questions on details presented.

19. What procedures and policies are in place to allow concerns around governance issues to be escalated to the Board as a matter of urgency? Please explain how these procedures and policies work in practice, providing examples, as relevant.

The Whistleblowing policy was there for anyone who had concerns about Governance. If any of the systems / safeguards set out in question 14 above were thought to be ineffective, then concerns should have been escalated through reporting lines or though the Whistleblowing policy.

20. How, if at all, does the Board communicate with the Department regarding issues of patient safety and risk?

The Board communicated with the DoH as regularly as was necessary. Details of all Serious Adverse Incidents / early alerts/ investigations of a serious nature were shared with the DoH. Any near misses were also reported to the DoH by the CX who met with the Permanent Secretary most weeks.

We could phone or make contact at any time we needed to and lines of communication with the DoH were always open. The CX and I had the mobile phone number of the Permanent Secretary and could contact him at any time. I found the various Permanent Secretaries to be supportive and responsive; they always made themselves available if I ever needed to discuss any serious matters. The Board complied with all Departmental Policy and Guidance which including reporting arrangements like SAIs as an example.

21. Are the issues of concern and risk identified in urology services of the type the Board would be expected to have been informed about at an early stage? Was the Board informed of concerns regarding urology, and Mr. O'Brien in particular, at the appropriate time? If not, what should have happened, when, and why did it not?

Yes, I as Chair and the Board would have expected to have been informed. Any risk involving patient safety issues within any service area should have come to the Trust Board as soon as it was identified. I would have expected an early phone call/ meeting (from CX) even outside of the Board meeting to inform me and then I in turn would have phoned the NEDs. I do not believe that myself as Chair or my NED colleagues (The Board) were informed of Urology clinical issues early enough.

It should have been reported immediately to me and the NEDs. I do not know why this level of detail was not reported by the CX /Medical Director. Normally if any clinical issues the CX or Medical Director would inform as soon as they are made aware. Then the Board seeks assurances that due process of a proper investigation is taking place at senior level by the SMT member responsible (with oversight by the CX) and the Board is kept informed of progress of the investigation in a timely manner.

At some point in 2016/17 I recall when Dr Richard Wright - then the Medical Director (Francis Rice was Interim C/X) - walked into my office and informally stated he wanted to let me know that concerns had been raised regarding Mr O'Brien. Dr Richard Wright did not go into any detail but was only informing me as someone who knew Mr O'Brien

personally and had been a former patient of his. The conversation only lasted a few minutes, and I do not remember any detail of clinical issues being told of. Dr Wright assured me that a thorough investigation had commenced. This investigation was confirmed by Dr Wright and the Director of Human Resources at the Confidential Section of the Board 27 January 2017, agenda item 6 (Exhibit RB-01).

Urology services

22. Save for concerns in relation to Mr. O'Brien (which are addressed in questions below), please detail all concerns and issues brought to your attention and the Board's attention (if different) regarding the provision of urology services during your tenure. You should include all relevant details, including dates, names of informants, personnel involved, and a description of the issues and concerns raised. Please also include all documents relevant to your answer.

Urology reporting was part of the Performance Committee and detailed performance reports came to the Board monthly. It was noted each time the long waiting lists in Urology and the Director of Performance had regular meetings with the HSCB regarding the challenges in Urology and the high demands. We had some other specialised areas that had areas of concerns in performance.

The CX and the Director of Performance assured us that these were brought to the attention of the HSCB and Regional direction for Urology was in the planning. My recollection was that a NI Regional review of Urology was taking place due to the high demand in all other Trust areas.

No other Medical Director, Director of Acute Services, Head of Service or Assistant Director ever spoke to me about issues with Urology or Mr O'Brien in particular.

23. Please set out in full what, if anything, was done to address the concerns raised.

The CX and the Director of Performance assured the Board that these had been brought to the attention of the HSCB and that Regional direction for Urology was in planning. I was

assured that this was a regional issue and that measures were being taken at a higher level to address the pressures on this service.

24. How, if at all, did the Board monitor and evaluate any decisions or actions taken to address concerns?

Through holding the CX accountable for following up time sensitive action plans and by having a named person responsible for the monitoring same. These measures, to my understanding, ensured any action points were addressed brought back to the Board regularly for updates.

25. Was it your view and the view of the Board that actions taken were effective? If yes, please explain why. If the actions taken were not effective, explain why, and outline what, if anything, was done subsequently?

At the time (16/17 year) I was satisfied that actions for any Governance issues were effectively managed and controlled by the systems in place. The action plans normally took longer than expected and staffing issues blamed for not meeting turnaround times.

During my tenure I never had any reason to think that there was any issue with how any information, but particularly information about Risk or patient safety was reported to the Board. I was content that the systems we had in place and the actions taken were effective. I trusted the CX and SMT to inform the Board of any concerns they had.

Relationship and Contact with Mr. O'Brien

26. Outline the nature of your relationship and contact with Mr. O'Brien before and during your tenure as Chair of the Board, to include details of the nature and frequency of your interactions with him or his family, whether professional, personal, social or other.

In early 1992 when travelling home from work I became very unwell and was admitted as an emergency to Craigavon Area Hospital (please note I was a young professional working mother with three small children under six years old). I had no previous medical history and was a very healthy person. [redacted] *. After being admitted to 2 South, then the Urology Ward at CAH, I underwent several tests and was under the care of a Consultant Urologist called Mr Aidan O'Brien who visited me on admission to the ward. He explained who he was and detailed what the plans for investigations that would take place. I understood from the Ward Sister then Sister Eileen O'Hagan, who accompanied Mr O'Brien, that he was the only consultant in Urology and the services provided were new and being developed.*

I underwent many investigative tests. To my shock some of my tests showed a serious illness [redacted] *. Sr O'Hagan had me moved to a side room due to my distress and supported me and my family to the highest level. I remained in hospital and taken to theatre for* [redacted]

As Urology was new in CAH, they had very little specialised equipment and I needed specific treatment plans. Mr O'Brien arranged for me to be transferred to a hospital in Dublin. I recall it so well, even to today's date, the early morning starts to get to Dublin in time, the pain endured during the treatments and the travel home lying in the back seat of a car driven by my husband as I was extremely sick and sore. This went on for some weeks.

I had never met Mr O'Brien before my illness. Mr O'Brien was excellent to me and my husband, he provided such professional support, he visited me late into the evenings on the ward. Sr O'Hagan (who sadly died some years after my diagnosis) cared for me and my family to the highest level. I will never forget her attentiveness to a young mother with then a serious illness. The holistic care provided by the staff of 2 South has an embedded memory forever. Gradually as treatment started in Dublin this did at the time help to improve my illness. I was still attending 2 South CAH for [redacted] *very regularly for the following 3 years. My husband, immediate family and I were so*

appreciative of the excellent care and treatment received at 2 South CAH we enquired initially to Sister O'Hagan how could we repay or give back something to this department. Sister O'Hagan said she would discuss this with the then only Consultant Mr O'Brien. Some weeks later (this was 1994) We had a first meeting with Mr O'Brien and Sr O'Hagan to discuss what we as family could contribute to the ward. After a further few weeks we agreed that Sr O'Hagan and I would be Co-founders of a charity called CURE (Craigavon Urological Research and Education). CURE was properly and professionally established with a goal of providing funding for this service to purchase stone therapy equipment and provide research and education for doctors and nurses.

Many thousands of pounds were raised by my family, ward staff and many other patients. No money was ever contributed by the Southern Trust to CURE. Directors of Finance at the Trust Personal Information redacted by USI *both were members and I think other Directors. Mr Michael Young was the either the second or third Consultant appointed to Urology department and Mr Young joined the Cure Committee. We had many external professionals and business people serve as Committee members.*

Mr O'Brien, and his wife, along with many other Consultants, attended many fund-raising events for Cure and other Charities e.g., the hospital Drs Ball.

Every 12-18 months, Mr O'Brien and his wife would attend a dinner with my husband and me. When Sister O'Hagan sadly died, her husband remained a great friend to Urology and CURE so he too would attend the dinner.

Mr O'Brien and his wife were invited to and attended three of our children's weddings over the past 15 years. I have attended one of his son's weddings. Our children were very young when I first became ill. Attending CAH and having Personal Information redacted by USI *became part of our family life, Urology was a regular discussion in our family and extended family. My family were and are forever grateful for the excellent care I received in Urology services.*

I have not attended a CURE Committee meeting during my Chairmanship and CURE has not been able to spend all the money collected to date. Many Research Doctors and many nurses gained expert knowledge to do their job because of CURE funding for research education and training needs. Huge funds were raised and managed through professional standards of a Charity and audited accounts were all at hand.

The Thorndale Unit would not be at CAH site today only for the wisdom and development of the service by Mr O'Brien and the subsequent colleagues who joined him. It was the late Sr O'Hagan's brain wave to have such services in a single unit. Urology services grew at a fast pace and new Consultants were appointed.

27. Please provide full details of all contact, howsoever made, between you and Mr. O'Brien and/or any member of his family regarding or touching upon the issues of concern raised about him and his practice.

On one occasion, during 2016/2017, I recall Mr O'Brien (or it could have been Mrs O'Brien) ringing me to my office (my personal assistant office is interconnecting, and she heard the call that day) to express concerns about the length of time the investigation Mr O'Brien was under was taking.

I referred his concerns to John Wilkinson (then the NED working with MHPS) and the Interim CX at that time. I was not in any way involved in the investigation but forwarded the concerns raised by Mr O'Brien, or on his behalf, for their attention. I do recall phoning John Wilkinson to answer his questions and inform of Mr O'Brien's phone call.

Aside from this interaction I never discussed any concerns regarding Mr O'Brien with him directly or with any member of his family.

The email exchange of 10 June 2020 is dealt with later in these questions and documents annexed thereto.

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

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

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

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

Board actions regarding urology and Mr. O'Brien

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

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

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

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

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

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

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

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

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

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

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

Until this point, I believed that Mr O'Brien was under investigation in relation to his own clinical practice and I had chosen to absent myself for anything related to that. It was only following the discussion with Shane Devlin that I realised this Urology services issue was much more wide reaching and had implications for the Trust generally.

At that stage I was told the Medical Director could not come to the October 2020 meeting and the Deputy Medical Director was going to be in attendance.

30. Please detail all subsequent occasions any concerns and issues regarding Mr. O'Brien were discussed by or with (i) you and (ii) the Board, to include the detail of those discussions, including dates and who those discussions were with.

Because of Covid outbreak the NEDs had weekly update virtually with the CX to enable crucial information sharing. I note from disclosure that on 20 November 2020 when CX was updating NEDs on Covid spread and its management in SHSCT that under AOB he mentioned the Minister had announced a Public Inquiry into Urology Services at SHSCT. I was no longer in post at this point.

31. Please provide all notes and minutes of any and all meetings, conversations and decisions made by (i) you and (ii) the Board regarding Mr. O'Brien and urology generally.

I never personally made any conversations or decisions to or about Mr O'Brien or about Urology. Any decisions made by the Board about Mr O'Brien or Urology will be minuted.

32. Were you/the Board made aware of any concerns raised by Mr. O'Brien? If so, what were those concerns? Were those concerns reflected in Board governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raised were not reflected in governance

documents and raised in Board meetings relevant to governance, please explain why not.

I was aware that concerns had been made about Mr O'Brien in 2016/2017 and that there had been an investigation. I was not aware of the specifics of the concerns but there was an investigation and that it was being managed appropriately by a Case Manager & Case Investigator and DoH alerted.

I do not know if concerns about Mr O'Brien were ever brought to the Governance Committee – I would have expected something like this to come to Governance. I am not sure if it did, as I never had any feedback on this from the Chair of Governance, or at the follow up meetings with Chair of Governance and CX and Board Assurance Manager.
I would have expected anything that involved patient safety concerns to come to the Board and to appear on the Risk Register and I am not sure why that did not happen.
From memory I am not aware of the Board having been made aware of any concerns raised by Mr O'Brien and there was nothing that I recall on the Risk Register.

33. How, if at all, were the concerns raised about Mr. O'Brien by others reflected in Board governance documents, such as the Risk Register? Please provide any documents referred to. If the concerns raised were neither reflected in governance documents nor raised in Board meetings relevant to governance, please explain why not.
To my knowledge concerns about Mr O'Brien were never reflected in the Governance Committee documents or the Risk Register. I cannot comment on why this did not happen.

34. What support was provided by the Board to urology staff and clinicians and specifically to Mr. O'Brien given the concerns identified by him and others? Did the Board engage with other Trust staff to discuss support options, such as, for example, Human Resources? If yes, please explain in full. If not, please explain why not.

I would not know this answer. The Trust Board NEDs did not directly provide any support, but from my recollection a Leadership walk took place by NED GD. It was the CX and the Directors and management who would have provided this support

Your involvement with issues concerning Mr. O'Brien and urology

35. Did you ever use your position as Chair to speak with any Trust staff members or fellow Board members on behalf of Mr. O'Brien for any reason? If yes, please provide full details and explain whether or not it is your view that you were advocating on behalf of Mr. O'Brien in these follow up meetings with Trust staff members and/or fellow Board members.

I absolutely refute that I advocated for Mr O'Brien at any time. I never advocated for Mr O'Brien to any SMT member or to any CX at any time. Previous CXs to SD can confirm this. Yes, I introduced John Wilkinson to his role as MHPS as he was not familiar with this process, and I would normally have done this with all NEDs when they were allocated to MHPS for a Consultant.

When I spoke to John Wilkinson (NED) it was not to advocate for Mr O'Brien but to protect the Trust in process and procedure to ensure the investigation was being conducted properly. I was asking a NED - whom I held in high regard - to ensure he followed MHPS process and to ensure he understood what his role was.
This mention of a phone call to Esther Gishori Director of Acute Services to stop the investigation is untrue and I refute this categorically.

For context, Esther herself was working in a very troubled environment and under significant pressure. Esther had phoned me on several occasions, upset, expressing her concerns about how her own performance was under scrutiny by CX and some other Directors. Esther on these occasions was upset and seeking help.

I reported these telephone conversations to John Wilkinson by telephone the then NED nominated under the whistleblowing policy. I had conversations with HR Director

Vivienne Toal about how upset Mrs Gishori was. I asked John Wilkinson to contact Esther under the policy.

Personal Information redacted by USI *she left the Trust, I am not sure under what terms. Esther and I did talk on the phone many times, I do not recall ever talking to her about Mr O'Brien. I tried to provide support to Esther* Personal Information redacted by USI *time and used the nominated NED John to provide this support.*

Esther had a large Directorate and great responsibility; she was a most pleasant, professional colleague who was under a lot of pressure for performance outcomes. I never met with Esther on any occasion to talk about Mr O'Brien.

36. Throughout your tenure, did you ever question or challenge (i) clinical and/or (ii) operational management decisions regarding Mr. O'Brien for any reason? If yes, please provide full details, and explain why you became involved.

Never.

37. During your tenure, did you engage with Mr. O'Brien and/or his family after concerns were raised regarding his practice? If yes, provide full details, and explain why you became involved?

Aside from the phone call referred to at Question 27, and the email exchange of 11 June 2020, AOB or any family member never contacted me, formally or informally, to discuss concerns about his practices during my tenure.

38. Do you consider that you took any steps on behalf of Mr. O'Brien or in connection with the concerns which had been expressed about his clinical practice, as a result of any prior relationship you held with him and/or his family, rather than as Chair of the Board?

Absolutely not.

39. Do you consider that any prior relationship which you may have held with Mr. O'Brien and/or his family, impacted in any way on the operational and clinical decisions taken by others in response to the concerns raised regarding his practice?

Absolutely not.

Information provided to the Inquiry

40. **Shane Devlin**, former Chief Executive to the Trust commissioned the HSC Leadership Centre to review the complete governance system within the Trust in 2019. At **WIT 00038** he states:

> *"It is important to note, and as articulated in the minutes of the Trust Board Workshop 27/2/2020 (appendix 14), I perceived that the Trust Chair, Roberta Brownlee, was annoyed with the way I had commissioned and managed the review. She felt that as Chief Executive I did not have the right to commission such a report as the management of the non-executive functions were not within my gift. You can note from the minutes that I agreed that we would move forward with the actions relating to clinical and social care governance only."*

Please comment on what Mr. Devlin says about you. With particular regard to the last sentence of that paragraph, how, if at all, were any proposals from the Chief Executive curtailed or not actioned, as a result of your alleged annoyance, or at all?

Shane Devlin refers to the review of Governance that he had initiated. I, as the Trust Chair, and NEDs were not aware that Mr Devlin had commissioned any review of Governance or Clinical and Social Care Governance (C&SCG).

Any of Shane Devlin's predecessors would have informed the Board upon commissioning such a review of Governance, or even C&SCG. Mr Devlin neglected to

inform any members of the Board of this review until a final draft report was ready to be produced.

You will see a series of emails highlighting the various discussions and concerns expressed by NEDs of not knowing, and importantly the reference to the Board and Governance in the review report (Exhibit RB-03). Emails from July and August 2019 (16 August 2019) from Eileen Mullan, Chair of Governance, refer (Exhibit RB-04.)

Agenda item four of Trust Board minutes dated 27 February 2020 confirm how the NEDs felt about a Governance review of Board processes that neglected to involve the Chair, any of the NEDS or the Director of Governance in its research.

As Chair I always welcome any review of Governance processes and systems if it is to improve quality and safety to patients. I was no stranger to such reviews, and I always found any assessment into our processes to be helpful. My point was as minutes refer it was the not knowing of. I did not curtail any actions proposed my point was on process. The review continued as planned by CX but also involved myself and some NEDs.

41. At **WIT 00095**, when asked whether he considered the Board operated efficiently and effectively and during his tenure, Mr. Devlin replies:

> *"One weakness, from a personal reflection, is that during my early tenure the relationships between me and the Chair, Roberta Brownlee (whose tenure ended in November 2020), were not as strong as they could have been. Outside of public Trust Board meetings we had clashed a small number of times on the difference between the roles of a Chief Executive and a Chair. In my opinion, given the lack of consistency of personnel in the Chief Executive post prior to my tenure, the Chair had understandably become more involved in the operational delivery of the Trust. As the new Chief Executive, I found her approach 'overreaching' and in many cases unhelpful. On reflection, I know that this imperfect relationship may have had an impact on the functioning of the Board, and I know, through discussion, some members of SMT found the relationship with the Chair difficult at times. I have provided further understanding of this issue in question 69. In some cases, I felt*

undermined by the Chair as she often chose to interact directly with the members of SMT outside of my knowledge."

Please comment on what Mr. Devlin states in this paragraph indicating in which respect(s) you agree or disagree with it, and why? Please provide examples and all relevant details.

I was shocked to read these comments by CX Shane Devlin. I was under the impression that I had a very good working relationship with Shane. I never once recall "clashing with him" as he refers. We had many meetings formally and informally. We walked the sites on occasions and had many cups of coffee together. We talked often of his children and their progress through university and school. Shane Devlin and his wife attended a formal Charity function as guests of mine. I strongly refute that I did not have a good working relationship with him. We agreed to differ on some occasions, but this was professionally and respectfully done.

If Shane believed our relationship to be a difficult one, it certainly was not made apparent on any occasion. We had many Board Development Days where we met to discuss the functioning of the Board and our relationships. I fostered an open, transparent and honest culture and wanted the environment to be one where members could discuss and resolve any issues between themselves.

As Shane rightly says, there had been some 'lack of consistency in personnel in the Chief Executive post' and associated instability. I felt that my position as a long-standing Chair provided much needed stability for the NEDs, and I had built very good professional relationships with them. This is what Shane was unsettled by.

I found Shane Devlin to be a strong confident CX and certainly would not have expected him to hold back in challenging me if he felt I was overarching or unhelpful. I append the 2018/2019 360 feedback form provided by Shane Devlin (Exhibit RB-05). You will note that his assessment of me in role as Chair was uniformly either 'very effective' or 'effective' – the two highest scores.

I also append, for context, 360 feedback forms provided by Francis Rice (Exhibits RB-06 and RB-07), Shane Devlin's predecessor, which attests to the open culture I encouraged, and my dedication to better outcomes for patients and staff.

I was a very visible Chair and took my role extremely seriously as I should. I knew many staff at all levels in the organisation having been with SHSCT for 15 years. I have strong people skills and I enjoyed talking to staff and them to me.

42. At **WIT 00095 – 00096**, when asked if Board meetings were conducted in an open and transparent manner, Mr. Devlin replies as follows:

Specifically with regards to Urology, during my tenure when items were brought to Trust Board, I did not feel that the conversation was quite as open as with other topics. On reflection, I would question the total commitment of the Chair of the Trust to be totally open with regards to her willingness to criticise Urology and, specifically, Mr. O'Brien. At the confidential meeting of the Trust Board on the 22 October 2020, we tabled the details of the case so far and strongly debated the concerns with regards to Mr. O'Brien. I have included a section of the minutes below

"The Chair advised that Consultant A had written to herself in

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

Chair also asked should a GP not have recognised the prescribing of Bicalutamide as an issue?"

I was left with the strong impression during the meeting that the Chair was advocating on behalf of Mr. O'Brien, a feeling which was shared and relayed to me by a number of SMT colleagues. It was common knowledge amongst the Trust Board and the SMT that the Chair had previously been a patient of Mr. O'Brien and that she was a personal friend. I felt aggrieved that the Chair had not declared a conflict of interest in the conversation at the Board meeting. I discussed my concerns with members of SMT and was considering what I should do. A few days later (I cannot recall the exact date as I did not note the time and date of the call) I received a telephone call from the Permanent Secretary, Richard Pengelly, asking whether I was aware of 'Craigavon Urology Research and Education – CURE'. I was not aware and advised him of this. He proceeded to explain to me that it was a charity that had been created in 1997 by Mr. O'Brien and that he understood Roberta Brownlee had been a director of the charity for 15 years up to 2012. Richard Pengelly asked me if Roberta had been declaring a conflict of interest in our Board meetings with regards to Mr. O'Brien and Urology, which she had not. Richard Pengelly then instructed me to telephone the Chair and advise her of our conversation this topic. I subsequently phoned the Chair and advised her accordingly. It is my understanding that Roberta then telephoned Richard to discuss the issue. From that point forward Roberta excused herself from further Board meeting conversations on the topic. It is important to note that, even though our working relationship was less than optimal, I do not believe that this had any impact on the path that was followed with the Mr. O'Brien Case and / or urology. All appropriate regard, to Mrs Brownlee as Trust Chair, was given from me. Our relationship did not alter my behaviours with regards to sharing information

with the Chair and Board and I am of the view that the actions Mrs Brownlee chose to take were not affected by our relationship.

In light of the above from Mr. Devlin, please address the following:

(i) Please comment on Mr. Devlin's view that "*when items were brought to Trust Board [he] did not feel that the conversation was quite as open as with other topics,*" as a result, he suggests, of your personal friendship with Mr. O'Brien.

In January 2017 Trust Board was informed (Exhibit RB-01) that there was an ongoing investigation into a urology consultant. There was no further detail shared, other than that the consultant had been suspended and allowed back to work and that there was an investigation ongoing. There was no further comment on that by anyone.

Urology, and in particular Mr O'Brien, did not come to Trust Board again until August 2020 – I excused myself for the duration of that item (Exhibit RB-08). I attended the Board meeting in October 2020 (referenced earlier in my reply and why) I was open in my questions asked and never advocated for Mr O'Brien. SD account above is not correct I believe. I attended the October 2020 Board meeting after having had a telephone call from Richard Pengelly (as referenced earlier) I sent an email to the CX and NEDs explaining why I was attending. I was not at the September meeting on this Urology item as Pauline Leeson Chaired this. As I have said above, Richard Pengelly phoned me in late September and then I attended the October meeting because of this phone call.

I am not aware and do not understand what Shane Devlin states ."that I am of the view that the actions Mrs Brownlee chose to take were not affected by our relationship" ...I do not understand this?

(ii) Please comment on Mr. Devlin's view that he "*would question the total commitment of the Chair of the Trust to be totally open with regards to her willingness to criticise Urology and, specifically, Mr. O'Brien*."

I do not agree with the assertion by Shane Devlin that I should have been more willing to 'criticise' Urology and, specifically, Mr O'Brien. My understanding was that there were investigation(s) ongoing into concerns that had been raised about practices in Urology. Those investigations had not concluded. My job was not to criticise but to ensure that the investigations were robust to ensure always patients were protected, processes being managed in accordance with policy, that risk was being recorded and managed and the Trust protected.

(iii) Please provide details of the correspondence to you from Mr. O'Brien in June 2020, including a copy of that correspondence. If you shared this correspondence with anyone, please provide full details of how and when you did so, who you shared it with including Board members (please name all), and provide details of any discussions or any other communications or correspondence subsequent to this letter between you and Mr. O'Brien, or between you and any third party regarding his letter.

Aforementioned correspondence is attached from Mr O'Brien (Exhibit RB-09) to me. My reply is also attached (Exhibit RB-10) that confirms his email had been shared with all NEDs and the CX.

(iv) Please comment on Mr. Devlin's view that at the meeting of the 22 October 2020 he "*was left with the strong impression during the meeting that the Chair was advocating on behalf of Mr. O'Brien, a feeling which was shared and relayed to me by a number of SMT colleagues*."

As I have already stated, I was not advocating on behalf of Mr O'Brien. Rather, in my position as Chair, I was asking that the investigation was a robust one. I do not agree that anything said by me in the minutes was inappropriate for a Chair to ask. I asked questions about other Urology Consultants, Mr O'Brien's PA and GPs prescribing of some drugs.

It had started to become apparent that there was a problem, greater than I had appreciated, and that the Trust would be held to account for any systems failures that may have contruibuted to the situation.

The questions I asked at this Board meeting I would have asked about any consultant or practice area to try to understand how safeguards or systems have failed.

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

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

(v) Please comment on Mr. Devlin's view that *"[i]t was common knowledge amongst the Trust Board and the SMT that the Chair had previously been a patient of Mr. O'Brien and that she was a personal friend. I felt aggrieved that the Chair had not declared a conflict of interest in the conversation at the Board meeting.*"

As CX I would have expected that Shane Devlin should be able to communicate to me circumstances where he felt 'aggrieved' by my behaviour as Chair. I was never made aware of this.

Shane Devlin met with the Permanent Secretary very often (most weeks) did he inform Richard Pengally of his concerns as he refers? It would have been extremely important that Shane Devlin discussed these concerns with me.

I asked for disclosure of documents from SHSCT there Shane Devlin contacted anyone in the DoH of SHSCT to raise concerns about my conduct. No documents were disclosed which I am assuming means he didn't escalate any written concerns about me.

As previously addressed, I had declared a written interest prior to this meeting. Everyone on the Board was aware of the situation.

(vi) Please detail your involvement with CURE during your tenure and whether, if at all, there was any overlap or conflict between that role and your role as Chair of the Board whether generally, or when you were chairing the Board when it discussed issues relating to Mr. O'Brien. Please provide details of when, if at all, you informed the Board of anyone else in the Department or Trust of your involvement with CURE, naming all individuals.

I was appointed Chair of the Board in 2011. My interests in CURE were lodged on the Declaration of Interests Register for 2010/2011 and 2011/2012 (Exhibits RB-11 and RB-12).

On 3 July 2012 I sent an email to Sandra Judt, copying Jennifer Comac, to confirm that I had resigned from my directorship in CURE (Exhibit RB-13).

I registered my interest as a committee member of CURE on the Declaration of Interests Register for 2012/2013 (Exhibit RB-14)

I registered my interest as a committee member of CURE on the Declaration of Interests Register for 2013/2014 (Exhibit RB-15).

From 2014 I did not feel that I needed to register any further declaration of interest as I was no longer a committee member of CURE.

I was always very open about my involvement with CURE, and extremely proud of what we were able to achieve through this charity. There were many fundraisers and events organised through CURE and attended by many of the NEDs and other SMT in the Trust. If Mr Devlin was unaware of this, then it certainly was not through any attempt to conceal this information from him. The Declaration of Interests Register is kept in his office and the Board is formally reminded annually of this Register and recorded in minutes.

(vii) Please provide all details of the phone call between you and Mr. Devlin, referred to by him, after he was instructed to telephone you by Mr. Pengelly and request that you withdraw yourself from any further Trust Board conversations on urology or Mr. O'Brien. What, if anything, did you say to Mr. Devlin as to why you had not declared a conflict of interest by this stage? If there is a note of this conversation, please provide it.

I can recall the telephone call from Shane Devlin - I was not at SHSCT that day - to ask me about my involvement with CURE and to let me know that Richard Pengelly would be phoning me.
I said that was fine I had no problem explaining to anyone about my involvement with CURE and confirmed that all interests had been registered properly, as they should be, over the years.
I did not keep a note of the conversation. I have earlier referred to this phone call to me from Richard Pengelly

(viii) Please provide all details of your subsequent phone call to Mr. Pengelly following your conversation with Mr. Devlin. What, if anything, did you say to Mr. Pengelly as to why you had not declared a conflict of interest by this stage? If there is a note of this conversation, please provide it.

Sometime later that day Richard Pengelly phoned me. He was most professional and asked me about CURE. I told him how and why it was started. I confirmed that I was no longer a director and stated interests had declared as appropriate.
I told Richard that I had been excusing myself from attending Urology sections of Board meetings and that Pauline Leeson (NED) was Chairing that part of the meetings.

Richard understood my position but advised me that whilst not attending I must be kept informed of all areas to ensure I fulfilled my role and responsibilities as Chair. Declaring an interest was adequate and ensuring SHSCT was acting in the proper processes and systems was critical RP told me.

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

There was also a previous phone call with Richard Pengelly many weeks earlier following a consultant's interview panel to ask when my replacement of Chair would be recruited. I explained to Richard that I had completed my almost ten years and I was unable to contribute to items at Trust Board because of personal circumstances with Urology. I had an excellent working relationship with Richard and only phoned him when I really needed to.

43. Please explain why you did not declare a conflict of interest at the meeting on the 22 October 2020 given your involvement with CURE and Mr. O'Brien.

In October 2020, I had not been on the Cure Committee for more than six years, and it was no longer functioning as a charity in October 2020.

I note I did not declare an interest, and I understand that I should have. I did, however, in an email (detailed at question 45 below) to the CX and NEDs, declare an interest and Shane Devlin knew I was attending because I was alarmed about what he had told me about the press and my previous phone call with Richard Pengally.

I was also mindful of the conversation that I had with Richard Pengelly about the need for me to be informed of what is going on in the Trust for me to be able to fulfil my roles and responsibilities as Chair.

44. At **TRU 130822** (*Confidential minutes of board meeting dated 24.09.20*) you declare an interest in the urology item on the agenda and leave the room for the discussion. The minutes reflect this as follows:

> *The Chair declared an interest in item 7) Urology and left the meeting for discussion on this item*

Please explain what is meant by you having "declared an interest", what this interest was, and why it arose on the 24 Sept 2020?

I did not want to be appraised of the finer details of this investigation into Mr O'Brien. I was aware that the investigation was ongoing and, aside from asking questions to ensure it was being conducted correctly, I did not want to be involved in the detail.

45. You subsequently sent an email with Subject line "*TB Confidential Item 7*" dated the 20 October 2020 at 10:48 to Shane Devlin, Chief Executive, cc'ing the nonExecutive Directors of the Board (Please see attachment '*20201020 – Email from Chair, Mrs. R Brownlee to the Chief Executive, Mr. Shane Devlin re TB Confidential Item 7*' sent alongside email correspondence serving this Notice) where you state in part:

Shane,

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

…

At the confidential meeting of the Trust Board on the 22 October 2020 to which your email refers (and referenced above at paragraph 42 in the extract from Mr. Devlin's Section 21 reply) you remain at the meeting, despite discussions concerning urology and Mr. O'Brien taking place. The minute of that meeting indicates you took an active part in discussions regarding urology generally and Mr. O'Brien in particular (**TRU 133830**). Please explain:

(i) Why in your email you considered that this was an extremely serious matter for the Board, as at 20 October 2020, which required your presence? Had you considered that this was an extremely serious matter prior to this date, and, if so, what was done by you and others in response? Was reference to the seriousness of matters documented anywhere by you or the Board prior to the 20 October 2020? If yes, please signpost or provide the relevant reference.

I sent this email following the latest verbal update given to me by the CX of the next stage and regarding the involvement of the press. I wanted to ensure that the Trust Board questions and processes were all correctly asked and followed.

Shane informed me that he had been told by Richard Pengelly that notifications to the press would be taking place within several days and Mr O'Brien would not be informed - following same process as with Dr Watt (I did not honestly know what this process was). I also was mindful of what Richard Pengally had informed me of the need to fulfil my role and responsibilities

I was extremely alarmed by this conversation. Reference to the seriousness of matters was not documented by me, or the Board to my knowledge, prior to August 2020. The record of 16/17 year investigation I understood had been completed.

(ii) Why you considered you had a conflict of interest on the 24 September 2020 but not on the 22 October 2020?

Everyone was aware of my longstanding history with Mr O'Brien, and my history as a former patient of his and a co-founder of CURE.
In my email to Shane Devlin, I was making my position clear – I had formerly excused myself as discussion of an investigation into Mr O'Brien was a conflict of interest. In September 2020 meeting a full and extensive paper had been prepared (I never did see this) However, it transpired in October 2020, that matters were much more serious than I had realised. I was afraid that by not having oversight of what was happening that I was leaving myself and the Trust open to criticism.

(iii) Why, given your past excusal from discussions on agenda item 7 on the 24 September 2020, you considered you "*need[ed] to be present*" at the October meeting? What did you consider necessitated your presence, notwithstanding your previously declared conflict of interest in relation to this agenda item?
See above.

(iv) Why you took an active part in discussions given your previously declared conflict?

I wanted to make sure all areas to the best of my ability had been covered and that the investigation was robust. I cannot see any issue in my questioning whether a GP prescribed the medications without questioning the decision making? Or whether anyone in admin wondered about the backlog? I was

asking these questions to be sure Trust Board had the answers as we were not given these in any report. I was aware media were becoming involved and the Trust would be under scrutiny.

46. Given your comments as noted in the minute of the meeting of the 22 October 2020 (**TRU 133830)**, had you spoken to Mr. O'Brien or any member of his family or anyone advocating on his behalf prior to that meeting to inform your input at that meeting or otherwise? If so, identify all persons who you spoke to, specify what you were told by each person, indicate whether you were provided with any documentation, and state what you said in response to what you were told. How did any such conversation inform your decision to participate in the meeting of the 22 October, or what you said at that meeting?

I can confirm I never spoke to Mr O'Brien or any of his family members about that meeting either before or after. Nor at any time during my tenure did Mr O'Brien meet with me formally or informally to discuss Urology concerns.

47. **Eamon Mackle** has provided information to the Inquiry as follows:

> *"In 2012 (I am unsure of the exact date) I was informed that the Chair of the Trust (Mrs Roberta Brownlee) reported to Senior Management that Aidan O'Brien had made a complaint to her that I had been bullying and harassing him"*. **WIT 11769.**

Please comment on this and provide full details, including the names of others with knowledge of this, as appropriate. In particular, you should respond to the suggestion that Mr. O'Brien made a complaint to you of being bullied or harassed, and if that is your recollection of events, please outline the circumstances in which Mr. O'Brien spoke to you and what he told you. You should include the detail of all steps taken by you, if any, regarding any complaint by Mr. O'Brien, including who you spoke to about the matter, why you became involved in communicating his complaint and what was done.

Please provide all relevant documentation.

Mr O'Brien never made a complaint to me about Mr Mackle, bullying or otherwise.

48. **Martina Corrigan** has provided information to the Inquiry as follows:

(i) "*I have an awareness of at least two occasions where managers had been asked to step back from managing Mr. O'Brien. In approximately 2011/2012 Mr. Mackle had been advised that he was being accused of bullying and harassment towards Mr. O'Brien and that he needed to step back from managing him. I was not present when Mr. Mackle was told this, but he came straight to me after this happened, told me about it, and was visibly annoyed and shaken and said to me that he would no longer be able to manage Mr. O'Brien. I also understand that, in mid-2016, Mrs Gishkori received a phone call from the then Chair of the Trust, Mrs Brownlee, and was requested to stop an investigation into Mr. O'Brien's practice. Once again, I did not witness this, but I was told later by Mr. Carroll that it happened as my understanding is that Mrs Gishkori had told some of her team*." **WIT 26224 - 26225**.

This account from Martina Corrigan is third hand. Martina states that she heard from some unnamed member of Esther Gishkori's team that I had asked Esther to halt an investigation into Mr O'Brien? I would never interfere in due process in this way patient safety was always my top priority, and I have absolutely no doubt that Esther will confirm that this never happened. I never made any phone call to Esther Gishori about Mr O'Brien

(ii) At 24/22 at para 67.5 – "*It is my opinion, on reflection, that outside influence from the Trust Chair (Mrs Brownlee) in dealing with Mr.*

O'Brien's practices and Mr. O'Brien using his connection to the Chair to his advantage, were other features or causes of what went wrong within Urology services. On occasions, Mr. O'Brien in conversations with me and other members of the team would advise that he had spoken with the Chair directly to advise her of the capacity issues within Urology Services and he would have told us that she had assured him that she would sort this out, for example, that she would work on getting the urologists more theatre time. He would have advised of the times that he had met and spoken with Mrs Brownlee at social functions and that he had made her fully aware of what was happening in Urology. He also mentioned on a number of occasions that she was involved and supported the work of CURE (Craigavon Urological Research and Education), which is a limited company set up by a number of urological staff to provide funding (raised through fundraising) to allow for urology staff to do research and training and attend courses, and of which Mrs Brownlee had been a Director and she had also been actively involved in fund raising. As previously mentioned, I believe she was involved in asking at least two members of Trust staff who were actively trying to manage and address concerns regarding Mr. O'Brien to step back (Mr. Mackle and Mrs Gishkori). Although I am not aware of any other incidents, this outside influence always concerned me because, like the mentioning of his legal connections, Mr. O'Brien also referenced this connection in his conversations and, in my opinion, the purpose may have been to make others feel intimidated by the knowledge that he was influential with someone who held a senior position in the Trust's senior management." **WIT 26300 - 26301**.

Please respond in full to both (i) and (ii) to indicate where you agree or disagree with what Ms. Corrigan has reported concerning your actions, providing all relevant details, as appropriate.

I absolutely refute everything that Martina Corrigan has said about me. I cannot comment on what she alleges Mr O'Brien communicated to her.

If Martina Corrigan had such serious concerns about me, concerns that went to the heart of the Governance and integrity of the Trust, then I wonder – as a Senior Manager – what she did to address those?

I would never attempt to interfere in any investigation or to try to interrupt due process in any way; not least because I know how any such request would rightfully be received by the relevant professional. I have enough faith in my colleagues to expect that I would be reported immediately for such behaviour.

It causes me great concern to think that Martina Corrigan, Head of Service, and responsible for delivery of Urology services, believed the Trust Board to be so corrupt yet fail to take any action about that.

MHPS

49. At the confidential Board meeting of 27 January 2017 (**TRU 112984-990**) the Board appears to be informed for the first time of Mr. O'Brien's exclusion and planned return to work, under the heading of Agenda item 6 "*Maintaining High Professional Standards (Exclusions)*". You attended this meeting and, while it is noted that you left before this item on the agenda was reached, you did not declare a conflict of interest. Why did you leave the meeting? Given what others have said about your friendship with Mr. O'Brien and your role with CURE (see Questions 42 and 48 above), should you have declared a conflict of interest at this point? Why did you not declare a conflict of interest?

By leaving the meeting I was declaring an interest and all members of the Board were aware of why I was leaving for that particular item. This may have been left out of the minutes of the meeting, but I have no doubt the Board were aware as to why I was leaving for that agenda item.

50. When you were first made aware of concerns regarding the practice of Mr. O'Brien, did you recognise you had a conflict of interest if you were to take part

in a discussion or process regarding those concerns? If you do not accept that any such conflict arose, please explain your position? If a conflict of interest arose, or potential for a conflict of interest what did you do about it? To whom was it reported? Is any declaration from you recorded?

I was first made aware of any concerns with Mr O'Brien when Dr Richard Wright then the Medical Director informally spoke to me in my office 16/17 year. Francis Rice was the Interim CX then. Never before this date was, I made aware of any areas of concern. In 16/17 year and 2020 year I did declare an interest or leave the meeting. Why I attended the meeting in October 2020 I have previously explained.

51. Was the DOH aware of any friendship which you may have had with Mr. O'Brien on or before January 2017? Whether your answer is yes or no, please explain how and when the Department become aware of any friendship which you may have had with Mr. O'Brien, to the best of your knowledge?

I did not speak to anyone in the DoH about Mr O'Brien prior to 2017, that I can recall. Richard Pengelly was aware of two telephone conversations as previously referred.

52. By way of letter dated 24 March 2017 (**TRU 113435**) the Department of Health issued a reminder of requirement for Board Members to act in accordance with conflict-of-interest policies. This letter reads in part:

> *"In response to a query raised at the Departmental Board, I wish to take the opportunity to remind Non Executive Directors (NEDs) of the requirement for Board members of Public Bodies to act appropriately when a conflict of interest situation arises. All NEDs must discharge their duties in line with the seven principles of public life and any conflict of interest must be identified and managed in a way that safeguards the integrity of Board members and maximises public confidence in the organisation's delivery of Public Services.*

I would draw your attention to the attached Codes of Conduct and Accountability that all NEDs will have received on appointment. …" Records seen by the Inquiry indicate you were at the meeting at which this letter formed part of the Board pack (**TRU 113424**). Do you recall this letter? What is your understanding as to why the Department sent such a letter to the Board(s) at this time?

Yes, I was at the meeting and yes, I saw the letter and such information is always an annual topic on the Board agenda. The DoH, every year. reminds members of this Code of Conduct and it is discussed at annual appraisal as well

53. If you accept that you held a relationship of personal friendship with Mr. O'Brien, and/or had a relationship with him through your work with CURE, did you declare a conflict of interest regarding him at any point prior to 2020, but most particularly at the point when it became clear that the MHPS process was to commence?

Yes, I did always declare an interest when Mr O'Brien was concerned.

54. Do you accept that you appointed Mr. John Wilkinson as the Non-Executive Director in the MHPS process? If so, was it appropriate for you to make that appointment if you had a friendship or other relationship with Mr. O'Brien through your work with CURE?

As Chair I always nominated the NED to this role as I kept a list of which NEDS did it in turn. The HR Director always asked me by email for a NED and then, with my PA, we checked the list to see who next. It was John Wilkinson's turn and his first time doing MHPS, so I talked him through the process.

I did not interfere in the process in any way or try to influence John Wilkinson's opinion. I was open with him about my history with Mr O'Brien.

Each time an NED needs selected for the MHPS I would explain as simply as John's role was to provide support to the Consultant and to ensure due Trust processes are followed in a timely manner.

55. John Wilkinson, Board member and NED for the MHPS process has provided the following information to the Inquiry. '*RB*' in his Section 21 reply denotes you:

(i) *On 26th January 2017 I met with RB and we discussed the case. RB expressed her opinion about the case. She explained that she had known AOB for a number of years and that he had been her consultant; that he was an excellent surgeon and that he had helped many people; that he had built up the urology department in SHSCT and had worked hard to meet patients' needs as they awaited surgery or a diagnosis. She asked me to make contact with AOB. I received an email (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20170126 - E - V Toal to J Wilkinson re MHPS Case) from VT who advised that AOB's exclusion would be lifted subject to the implementation of controls and restrictions on his practice. I was also advised that a formal investigation would be undertaken. This would be reported to Trust Board at its monthly meeting*. **WIT 26092 para 6**

(ii) *"On 2 March 2017 RB telephoned me and expressed her concerns about case progression and timescales. She stated that AOB was a highly skilled surgeon who had built up the urology department and was well respected by service users. She further expressed concern about the handling of the case by Human Resources. RB pointed out that the case was having an adverse effect on AOB and his wife. She asked me to contact AOB."* **WIT 26095 para 19**

(iii) *From this point on, I have limited records of any direct contact made by AOB to myself regarding the case. (except through copied emails). I continued to track progress with SH and with VT. From time to time I received emails from AK which assured me that the case was progressing. (see appendix located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20170413 - E - J Wilkinson to A Khan and 20170515 - E - A Khan to J Wilkinson). I felt uneasy that AOB had not contacted me and I sought (and received) advice from DLS as to whether I should make contact with AOB (albeit that I had previously intimated to AOB that he was to contact me if and when he required my input). I made contact with AOB but I did not receive a response from him. I was not surprised at this as RB informed me that he was not satisfied with the level of support from Human Resources and myself.* **WIT 26098 para 27**

(iv) *On 15th February 2018 RB had made an informal oral inquiry to me regarding the AOB case. (see diary entry located in Relevant to CX Chair's Office, Evidence after 4 Nov 21 CX Chair, ref no 77 for John Wilkinson NED, 20180215 - Diary Entry JW*. **WIT 26099 para 35**

(v) *On 11th September 2018 I received a telephone call from AOB at 12.18 but I was working in a school. I responded as soon as I could at 12.50. The call lasted approximately 40 minutes. I was unsure as to the reason for the call but I was able to distil the following and made a contemporaneous note:*

a. *The SHSCT continued to act outside of the legal framework.*
b. *NED involvement was of no significance. He made clear that he was making all of the contact with the Trust.*

c. *Any representation made by the NED would be of little or no importance.*
d. *He was very critical of the process which had lasted 21 months to date.*
e. ***He was going to meet up with RB and he mentioned a previous meeting with her.*** (emphasis added to highlight area requiring comment from you)
f. *He described the serious impact the process was having on his wife.*
g. *He advised that he had made contact with the Chief Executive.*
h. *He asked me if I was aware of the number of people not being seen in Urology (Waiting List) – he suggested it was around 600 people.*
i. *He was very critical of the Director of Acute – Esther Gishkori - and the Medical Director – Dr Wright.*
j. *He inquired when the process would end. I advised him that, from memory, I thought there was an indicative date of October 2018.*

At the end of the call I advised AOB that I would bring these concerns to the Trust. **WIT 26099 para 38**

(vi) *On 11th June 2020 I was made aware by RB that the Chair, the Chief Executive and the Director of Human Resources had received emails from AOB. I replied acknowledging the email and requested direction as the designated NED. VT advised me that the Chair was not willing to engage with the case since she might be compromised."* WIT 26103 para 51

(vii) *On 18 June 2020 I received a telephone call from RB requesting that I telephone AOB…this was a strange call as, after a number of minutes, she came back on this request."* **WIT 26104 para 53**

Please provide your comments in response to each of the instances cited above by Mr. Wilkinson where he draws attention to your engagement with him in the context of the MHPS process, and your engagement with Mr. O'Brien or his family or others, providing all relevant details, as appropriate.

I had no formal contact made to me by Mr O'Brien or any family member that I can recall, and I never met with Mr O'Brien to discuss this investigation.
I do remember Mr O'Brien (or possibly his wife, my PA was in her adjoining office to me) phoning the office and speaking with me about the long-drawn-out process and Trust not meeting its timescales as outlined in the policies. I then informed John Wilkinson of this. On the call Mr O'Brien was upset and I think his wife may have been listening in and she said how stressful and upsetting this lengthy process was.

This was the only call I received and hence why I informed John Wilkinson. John Wilkinson, like other NEDs who had been involved in MHPS, had concerns about a NEDs role in this process. I spoke at least on two occasions to the CX and then the HR Director for a need for urgent training on their role when conducting the MHPS. This training was then arranged and delivered to all NEDs and myself by June Turkington from DLS on 1 December 2019. I did speak with John Wilkinson on the telephone not only about Esther Gishori but about the length of time the process was taking for Mr O'Brien.

I had asked John Wilkinson to call Mr O'Brien to offer additional support. John explained that he didn't feel that he needed to call Mr O'Brien; that he was overwhelmed with the detail in this case, and that he couldn't push HR any more on Mr O'Brien's behalf. I accepted his position on this and that he wouldn't be calling Mr O'Brien.

Mr O'Brien knows I never could or would advocate on his behalf, so I informed John Wilkinson of this call from Mr O'Brien.

56. As regards paragraph 55 above at point (i), did you play or attempt to play any part in any aspect of the process or decision-making regarding the MHPS or

any other process involving Mr. O'Brien, including Mr. O'Brien's exclusion being lifted? If yes, please explain your answer in full.

My understanding in the MHPS role that John Wilkinson was doing had nothing to do with the actual detailed investigation as such. John Wilkinson role was to provide support and act back to HR if process was not being followed as per procedure, so I was not interfering in any way – I was asking why time scales not met. Please remember another NED SR had concerns re her role with MHPS (she was dealing with another Consultant different case) as I refer earlier and needed to talk through delays and complexities this was similar with John Wilkinson. Any NED who had been involved in the MHPS always found this a difficult area whilst trying to be detached to the investigation they were implicated as such by reporting back to the HR Director.

57. Regarding what is said at paragraph 55 above at point (vi), did you express the view that you were not willing to engage with the MHPS case because you "*might be compromised*"? If so, who did you express this to and why? On what basis did you consider yourself compromised?

As Chair I would not be engaged with the MHPS process for any Consultant. I always introduced the nominated NED to the role to provide support, but this was at a high level, and I would never be involved or apprised of the finer details of any MHPS case.

58. Following receipt by you of a letter from Mr. O'Brien dated the 10 June 2020 where Mr. O'Brien seeks to revoke his intention to withdraw from full time employment, you emailed Jennifer Cormac and Sandra Judt on the 11th June 2020 at 17:52 indicating you have replied to Mr. O'Brien (Please see attachment '*20200611 – Email from Chair, Mrs. R Brownlee re Mr. Aidan O'Brien correspondence*' sent alongside email correspondence serving this Notice) Please provide a copy of that reply. You also state in this email:

> *You are aware of my possible conflict of interest and the CX and NEDs have been made aware of this again today. Therefore, I do not wish to*

get involved in the finer operational aspects of this situation. The NEDS (without me present) can seek clarity on the process and procedure which I understand John Wilkinson has been doing? Roberta

Please explain:

(i) When were Ms Cormac, Ms Judt, and the CX and NEDs, first made aware of "a possible conflict of interest" given you state they were made aware of it *again* on the 11th of June 2020? Please provide all relevant details and documentation in your answer, to show when they were first made aware of your possible conflict of interest.

Board meetings and from the Register of Interests as detailed previously.

(ii) why you describe your conflict as "*possible"*? What were the circumstances as you understood them to be that did not render your friendship with Mr. O'Brien an *actual* conflict of interest?

It could have been perceived that I had a conflict of interest because of my health history in Urology as a patient and, and my involvement with Mr O'Brien in CURE. I did not want to be involved in any of the finer detail details of the investigation. "possible conflict" I meant I was not involved in this subject matter.

(iii) what you mean by *the "finer operational aspects of this situation"*? How and in what way does that differ from any involvement by you generally in the situation regarding Mr. O'Brien? *I meant I didn't want to know all the details of what was being investigated I honestly never knew the details*

I did not know the specifics of misconduct/clinical capability under investigation, and I did not want to know. My only involvement was at a high level to ask whether the investigation process was being managed properly and dealt with quickly enough. This is all a matter of record.

59. The Inquiry understands that the Board members, except for the NED involved in the MHPS process, are supposed to remain separate from investigations in order to preserve their independence in case they are needed to sit on any disciplinary or conduct panels / appeals. Having appointed Mr. Wilkinson to the NED role, why then did you make contact with Mr. Wilkinson and discuss Mr. O'Brien with him both during the MHPS process and subsequent to it?

As previously described, this was the first time that Mr Wilkinson had provided support through MPHS. I spoke with Mr Wilkinson to guide him through the process, as I would with any other NED.

My conversations with Mr Wilkinson were not for the purposes of advocating on Mr O'Brien's behalf, although I was always open about my respect and high regard for Mr O'Brien.

I would never have sat on a disciplinary or appeal panel in relation to Mr O'Brien and preserving my independence for that purpose would never have occurred to me.

I did never sit on any disciplinary or appeal panel in relation to any consultant during my tenure as Chair.

60. What was the purpose of your contacts with Mr. Wilkinson during the MHPS process and subsequent to it? Were any of your contacts with Mr. Wilkinson intended in any way to influence Mr. Wilkinson in Mr. O'Brien's favour?

I never tried to influence Mr Wilkinson in any way regarding Mr O'Brien. The MHPS is a supportive role, not part of the deeper investigation.

In any event, I never tried to influence any opinion about Mr O'Brien. This would have been my normal process with all NEDs and MHPS

61. Having reflected on your interactions with Mr. Wilkinson regarding Mr. O'Brien, do you consider those interactions to have been inappropriate or have the potential to be seen as inappropriate? Whether you agree or disagree, please explain your answer. What, if anything, would you now do differently?

John Wilkinson had asked me for guidance on several occasions and was concerned about the delay in process and change in medical staff during this investigation. I discussed this with him on several occasions, but I refute that I ever tried to influence him.

I had the same problem with another NED on the same process issues of timing and I had similar conversations about importance of fair and efficient process and on the impact on individuals concerned.

Learning

62. Do you think, overall, the governance arrangements within the Trust were fit for purpose? Did you have concerns about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

I felt at the time that Governance was fit for purpose. We had a good Governance Committee with a strong Chair and strong members. I would have assumed that if the correct papers came to Governance, that the NEDs were an able group to manage any situation. I would have expected any significant issues at the Governance Committee to be brought to the Board

There was always a feedback meeting with Chair of Governance, CX, myself and Board Assurance Manager but I do not recall anything about Urology or MR O'Brien ever being brought to that meeting.

63. Are you now aware of governance concerns arising out of the provision of urology services, which you were not aware of during your tenure? Identify any governance concerns which fall into this category and state whether you could and should have been made aware and why.

I never was informed of any concerns prior to 16/17 year and then these appeared to settle with an action plan I was informed. I knew nothing more until July 2020 when the CX informally told me in my office. If this situation was as serious as it has transpired to be then it should have been brought to the attention of the Board immediately. I believe I should as Chair with the NEDS been informed.

64. Having had the opportunity to reflect, do you have an explanation as to what went wrong within urology services and why?

The service was under much pressure. Several of the Consultants had too many patients on their waiting lists, I was aware of this from consultants when I sat on interview panels. At these times Consultants were open and concerned about large numbers. I have no explanation but believe those managing the service knew the issues e.g., Head of Service, the Assistant Director in Charge.

Some services were under pressure due to volume of patients and workforce issues but if there were patient safety issues then these should have been escalated to the Board for urgent attention and the DoH/HSCB were aware of capacity and demand situation.

I cannot comment on Mr O'Brien's, or any of the other Urology consultants, practice but I really hope that lessons can be learned from this.

65. What do you consider the learning to have been from a Board governance perspective regarding the issues of concern within urology services, and regarding the concerns involving Mr. O'Brien in particular?

I am still very much in the dark as to what happened or why issues in Urology were not reported to the Board. I left my position as Chair in November 2020 and so am extremely limited as to what has happened since then. I do hope there is learning from

a governance perspective and new measures put in pace to prevent a reoccurrence, especially where patient safety is at risk.

Early alerts should inform the DoH/HSCB of the risks if patients are not being seen in a timely manner.

66. Do you think there was a failure on the part of the Board or Trust senior management to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

There was obviously failures and CX /SMT/ Board did know of the waiting list pressures. I feel strongly as a Chair that we had robust systems in place and chains of command for escalating concerns, particularly where patient safety was at risk.

Aside from the brief mention of an investigation in 2017, these issues never came to the attention of the Board, properly, until Autumn 2020 and it was too late for any corrective action to be taken. I cannot comment on why consultant waiting lists, triage issues or admin backlogs were not reported but they should have been, and those issues should have been addressed and rectified by Line management.

67. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

The Performance Report information was shared with the Board, and we understood the waiting lists and believe this was reported to the HSCB. If good monitoring and support was in place and good systems of work with oversight by the Head of Service and seniors, then they should have identified Urology clinical problems much earlier and sorted these with the Urology team/DoH senior officials. Action plans as referred to in 2016/17 should have been monitored for improvement through to completion.

I am sure that there are lessons to be learned in relation to how this has been managed for the SHSCT. I hope that the inquiry findings, when they are implemented, will prevent a similar reoccurrence in any of the healthcare Trusts.

68. Given the Inquiry's terms of reference, is there anything else you would like to add to assist the Inquiry in ensuring it has all the information relevant to those Terms?

I was a highly professional diligent Chair of SHSCT. I led a visible Board and believed deeply in transparency, excellent communication, and a culture of openness. I find it deeply troubling that some would attempt to place blame at my door for what has happened.
I have been open and honest about my relationship with Mr O'Brien but I would never try to use my position to influence others.

I feel more strongly about my professional reputation, my responsibilities as Chair of the Trust but most importantly about patient safety.
I really hope that there can be lessons learned and that measures can be taken to ensure that patient safety in a service is not compromised.

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.

I have been open about that but would absolutely never try to use my position to influence others.

I feel more strongly about my professional reputation, my responsibilities as Chair of the Trust but most importantly about patient safety.
I really hope that there can be lessons learned and that measures can be taken to ensure that patient safety in a service isn't compromised by a systems failure again.

STATEMENT OF TRUTH

I believe the contents of this statement to be true.

Signed: Personal Information redacted by the USI

SARAH ROBERTA BROWNLEE

Dated: 29/11/2022

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.

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

Minutes of a confidential meeting of Trust Board held on Friday, 27th January 2017 at 10.00 a.m. in the Boardroom, Trust Headquarters

PRESENT:

Mrs R Brownlee, Chair
Mr S McNally, Acting Chief Executive
Ms G Donaghy, Non Executive Director
Mrs P Leeson, Non Executive Director
Mrs H McCartan, Non Executive Director
Mr M McDonald, Non Executive Director
Ms E Mullan, Non Executive Director
Mrs S Rooney, Non Executive Director
Mr J Wilkinson, Non Executive Director
Mrs A McVeigh, Director of Older People and Primary Care Services/ Acting Executive Director of Nursing
Mr P Morgan, Director of Children and Young People's Services/ Executive Director of Social Work
Ms H O'Neill, Acting Director of Finance and Procurement
Dr R Wright, Medical Director

IN ATTENDANCE:

Mrs E Gishkori, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mr B McMurray, Acting Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES:

Mr F Rice, Interim Chief Executive

1. **CHAIR'S WELCOME**

Mrs Brownlee welcomed everyone to the meeting, particularly Ms G Donaghy, Mrs P Leeson and Mr M McDonald, the newly appointed Non Executive Directors.

The Chair congratulated the following on their recent promotions: - Mr S McNally, Acting Chief Executive; Mrs A Magwood, Director of Performance and Reform; and Ms O'Neill, Acting Director of Finance and Procurement.

The Chair reminded members of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/IPads are to be used for accessing Trust Board papers only during the meeting.

2. **DECLARATION OF INTERESTS**

Mrs Brownlee requested members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

3. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting held on 24th November 2016 were agreed as an accurate record.

4. **MATTERS ARISING FROM PREVIOUS MEETINGS**

i) Judicial Reviews and Coroner's Inquests – Enhanced support for Trust staff

Members welcomed the establishment of an internal working group to take forward strands of work.

5. **PROGRESS UPDATES**

i) Personal Information redacted by the USI

Mr McMurray referred members to the written update in their papers. In relation to the Judicial Review proceedings, Mr

McMurray confirmed that the Trust met with Senior and Junior Counsel on 15th December 2016 and has provided them with information to assist in their preparation of a responding Affidavit. He advised that Mr Personal Information redacted by USI has been instructed as Senior Counsel and Mr Personal Information redacted by USI as Junior Counsel for the Trust and both are very experienced in these matters. The Chair asked Mr McMurray if he was satisfied that there was appropriate support for Trust staff to prepare for and during Judicial Review proceedings. Mr McMurray advised that it is senior staff who will be attending and they are well prepared. Additional support has been offered to them, but they do not wish to avail of this at this point.

Mr McMurray updated members on the Nursing and Midwifery Council (NMC) referral relating to one of the Home Owners, who is Personal Information redacted by USI. The NMC is now taking this forward as case review.

ii) Personal Information redacted by USI

Mr McMurray verbally updated members on the current position. He advised that the gentleman has been transferred to Personal information redacted by USI for a period of assessment. There has been no confirmation as to whether the Judicial Review will be heard and he reminded members that this is based on the gentleman's solicitor's view that the Trust is obliged to provide a suitable secure accommodation bail address, which despite significant efforts, the Trust has been unable to secure. The Trust is attempting to procure a bespoke care package which is likely to be at a significant cost.

The Chair left the meeting for the next item.

6. MAINTAINING HIGH PROFESSIONAL STANDARDS (MHPS) EXCLUSIONS

Mrs Toal advised that under the MHPS framework, there is a requirement to report to Trust Board any medical staff who have been excluded from practice. She reported that one Consultant Urologist was immediately excluded from practice from 30th December 2016 for

a four-week period. Mrs Toal reported that the immediate exclusion has now been lifted and the Consultant is now able to return to work with a number of controls in place.

Dr Wright explained the investigation process. He stated that Dr Khan has been appointed as the Case Manager and Mr C Weir, as Case Investigator. Mr J Wilkinson is the nominated Non Executive Director. Dr Wright confirmed that an Early Alert had been forwarded to the Department and the GMC and NCAS have also been advised.

7. WAITING LIST INITIATIVES – RADIOLOGY

The Chair informed members of a letter she had received from the Radiology Department expressing their concern at the Internal Audit review of Waiting List Initiative Payments 2016/17. Dr Wright explained the scope of this assignment which was undertaken by Internal Audit at the request of the Trust to carry out a review of the payments made to the Consultants earning the most from WLI work within the Trust in the period 1st April 2015 to 31st March 2016. This review was set in the context of an initial review by the Trust following a FOI request and media coverage regarding WLI payments that identified the Southern Trust as having the highest WLI earners within Northern Ireland with one Consultant making it into the top 5 UK national list of highest earners.

Members were advised that the IA Report will be discussed at the forthcoming Audit Committee. Dr Wright explained that this has identified issues around the process and there appears to be a degree of confusion between payment for activity and payment for time, resulting in individuals being paid for more than they worked. The Trust has sought legal advice on the recovery of these alleged overpayments and DLS have indicated that to seek recovery would prove far from straightforward. The Department has been made aware of this situation and the Interim Chief Executive has submitted an application to the Department for approval for foregoing recoupment of these overpayments as they exceed the Trust's delegated authority. A response is awaited. Dr Wright stated that to pursue recovery of the overpayments may result in a number of resignations of Radiologists involved resulting in the Trust not being able to deliver on a substantial amount of clinical work. He spoke of the difficulties recruiting into this

team and stated that one Radiologist has already tendered their resignation. Mrs Gishkori welcomed a speedy resolution to ensure delays in reporting are minimised.

Mrs Rooney asked if this could be an issue in other professional areas where Waiting List Initiatives are undertaken. Mr McNally advised that the IA work included 2 General Surgery Consultants. Mrs Toal advised that the Assistant Director with responsibility for Radiology services in working through the IA recommendations is reviewing the other areas where WLI work was undertaken. Going forward, a more rigorous checking process will be put in place to ensure robust approval process is completed.

8. **ENDOSCOPES**

Mrs Gishkori informed members of an issue identified in the Endoscope Decontamination Unit at the Day Procedure Unit, South Tyrone Hospital when incorrect disinfectant was used in the machine to process the scopes. Mrs McCartan referred to the Root Cause Analysis proforma included in members' papers and stated that she felt this was not a useful paper in terms of outlining what the risks are. Ms Donaghy asked if patients have been informed at this stage to which Mrs Gishkori advised that a risk assessment needs to be undertaken for each patient on Endoscopy lists in STH between 9th and 16th January 2017 in order to identify the level of risk to others. Consultants are to complete this work by 30th January 2017.

Mrs Gishkori undertook to bring an updated paper to the next Trust Board meeting.

9. **UNSCHEDULED CARE PRESSURES**

Members discussed the briefing paper on unscheduled care pressures which provides an overview on demand and performance, as well as the operational and management responses in place and ongoing. The Chair referred to the challenge of medical capacity to support increasing demand and noted the relatively low baseline of medical staffing in the Southern Trust comparable to other sites. Mrs McCartan asked about the current status of elective surgery to which

Mrs Gishkori advised that similar to other Trusts, no elective surgery has been scheduled for routine patients from before Christmas and the situation is reviewed on a daily basis. Only red flags and the most clinical urgent surgery have been scheduled.

There was a short discussion on complex discharges in which Mrs McVeigh explained some of the challenges.

10. **CORPORATE RISK REGISTER**

Mr McNally presented the Corporate Risk Register. He stated that SMT had reviewed the register the previous day and agreed the removal of a number of risks. A revised Corporate Risk Register will be presented at the Governance Committee meeting on 2nd February 2017. Mr McNally advised that the SMT has agreed to do a review of the Corporate Risk Register and members were asked to forward any comments in terms of format. Ms Eileen Mullan agreed to attend a future SMT to facilitate discussion.

11. Personal Information redacted by the USI

Mrs McVeigh spoke to the briefing paper, advising that South Eastern Trust are the Contract Owners for the Home and the Southern Trust has three Trust residents in this care home. Allegations of poor care were reported to the local media and a safeguarding alert was raised with the Southern Trust on 12th October 2016 in respect of an alert to South Eastern Trust. Following this, the care of the three Trust residents was reviewed . Five Contract Compliance notices have been raised in respect of all 3 Southern Trust residents in the home since October 2016. The Trust Specialist Nurse for Older People has been working in partnership with the Home to address the issues raised. One family has decided to move their relative to another home and the Trust is assured that the two remaining residents have care plans in place.

Mrs McVeigh informed members of a decision by Personal Information redacted by the USI Personal Information redacted by the USI to a voluntary cessation of services. There are 26 Trust residents in the home and the Trust is starting the process of relocating them in line with its contingency plan.

12. [redacted]

Mrs McVeigh advised that the Trust has agreed to take on the General Medical Services (GMS) contract for the [redacted] for a temporary period. The Trust held an initial meeting with the non-medical workforce at [redacted] the previous day, also attended by the HSCB and Staff Side representatives.

Mr McNally advised the Trust had received a letter from the Health Minister asking the Trust to seriously consider taking on the GMS contract for the longer term (letter dated 25 January 2017 circulated at the meeting). The Trust will be meeting with the HSCB to further discuss.

13. **BREACH OF STATEMENT OF PURPOSE –** [redacted]

Mr Morgan advised that the Statement of Purpose for this Home outlines [redacted] and Mr Morgan explained the reasons why.

14. **LETTER TO PERMANENT SECRETARY RE FINANCE**

Members noted the content of a letter to the Permanent Secretary dated 18th January 2017. Mr McNally stated that in light of the current financial position and most particularly the assumption that the Trust will not have an agreed budget for 2017/18, it was now appropriate to formally raise the Trust's concerns on its ability to maintain existing services and, at the same time, breakeven. There was a short discussion on the fact that the Trust will open the new financial year with a recurrent deficit of £20.6m.

Mrs McCartan asked how soon would work commence on a recovery plan to which Mr McNally advised that the SMT has commenced this process.

Mr McNally, Mrs Magwood and Ms O'Neill left the meeting for the next item.

15. **FEEDBACK FROM REMUNERATION COMMITTEE**

The Chair advised that the Remuneration Committee had met earlier that morning and made the following recommendations in respect of Senior Executive Remuneration:-

1. Acting Chief Executive - a Personal information redacted by USI for Mr McNally;
2. Director of Performance and Reform – a Personal information redacted by USI for Mrs Magwood;
3. Acting Director of Finance and Procurement – a Personal information redacted by USI for Ms O'Neill

Trust Board approved the Remuneration Committee recommendations.

16. **ANY OTHER BUSINESS**

i) **ED, DHH**

Dr Wright updated members on developments. He advised that the Trust's recruitment process for the Consultant ED post at DHH was unsuccessful, despite an enhanced recruitment and retention package being offered. The current permanent staffing is 1 Consultant with the vast majority of middle and senior staff being locum employees. A GMC regional inspection is due in March 2017 and if the level of Consultant supervision does not meet the required standards for a sustainable service, there is the potential that training posts would be removed.

The meeting concluded at 11.45 a.m.

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

Minutes of a Virtual Confidential Meeting of Trust Board held on, Thursday, 22nd October 2020 at 9.25 a.m.

PRESENT

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

IN ATTENDANCE

Mr B Beattie, Acting Director of Older People and Primary Care
Dr D Gormley, Deputy Medical Director (deputising for Dr O'Kane)
Mr B McNeany, Director of Mental Health and Disability Services
Mrs M McClements, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mr E McAnuff, Boardroom Apprentice
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director
Dr M O'Kane, Medical Director
Mr Ajay Mirakhur, CPANI/QUB Mentee

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were none declared.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 24th September 2020 were agreed as an accurate record and duly signed by the Chair.

4. MATTERS ARISING

i) Message of gratitude to staff from the Chair and Non Executive Directors

The Chair agreed to consider the issue of a message via global email from herself and the Non Executive Directors to express their gratitude to staff for their hard work and commitment during the past eight months.

Action: Chair

5. MUCKAMORE ABBEY HOSPITAL – REPORT OF THE INDEPENDENT LEADERSHIP AND GOVERNANCE REVIEW

The Chief Executive stated that it was important for Trust Board to take the opportunity to reflect on the learning from this report. Members agreed that this would be the focus at a Board Workshop in early 2021.

Mr McNeany gave a short presentation on the main themes. He stated that the Trust had not been waiting on the issue of this report and had already implemented many of the findings around safeguarding, leadership and a number of practice based improvements, particularly around the use of seclusion.

There was a short discussion with regards to leadership and governance arrangements in the context of Trust Board. The following five key questions for Board members to consider at the Workshop were agreed as:-

1. Does Trust Board show 'a lack of curiosity'?
2. Is there a disconnect between governance processes and structures and safeguarding?
3. Is Trust Board using the Delegated Statutory Functions report correctly?
4. Learning Disability targets – are they the right targets for Performance Committee to monitor?
5. Is there effective escalation of issues to Trust Board?

Culture was discussed in which Mr McNeany advised that the Review Team considered that *'the problem was not in governance, but rather in people's response to working in a closed environment, with its own set of norms and values and with loyalty to the group rather than the patients or their employing Trust'.* In relation to this, Mrs McCartan raised the fact that vulnerable patients and their families were failed by a hospital which operated as a place apart, out of the line of sight of the Trust. She asked what assurances does Trust Board have in this regard and requested that this issue also be examined at the Board Workshop.

Directors gave examples of governance and leadership approaches across their Directorates including senior leadership walks. They recognised the need not to be complacent and welcomed the Workshop as an opportunity for Trust Board to examine potential blind spots across the Trust.

Action: Focus of Board Workshop on 25th February 2021

6. i) COVID-19 UPDATE

The Chief Executive provided a verbal update. He spoke of the escalating pressures on the hospital system due to the continued and sustained community transmission of Covid-19. He stated that inpatient demand had now exceeded that of the first phase with 77 Covid positive inpatients as at 20.10.20 compared to a peak of 63 in the first phase. Members discussed the potential risk of spread in the acute hospitals given the limited side room capacity which limits the Trust's potential to respond adequately to Covid-19. The Chair particularly raised her concern about the potential risk of spread in the

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

ii) SAI Outbreak

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Action: Chief Executive

8. FINANCE REPORT

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

supported by DoH to continue with the exception of the known pay pressure associated with 20/21 Pay uplifts.

Ms O'Neill advised that the Finance Directorate, as per normal practice, is carrying out a mid-year hard close. The purpose of this is to give assurance that all significant cost and income activities are being properly accounted for. Mrs McCartan referred to the challenge to produce a financial plan that will enable the Trust to achieve a break-even outturn at year end. Ms O'Neill responded by advising that the predicted year-end deficit was now £5.4m, a revision downwards from the original deficit predicted of £7m, and is a combination of marginal additional income, increased in year unplanned expenditure benefit as a direct result of the suspension of services as part of our Covid-19 response and further in year natural slippage on demography. She further advised that the outcome of the mid-year hard close will be used to prepare a detailed forecast year-end position and this position will be kept under close scrutiny in the coming months.

SIGNED: _____ DATED: _____

Comac, Jennifer

From: Martin McDonald [redacted]
Sent: 16 August 2019 11:27
To: Eileen Mullan
Cc: Rooney, SiobhanNED; Brownlee, Roberta; Leeson, Pauline; McDonald, Martin; McCartan, Hilary; Wilkinson, John; hilary.mccartan[redacted] Donaghy, Geraldine; Judt, Sandra; Comac, Jennifer; Mullan, Eileen
Subject: Re: Terms of Reference Clinical and Social Care Governance Review 2019

To complicate things I didn't know I was involved in a meeting about Project Echo or a meeting with Shane at 10am??

Sent from my iPhone

On 16 Aug 2019, at 11:05, Eileen Mullan <[redacted]> wrote:

> Hi everyone
>
> My understanding was that this piece of work was specific to Clinical and Social Care Governance - particularly in reporting and assurance (Governance Committee). I also understood that the meeting with June was in relation to the Terms of Reference. I was not aware that our meeting was coming at the end of a process based on the document provided.
>
> Martin, Siobhan and I have a meeting with Shane at 10:00 that morning regarding Project Echo. There might be a small window between both.
>
> Its clear that understanding and interpretation is different amongst us. I am very disappointed with this last minute and loose add on of speaking to a number of Non Executive Directors. It really misses the point on governance and assurance - I shall pick that up with June Champion directly.
>
> Siobhan your note is very helpful. Thank you
>
> On Fri, Aug 16, 2019 at 10:53 AM Martin McDonald <[redacted]> wrote:
>
> Roberta
> Thank you for your email.
> My understanding was that we were meeting June to discuss the IHRD/O'Hara prompted CSCG recommendations
> That work is cross referenced to The Board Effectiveness workshop I sit on.
> So earlier this week when we met in IHRD workshop I raised our planned meeting with June in the course of committee discussions. She said that meeting was about the bespoke review requested by SHSCT.
> Unfortunately I wasn't aware of our bespoke request for a review. Maybe that's my fault - but that's not the point really
> If there is a wider CSCG review under way- albeit with a focus on young people - why are we doing a separate review before we see the outcome of this
> Obviously June will use her bespoke review to inform overall review- and that was what she told me in the course of the meeting.
> Eileen/ Siobhan
> Since meeting starts at 1115 next Friday I am happy to meet for a coffee at say 1030 to discuss
> Martin

Sent from my iPhone

On 16 Aug 2019, at 07:34, Brownlee, Roberta [redacted] wrote:

> Thanks Siobhan for this detail.
>
> For clarity: I asked to meet June once I heard of this Govern review and to see the ToR. I did mention to Eileen Chair of Govern and she was not aware of this review and asked for the ToR. When I had my meeting with June she informed me that she was doing a wider Govern review after starting the process. I asked June was she planning to meet the Chair of Govern or any NEDs but this was not in her plan. I suggested the necessity of this especially when the review was wider than Clinical and why during the summer months selected three NEDs namely Eileen, Siobhan and Martin to meet June as she was starting to write final report.
>
> I understand June is meeting the three NEDs 23/8. I have suggested these three NEDs should possibly meet to prep for this meeting with June.
>
> I have copied the CX into your notes Siobhan.
>
> Roberta

From: Rooney, SiobhanNED
Sent: 14 August 2019 15:12
To: Brownlee, Roberta; Leeson, Pauline; McDonald, Martin; Mullan, Eileen; McCartan, Hilary; Wilkinson, John; 'eileenrosemullan[redacted] 'martinanne[redacted] 'hilary.mccartan[redacted] Donaghy, Geraldine; pauline[redacted]
Cc: Judt, Sandra; Comac, Jennifer
Subject: RE: Terms of Reference Clinical and Social Care Governance Review 2019

> Roberta
>
> Please find attached my comments re the above. I have included all NED colleagues as discussed
>
> Best regards
>
> Siobhan

From: Brownlee, Roberta
Sent: 13 August 2019 07:51
To: Rooney, SiobhanNED
Cc: Judt, Sandra; Comac, Jennifer
Subject: Govern Review

Siobhan

When we spoke last week per phone you mentioned concerns you had re the present Govern review? You said you would send me an email you had drafted. To date I have not seen this email. I am out of office from today until Friday am. However I can still see emails on my IPad. You said you would share your email with Martin and Eileen prior to meeting June, of course this would be important for the three NEDs to have some prep done before meeting June?

I suggested you copy your email to all NEDS.

Roberta

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

Personal Information redacted by the

Comac, Jennifer

From: Eileen Mullan [redacted]
Sent: 16 August 2019 11:29
To: Martin McDonald
Cc: Rooney, SiobhanNED; Brownlee, Roberta; Leeson, Pauline; McDonald, Martin; McCartan, Hilary; Wilkinson, John; hilary.mccartan@[redacted]Donaghy, Geraldine; Judt, Sandra; Comac, Jennifer; Mullan, Eileen
Subject: Re: Terms of Reference Clinical and Social Care Governance Review 2019

Follow Up Flag: FollowUp
Flag Status: Flagged

Stand down Martin. You are **NOT** at the Project Echo meeting. Siobhan and I are.. ☺ See you next Friday.

On Fri, Aug 16, 2019 at 11:26 AM Martin McDonald [redacted] > wrote:

> To complicate things I didn't know I was involved in a meeting about Project Echo or a meeting with Shane at 10am??
>
> Sent from my iPhone
>
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> **Cc:** Judt, Sandra; Comac, Jennifer
> **Subject:** RE: Terms of Reference Clinical and Social Care Governance Review 2019

Roberta

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Best regards

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Cc: Judt, Sandra; Comac, Jennifer
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I suggested you copy your email to all NEDS.

Roberta

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

Personal Information

BOARD MEMBER'S ASSESSMENT OF THE CHAIR'S PERFORMANCE

Chair: ROBERTA BROWNLEE

Period of report: From 01/04/2018 To 31/03/2019

The following markings should be used to assess performance:

1 = Very effective 2 = Effective 3 = Partially Effective 4 = Not Effective

1. Attendance and commitment	
(a) Attendance at Board and other meetings	**Marking:** 1
2. Strategic leadership	
(b) Leads the Board effectively in setting the strategic direction of the Trust and ensuring the Trust's plans (and in particular, its statutory functions) are effectively delivered	**Marking:** 2
(c) Is visible within the Trust and is viewed as being accessible to Board Members and staff	**Marking:** 1
(d) Is alert to changes in the business needs of the Trust and ensures that these are communicated to Board Members and responded to, as appropriate	**Marking:** 1
(e) Leads the Board in holding management to account for performance through purposeful challenge and scrutiny, ensuring that good performance is recognised, and any under-performance is promptly addressed	**Marking:** 2

(f) Ensures that the principles of effective governance are known to, understood and practised by Board Members (NEDs & The Senior Management Team) individually and collectively	Marking: 1
(g) Ensures that the performance of the Board (and individual Committees) is reviewed regularly	Marking: 1
3. Builds effective relationships	
(h) Develops a mutually beneficial relationship with the Minister? and DoH Officials demonstrating a clear understanding of the Trust's and his/her responsibilities to both the Minister and Department	Marking: 1
(i) Develops an appropriate relationship with the Chief Executive and SMT (supportive yet challenging)	Marking: 2
(j) Promotes effective teamwork between Board Members and ensures that the Board operates as a cohesive team	Marking: 1
(k) Ensures that the Trust is well connected with its stakeholders and that any concerns or difficulties are addressed promptly and effectively	Marking: 1
4. Communication	
(l) Represents the Board and the Trust effectively with stakeholders	Marking: 1
(m) Has open and effective lines of communication (formal and informal) with Board Members and DoH and meets regularly with Chairs of Committees	Marking: 1

5. Chairing the Board	
(n) Ensures that the Board agenda, discussions and challenge at meetings are focused on strategy, performance (including financial), governance and compliance, corporate risks and feedback from stakeholders	Marking: 2
(o) Ensures that the Board receives and makes decisions based on high quality financial and performance information	Marking: 1
(p) Ensures that there is a culture of performance delivery and Board decisions are implemented promptly and effectively	Marking: 2
(q) Meetings are chaired effectively (start and finish on time; open debate encouraged; constructive challenge welcomed; conflict well handled; outcomes of discussions/decisions well summarised)	Marking: 1
Overall marking:	1
Comments	

Name of Board Member: SHANE DEVLIN

Signature: [redacted] Personal Information redacted by the USI

Date: 4/9/2019

CHAIR'S PERFORMANCE REVIEW FOR PERIOD
1st APRIL 2014 – 31st MARCH 2015

1. Please comment on the Chair's approach to her role and responsibility. For example, you could consider these areas:

   - commitment
   - availability
   - flexibility
   - leadership
   - openness
   - approach
   - ability
   - willing to listen
   - being visible,
   - making decisions
   - collaboration

Chair is extremely committed to her role and takes the responsibilities and accountability which come with it extremely seriously. She is always available and is open and honest in her approach to all staff. She is a very visible leader, always willing to listen and very adept in her ability to promote collaborative working particularly in relation to decision making and understanding and assuming responsibility for joint risk taking. Chair is highly respected by all levels of staff throughout the organisation and is extremely credible in her role.

2. Please comment on how she fulfils her role as the Chair of SHSCT? Please be honest on aspects of chairing meetings, and allowing time for discussion and debate.

Chair is very clear in relation to the behaviours and outcomes expected from Trust Board members. She facilitates detailed discussions and debate appropriate to the issues presented and is extremely proficient in her ability to Chair meetings, allowing time for detailed and focused discussion and absolutely clear about what Trust Board are agreeing or not agreeing to.

3. Please comment on how you feel as a Trust Board member. Do you feel valued and listened to? Is there enough time given to your own, and the Trust Board's, development needs?

I feel valued, listened to and supported, even with difficult and challenging issues and I feel I have been facilitated in my personal and team development needs within Trust Board. I feel respected within the Board and am open to and provide challenge.

4. Please comment on Strategic Development and Delivery. Does the Chair give enough time to developing strategic direction within the HPSS policies and priorities and to oversee the delivery of planned results by monitoring performance?

The Chair is very clear in relation to the Trusts development and delivery of strategic objectives within HPSS policy and priority and is rightly very focused on performance in a supportive manner to monitor planned results and is also willing to take appropriate risks to achieve better outcomes for patients and staff. There is, rightly so, a very significant emphasis placed on the patient experience and safety agenda's by the Chair and Trust Board and the Chair is extremely supportive when there is a need to challenge the RHSCB and DHSSPS colleagues.

5. Please comment as to how the Chair ensures a transparent, comprehensive system of accountability. This includes Probity, Corporate Responsibility: Adherence to Codes of Conduct and Accountability: Clinical Governance and Risk Management.

The Chair ensures each Board Member is very clear on all aspects of probity, accountability and corporate responsibility and we are reminded of this frequently to ensure there is no misunderstanding or ambiguity in relation to our individual and collective roles. The Chair is always very clear in relation to governance risk management and lines of accountability.

6. Please comment on the Chair's team building skills - this includes leadership: support and development of the NEDs: relationships with the Chief Executive and Executive Team, wishing to ensure that I build and lead an effective and cohesive team at Board level that provides clear vision to the organisation.

The Chair has excellent leadership skills and places great emphasis of effective and cohesive working with appropriate challenges when necessary. She provides a clear vision to the organisation with clarity on expected outcomes, all the time working to foster good working relationships and transparency within and outside of the organisation particularly with our elected representatives and user and carer groups.

7. Please comment on how the Chair ensures Public Confidence with constructive relationships outside the Organisation. This includes representing the Trust in public, developing networks and maintains good relationships with key stakeholders.

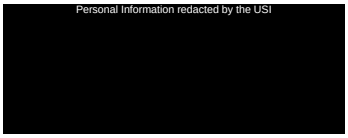
The Chair has excellent links and networks within and outside of the organisation which are used appropriately to promote confidence in and positive working for the organisation. She very positively represents the organisation at all outside engagements and has an excellent relationship with all stakeholders. The Chair is a valued and credible leader within HSC in Northern Ireland and constantly strives to maximise positive working relationships with key stakeholders.

8. In this space please add anything else you wish to comment on in relation to the Chair's performance.

The Chair has and continues to do an excellent job in extremely difficult circumstances. The SHSCT has an excellent reputation and this is in no small way due to her leadership skills, diligence and collaborative ways of working which have instilled confidence in our patients, public, staff and stakeholders and the Trust Board as a whole. Chair is both supportive and challenging with the patient at the centre of everything she does and I believe our organisation is all the richer for it.

Thank you for taking the time to complete this questionnaire.

Completed questionnaires can be anonymous if you so wish, and should be returned no later than Friday 26th June 2015.

SIGNATURE: 

DATE: 22 June 2015

CHAIR'S PERFORMANCE REVIEW FOR PERIOD 1st APRIL 2015 – 31st MARCH 2016

1. Please comment on the Chair's approach to her role and responsibility. For example, you could consider these areas:

   - commitment
   - availability
   - flexibility
   - leadership
   - openness
   - approach
   - ability
   - willing to listen
   - being visible,
   - making decisions
   - collaboration

Chair is extremely committed to her role and takes the responsibilities and accountability which come with it extremely seriously. She is always available and is open and honest in her approach to all staff. She is a very visible leader, always willing to listen and very adept in her ability to promote collaborative working particularly in relation to decision making and understanding and assuming responsibility for joint risk taking. Chair is highly respected by all levels of staff throughout the organisation and is extremely credible in her role, and is truly person centred. Chair strives to achieve the ultimate in collaborative working and decision making and encourages each board members to express their views.

2. Please comment on how she fulfils her role as the Chair of SHSCT? Please be honest on aspects of chairing meetings, and allowing time for discussion and debate.

Chair is very clear in relation to the behaviours and outcomes expected from Trust Board members. She facilitates detailed discussions and debate appropriate to the issues presented no matter how long that may take to ensure topics are comprehensively covered. Chair is extremely proficient in her ability to Chair meetings, allowing time for detailed and focused discussion and being absolutely clear about what Trust Board are agreeing to endorse or not as the case may be.

3. Please comment on how you feel as a Trust Board member. Do you feel valued and listened to? Is there enough time given to your own, and the Trust Board's, development needs?

I feel valued, listened to and supported, even with difficult and challenging issues and I feel I have been facilitated in my personal and team development needs within Trust Board. I feel respected within the Board - listened to and valued.

4. Please comment on Strategic Development and Delivery. Does the Chair give enough time to developing strategic direction within the HPSS policies and priorities and to oversee the delivery of planned results by monitoring performance?

The Chair is very clear in relation to the Trusts development and delivery of strategic objectives within HPSS policy and priority and is rightly very focused on performance in a supportive manner to monitor planned results. Chair is always willing to take appropriate and measured risks to achieve better outcomes for patients and staff. There is, rightly so, a very significant emphasis placed on the patient experience and safety agenda's by the Chair and Trust Board and the Chair is extremely supportive when there is a need to challenge the RHSCB and DHSSPS colleagues in the interest of ensuring we always do the right thing for our patients and clients.

5. Please comment as to how the Chair ensures a transparent, comprehensive system of accountability. This includes Probity, Corporate Responsibility: Adherence to Codes of Conduct and Accountability: Clinical Governance and Risk Management.

The Chair ensures each Board Member is very clear on all aspects of probity, accountability and corporate responsibility and we are reminded of this frequently to ensure there is no misunderstanding or ambiguity in relation to our individual and collective roles. The Chair is always very clear in relation to structures and the expectation of systems and processes to ensure effective clinical governance and risk management and lines of accountability.

6. Please comment on the Chair's team building skills - this includes leadership: support and development of the NEDs: relationships with the Chief Executive and Executive Team, wishing to ensure that I build and lead an effective and cohesive team at Board level that provides clear vision to the organisation.

The Chair has excellent leadership skills and places great emphasis of effective and cohesive working with appropriate challenges when necessary. She provides a clear vision to the organisation with clarity on expected outcomes, all the time working to foster good working relationships and transparency within and outside of the organisation particularly with our elected representatives and user and carer groups and DHSSPS colleagues.

7. Please comment on how the Chair ensures Public Confidence with constructive relationships outside the Organisation. This includes representing the Trust in public, developing networks and maintains good relationships with key stakeholders.

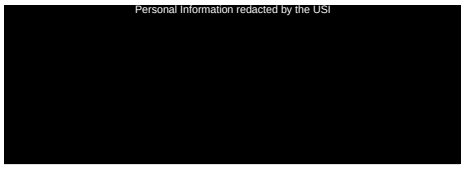
The Chair has excellent links and networks within and outside of the organisation which are used appropriately to promote confidence in and positive working for the organisation. She makes it her business to positively represent the organisation at all outside engagements and has an excellent relationship with all stakeholders. The Chair is a valued and credible leader within HSC in Northern Ireland and further afield and constantly strives to maximise positive working and proactive relationships with key stakeholders.

8. In this space please add anything else you wish to comment on in relation to the Chair's performance.

The Chair has and continues to do an excellent job in extremely difficult circumstances. The SHSCT has an excellent reputation and this is in no small way due to her leadership skills, diligence and collaborative ways of working which have instilled confidence in our patients, public, staff and stakeholders and the Trust Board as a whole. Chair is both supportive and challenging with the patient at the centre of everything she does and I believe our organisation and our patients and clients benefit hugely from the Chairs competence and confidence as a leader.

Thank you for taking the time to complete this questionnaire.

Completed questionnaires can be anonymous if you so wish, and should be returned no later than Friday 26th June 2015.

SIGNATURE: 

DATE: 12 May 2016

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

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

PRESENT

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

IN ATTENDANCE

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

APOLOGIES

Mr M McDonald, Non-Executive Director

1. CHAIR'S WELCOME

The Chair welcomed everyone to the virtual meeting.

2. INTERIM FINANCIAL STRATEGY – POST INDICATIVE ALLOCATIONS 2020/21

At the outset, the Chief Executive reminded members of the Trust's statutory duty to break-even, which will only be achieved by effective financial management. Ms O'Neill advised that the Trust has received notification of the indicative allocations for 2020/21. She referred members to the detail in the Interim Financial Strategy, which sets out the impact of these allocations on the financial position, the next steps required and to request Trust Board approval to set an unbalanced budget in the interim to facilitate appropriate stewardship and accountability of resources.

Ms O'Neill advised of an overall regional funding gap of £70m, £58m of which has to be addressed by Trusts. She further advised that the Trust has been allocated a medicines optimisation savings target of £1.04m. Ms O'Neill explained that for the fourth consecutive financial year, the Trust has been successful in negotiating out a significant share of the regional recurrent cash releasing efficiency target. For the last three financial years, the Trust secured full reduction of the target and for 2020/21, achieved a 50% reduction. This means that in 2020/21, the Trust is required to deliver general cash releasing savings of £4m. Recurrently however, the Trust has now avoided a total of £25m over the last 4 years.

Ms O'Neill stated that it was important to remember that before account is taken of the new savings/income generation targets, the Trust entered the new financial year with an opening recurrent gap of some £11.1m. Carried forward, cost pressures increased the deficit to £30m. However, the Trust was successful in achieving £0.4m of pharmacy savings in excess of plan, which reduces the deficit down to £29.6m. Ms O'Neill referred members to Table 3 on page 6 of the document, which summarises the total gap of £11.5m between committed expenditure and indicative income in 2020/21 before considering additional pressures.

Ms O'Neill reported total anticipated RRL 2020/21 of £717.2m and spoke of the significant elements. She confirmed that funding of £16.9m has now been received recurrently to support the 2019/20 pay settlement. She stated that given RRL anticipated income of £717.2m

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

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

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

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

3. **ANY OTHER BUSINESS**

i) SAI

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

ii) End of Non Executive Director Appointment Term

The Chair advised that Mrs Siobhan Rooney's term of office as a Non-Executive Director ends on 28th August 2020. On behalf of members, the Chair thanked Mrs Rooney for her enormous contribution to the Trust over the past nine years and wished her well for the future.

SIGNED: _____ DATED: _____

Comac, Jennifer

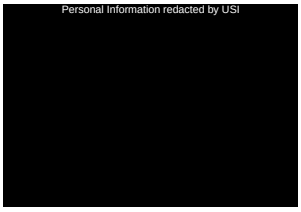
From: O'Brien, Aidan [redacted]
Sent: 10 June 2020 23:26
To: Brownlee, Roberta
Subject: URGENT COMMUNICATION
Attachments: Letter to Mrs. Brownlee 10 June 2020.docx; Letter to Mr Devlin 10 June 20.docx; Letter to Mrs Toal 09 June 2020.docx

Importance: High

Dear Mrs. Brownlee,

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

Aidan O'Brien



Mrs Roberta Brownlee,
Chair
Southern Health & Social Care Board
Trust Headquarters
Craigavon Area Hospital
Portadown
BT63 5QQ

10 June 2020

Dear Mrs. Brownlee,

I attach a letter which I sent to Mrs. Vivienne Toal, Director of Human Resources & Organisational Development, last evening, and a letter which I sent to Mr. Shane Devlin, Chief Executive, earlier today.

The point of both letters was to advise that I had submitted, on 06 March 2020, an application for pension benefits to become payable with effect from 30 June 2020, to coincide with an intent to withdraw from full time employment from that date, and with the intent to return to part time employment from 03 August 2020, having received the assurance of support from colleagues and line managers to do so, and without being informed by the Trust of any impediment to my doing so. I was then advised by telephone on Monday 08 June 2020 that I would not be permitted to return to part time employment in August 2020 due to the 'Trust's practice of not re-engaging people with ongoing HR processes'. If I had been informed of this practice by the Trust, I most certainly would not have submitted any notification of intent to withdraw from full time employment.

You will be aware that the ongoing HR processes to which reference has been made are the Formal Investigation (initiated on 30 December 2016 and completed on 01 October 2018) and a Formal Grievance (submitted on 27 November 2018 and not yet addressed). The Formal Grievance included an appeal of the Outcome of the Formal Investigation. That appeal has not been addressed, 20 months later.

I now feel all the more aggrieved by the Trust's claim to have a practice of not re-employing personnel if there are ongoing HR processes, when the Trust has been primarily responsible for the ongoing status of those HR processes, and not having been informed by the Trust, my employer, of that practice. It is important to note that it is the same Directorate which has failed to have my grievance and appeal addressed after 20 months in contravention of its own policy, the same Directorate which has accepted and processed my intent to withdraw from full time employment, and which would have been cognisant of my intent to return to part time employment as that intent is an integral part of the application proforma, and which would have been cognisant of a

Trust practice which would be an impediment to returning to part time employment, and about which I was not informed.

As a consequence, I have had no other option but to revoke my intention to withdraw from full time employment. I have already deferred payment of pension benefits earlier today.

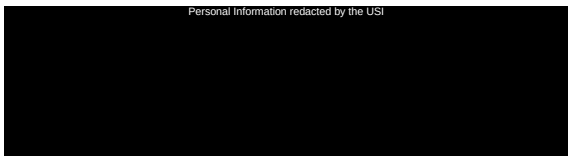
It will have been 28 years ago tomorrow, Thursday 11 June 1992, that I was appointed to the post of Consultant Urologist at Craigavon Area Hospital. From then until 1996, I single-handedly provided a 24 hour service. From 1996, with the assistance of increasing numbers of colleagues, I have endeavoured to contribute to the development of urological services by the Trust. Nevertheless, those services remain severely inadequate. Covid-19 has further exacerbated that inadequacy. By August 2020, there will be patients waiting up to six years for admission for surgery. By then, there will be patients waiting over three years for outpatient consultations following referral, and for review following investigation or management.

Today, Mr. Robin Swann, Health Minister, referring to a framework for rebuilding health and social care services in Northern Ireland, said that 'this strategic approach is about throwing absolutely everything we can at those waiting lists and those missed diagnoses and treatments that were put on pause during the Covid-19 pandemic'. The Minister advised that Northern Ireland has the longest waiting lists in the UK and Ireland. The Southern Trust's longest, surgical waiting lists are urological. Yet, the Trust finds it appropriate to prohibit me from part time employment in the face of such need due to ongoing HR processes for which the Trust has been responsible.

I do appreciate that you, and your non-Executive colleagues, have been appointed to the Trust Board by the Health Minister, and that the Trust is accountable to the Board, on behalf of the Minister, across a number of key areas, including the delivery of health and social care objectives, financial probity and governance. I write to ask you to bring to the attention of your non-Executive colleagues, the contents of this letter, and of those sent to Mr. Devlin and Mrs. Toal. In doing so, I have not made reference to any of the issues subject to the Investigation, or to any content of the Grievance or of the Appeal. I write to inform you and your colleagues of the severity of the lack of the Trust's compliance with its own Policies and Procedures, the severity of the impact of its lack of compliance upon a member of its staff, and the consequential impact upon the delivery of services expected by the Minister.

I hope that you and your non-Executive colleagues may be able to have some bearing in attempting to resolve this ongoing situation. For me, personally and professionally, it is very important that I can continue to work, but with a better work life balance. It is also most important for me that the Formal Grievance and its included Appeal are addressed. I am certainly prepared to work constructively with the Trust to achieve a just and satisfactory resolution, and particularly to the benefit of patients.

Yours sincerely,



Aidan O'Brien

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Mrs. Vivienne Toal
Director of Human Resources & Organisational Development
Trust Headquarters
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

09 June 2020

Dear Mrs. Toal,

During January 2020, I had family reasons to consider significantly reducing my workload in order to create a better work to life balance going forward. I did so particularly in the context of the potential pension risks that prevailed at that time.

I had already consulted with Mr. Malcolm Clegg of the Directorate of Human Resources with regard to options available to reducing my workload while protecting my pension entitlement, including that of part time employment. During February 2020, I also discussed this option with Mr. Michael Young, Lead Clinician in Urology, who offered his full support to my returning to part time employment if I withdrew from full time employment. I discussed the option with Mrs. Martina Corrigan, Head of Service for Urology, who assured me of her full support to return to part time employment. I discussed the option with Mr. Mark Haynes, Assistant Medical Director, who was similarly supportive, discussing the nature and amount of clinical work which I would wish to undertake. In doing so, I assured him that I would continue to participate in the Urologist of the Week rota.

Owing to those conversations, on Friday 06 March 2020, I confidently submitted an application for scheme retirement benefits, with a proposed retirement date of Tuesday 30 June 2020, and confirmation of my availability and commitment to return to agreed part time employment from Monday 03 August 2020.

Since then, we have experienced the further disruption to urological services resulting from Covid 19. As you are aware, we had already been providing urological services with a reduced number of consultant urologists since July 2019. Covid 19 has further exacerbated the difficulties in providing an adequate service. I was therefore prepared to offer to return to work in July 2020 to support my colleagues in providing increasing services to those in most urgent clinical need.

Having made enquiries, during the last week of May 2020, as to whom I should meet to arrange an agreed return to part time employment, I was advised by Mrs. Corrigan on Monday 01 June 2020 that she would discuss the matter with Mr. Haynes. On further enquiry on Friday 05 June 2020, she advised that Mr. Haynes would be in contact with me. Yesterday afternoon, I received a telephone call from Mr. Haynes, with Mr. Ronan Carroll in attendance, to advise that, following discussions with the Medical Director and with Human Resources, he had been instructed to advise me that “it

was the 'practice' of the Trust not to re-engage people while there are ongoing HR processes". He confirmed that these issues were those of the Formal Investigation (initiated in December 2016 and concluded in October 2018) and my Formal Grievance (submitted in November 2018).

I had not received any written or other communication since I submitted the AW6 Form on 06 March 2020 regarding confirmation of its receipt or of processing the application, until one sent at 12.39 pm today, claiming that I had telephoned the Medical HR Department yesterday, Monday 08 June 2020, with regard to Medical HR acknowledging receipt of my 'retirement letter'. This claim is untrue. I telephoned to request a copy of the AW6 Form which I had submitted on 06 March 2020. I did not mention any letter. I did not send a letter to Medical HR. I sent a letter to Mrs. Martina Corrigan. I find it so distressing to be once again met with such misrepresentation.

I wish to unequivocally emphasise that, until yesterday, I had not received any advice or indication that such 'ongoing HR processes' would be an impediment to my returning to part time employment, including from any of the personnel named in paragraph 2 above. It was the duty of my employer to inform me that ongoing HR processes prohibited my returning to part time employment. Had I been informed of such, I certainly would not have submitted the AW6 Form on 06 March 2020, with the self-evident pecuniary and reputational loss and damage that yesterday's development entails, in addition to disabling my ability to be appraised and revalidated. On the contrary, it was the absence of information regarding any factors prohibiting part time employment, and the support offered that underpinned my lodging the Form on 06 March 2020.

I therefore notify you that I now revoke my application for retirement benefits and indication of my withdrawal from full time employment, both with immediate effect. I will advise BSO of this notification. I therefore require, by 5.00 pm on Thursday 11 June 2020, the Trust's confirmation that my full time employment shall continue.

I also require full disclosure of all Trust policies relating to the Trust 'practice' referred to above. I require it by return by 5.00 pm on Thursday 11 June 2020.

Whilst I hope that this issue can be resolved by 05.00 pm on Thursday 11 June 2020, I must stress that otherwise all further correspondence in this matter shall immediately flow from the solicitor I have instructed to conduct proceedings.

Yours sincerely,

Aidan O'Brien

STRICTLY PRIVATE & CONFIDENTIAL

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Personal Information

Mr. Shane Devlin
Chief Executive
Southern Health & Social Services Board
Trust Headquarters
Craigavon Area hospital
68 Lurgan Road
Portadown
BT63 5QQ

10 June 2020

Dear Mr. Devlin,

On 27 November 2018, I lodged with you a Formal Written Grievance. I submitted it to you in person as I had already lost faith in the integrity of the Directorate of Human Resources. In lodging my grievance with you, I retained a confidence that you would ensure that the Grievance would be progressed in a timely manner, and in compliance with the Trust's Grievance Procedure. The Grievance included an appeal of the Case Manager's Outcome of the preceding Formal Investigation. Now almost 20 months later, neither the grievance nor the appeal has been addressed, even though I was assured by Mrs. Toal in writing in June 2019, and most recently on 22 May 2020, that arrangements were being made to convene the grievance hearing.

I attach a letter which I sent to Mrs. Toal last evening. It will inform you that I was advised on Monday 08 June 2020 that I would not be facilitated to return to part time employment from 3 August 2020 due to a 'practice of the Trust not to re-engage people with ongoing HR processes'. The letter to Mrs. Toal details the support which I had been given to return to part time employment and the absence of any advice from the Trust that ongoing HR processes would be an impediment to my returning to part time employment. I have notified Mrs. Toal that I revoke my application for retirement benefits and of the indication of my withdrawal from full time employment, both with immediate effect.

In making every effort to resolve this impasse, I write to ask you to ensure that the Grievance is addressed as soon as is possible, and so that it can be completed by Friday 26 June 2020. With confidence that the Grievance will be upheld, and that its included appeal will be equally so, there then would be no outstanding HR processes.

I would be grateful for an acknowledgement of receipt of this letter.

Yours sincerely,

Personal Information redacted by the USI

Comac, Jennifer

From: Brownlee, Roberta
Sent: 11 June 2020 17:48
To: O'Brien, Aidan
Cc: Devlin, Shane; Comac, Jennifer; Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Subject: RE: URGENT COMMUNICATION

Aidan

Confirming receipt of your email and this has been copied as requested to all the NEDs. I have also spoken to the CX on your correspondence and he too has received a copy.

Roberta

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

Dear Mrs. Brownlee,

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

Aidan O'Brien

SOUTHERN HEALTH AND SOCIAL CARE TRUST

BOARD OF DIRECTORS
DECLARATION AND REGISTER OF INTERESTS

Period of Declaration: 2010/11

POSITION HELD	NAME	DETAILS OF INTERESTS
Chairman	Mrs Anne Balmer	• Personal Information redacted by the USI
Non-Executive Director	Mrs Deirdre Blakely	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mrs Roberta Brownlee	• Personal Information redacted by the USI • Director and Company Secretary – Craigavon Urological Research and Education (CURE) (Charity) • Personal Information redacted by the USI
Non-Executive Director	Mr Edwin Graham	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Alistair Joynes	• Personal Information redacted by the USI

Non-Executive Director	Mrs Hester Kelly	• Personal Information redacted by the USI
Non-Executive Director	Mrs Elizabeth Mahood	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Dr Raymond Mullan	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI

POSITION HELD	NAME	DETAILS OF INTERESTS
Chief Executive / Accounting Officer	Mrs Mairead McAlinden	• None
Medical Director	Dr Patrick Loughran	• None
Director of Finance and Procurement	Mr Stephen McNally	• None
Director of Mental Health and Disability/Executive Director of Nursing	Mr Francis Rice	• None
Director of Children and Young People's Services/Executive Director of Social Work	Mr Brian Dornan	• Personal Information redacted by the USI
Director of Acute Services	Dr Gillian Rankin	• Personal Information redacted by the USI • Personal Information redacted by the USI
Acting Director of Older People and Primary Care	Mrs Angela McVeigh	• Personal Information redacted by the USI
Director of Performance and Reform	Mrs Paula Clarke	• None
Director of Human Resources and Organisational Development	Mr Kieran Donaghy	• None

DISCLOSURE REQUIREMENTS UNDER FRS8 – RELATED PARTY TRANSACTION

Interests in the following organisations were declared by Non-executive, Executive and other Directors and recorded on the Trust's Register of Interests for 2010/11. Where an interest is disclosed, the related party is not involved directly in the award of a contract with the related organisation.

The interests declared and the value of the related party transactions were as follows:

POSITION HELD	NAME	NATURE AND VALUE OF TRANSACTION
Personal Information redacted by the USI	Mrs Deirdre Blakely	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mr Edwin Graham	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mr Edwin Graham	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mrs Hester Kelly	Irrelevant information redacted by the USI

Personal Information redacted by the USI	Mrs Elizabeth Mahood	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mrs Angela Mc Veigh	Irrelevant information redacted by the USI

SOUTHERN HEALTH AND SOCIAL CARE TRUST

BOARD OF DIRECTORS
DECLARATION AND REGISTER OF INTERESTS

Period of Declaration: 2011/12

POSITION HELD	NAME	DETAILS OF INTERESTS
Chairman	Mrs Roberta Brownlee	• Personal Information redacted by the USI • Director – Craigavon Urological Research and Education (CURE) (Charity) • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Roger Alexander	• Personal Information redacted by the USI
Non-Executive Director	Mrs Deirdre Blakely	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Edwin Graham	• Personal Information redacted by the USI • Personal Information redacted by the USI

Non-Executive Director	Mrs Hester Kelly	• Personal Information redacted by the USI
Non-Executive Director	Mrs Elizabeth Mahood	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Dr Raymond Mullan	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mrs Siobhan Rooney	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI

POSITION HELD	NAME	DETAILS OF INTERESTS
Chief Executive / Accounting Officer	Mrs Mairead McAlinden	• None
Director of Performance and Reform	Mrs Paula Clarke	• None
Director of Human Resources and Organisational Development	Mr Kieran Donaghy	• None
Director of Finance and Procurement	Mr Stephen McNally	• None
Director of Older People and Primary Care	Mrs Angela McVeigh	• Personal Information redacted by the USI
Director of Children and Young People's Services/Executive Director of Social Work	Mr Paul Morgan	• None
Director of Acute Services	Dr Gillian Rankin	• Personal Information redacted by the USI • Personal Information redacted by the USI
Director of Mental Health and Disability/Executive Director of Nursing	Mr Francis Rice	• None
Medical Director	Dr Simpson	• None

DISCLOSURE REQUIREMENTS UNDER FRS8 – RELATED PARTY TRANSACTION

Interests in the following organisations were declared by Non-executive, Executive and other Directors and recorded on the Trust's Register of Interests for 2011/12. Where an interest is disclosed, the related party is not involved directly in the award of a contract with the related organisation.

The interests declared and the value of the related party transactions were as follows:

POSITION HELD	NAME	NATURE AND VALUE OF TRANSACTION
Personal Information redacted by the USI	Mr Edwin Graham	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mr Edwin Graham	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mrs Elizabeth Mahood	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mrs Siobhan Rooney	Irrelevant information redacted by the USI

Personal Information redacted by the USI	Mrs Angela McVeigh	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Dr Gillian Rankin	Irrelevant information redacted by the USI

Directorship - Chair

From: ROBERTA BROWNLEE [redacted]
Sent: 03 July 2012 20:09
To: Comac, Jennifer; Judt, Sandra
Subject: Directorship - Chair

Sandra

For record purposes I wish to inform you that I have resigned as a Director of Craigavon
Urological Research & Education (CURE) with effect from the 2nd July 2012.

Roberta

SOUTHERN HEALTH AND SOCIAL CARE TRUST

BOARD OF DIRECTORS
DECLARATION AND REGISTER OF INTERESTS

Period of Declaration: 2012/13

POSITION HELD	NAME	DETAILS OF INTERESTS
Chairman	Mrs Roberta Brownlee	• Personal Information redacted by the USI • Committee Member – Craigavon Urological Research and Education Charity (CURE) • Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Roger Alexander	• Personal Information redacted by the USI
Non-Executive Director	Mrs Deirdre Blakely	• Personal Information redacted by the USI • Personal Information redacted by the USI

Non-Executive Director	Mr Edwin Graham	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mrs Hester Kelly	• Personal Information redacted by the USI
Non-Executive Director	Mrs Elizabeth Mahood	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Dr Raymond Mullan	• Personal Information redacted by the USI
Non-Executive Director	Mrs Siobhan Rooney	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI

POSITION HELD	NAME	DETAILS OF INTERESTS
Chief Executive / Accounting Officer	Mrs Mairead McAlinden	• None
Director of Performance and Reform	Mrs Paula Clarke	• None
Director of Human Resources and Organisational Development	Mr Kieran Donaghy	• None
Director of Finance and Procurement	Mr Stephen McNally	• None
Director of Older People and Primary Care	Mrs Angela McVeigh	• Personal Information redacted by the USI
Director of Children and Young People's Services/Executive Director of Social Work	Mr Paul Morgan	• None
Director of Acute Services	Dr Gillian Rankin	• Personal Information redacted by the USI • Personal Information redacted by the USI
Director of Mental Health and Disability/Executive Director of Nursing	Mr Francis Rice	• None
Medical Director	Dr John Simpson	• None

DISCLOSURE REQUIREMENTS UNDER FRS8 – RELATED PARTY TRANSACTION

Interests in the following organisations were declared by Non-executive, Executive and other Directors and recorded on the Trust's Register of Interests for 2011/12. Where an interest is disclosed, the related party is not involved directly in the award of a contract with the related organisation.

The interests declared and the value of the related party transactions were as follows:

POSITION HELD	NAME	NATURE AND VALUE OF TRANSACTION
Personal Information redacted by the USI	Mrs Roberta Brownlee	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mrs Roberta Brownlee	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mr Edwin Graham	Irrelevant information redacted by the USI
Personal Information redacted by the USI	Mr Edwin Graham	Irrelevant information redacted by the USI

Personal Information redacted by the USI [redacted]	Mrs Angela McVeigh	Irrelevant information redacted by the USI [redacted]
Personal Information redacted by the USI [redacted]	Dr Gillian Rankin	Irrelevant information redacted by the USI [redacted]

SOUTHERN HEALTH AND SOCIAL CARE TRUST

BOARD OF DIRECTORS
DECLARATION AND REGISTER OF INTERESTS

Period of Declaration: 2013/14

POSITION HELD	NAME	DETAILS OF INTERESTS
Chairman	Mrs Roberta Brownlee	• Personal Information redacted by the USI • Committee Member – Craigavon Urological Research and Education Charity (CURE) • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Roger Alexander	• Personal Information redacted by the USI
Non-Executive Director	Mrs Deirdre Blakely	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Mr Edwin Graham	• Personal Information redacted by the USI • Personal Information redacted by the USI

Non-Executive Director	Mrs Hester Kelly	• Personal Information redacted by the USI
Non-Executive Director	Mrs Elizabeth Mahood	• Personal Information redacted by the USI • Personal Information redacted by the USI
Non-Executive Director	Dr Raymond Mullan	• Personal Information redacted by the USI
Non-Executive Director	Mrs Siobhan Rooney	• Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI • Personal Information redacted by the USI

POSITION HELD	NAME	DETAILS OF INTERESTS
Chief Executive / Accounting Officer	Mrs Mairead McAlinden	• None
Interim Director of Acute Services	Mrs Debbie Burns	• None
Director of Performance and Reform	Mrs Paula Clarke	• None
Acting Director of Mental Health & Disability Services	Mr Miceal Crilly	• None
Director of Human Resources and Organisational Development	Mr Kieran Donaghy	• None
Director of Finance and Procurement	Mr Stephen McNally	• None
Director of Older People and Primary Care	Mrs Angela McVeigh	• Personal Information redacted by the USI
Director of Children and Young People's Services/Executive Director of Social Work	Mr Paul Morgan	• None
Director of Mental Health and Disability/Executive Director of Nursing	Mr Francis Rice	• None
Medical Director	Dr John Simpson	• None

DISCLOSURE REQUIREMENTS UNDER FRS8 – RELATED PARTY TRANSACTION

Interests in the following organisations were declared by Non-executive, Executive and other Directors and recorded on the Trust's Register of Interests for 2011/12. Where an interest is disclosed, the related party is not involved directly in the award of a contract with the related organisation.

The interests declared and the value of the related party transactions were as follows:

POSITION HELD	NAME	NATURE AND VALUE OF TRANSACTION