



Urology Services Inquiry

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

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

29 April 2022

Dear Dr Loughran,

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

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

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

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

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 30 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:

Dr Patrick Loughran
C/O
Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.
2. The Notice requires you to do the acts set out in the body of the Notice.
3. You should read this Notice carefully and consult a solicitor as soon as possible about it.
4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.
5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

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

APPLICATION TO VARY OR REVOKE THE NOTICE

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

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

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

Dated this day 29th April 2022

Signed:

Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry



SCHEDULE
[No 30 of 2022]

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.
2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"), except where those documents have been previously provided to the USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.
3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.

Your position(s) within the SHSCT

4. Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.
5. Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post.
6. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.
7. With specific reference to *the operation and governance of urology services*, please set out your roles and responsibility and lines of management.
8. It would be helpful for the Inquiry for you to explain how those aspects of your role and responsibilities which were *relevant to the operation and governance of urology services*, differed from and/or overlapped with, for example, the roles of the Director of Acute Services, Assistant Directors, the Clinical Director, Associate Medical Director, the Head of Service, the Clinical Lead, urology consultants or with any other role which had governance responsibility.

Urology services/Urology unit - staffing

9. The Inquiry understands that a regional review of urology service was undertaken in response to service concerns regarding the ability to manage growing demand, meet cancer and elective waiting times, maintain quality standards and provide high quality elective and emergency services. This review was completed in March 2009 and recommended three urology centres, with one based at the Southern Trust - to treat those from the Southern

catchment area and the lower third of the western area. As relevant, set out your involvement, if any, in the establishment of the urology unit in the Southern Trust area.

10. What, if any, performance indicators were used within the urology unit at its inception?
11. Was the '*Integrated Elective Access Protocol*' published by DOH in April 2008, provided to or disseminated in any way by you or anyone else to urology consultants in the SHSCT? If yes, how and by whom was this done? If not, why not?
12. How, if at all, did the '*Integrated Elective Access Protocol*' (and time limits within it) impact on the management, oversight and governance of urology services? How, if at all, were the time limits for urology services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?
13. The implementation plan, *Regional Review of Urology Services, Team South Implementation Plan*, published on 14 June 2010, notes that there was a substantial backlog of patients awaiting review at consultant led clinics at that stage and included the Trust's plan to deal with this backlog.
 - I. What is your knowledge of and what was your involvement with this plan?
 - II. How was it implemented, reviewed and its effectiveness assessed?
 - III. What was your role in that process?
 - IV. Did the plan achieve its aims in your view? OR Please advise whether or not it is your view that the plan achieved its aims? If so, please expand stating in what way you consider these aims were achieved.
14. Were the issues raised by the *Implementation Plan* reflected in any Trust governance documents or minutes of meetings, and/or the Risk Register? Whose role was to ensure this happened? If the issues were not so reflected,

can you explain why? Please provide any documents referred to in your answer.

15. To your knowledge, were the issues noted in the *Regional Review of Urology Services, Team South Implementation Plan* resolved satisfactorily or did problems persist following the setting up of the urology unit?
16. Do you think the unit was adequately staffed and properly resourced from its inception? If that is not your view, can you please expand noting the deficiencies as you saw them?
17. Were you aware of any staffing problems within the unit since its inception? If so, please set out the times when you were made aware of such problems, how and by whom.
18. Were there periods of time when any posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were staffing challenges and vacancies within the unit managed and remedied?
19. In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of urology services?
20. Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?
21. Has your role changed in terms of governance during your tenure? If so, explain how it has changed with particular reference to urology services, as relevant?
22. Explain your understanding as to how the urology unit and urology services were supported by non-medical staff. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to the medical and nursing staff. If you not have sufficient understanding to address this question, please identify those individuals you say would know.

23. Do you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular consultants? How was the administrative workload monitored?
24. Were the concerns of administrative support staff, if any, ever raised with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you did in response.
25. Who was in overall charge of the day to day running of the urology unit? To whom did that person answer, if not you? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.
26. What, if any role did you have in staff performance reviews?
27. Was your role subject to a performance review or appraisal? If so, please explain how and by whom and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

Engagement with unit staff

28. Describe how you engaged with all staff within the unit. It would be helpful if you could indicate the level of your involvement, as well as the kinds of issues which you were involved with or responsible for within urology services, on a day to day, week to week and month to month basis. You might explain the level of your involvement in percentage terms, over periods of time, if that assists.
29. Please set out the details of any weekly, monthly or daily scheduled meetings with any urology unit/services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.

30. During your tenure did medical and professional managers in urology work well together? Whether your answer is yes or no, please explain by way of examples regarding urology.

Governance – generally

31. What was your role regarding the consultants and other clinicians in the unit, including in matters of clinical governance?
32. Who oversaw the clinical governance arrangements of the unit and how was this done? As relevant to your role, how did you assure yourself that this was being done appropriately?
33. How did you oversee the quality of services in urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of services?
34. How, if at all, did you oversee the performance metrics in urology? If not you, who was responsible for this overseeing performance metrics?
35. How did you assure yourself regarding patient risk and safety in urology services in general? What systems were in place to assure you that appropriate standards were being met and maintained?
36. How could issues of concern relating to urology services be brought to your attention? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?
37. Did those systems or processes change over time? If so, how, by whom and why?
38. How did you ensure that you were appraised of any concerns generally within the unit?

39. How did you ensure that governance systems, including clinical governance, within the unit were adequate? Did you have any concerns that governance issues were not being identified, addressed and escalated as necessary?
40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to.
41. What systems were in place for collecting patient data in the unit? How did those systems help identify concerns, if at all?
42. What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?
43. During your tenure, how well do you think performance objectives were set for consultant medical staff and for specialty teams? Please explain your answer by reference to any performance objectives relevant to urology during your time, providing documentation or sign-posting the Inquiry to any relevant documentation.
44. How well did you think the cycle of job planning and appraisal worked and explain why you hold that view?
45. The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns having the potential to impact on patient care and safety arose. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how things were escalated and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.
46. Did you feel supported in your role by the medical line management hierarchy? Whether your answer is yes or no, please explain by way of examples, in particular regarding urology.

Concerns regarding the urology unit

47. The Inquiry is keen to understand how, if at all, you liaised with, involved, and had meetings with the following staff (please name the individual/s who held each role during your tenure):

- (i) The Chief Executive(s);
- (ii) the Director(s) of Acute Services;
- (iii) the Assistant Director(s);
- (iv) the Clinical Director
- (v) the Associate Medical Director;
- (vi) the Head of Service;
- (vii) the Clinical Lead;
- (viii) the consultant urologists.

When answering this question, the Inquiry is interested to understand how you liaised with these individuals in matters of concern regarding urology governance generally, and in particular those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding urology services. Where not previously provided, you should include all relevant documentation, dates of meetings, actions taken, etc.

48. Following the inception of the urology unit, please describe the main problems you encountered or were brought to your attention in respect of urology services? Without prejudice to the generality of this request, please address the following specific matters: -

- (a) What were the concerns raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc., and attendees, and

detail what was discussed and what was planned as a result of these concerns.

- (b) What steps were taken (if any) to risk assess the potential impact of the concerns once known?
- (c) Did you consider that any concerns which were raised may have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If not, why not.
- (d) If applicable, explain any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements?
- (e) How did you assure yourself that any systems and agreements that may have been put in place to address concerns were working as anticipated?
- (f) If you were given assurances by others, how did you test those assurances?
- (g) Were the systems and agreements put in place to rectify the problems within urology services successful?
- (h) If yes, by what performance indicators/data/metrics did you measure that success? If not, please explain.

49. Having regard to the issues of concern within urology services which were raised with you or which you were aware of, including deficiencies in practice, explain (giving reasons for your answer) whether you consider that these issues of concern were -

- (a) properly identified,
- (b) their extent and impact assessed,
- (c) and the potential risk to patients properly considered?

50. What, if any, support was provided to urology staff (other than Mr O'Brien) by you and the Trust, given any of the concerns identified? Did you 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. (Q64 will ask about any support provided to Mr O'Brien).
51. Was the urology department offered any support for quality improvement initiatives during your tenure?

Mr. O'Brien

52. Please set out your role and responsibilities in relation to Mr. O'Brien. How often would you have had contact with him on a daily, weekly, monthly basis over the years (your answer may be expressed in percentage terms over periods of time if that assists)?
53. What was your role and involvement, if any, in the formulation and agreement of Mr. O'Brien's job plan(s)? If you engaged with him and his job plan(s) please set out those details in full.
54. When and in what context did you first become aware of issues of concern regarding Mr. O'Brien? What were those issues of concern and when and by whom were they first raised with you? Please provide any relevant documents. Do you now know how long these issues were in existence before coming to your or anyone else's attention? Please provide full details in your answer.
55. Please detail all discussions (including meetings) in which you were involved which considered concerns about Mr. O'Brien, whether with Mr. O'Brien or with others (please name). You should set out in detail the content and nature of those discussions, when those discussions were held, and who else was involved in those discussions at any stage.
56. What actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding

concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate.

57. Did you consider that any concerns raised regarding Mr O'Brien may have impacted on patient care and safety? If so:

- (i) what risk assessment did you undertake, and
- (ii) what steps did you take to mitigate against this? If none, please explain. If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person.

58. If applicable, please detail your knowledge of any agreed way forward which was reached between you and Mr. O'Brien, or between you and others in relation to Mr. O'Brien, or between Mr O'Brien and others, given the concerns identified.

59. What, if any, metrics were used in monitoring and assessing the effectiveness of the agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before?

60. How did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed?

61. Did any such agreements and systems which were put in place operate to remedy the concerns? If yes, please explain. If not, why do you think that was the case? What in your view could have been done differently?

62. Did Mr O'Brien raise any concerns regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise and with whom, and when and in what context did he raise them? How, if at all, were

those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something?

63. Did you raise any concerns about the conduct/performance of Mr O'Brien. If yes:

- (a) outline the nature of concerns you raised, and why it was raised
- (b) who did you raise it with and when?
- (c) what action was taken by you and others, if any, after the issue was raised
- (d) what was the outcome of raising the issue?

If you did not raise any concerns about the conduct/performance of Mr O'Brien, why did you not?

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

65. How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust 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 meetings relevant to governance, please explain why not.

Learning

66. 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.

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

68. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and the unit, and regarding the concerns involving Mr. O'Brien in particular?
69. Do you think there was a failure 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.
70. 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?
71. Do you think, overall, the governance arrangements 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?
72. 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.

UROLOGY SERVICES INQUIRY

USI Ref: Section 21 Notice No. 30 of 2022

Date of Notice: 29th April 2022

Witness Statement of: DR PATRICK LOUGHRAN.

I, Dr Patrick Loughran, will say as follows:-

1. *Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with you, meetings attended by you, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.*

I was appointed as the Medical Director in the Southern Health and Social Care Trust in March 2007. I retired from this post in July 2011. My roles, responsibilities and duties included being an appointed member of the Trust Board and providing advice on all issues relating to the professional medical workforce, clinical practice and quality and safety outcomes. In relation to governance of the medical workforce, I provided professional leadership advice, guidance and support to Associate Medical Directors and Clinical Directors. Together with my colleagues, I was instructed to support and provide assurance on governance concerns and to ensure any learning was incorporated into clinical practices. Other areas of responsibility are listed in full in the job description appended hereto at Appendix 1. Medical Director JD 2007. Document can be located in S21 No 30 of 2022/Medical Director JD P Loughran. During my tenure I had various dealings with the Urology Department, which was managed within the Acute Services Directorate, specifically in relation to the European Working Time Directive and junior medical staff. I also had routine contact regarding Infection Prevention and Control as this was a key area of my responsibility. In December 2009 I was present during discussions concerning waiting lists however I was not involved with this matter in any depth. I did have significant involvement in a governance and patient safety matter in Urology. This concern was around the efficacy and safety of treatments for a cohort of 35 patients who were admitted for intravenous therapy, many on several or multiple occasions. This is described in detail in my answer to question 28.

2. *Please also provide any and all documents within your custody or under your control relating to the terms of reference of the Urology Services Inquiry ("USI"), except where those documents have been previously provided to the USI by the SHSCT. Please also provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below.*

Appendix 1. Medical Director JD 2007
 Appendix 2. 20091203 Urology letter re Waiting list concerns
 Appendix 3. 20091211 GR Action plan
 Appendix 4. 20100120 E Mackle re locum
 Appendix 5. 20090717 le Jean O Driscoll final.pdf
 Appendix 6. Dr Patrick Loughran IPR 2009-10 pdf
 Appendix 7 20101029 letter
 Appendix 8. 20090512,
 Appendix 9. 20090718
 Appendix 10. 20090602.
 Appendix 11. 20090717

3. *Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed. If there are questions that you do not know the answer to, or where someone else is better placed to answer, please explain and provide the name and role of that other person. If you are in any doubt about the documents previously provided by the SHSCT you may wish to discuss this with the Trust's legal advisors, or, if you prefer, you may contact the Inquiry.*

Your position(s) within the SHSCT

4. *Please summarise your qualifications and your occupational history prior to commencing employment with the SHSCT.*
- I graduated from Queen's University Belfast in July 1976 and I was awarded degrees of MB, BCh, BAO.
 - I worked as a Pre-registration House Officer from 1976 until 1977. Mater Hospital Belfast.
 - Thereafter I trained in the "Northern Ireland Anaesthetic Training Scheme" from 1977 until 1983. I held the usual succession of training jobs of Senior House Officer, Registrar and finally Senior Registrar, RVH, BCH, Daisy Hill and Craigavon and RVH.
 - I attained my anaesthetic professional qualification of FFARCSI from Dublin in 1980.
 - I was appointed as a Consultant Anaesthetist by the Southern Area Board at Daisy Hill Hospital, Newry in 1983. I spent the first year of my appointment on sabbatical leave as an Associate Professor of Anaesthesia at the University of Texas's Health Science Centre, Dallas, Texas, USA.

- I returned to Daisy Hill Hospital in August 1984 where I worked as a full-time hospital anaesthetist until 1991. I then became involved in management. Initially I worked approximately 4 hours in management per week ["Clinician in the Unit of Management"] and in 1993 this increased to approximately 12 hours per week. I continued with clinical anaesthesia for the balance of a full-time job.
- I was appointed as the Medical Director when the SHSCT was established in April 2007 and I remained in this post until July 2011. I did not continue in the practice of anaesthetics after my appointment as Medical Director.

5. *"Please set out all posts you have held since commencing employment with the Trust. You should include the dates of each tenure, and your duties and responsibilities in each post. Please provide a copy of all relevant job descriptions and comment on whether the job description is an accurate reflection of your duties and responsibilities in each post. "*

- I was appointed as a Consultant Anaesthetist to the Southern Area Board at Daisy Hill Hospital, Newry in 1983. I spent the first year of my appointment on sabbatical leave as an Associate Professor of Anaesthesia at the University of Texas's Health Science Centre, Dallas, Texas, USA. I do not have a job description.
- I returned to Daisy Hill Hospital in August 1984 where I worked as a full-time hospital anaesthetist until 1991. My duties at that time were solely clinical anaesthesia in theatre, the labour ward and resuscitation calls to the A&E department and wards. I covered two sites and split my time across Daisy Hill (approximately 95%) and Banbridge Hospital (approximately 5%). In 1991 I became involved in management as a clinical representative on the Unit of Management for Newry and Mourne. This involved providing medical advice and support to the management team for approximately 4 hours per week. In 1993 this increased to approximately 12 hours per week when the Newry and Mourne Trust was established. This involved extended management duties as I became responsible for the Acute Service's budget. I continued with clinical anaesthesia for the balance of a full-time job. I do not have job descriptions for the 1984 – 2007 period. In 2007, when SHSCT was formed, I was appointed as the Medical Director. I did not continue in the practice of anaesthetics after this appointment. I retired from this post in July 2011. In preparation for this statement, I asked for a copy of my job description including duties and responsibilities. This is listed as Appendix 1 having been provided to me by the Southern HSC Trust.

6. *Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.*

My SHSCT line manager, or the person whom I reported directly to, was the Chief Executive of SHSCT. This was Mr Colm Donaghy at first prior to him being succeeded by Mrs Mairead McAlinden. I had two senior managers in the office; Mrs Roberta Wilson who managed the Governance responsibility and the team covering that function, and Mrs Anne Brennan, who did not have Governance responsibilities. I also dealt with, but did not directly manage, the Associate Medical Directors. This covered a variety of services including the Associate Medical Directors for Surgery including Urology.

7. *With specific reference to the operation and governance of urology services, please set out your roles and responsibility and lines of management.*

I had no direct responsibility for the operation of the urology service. In relation to governance, my role entailed dealing with any issue which deviated from the norm and which was reported to me having not been capable of resolution at Directorate level.

8. *It would be helpful for the Inquiry for you to explain how those aspects of your role and responsibilities which were relevant to the operation and governance of urology services, differed from and/or overlapped with, for example, the roles of the Director of Acute Services, Assistant Directors, the Clinical Director, Associate Medical Director, the Head of Service, the Clinical Lead, urology consultants or with any other role which had governance responsibility.*

The roles referenced were management roles or roles within the Urology Service, under the management of the Director of Acute Services [various postholders] reporting to the Chief Executive. It was the responsibility of these staff to identify and support good clinical practice and to become aware of a reduction or failing in the quality of service. It was expected that all staff would be accountable and accept responsibility for his/her own work. It was expected that staff would make the care and safety of patients a primary concern. Risk management and reduction was everyone's responsibility. The Medical Director's role (i.e. my role) overlapped with the roles of others when problems were passed or flagged to my attention if the severity of an issue, relating to clinical practical, was great and it necessitated the Medical Director's help or input to resolve.

Urology services/Urology unit - staffing

9. *The Inquiry understands that a regional review of urology service was undertaken in response to service concerns regarding the ability to manage growing demand, meet cancer and elective waiting times, maintain quality standards and provide high quality elective and emergency services. This review was completed in March 2009 and recommended three urology centres, with one based at the Southern Trust - to treat those from the Southern catchment area and the lower third of the western area. As relevant, set out your involvement, if any, in the establishment of the urology unit in the Southern Trust area*

I was not involved in the establishment of the unit however, at all times material to its inception, I was aware of the Regional Review and of all of the recommendations contained therein.

10. *What, if any, performance indicators were used within the urology unit at its inception?*

I was not aware of any performance indicators within the unit at its inception. By July 2009 I became aware of capacity and demand issues, job planning and clinical issues within Urology, as illustrated in the following three appendices. Appendix 2 [December 3rd 2009] refers to the need for a meeting about waiting lists to include the consultant urologists. This was sent by the Chief Executive, Mrs M McAlinden. Document can be located in Relevant to MDO/Evidence after 4 November MDO/Reference no 77/Correspondence Patrick Loughran/20091203_Urology Letter_ATTACHMENT Appendix 3 [December 11th 2009] is the notes from that meeting. Document can be located in Relevant to HR/Evidence after 4 November HR/Reference 77/Correspondence Parick Loughran/20091211_FW Action Notes of Meetings re Urology Service_ Attachment Appendix 4

[January 20th 2010] contains details of plans to increase capacity and address the long waiting list. *Document can be located in Relevant to MDO/Evidence after 4 November MDO/Reference no 77/Correspondence Patrick Loughran/20100120_Letter to Consultant Urologists_ATTACHMENT*

11. *Was the 'Integrated Elective Access Protocol' published by DOH in April 2008, provided to or disseminated in any way by you or anyone else to urology consultants in the SHSCT? If yes, how and by whom was this done? If not, why not?*

I was aware of the Integrated Elective Access Protocol. It was provided to me as a member of the senior management team. I did not disseminate it. My understanding is that it was provided to the Urology Consultants and discussed at, at least, one meeting during which I was present on 7th December 2009 under the aegis of the Director of Acute Services. I refer to document Appendix 3 20091211. *Document can be located in Relevant to HR/Evidence after 4 November HR/Reference 77/ Correspondence Parick Loughran/20091211_ FW Action Notes of Meetings re Urology Service_ Attachment.*

12. *How, if at all, did the 'Integrated Elective Access Protocol' (and time limits within it) impact on the management, oversight and governance of urology services? How, if at all, were the time limits for urology services monitored as against the requirements of the protocol? What action, if any, was taken (and by whom) if time limits were not met?*

It is my understanding that this was managed within the Acute Services Directorate. I do not have any specific knowledge about this protocol.

13. *The implementation plan, Regional Review of Urology Services, Team South Implementation Plan, published on 14 June 2010, notes that there was a substantial backlog of patients awaiting review at consultant led clinics at that stage and included the Trust's plan to deal with this backlog.*

- I. What is your knowledge of and what was your involvement with this plan?*
- II. How was it implemented, reviewed and its effectiveness assessed?*
- III. What was your role in that process?*
- IV. Did the plan achieve its aims in your view? OR Please advise whether or not it is your view that the plan achieved its aims? If so, please expand stating in what way you consider these aims were achieved.*

I I was aware of the general contents of the plan. I was not aware of or involved in assessing the detailed outcome of the plan however I knew that there was to be some centralisation of major urology services in Belfast. This included major surgery for cancer and non-cancer conditions and for low volume cases so that expertise would be concentrated in a small number of surgeons/teams. I had no involvement in the implementation of the plan.

II Unknown. I was not involved in this, and do not recall who was involved in this

III Not applicable. I had no role in the process.

IV Unknown.

14. *Were the issues raised by the Implementation Plan reflected in any Trust governance documents or minutes of meetings, and/or the Risk Register? Whose role was to ensure this happened? If the issues were not so reflected, can you explain why? Please provide any documents referred to in your answer.*

Unknown. The implementation plan was an Acute Services matter. From memory I was not involved in the implementation or governance relating to this plan.

15. *"To your knowledge, were the issues noted in the Regional Review of Urology Services, Team South Implementation Plan resolved satisfactorily or did problems persist following the setting up of the urology unit?"*

Unknown. From memory I was not involved in the implementation of this plan.

16. *"Do you think the unit was adequately staffed and properly resourced from its inception? If that is not your view, can you please expand noting the deficiencies as you saw them?"*

Unknown. Staffing and resourcing did not fall within my remit, as it was an Acute Services delivery matter.

17. *"Were you aware of any staffing problems within the unit since its inception? If so, please set out the times when you were made aware of such problems, how and by whom."*

See my answer to question 16. I did, however, become aware of capacity and demand issues. Appendix 4 [January 20th 2010] contains details of plans to increase capacity and address the long waiting list. *Document can be located in Relevant to MDO/Evidence after 4 November MDO/Reference no 77/Correspondence Patrick Loughran/20100120_Letter to Consultant Urologists_ATTACHMENT*

18. *"Were there periods of time when any posts within the unit remained vacant for a period of time? If yes, please identify the post(s) and provide your opinion of how this impacted on the unit. How were staffing challenges and vacancies within the unit managed and remedied?"*

Unknown. Staffing was never brought to my attention. See reply to question 16.

19. *"In your view, what was the impact of any staffing problems on, for example, the provision, management and governance of urology services?"*

Unknown. See reply to question 16. If there were governance issues arising from staffing problems, I do not recall being made specifically aware of same. The Acute Services senior management would have been responsible for making me aware if staffing was related to governance.

20. *“Did staffing posts, roles, duties and responsibilities change in the unit during your tenure? If so, how and why?”*

Unknown. See reply to question 16. I was not aware of changes in this regard as the management of the unit was the responsibility of the Acute Services Directorate.

21. *“Has your role changed in terms of governance during your tenure? If so, explain how it has changed with particular reference to urology services, as relevant?”*

There was no change in my role in terms of governance during my tenure. . It was the responsibility of all staff to identify and support good clinical practice and to become aware of a reduction or failing in the quality of service. It was expected that all staff would be accountable and accept responsibility for his/her own work. It was expected that staff would make the care and safety of patients a primary concern. Risk management and reduction was everyone’s responsibility. The Medical Director’s role (i.e. my role) overlapped with the roles of others when problems were passed or flagged to my attention if the severity of an issue, relating to clinical practice, was great and it necessitated the Medical Director’s help or input to resolve.

22. *“Explain your understanding as to how the urology unit and urology services were supported by non-medical staff. In particular the Inquiry is concerned to understand the degree of administrative support and staff allocation provided to the medical and nursing staff. If you not have sufficient understanding to address this question, please identify those individuals you say would know.”*

Unknown. See reply to question 16. Staffing and resourcing did not fall within my remit, as it was an Acute Services delivery matter.

23. *“Do you know if there was an expectation that administration staff would work collectively within the unit or were particular administration staff allocated to particular consultants? How was the administrative workload monitored? “*

Unknown. See reply to question 16. The details of this would be within the Acute Services directorate

24. *“Were the concerns of administrative support staff, if any, ever raised with you? If so, set out when those concerns were raised, what those concerns were, who raised them with you and what, if anything, you did in response.”*

These concerns were not raised with me.

25. *“Who was in overall charge of the day to day running of the urology unit? To whom did that person answer, if not you? Give the names and job titles for each of the persons in charge of the overall day to day running of the unit and to whom that person answered throughout your tenure. Identify the person/role to whom you were answerable.”*

Unknown. This unit was within the Acute Services Directorate, and therefore the day-to-day running was within that part of its system and responsibilities, under the Director of Acute Services

26. *“What, if any role did you have in staff performance reviews? “*

I was not involved with the Urology staff in this regard.

27. *“Was your role subject to a performance review or appraisal? If so, please explain how and by whom and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.”*

From the best of my recollection, my performance was reviewed annually by the Chief Executive. I was provided with a list of objectives and expected outcomes prior to the meeting. I set out my responses to these and discussed the questions/answers at a face-to-face meeting. I attach the 2010 copy in the appendix 6 as it is the only record I have, and I believe it was my final performance review. Appendix 6 Dr Patrick Loughran 2009-10 pdf, for reference. Document can be located in S21 No 30 of 2022/Dr Patrick Loughran IPR 2009-10.

My Medical Appraisal was a separate annual event, undertaken by the Medical Director in the Western Health and Social Care Trust with my last being in or around the Summer of 2010. This was my final medical appraisal before I retired in July 2011. The guidance and framework that was followed was as set out by the Department of Health for medical appraisal at that time. I do not have a copy of this and I am unable to recall the specific details of what the guidance and framework contained. There were no objectives in Medical Appraisal at the time.

Engagement with unit staff

28. *.Describe how you engaged with all staff within the unit. It would be helpful if you could indicate the level of your involvement, as well as the kinds of issues which you were involved with or responsible for within urology services, on a day to day, week to week and month to month basis. You might explain the level of your involvement in percentage terms, over periods of time, if that assists.*

My engagement with staff within the unit was primarily with the Consultant medical staff. I would describe this engagement as very infrequent (much less than 1% of my time). I recall meetings regarding Junior Doctors' hours of work and the European Working Time Directive. I was responsible for Trust wide compliance with the EWTD. This was routine and did not raise governance issues. I also recall engaging with Consultants in regard to anti-biotic stewardship in relation to my overall remit for Infection Protection and Control ('IPC'). In or around April 2009 the Director of Acute Services identified a cohort of 35 patients who were receiving inpatient treatments and I was asked to assess the need to admit these patients. After initial consideration and discussion with the Associate Medical Director covering Urology (Mr Mackle), I decided that the treatments - which included several days admission, bed rest, intravenous fluids and intravenous anti-biotics - needed closer

consideration and scrutiny. I contacted a senior Urologist in Liverpool [Mr Mark Fordham] and a senior Microbiologist [D J O Driscoll] in Stoke Mandeville by phone. Both independent experts advised that there was no scientific basis for the treatment. I relayed this to Mr O'Brien in person, but he remained of the opinion that the treatment was safe and proper. Mr O'Brien and I agreed that the experts would be asked to look at some patient clinical notes. This was organised and the outcome report was the same as the verbal report. On foot of this, I directed that the Acute Services would cease to provide the treatment.

29. *Please set out the details of any weekly, monthly or daily scheduled meetings with any urology unit/services staff and how long those meetings typically lasted. Please provide any minutes of such meetings.*

I did not have regular scheduled meeting with the Urologists. My meetings were limited to addressing the matters above.

30. *During your tenure did medical and professional managers in urology work well together? Whether your answer is yes or no, please explain by way of examples regarding urology.*

My overall impression from memory was that the working relationships were tense at times but always civil. I was aware that the medical and professional managerial staff worked through some difficult issues such as bed occupancy and antibiotic stewardship. One example was when the Acute Service Director wanted to reduce the number of beds available to Urology and the Consultants objected to this, which created tension in the relationship.

Governance – generally

31. *What was your role regarding the consultants and other clinicians in the unit, including in matters of clinical governance?*

I had no direct role in managing the Urology consultants and clinicians in the unit. In relation to clinical governance I would have received or had sight of reports of incidents, 'near misses', complaints and compliments as generated by the governance structures, and made available for me through the Datix system

32. *Who oversaw the clinical governance arrangements of the unit and how was this done? As relevant to your role, how did you assure yourself that this was being done appropriately?*

Oversight responsibilities were within the Acute Service directorate. I was aware that the Director of Acute Services [Mrs Youart and then Dr Rankin] and the Associate Medical director [Mr Mackle] had agreed arrangements in place, however I am unable to recall the details of what these arrangements entailed. I felt assured because the practice and expectation were that any important incident or poor outcome would be reported from the affected Directorate to me. For example, Infection Protection and Control (IPC) was within my remit and I exercised this through the IPC team. We developed an antibiotic formulary and monitored the adherence to the prescribing rules very strictly. My general assurance that governance was being undertaken appropriately was based on trusting the professional and managerial staff and understanding that each had a duty to provide

a safe service. At that time the Trust was working to develop a culture of safety, fairness and low blame to encourage staff to use the reporting systems to identify and correct unsafe practices. Staff in all departments were encouraged to use the Datix system to report incidents.

33. *How did you oversee the quality of services in urology? If not you, who was responsible for this and how did they provide you with assurances regarding the quality of services?*

The quality of service was maintained within the Acute Services Directorate. Please see my answer to question 32 which sets out how I felt assured that this was being undertaken appropriately.

34. *How, if at all, did you oversee the performance metrics in urology? If not you, who was responsible for this overseeing performance metrics*

Performance metrics for Urology were overseen by the Director of Acute Services.

35. *How did you assure yourself regarding patient risk and safety in urology services in general? What systems were in place to assure you that appropriate standards were being met and maintained?*

In general patient risk and safety were the professional responsibilities of the clinicians. I was assured that appropriate standards were being met and maintained because I had sight of all incident reports, complaints and adverse incidents, all of which were collected and made available to me through the Datix system. I reported on these to the senior management team and the Trust Board. The review of standards, and how they were met and maintained, fell within the remit of the Urology department, under the management of the Director of Acute Services. Failures to achieve or maintain standards should have been reported to the Director through the governance system.

36. *How could issues of concern relating to urology services be brought to your attention? The Inquiry is interested in both internal concerns, as well as concerns emanating from outside the unit, such as from patients. What systems or processes were in place for dealing with concerns raised? What is your view of the efficacy of those systems?*

It is my understanding that concerns in Urology were reported through the Governance structure or directly to me from any Acute Service staff or Governance staff. This applied to both internal and external concerns. Internal concerns were reported through the Datix system and were made available to the Acute Services directorate. Patient complaints and/or concerns were resolved at ward or clinic level or escalated as a complaint within the Acute Service Directorate. Serious and unresolved complaints should have been passed to me for further investigation and action. It was expected that the majority of concerns would be resolved within the Directorate, with more significant concerns being brought up through the governance structure. In terms of measuring efficacy, if there were no reports made to me, I

assumed the local governance and resolution was working. I believed the system worked well at that time.

37. Did those systems or processes change over time? If so, how, by whom and why?

I do not recall systems changing over time. As the systems and processes developed, the promotion of self-examination and looking for better governance was increasing and gaining traction and acceptance. Patient safety was being more widely discussed. I recall this being a cultural change rather than a specific action. The Trust fostered a culture of greater openness and transparency from its inception on 1st April 2007. This culture evolved and developed with time. There was not a specific time/person or reason, but rather an emerging local/national and international acceptance that governance was becoming more important. In the Southern Trust this would have been a theme within the senior team - also wishing the culture would permeate the whole service.

38. How did you ensure that you were appraised of any concerns generally within the unit?

See my answers to questions 31 and 32. I welcomed any approach by my colleagues to discuss any issue or concern that they may have had.

39. How did you ensure that governance systems, including clinical governance, within the unit were adequate? Did you have any concerns that governance issues were not being identified, addressed and escalated as necessary?

Adequate governance, in my opinion, was based on the knowledge that the systems were in place and were being used properly and appropriately by the clinical and managerial staff. Further, that there was no reluctance or failure to raise any concerns or issues with me. There was a wide range of reporting mechanisms within the Trust and, as Medical Director, I was involved with and/or aware of them. The senior management team and the Trust Board were provided with regular reports on incidents, complaints and compliments. There were mortality and morbidity [M and M] meetings supervised by the Associate Medical Director, which included Urology. The infection prevention arrangements were very satisfactory. Mortality rates were measured and comparisons within a peer group were reassuring. The urology service was included in all of the above. I do not recall being concerned that issues were not being addressed and escalated.

40. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such as Governance meeting minutes or notes, or in the Risk Register? Please provide any documents referred to.

I do not recall how the concerns were reflected in Trust Governance documents. I do recall that any concerns reported to my office were dealt with. I do not recall if Urology concerns were listed on the Risk Register.

41. *What systems were in place for collecting patient data in the unit? How did those systems help identify concerns, if at all?*

Unknown. I did not have any dealings with these systems.

42. *What is your view of the efficacy of those systems? Did those systems change over time and, if so, what were the changes?*

See answer to question 41.

43. *During your tenure, how well do you think performance objectives were set for consultant medical staff and for specialty teams? Please explain your answer by reference to any performance objectives relevant to urology during your time, providing documentation or sign-posting the Inquiry to any relevant documentation.*

I am not able to answer this question as was not involved with medical staffing in the Urology Department, and I was not involved in performance objectives.

44. *How well did you think the cycle of job planning and appraisal worked and explain why you hold that view?*

During my tenure the appraisal scheme was in the early stages of development. Appraisal at that time was not very well linked to job planning and it was more of a discussion between the appraisee leading the appraiser through a self-review. The scope and nature of the doctor's work were discussed. This was linked to professional development needs, quality improvement, incidents (both good and bad), relationships with colleagues and patient feedback. Job planning and appraisal were different in terms of inputs and therefore did not work well together.

45. *The Inquiry is keen to learn the process, procedures and personnel who were involved when governance concerns having the potential to impact on patient care and safety arose. Please provide an explanation of that process during your tenure, including the name(s) and role of those involved, how things were escalated and how concerns were recorded, dealt with and monitored. Please identify the documentation the Inquiry might refer to in order to see examples of concerns being dealt with in this way during your tenure.*

In most cases, in circumstances where patient safety or care was thought to have been compromised, the matter was dealt with by the relevant Director and Associate Medical Director working collaboratively with the doctor or care team to resolve the problem. At the outset it was important to identify the treatment or practice in question and its potential seriousness as a concern. A very serious concern might have led to the suspension of a service, or part thereof, or an individual clinician in consultation between the Chief Executive, the Acute Service Director and the Medical Director. Human Resource support for the management and clinical staff was always available. Expert opinion within the Trust or from an independent third party to identify best practice and compare it with the concerning practice was an important part of the response. The guiding principle was to stop the unsafe practice and to protect the patients at risk. For example, the processes described in Maintaining High Professional Standards in the HPSS [MHPS] was available to guide and control steps as the concern continued to be identified and resolved. I do not

recall the specifics of a case to use as an example. I do not have a clear recollection as to why the processes in MHPS were not used in the resolution of Mr O'Brien's clinical practice concerning the cohort of 35 patients. My best explanation, at this time, and looking back, is that the patients were all identified, changed to alternative and well recognised treatments, and they were monitored. Also, the practice ceased, and therefore patient safety was secured. As the case was well known and followed within the senior management team including the Acute Service Director and the Chief Executive and me, this must have been a collective opinion.

46. Did you feel supported in your role by the medical line management hierarchy? Whether your answer is yes or no, please explain by way of examples, in particular regarding urology.

Yes, I felt supported in my role. I was able to refer to the Associate Medical Directors or Clinical Directors at any time and I recall that I was always listened to and that an agreement on a way forward was able to be reached. One example [October 29 2010] is from the IP&C work when routine surveillance of antibiotic usage on the Urology ward showed the Trust guidance was not being followed. The Clinical Director for Microbiology gave me the information and I explained to the consultants in the Urology team that the guidance must be followed. At a subsequent ward round pharmacy staff showed the team had changed prescriptions and adhered to Trust guidance. I refer to Appendix 7. 20101029. *Document can be located in Relevant to MDO/Evidence after 4 November MDO/Reference no 77/Correspondence Patrick Loughran/20101029_FW Letter to Mr Young_ATTACHMENT*. Another more detailed example is how the Trust identified clinical practice of limited or no value to a patient cohort, and how the Associate Medical Director and I took independent expert advice which allowed me to insist the practice ceased. This latter example is set out in more detail in my answer to question 28. Senior Human Resource staff were always available as support.

Concerns regarding the urology unit

47. The Inquiry is keen to understand how, if at all, you liaised with, involved, and had meetings with the following staff (please name the individual/s who held each role during your tenure):

1. (i) *The Chief Executive(s);*
2. (ii) *the Director(s) of Acute Services;*
3. (iii) *the Assistant Director(s);*
4. (iv) *the Clinical Director*
5. (v) *the Associate Medical Director;*
6. (vi) *the Head of Service;*
7. (vii) *the Clinical Lead;*
8. (viii) *the consultant urologists.*

When answering this question, the Inquiry is interested to understand how you liaised with these individuals in matters of concern regarding urology governance generally, and in particular those governance concerns with the potential to impact on patient care and safety. In providing your answer, please set out in detail the precise nature of how your roles interacted on matters (i) of governance generally, and (ii) specifically with reference to the concerns raised regarding urology services. Where

not previously provided, you should include all relevant documentation, dates of meetings, actions taken, etc.

- i. Mr C Donaghy and then Mrs M McAlinden
- ii. Mr J McCaul, Mrs J Youart and then Dr G Rankin
- iii. I do not recall
- iv. Mr M Young
- v. Mr E Mackle [AMD]
- vi. I do not recall
- vii. Mr M Young
- viii. Mr M Young, Mr A O Brien and Mr M Akhtar

- (i) [a] Governance generally. The Chief Executive was ultimately responsible for governance, and exercised this responsibility through the Medical Director. I liaised with the Directors, Assistant Directors, Clinical Director and Associate Medical Director in the operation of the governance arrangements. If and when concerns and/or incidents were escalated to me then meetings and discussions around the concern would have included the other named staff. I do not have a specific example to illustrate this liaison. If the matter was serious then I would have kept the Chief Executive fully informed
- [b] Specifically, regarding Urology concerns, again in serious matters all the above staff were potentially involved. In the example provided to question 28 and the cohort of 35 patients on IV therapy the Chief Executive [Mrs McAlinden] and Director of Acute Services [Mrs Youart and then Dr Rankin] were fully engaged from the outset when the concern was first discovered. The AMD [Mr Mackle], clinical lead [Mr Young] and Mr O Brien were included in meetings and discussions during the resolution of the concerns. I refer to documents in Appendix 8 20090512, [letter P Loughran to A O Brien re the need for an independent review]. Document can be located in Relevant to MDO/Evidence after 4 November MDO/ No 77/ Correspondence Patrick Loughran/ 20090512_Ltr_AO'Brien_PLtc
- Appendix 9. 20090718 [P Loughran to A O Brien setting out current position and ongoing concerns in resolving the clinical issues with the patient cohort]. Document can be located in Relevant to MDO/Evidence after 4 November MDO/ No 77/ Correspondence Patrick Loughran/ 20090718 Ltr AO'Briend UrologyPatients PLlw
- Appendix 10. 20090602.[letter P Loughran to A O Brien asking for a full list of patients and repeating the need for an independent review]. Document can be located in Relevant to MDO/Evidence after 4 November MDO/ No 77/ Correspondence Patrick Loughran/20090602_Ltr_AO'Brien_PLtc.

48. Following the inception of the urology unit, please describe the main problems you encountered or were brought to your attention in respect of urology services? Without prejudice to the generality of this request, please address the following specific matters: -

(a) What were the concerns raised with you, who raised them and what, if any, actions did you or others (please name) take or direct to be taken as a result of those concerns? Please provide details of all meetings, including dates, notes, records etc.,

and attendees, and detail what was discussed and what was planned as a result of these concerns.

(b) What steps were taken (if any) to risk assess the potential impact of the concerns once known?

(c) Did you consider that any concerns which were raised may have impacted on patient care and safety? If so, what steps, if any, did you take to mitigate against this? If not, why not.

(d) If applicable, explain any systems and agreements put in place to address these concerns. Who was involved in monitoring and implementing these systems and agreements?

(e) How did you assure yourself that any systems and agreements that may have been put in place to address concerns were working as anticipated?

(f) If you were given assurances by others, how did you test those assurances?

(g) Were the systems and agreements put in place to rectify the problems within urology services successful?

(h) If yes, by what performance indicators/data/metrics did you measure that success? If not, please explain.

- (a) A significant concern raised with me regarding Urology services is described in my answer to question 28 (i.e. assessment of the necessity of treatments for a cohort of 35 inpatients)
- (b) From the best of my recollection this was raised with me verbally in April 2009 by Mrs Youart following her review of bed usage in Urology. It was discovered that a cohort of 35 patients were having a particular treatment for several days, which included admission to the ward, bed rest, intravenous fluids and intravenous antibiotics. The main diagnosis was chronic cystitis. These patients were then discharged and readmitted weeks/ months later or not readmitted at all. I asked for, and was provided with, a list of 35 patients affected by this. I spoke with Mr O'Brien and, from memory, he was unable to satisfy me that this therapy was evidence based and within the mainstay of urology practice. I phoned an expert microbiologist (Dr O Driscoll, Stoke Mandeville) from whom I had previous professional advice and she confirmed that my concerns were genuine [letter dated 17 July 2009. Appendix 5 20090717-Le Jean O Driscollfinal.pdf]. Document can be located in Relevant to MDO/Evidence after 4 November MDO/ No 77/ Correspondence Patrick Loughran/20090717_Le Jean O'Driscoll final I also contacted Mr Mark Fordham who is a Senior Urologist in Liverpool with the same queries and he also confirmed my concerns. When I put this information to Mr O'Brien, he was reluctant to accept the informal advice, and we agreed to ask both experts to look at a sample of patient records and report back to me. I do not have a copy of the report from Mr Fordham
- (c) While we waited for the expert written opinion, interim measures were taken to alter or cease the treatments of the patients so that admission and intravenous therapies would be avoided and antibiotics given or withheld based on the advice of Consultant Microbiologists and a multidisciplinary group.

- (d) This process was supervised by Mr Mackle. The Health and Social Care Board was aware of the above. From memory the Director of Acute Services Dr G Rankin monitored compliance along with Mr Mackle.
- (e) Each patient was closely monitored and the results were available. From memory I was kept informed that the patients were converted to alternative therapies, and tracked on the Patient administration system, and not admitted. Assurance was from Dr Rankin and Mr Mackle.
- (f) I accepted assurance as in [e] above
- (g) From memory the change in treatment was successful for the patients both physically and psychologically.
- (h) From memory we put "markers" in the Patient Administration System to highlight clinical episodes involving the patients within this cohort and checked if the care was within the agreed limits. By following the markers, we were able to assure ourselves the patients were not being admitted. Patients were also monitored by a multidisciplinary team.

49. *Having regard to the issues of concern within urology services which were raised with you or which you were aware of, including deficiencies in practice, explain (giving reasons for your answer) whether you consider that these issues of concern were -*

- (a) properly identified,*
- (b) their extent and impact assessed,*
- (c) and the potential risk to patients properly considered?*

- (a) Yes – as set out in answers 28 and 48 a potential deficiency in practice was properly identified and expert opinion from independent experts Dr O Driscoll and Mr Fordham] confirmed this.
- (b) Yes – this extended to 35 patients, and each was reviewed and alternative treatment plans were drawn up and followed.
- (c) Yes – as in my answer to (a) in this question

50. *What, if any, support was provided to urology staff (other than Mr O'Brien) by you and the Trust, given any of the concerns identified? Did you 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. (Q64 will ask about any support provided to Mr O'Brien).*

I was not aware that any support was provided. I did not engage with other Trust staff in this regard.

51. *Was the urology department offered any support for quality improvement initiatives during your tenure?*

No, or at least not to my knowledge.

Mr. O'Brien

52. *Please set out your role and responsibilities in relation to Mr. O'Brien. How often would you have had contact with him on a daily, weekly, monthly basis over the years (your answer may be expressed in percentage terms over periods of time if that assists)?*

I had no direct role or responsibilities in relation to Mr O'Brien. He was a consultant in Urology within the Acute Service Directorate and therefore fell under the responsibilities of the Director [Mr McCall, then Mrs J Youart and then Dr G Rankin] and Associate Medical Director.[Mr Mackle] I did not have regular contact with Mr O'Brien.

53. *What was your role and involvement, if any, in the formulation and agreement of Mr. O'Brien's job plan(s)? If you engaged with him and his job plan(s) please set out those details in full.*

I did not have a role with Mr O'Brien's job plan.

54. *When and in what context did you first become aware of issues of concern regarding Mr. O'Brien? What were those issues of concern and when and by whom were they first raised with you? Please provide any relevant documents. Do you now know how long these issues were in existence before coming to your or anyone else's attention? Please provide full details in your answer.*

See my answer to question 48. I do not recall how long these issues were in existence.

55. *Please detail all discussions (including meetings) in which you were involved which considered concerns about Mr. O'Brien, whether with Mr. O'Brien or with others (please name). You should set out in detail the content and nature of those discussions, when those discussions were held, and who else was involved in those discussions at any stage.*

The concerns regarding Mr O'Brien during my tenure were first raised with me in April 2009 by Mrs J Youart following a review of bed occupancy in Urology. From memory this was a conversation, and no records were made. The details were as set out in my answer to question 48.

56. *What actions did you or others take or direct to be taken as a result of these concerns? If actions were taken, please provide the rationale for them. You should include details of any discussions with named others regarding concerns and proposed actions. Please provide dates and details of any discussions, including details of any action plans, meeting notes, records, minutes, emails, documents, etc., as appropriate.*

See answer to question 48. The rationale in looking at the patients in this cohort was to determine if the treatment was evidence based and likely to be of benefit to each patient.

I took internal advice from Dr Damani (Microbiologist), Mr Mackle and then, as set out above, I obtained independent advice from Mr Fordham and Dr O Driscoll. As they advised the treatment was not evidence based or a recognised mainstream therapy, I then asked Mr O'Brien [and from memory Mr Young, as a small number of patients were under the name of Mr Young] to cease that specific treatment and to agree to a new treatment plan with each patient. Mr Young was the Clinical director and some patients may have been under Mr Young as a named consultant but treated by Mr O'Brien. I involved Mr Young to act in his capacity as a Clinical lead/director. I also asked Mr Fordham and Dr O'Driscoll to formally review a sample of patient notes from the patient cohort to determine if the treatment was appropriate. Written reports from this sampling supported the cessation of the treatment – I do not have these reports available. The treatment was stopped thereafter.

57. Did you consider that any concerns raised regarding Mr O'Brien may have impacted on patient care and safety? If so:

(i) what risk assessment did you undertake, and

(ii) what steps did you take to mitigate against this? If none, please explain.

If you consider someone else was responsible for carrying out a risk assessment or taking further steps, please explain why and identify that person.

- i. As set out in my answer to question 48, when I was informed of the patient cohort being treated with intravenous therapy I considered the treatment was of little or no benefit to patients and that it was potentially unsafe. Risks arise from intravenous cannulation as it is an invasive procedure and it is accepted as a potential source of infection, both at the time of the cannulation and during the time that the cannula remains in situ. I was informed of two specific risks as in document Appendix 11 – 20090717. Document is located in Relevant to MDO/Evidence after 4 November MDO/Reference no 77/Correspondence Patrick Loughran/ 20090717_ Ltr _AO'Brien_2IVpatients_PLIw The use of intravenous fluids is also accepted as potentially unsafe. Administration of antibiotics is also accepted as potentially unsafe, mainly including allergy and the emergence of resistant bacterial strains. These risks were confirmed by the two independent experts. The risks were accepted as outweighing the benefits.
- ii. The treatment was ceased in every case. New treatment plans were agreed and commenced whilst being monitored by a multidisciplinary group, including a microbiologist, a senior nurse and others. I do not recall the names of those in the group.

58. If applicable, please detail your knowledge of any agreed way forward which was reached between you and Mr. O'Brien, or between you and others in relation to Mr. O'Brien, or between Mr O'Brien and others, given the concerns identified.

The agreement to change the treatments was between myself, the Director of Acute Services, Mr Mackle and Mr O'Brien, [and, from memory, Mr Young, acting as the Clinical Director].

59. *What, if any, metrics were used in monitoring and assessing the effectiveness of the agreed way forward or any measures introduced to address the concerns? How did these measures differ from what existed before?*

I am aware that the patient cohort was monitored by the clinical team. I do not recall any further details in relation to this.

60. *How did you assure yourself that any systems and agreements put in place to address concerns (if this was done) were sufficiently robust and comprehensive and were working as anticipated? What methods of review were used? Against what standards were methods assessed?*

This assurance was provided to me by the Acute Service Director and Mr Mackle, who regularly reviewed the patient care from clinical notes. From memory, a small number of patients had difficulty accepting the new regime however I recall all patients were eventually removed from the intravenous treatments.

61. *Did any such agreements and systems which were put in place operate to remedy the concerns? If yes, please explain. If not, why do you think that was the case? What in your view could have been done differently?*

Yes. The intravenous treatments were ceased following my intervention which remedied concerns.

62. *Did Mr O'Brien raise any concerns regarding, for example, patient care and safety, risk, clinical governance or administrative issues or any matter which might impact on those issues? If yes, what concerns did he raise and with whom, and when and in what context did he raise them? How, if at all, were those concerns considered and what, if anything, was done about them and by whom? If nothing was done, who was the person responsible for doing something?*

Mr O'Brien considered the treatment to be safe and effective. He asked me not to direct that treatments be ceased as he said, in his opinion, the existing treatment was the proper treatment for his patients. He did however agree to the independent assessment from Dr O'Driscoll and Mr Fordham, and did change treatments away from intravenous therapy. He did not raise any other concerns with me.

63. *Did you raise any concerns about the conduct performance of Mr O'Brien? If yes:*
 (a) *outline the nature of concerns you raised, and why it was raised*
 (b) *who did you raise it with and when?*
 (c) *what action was taken by you and others, if any, after the issue was raised* (d) *what was the outcome of raising the issue?*
If you did not raise any concerns about the conduct/performance of Mr O'Brien, why did you not?

These concerns are set out in my answer to question 48 above.

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

Mr O'Brien did not identify or raise concerns with me, and no support was offered.

65. *How, if at all, were the concerns raised by Mr. O'Brien and others reflected in Trust 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 meetings relevant to governance, please explain why not.*

I was not aware that Mr O'Brien had raised concerns.

Learning

66. *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.*

No. I retired in July 2011.

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

I find it difficult to answer this as I am not well informed as to what went wrong other than incidents which arose during my tenure as already set out in all my answers.

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

During my tenure, the main issue was the intravenous therapy treatments. With the benefit of hindsight, I believe this might have been better seen as a sentinel event which could have triggered a more detailed examination of the Urology service to find out what help and support was needed. We should have been more curious.

69. *Do you think there was a failure 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.*

No, during my tenure any Urology problems which were identified to me were addressed during full engagement, as stated in my previous answers. The problems which arose, as outlined in answers 28 and 48, were properly addressed by taking the advice of expert clinicians and ceasing the therapies in question. I was not aware of any other problems but as in answer 68 above maybe I should have been more curious.

70. *“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?”*

I do not believe that mistakes were made in handling the concerns identified and how they were dealt with during my tenure. However, it would have been better, and it would have been possible within the existing arrangements, to have been more inquisitive after the initial concerns were identified and resolved. I could have been more inquisitive in my approach. In my view, earlier and comprehensive intervention could have identified the need for more support.

71. *“Do you think, overall, the governance arrangements 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 am of the view that governance arrangements were fit for purpose at the material time which was when they were still in development stages.

72. *“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?”*

No.

Statement of Truth

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

Personal Information redacted by the USI

Signed: _____

Date: _____ 13th June 2022. _____

S21 30 of 2022

Witness statement of: Dr Patrick Loughran

Table of Attachments

Attachment	Document Name
1	<i>Medical Director JD P Loughran</i>
2	<i>Dr Patrick Loughran IPR 2009-10</i>



Southern Health
and Social Care Trust

Medical Director

SOUTHERN HEALTH & SOCIAL SERVICES TRUST

Job Description

JOB SUMMARY

The Medical Director is an Executive Director and member of Trust Board. The postholder will advise the Trust Board and Chief Executive on all issues relating to professional policy, statutory requirements, professional practice and workforce requirements. He/she will be responsible for ensuring the Trust discharges its delegated statutory medical functions, the provision of strong professional leadership and direction and for ensuring high standards of medical practice and providing resolved professional advice for medical matters in all programmes of care. As a member of the Trust Board and the senior management team he/she will share corporate responsibility for the achievement of the Trust's corporate objectives and for driving forward a culture of change, innovation, development and modernisation. He/She will take a lead role in identifying best clinical practice.

The postholder is the lead director for integrated governance and for public health functions within the Trust. He/She will be responsible for the management of risk, litigation and complaints with a particular emphasis on integrated governance and patient and client expectation. He/She will be responsible to the Chief Executive for the strategic planning in hospital and community based medical services ensuring effective multidisciplinary and intersectoral working and the most efficient use of resources.

KEY RESULT AREAS

Integrated Governance

- work with other professional Directors to lead multidisciplinary teams in setting up systems for audit of clinical and social care practice ensuring that any learning is incorporated into professional practice and systems.
- chair the Trust's Ethics Committee to agree a programme of research and development and ensure the requisite permissions are obtained.

- responsible for the development and maintenance of professional standards and education liaising with professional and education bodies as necessary.
- provide advice on medical workforce policy including staffing levels, changes in working patterns and skill mix which will ensure the delivery of effective and efficient clinical services to patients and clients.
- ensure that all doctors and dentists in the Trust work within agreed procedures, and, as appropriate the GMC's guidance "Duties of a Doctor" or the GDC's lifelong learning requirements.
- ensure the implementation of an effective process of professional self-regulation for doctors employed by the Trust.
- lead Director for the Trust's Medical Negligence and other related committees to:
 - provide an investigation and management service on behalf of the Trust in relation to claims of litigation in respect of employer liability, clinical negligence and associated matters
 - assist HM Coroner with enquiries and the preparation of statements prior to inquests
 - liaise with the HSSA and/or the Department as necessary for follow up action subsequent to sudden death or significant adverse incidents.
- set up systems for meeting and liaising with clinical Directors in the Trust to ensure appropriate arrangements are in place for ensuring patient safety.
- ensure that an appropriate system of clinical audit is in place for assessing and reviewing the quality of services provided.
- provide leadership and guidance to support Clinical Directors throughout the Trust.
- ensure an effective system of clinical risk management, adverse event reporting and major incident policy is in place for the Trust.

Quality

- promote the highest possible standard of medical practice, advice and support to ensure the development of a quality culture with an emphasis on the need for continuous improvement.
- develop a team of medical managers to support innovation and change to underpin the modernisation of services.

- promote quality initiatives such as Investors in People and Charter Standards in the Trust.
- ensure that medical standards are clear and defined in contracts/service level agreements for the provision of services to other Trusts or with independent service providers.

Public Health

- lead the public health resource within the Trust.
- develop and implement health surveillance methodologies for the Trust.
- ensure appropriate contingency plans are in place to deal with major outbreaks of infection and that a review process is integrated into the plan.
- ensure that there is effective engagement with the community in identifying population health and well-being needs, with a focus on reducing inequalities and promoting equity.
- implement the “Investing Health Strategy” which is fundamental to tackling factors identified as adversely affecting health and perpetuating health inequalities.
- responsible to Trust Board for the discharge of medical statutory functions.
- advise and report to the Trust Board and Chief Executive, on a regular basis, on all issues relating to medical policy, statutory requirements, professional practice and workforce issues.
- liaise as appropriate with key professionals outside the Trust including the CMO, other Medical Directors and GPs.
- keep up to date with policies and guidelines on good practice from the Royal Colleges, GMC, universities etc. and identify opportunities to enhance the quality of services provided by the Trust.

Financial and Resource Management

- advise and assist the Trust Board and Chief Executive in determining its expenditure on clinical services.
- participate in contract and service level negotiations with commissioners.
- advise and assist in the development of capital investment strategies across the trust, ensuring these reflect and contribute to meeting targets set by the HSSA and the Trust’s Corporate Plan.

People Management

- ensure the development of strong medical leadership in the Trust.
- oversee arrangements for consultant and associate grade appraisals.
- participate in arrangements for recognition of clinical excellence including providing advice on nominations and citations for Distinction and Meritorious Service awards.
- ensure the aims and targets of the New Deal for junior doctors are implemented and maintained.
- support managers both in establishing and reviewing performance targets with individual consultants, recognising workloads and other pressures on medical staff, and ensuring that adequate mechanisms are in place for the welfare of medical staff.
- provide advice and guidance on medical workforce policy driving forward a culture of change, innovation and development and modernisation of services.
- responsible for the management of disciplinary matters and complaints relating to medical staff.

Corporate Management

- contribute to the corporate decision making of the Trust Board and ensure compliance with the Trust's Standing Orders and Standing Financial Instructions.
- contribute to the Trust's corporate planning, policy and decision making processes as a member of the senior management team and ensure the Trust's objectives and decisions are effectively communicated.
- develop and maintain working relationships with other director colleagues and non-executive directors to ensure achievement of Trust objectives and the effective functioning of the senior management team and Trust Board.
- establish collaborative relationships with external stakeholders in the public, private and voluntary sectors to ensure the Trust effectively discharges its functions.
- contribute to the Trust's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.

- lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.
- work closely with education and training bodies and ensure the Trust has a highly skilled medical workforce.

GENERAL MANAGEMENT RESPONSIBILITIES

- maintain good staff relationships and morale amongst the staff reporting to him/her.
- where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Trust.
- promote the Trust's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.
- ensure appropriate risk management arrangements are in place to deliver safe medical services to patients and minimise the potential for actions against the Trust.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Medical Director works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive.

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.

- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- comply with the Trust's No Smoking Policy.
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- adhere to equal opportunities policy throughout the course of their employment.
- ensure the ongoing confidence of the public in service provision.
- comply with the HPSS code of conduct.

RECORDS MANAGEMENT

Trust Directors are responsible to the Chief Executive for all records held, created or used as part of their business including corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

January 2007



Southern Health
and Social Care Trust

Medical Director
Terms and Conditions

Salary will be £69,991 - £94,706 per annum.

In addition to the 10 public holidays the annual leave allowance will be 32/34 days dependant on length of service.

He/she may be required to travel throughout Northern Ireland, the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should therefore have access to a form of transport that will permit them to meet the requirements of the post in full and be prepared to travel as required.



Medical Director Southern HSS Trust

Personnel Specification:

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they:-

- hold full registration with the GMC and have experience in a medical management/managerial role.
- for a minimum of 3 years in the last 6, have worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes.
- successfully demonstrated high level people management, governance and organisational skills for a minimum of 2 years in the last 6 years.

NOTE: This post is ideally a full time commitment however applications will be considered from suitably qualified applicants willing to make a commitment of at least 8 PA's per week.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework. Particular attention will be give to the following:

- Self Belief
- Self Management

- Drive for Improvement
- Leading change through people
- Holding to account
- Effective and strategic influencing

January 2007



Southern Health
and Social Care Trust

INDIVIDUAL PERFORMANCE REVIEW

Name: Dr Patrick Loughran

Year: 2009/10



Individual Performance Review

PERFORMANCE PLAN

This plan should include innovative, maintenance and human resource objectives

1. Key Objectives for the coming period	2. Action Required (who needs to do what, by when for each key objective)	3. Notes on Attainment (for completion by manager prior to major review)	4. Rating 1 – 5 (if applicable) see guidance notes
<p>Corporate Objective 1: Providing Safe, High Quality Care</p> <p>Key Deliverables 2009/10:</p> <ul style="list-style-type: none"> ■ Leading the ongoing development and implementation of the Trust's HCAI strategy and action plan ■ Leading the ongoing development and implementation of Patient Safety initiatives 	<p>Leading a process for the review, implementation, communication and performance monitoring of the HCAI Action Plan</p> <p>Manage the ongoing development, review and performance management of patient safety programme for the Trust</p>	<p>HCAI targets for C Diff and MRSA achieved for 2009/10. Development and monitoring process working well, with strategic, clinical and operational fora in place. New MSSA control initiatives commenced include IV cannulation and care initiative, ongoing upgrading of facilities, ward dashboards for HCAI performance and communications strategy.</p> <p>Most indicators [SSI, HCAI, MEWS etc] are in good order. A major concentration of effort and resources are required to focus on VTE/HAT</p>	

<ul style="list-style-type: none"> ■ Providing assurance in relation to Clinical and Social Care Governance systems and process within the Trust ■ Leading the Trust's Risk Management process ■ Lead the Trust's Complaints Management process ■ Ensure achievement of Controls Assurance Standards in relation to five standards <ul style="list-style-type: none"> - Medical Devices, -Emergency Planning, -Infection Control, - Risk management, -Research Management 	<p>Review and development of assurance systems and processes A review of Governance commenced in 09-10</p> <p>Development of Corporate Risk Register and support to Directorate Risk management processes and systems</p> <p>Support for the staff involved in the management of complaints. Provide a quarterly report to Governance committee.</p> <p>Occasional direct involvement with patient/clients and families as and circumstances demand</p> <p>Achievement of substantive compliance in relation to these standards</p>	<p>Continuing review and revision in response to identified gaps pending the formal outcome of Review</p> <p>CRR revised and presented to SMT every month</p> <p>Working with operational directorates to identify trends. Using Consultant Appraisal to address complaints involving medical staff</p> <p>As agreed with CEx in rare and complex complaints.</p> <p>Substantive compliance achieved for all five standards 2009/10</p>	
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Individual Performance Review

PERFORMANCE PLAN

This plan should include innovative, maintenance and human resource objectives

1. Key Objectives for the coming period	2. Action Required (who needs to do what, by when for each key objective)	3. Notes on Attainment (for completion by manager prior to major review)	4. Rating 1 – 5 (if applicable) see guidance notes
<p>Corporate Objective 2: Maximising Independence and Choice for our patients and clients</p> <p>Key Deliverables 2009/10:</p> <ul style="list-style-type: none"> ■ Public awareness campaign in relation to: <ul style="list-style-type: none"> ○ HCAI ○ Pandemic Flu <p>Corporate Objective 3: Improving the Health and Wellbeing of our communities</p> <p>Key Deliverables 2009/10:</p> <ul style="list-style-type: none"> ■ Leading the Trust's Emergency Planning response ■ Lead for litigation [also covers value for money and efficiency] 	<p>HCAI work is ongoing and in this objective the Medical Director has supported the visiting policy especially during the norovirus winter outbreaks. Pandemic flu work included public support for vaccination, leading staff meetings and raising awareness and visibility of the public health role during the pandemic – completed in year as pandemic subsided.</p> <p>Consolidating the lessons of Pandemic Influenza</p> <p>Review, revise and test Trust's readiness for the Acute Emergency Plan</p> <p>Managing the litigation process for medical negligence, employer and public liability. Leading process for liaison with HM Coroner, and Inquests</p>	<p>achieved</p> <p>acheived</p> <p>Achieved</p> <p>Anticipate difficulties in the absence of an Emergency Planning Coordinator</p> <p>Achieved</p> <p>Achieved</p>	

■ Research Governance	Delivered through the AMD and substructure	Achieved	
■ Improving awareness and involvement of patients and clients	Contribute to the Patient and Client Experience Committee	Achieved	



Southern Health
and Social Care Trust

Individual Performance Review

PERFORMANCE PLAN

This plan should include innovative, maintenance and human resource objectives

1. Key Objectives for the coming period	2. Action Required (who needs to do what, by when for each key objective)	3. Notes on Attainment (for completion by manager prior to major review)	4. Rating 1 – 5 (if applicable) see guidance notes
Corporate Objective 4: Being a Great Place to Work Key Deliverables 2009/10: <ul style="list-style-type: none"> ■ Develop Consultant Appraisal and Revalidation processes ■ Continuous development of Medical Leadership ■ Provide a confidential advisory/support for doctors 	Develop and present a revised Consultant/Speciality Doctor Appraisal Scheme – within year Working with medical managers, and developing a programme using internal and external[Beeches] resources - ongoing Responding to requests for professional advice/confidential support – several episodes a year	Achieved –awaiting result of RQIA inspection Acheived Ditto	

<ul style="list-style-type: none"> Provide the support for the medical Clinical Excellence process 	Annual meeting organised and work completed in year	Ditto	
<ul style="list-style-type: none"> Line manager for the Medical Directorate staff 	Routine leadership and support	Ditto	
Corporate Objective 5: Making Best Use of Resources			
Key Deliverables 2009/10:			
<ul style="list-style-type: none"> Develop Consultant Job Planning process and systems to ensure match of capacity and demand and VFM 	Providing a defined role with in the process to support the service directorates in agreeing specific sections within consultant job plans eg SPA work ongoing to support current round of job plan reviews	ongoing	
<ul style="list-style-type: none"> Junior doctor grading support 	Met with HR to agree "value" of overseas service based on interpretation of CV - ongoing	Ongoing	
<ul style="list-style-type: none"> Lead Trust's Drugs and Therapeutics Committee and direct work to ensure VFM 	General remit of D&T looks at cost/benefit of new therapies - ongoing Generic prescribing maintained at a high level – ongoing Providing reference point for new therapies, and linking to H&SC Board, eg anti-TNF and special cancer therapies – ongoing		
<ul style="list-style-type: none"> Collate and discuss Extra contractual Referrals for H&SC Board 	Contact with Public Health physicians in Board		
<ul style="list-style-type: none"> Reduced LoS and bed costs related to HCAI 	Continue to lead within HCAI clinical forum - continuous	ongoing	
Corporate Objective 6: Be a good social partner with our local communities			
<ul style="list-style-type: none"> Liaison with local councils and MLAs as required 	Ah hoc	Achieved	
<ul style="list-style-type: none"> Craigavon Industrial Development Org liaison for R&D 	ongoing	acheived	

We agree that the above objectives are a fair basis on which this work will be planned and reviewed.

Attainment and Rating

7. Individual's Signature	8. Manager's Signature	Date	9. Grandparent's Signature	Date

Date(s) agreed for Interim Review

10. Manager's Overall Rating	11. "Grandparent's" Comments and Signature