

NO TAPE AVAILABLE

INSIGHT - HELEN QUIGLEY 13/02/03

Helen Quigley what's your concerns about the Rachel Ferguson case?

00:23 Well I suppose in many ways I have many concerns, not least because the Fergusons are constitutions of mine, as I am a member of the Western Health and Social Services Council and the process in which they have been involved in, has ultimately proved to be unsatisfactory. They don't believe that they got the answers to the questions that they wanted to raise and I think it has been a very trying and difficult time for the Fergusons. It is difficult enough to come to terms with the bereavement of a child but to learn that perhaps that death could have been prevented is extremely painful for them and I suppose in many ways their mission now is to get the answers. It is most unfortunate and very regrettable that after four days of an inquest they don't believe that they have those answers and as a result of media reports that I heard myself. During the course of the inquest, I would have to stress that I found it rather alarming and disturbing what was coming across the airwaves. And on route to a Health Council meeting I raised the issue and I have asked, made a formal request through the Council for a meeting with the Trust. And I do believe that we as a Health Council, who are there in many ways to promote the Health Service, but also to protect the users. Have a right to go along to the Trust and raise questions in respect of this death. 3:01:55

01:56 **You would have first heard about the death almost in the direct aftermath of what happened, in fact back to the summer of 2001 and you were involved with the family and had spoken with the family, in fact you went to the hospital with Marie. What do you remember of that time, I am sure the grief in what struck you when you met with the family the first time following the death of Rachel?**

02:19 Yes, the grief, words just couldn't describe it. The Ferguson's world has literally fallen apart, since the death of their daughter. The meeting itself I distinctly remember Ray Ferguson saying 'no I won't go into this meeting', I think it was a very courageous thing that he did. Because he realised that he wasn't in control of himself and there was an immense anger there. I commend Ray for that, he allowed his wife to go into the meeting with her sister, accompanied by her sister and they were very well positioned. They had questions written out, I would have to say also on behalf of the staff of Aghnagalvin they were very ????? and very kind and endeavoured to answer the questions. But the devastation of Marie Ferguson at the loss of her daughter it was extremely difficult, they didn't feel that they got the answers to the questions that they were raising. I think you have to remember, this was a couple who admitted their daughter for a straight forward operation, now they know nothing of medical terms, they knew nothing of medical terms then. They actually researched this themselves, through the Internet, that is were they got their information, that is were they became familiar with this condition and its effect and they were convinced that something went wrong. They have pursued that and as far as I understand they will continue to pursue that until they get their answers that they require. They feel the system has failed them and I think we all except that generally speaking that certainly last week the community here in this City were shocked to learn the details that have come out as a result of the inquest. I think really what we are talking

about, the key to this is accountability and there is a big debate and a big discussion going on within the National Health Service in respect with Clinical Governments, which effectively is another term for accountability. We would like to see a system put in place, were everyone feel apart of it. It is not something that is directed by management but it is something that includes all personnel, management, nursing staff right down the line. They have got to feel part of it; it must be a system whereby it is properly planned. It is benchmarked; standard set that there is an implementation plan and criteria with collective data basis, that it is properly monitored and evaluated and that ultimately that information is shared throughout the National Health Service. I believe it has to be part of the integral working of daily lives of personnel operating the National Health Service and that that system has to open to a development process in many ways. It has to be adaptable it must be flexible, it has to be capable of coping with change. I mean everybody's working life nowadays we are in the 21st Century. We get new guidelines, new regulations, new legislation, new technology. Effectively what you are looking for is an auto train whereby if something goes wrong in the system, or if we feel there is a danger or there is a risk, it is flagged up immediately and that is sent across the entire system. 3:06:01

3:06:02 **What does it say about the system as it currently stands that the family had to find the answers to the questions that they had on the Internet?**

3:06:09 Well I mean we can look at the statement that came out from the Trust and I feel that constantly in light of the recent shocking revelations that have come out in respect of *???? Shipman case, human organ enquiry and again at a local level here in the* ** reacting*
Bristol, Alton Ferguson's, the National Health Service are constantly????? They have got to become pro-active, they have got to create a culture of openness and I think that they can do that by taking the debate of clinical Governments seriously and it is my duty to try and restore confidence in the public. And indeed to retain confidence for the personnel who operate the system, the personnel in Aughnagalvin. I mean they live in this community, it is not in their interests to be receiving publicity that is negative to their own working environment. And as I said earlier they were very open and honest in so far as that meeting took place. But we cant have a system constantly on going and this is the perception of the general public, whereby there is really a human misery being inflicted on people and we all know only too well in this City today what the Ferguson family are going through. 3:07:31

3:07:32 **Do you really think that the way the Trust has handled this that they have contributed to that human misery that has been inflicted on the Ferguson family?**

3:07:42 Well I think that the Trust and taking their statement at face value flagged up something to ?????? the Chief Medical Officer, so that has to be commended, but there is always this silver or dark cloud that people do not feel, the perception by the general public simply is, that the Health Service generally speaking is not open and honest. And I think that is a failure on behalf of the National Health Service, the public are living in the 21st Century have rights and they need to be able to, the NHS I am talking about needs to make this system user friendly. They need to be able to sit down and talk in lay-mans

terms to Mr & Mrs Joe Public when they go in to ask questions. That simply is not happening at the minute and it is not just for Aughnagalvin Trust it is for every Trust and every organisation operating the National Health Service. 3:08:41

08:42 **The problem for the Ferguson is that they believe really that the Health Authorities here in the City have closed ranks and that they are not going to get the answers to the questions that they have. They feel that their queries will be covered up, that the hospital will not put its hand up and make itself accountable. It didn't at the time, they had to wait a few months for a meeting they have gone through an inquest now and still don't know the answers to the questions.**

09:11 Yes and I can appreciate that but I think that this ultimately is the problem, the Health Service, generally speaking, are constantly taking a hammering in the press and the media, constantly. And until such times as they get a system whereby they create that culture of openness and that people do feel that they can get answers. I know how the Ferguson's feel, the Fergusons for the duration of the inquest loan in the preparation for this inquest, felt the need to go privately and hire both a solicitor and a barrister, now that should not have to happen and it is simply not good enough in the 21st Century. We want to see that accountability being brought into the National Health Service whereby it is as easy as the air that you breath but it doesn't become an uncomfortable set of circumstances or something uncomfortable in their environment or something that they feel alienate to, that has to happen. We have got to get and restore the confidence of the general public and we have got to retain the confidence of the personnel who are operating the system at the minute. They have got to become more pro-active, rather than reactive and that is a firm belief of mine. And I think the question that certainly we will be asking as Health Council members is 'how do we ensure that we get that accountability in to the system throughout the system in all of the activities that the National Health Service are involved in. 3:10:48

3:10:48 **The big problem is here, whenever you look at this case in particular, taken all that you have said. In this case in particular the hospital actually investigated itself at a round table discussion in order to try to get to the bottom of what happened to Rachel Ferguson. I mean that would be completely unheard of in any other field of investigation, that some sort of round table, people getting together, I mean that just smacks of cover up and it stinks. I mean with absolutely no outside investigation into this that the hospital allowed, I mean if you or I lost a child and that child, I mean you can imagine how the Ferguson's would feel.**

3:11:21 I mean the loss to the Ferguson's is immeasurable. And I think that as individuals and human beings we have got to realise that you cannot have people investigating themselves and that is where we loose public confidence. We have got to get into the National Health Service, that system of Clinical Government that is then open to scrutiny and it has to be. I mean I am reacting to your question for me personally I would like to see a multi-disciplinary committee set up whereby there are lay persons, independent persons from the Trust or the medical profession itself, where we can ask questions and get answers. 3:12:05

3:12:05 **Would you be happy with Aughnagalvin's investigation into this case in particular at this point?**

Well I don't know what investigation has taken place but that is something...

Given that no one outside has investigated it would you be happy with it?

No, but ultimately what I am saying is that we have got to create that culture within the National Health Service and Aughnagalvin in fairness to them during the organ enquiry, very quickly ^{once they} want to realise that there was a mistake made. They set up an internal organ enquiry to which I was apart of and I must say that all the questions that I raised were answered. And that they did move to be user friendly after initially going through a session where it was a medical jargon and I asked specifically for their glossary of terms or to talk in terms that I understood. And I do believe that that model was taken up by the department and many of the recommendations that we made during the course of that enquiry ultimately went through to the organ enquiry and where part of their recommendations. 3:13:10

3:13:10 **But in a case like this, which has very wide public interest you have not done the same.**

Clearly we cannot have a situation where people are examining themselves internally. There has to be a degree of accountability and they have to create that culture and it is a shift in the mindset that exists currently within many of the medical profession. That is what we are looking for and until such times that we get that, then we are always going to have a difficulty with the general public having confidence in our Trusts and in our National Health Service. 3:13:44

3:13:44 **Do you still think there are questions unanswered in the Rachel Ferguson case?**

Yes, I believe that there are questions unanswered, I do not have the full findings of the inquest, we have requested that through the Health Council. We will look at those closely and we will examine that and we have already requested a meeting with the Trust Aughnagalvin and I don't doubt that we will be going there well briefed with a number of questions and we will give Aughnagalvin the opportunity to answer those questions. 3:14:13

3:14:14 **How did you react when you heard that two of the doctors involved in the Rachel Ferguson case who had been supine to appear at the inquest failed to appear. One who was excused as a result of sitting medical exams, the other who didn't even contact the coroners court but whenever the coroner investigated where he was, he was on two weeks holiday?**

Well I will tell you what the perceptions of the general public is, that it is quite disgraceful. Because anyone who is summonsed to an inquest is told ultimately even if the ???? adjured to attend in the local courts, you are told what the penalties are. Now

you cannot either be above the law or outside the law and that is what creates the whole culture of no confidence coming from the general public. That there is a law for them and a law for us, it is unacceptable and it is disgraceful and it is one of the questions that we will be raising. 3:15:07

3:15:08 **What lessons have to be learnt, you talked very much about clinical Governments, but what in essence do you believe that has to be learnt for Aughnagalvin out of this case specifically?**

3:15:13 Well I think you are highlighting very clearly that Aughnagalvin have not and again, it is the perception of the general public, been open and honest. And that is not unique to Aughnagalvin it is known that it is sadly lacking in the National Health Service. And I cannot stress enough, how important it is for people to take the debate in respect of clinical Governments above what it is currently. And to create that culture of openness, of honesty and making the system user friendly and making people feel part of the system, making people feel that they can come along and ask questions without feeling uncomfortable. I can tell you what the Ferguson family have had to endure is unthinkable, you know, to try and deal with the loss of their child and then to feel that it was a loss unnecessary. To go on the Internet to start to try and come to terms with medical jargon, to go through an inquest. To feel that they were going to get a fair hearing and to have to go and hire and solicitor and a barrister that they could not afford is a total and wholly unacceptable situation. We have got to get to the stage whereby that culture is created of openness of honesty, that it is seen to be a user-friendly system. Even the coroners system, the inquest itself is very impersonal, is a very lengthy, it is not user friendly and there is a whole culture that we have got to create and insist. And it is the rights of the individuals now to be able to get answers within the National Health Service as I say it is disgraceful, it really is in this day and age. 3:17:14

3:17:15 **In this City what is the faith in Aughnagalvin hospital, has it taken a dent as a result of this case and the previous cases that have been linked to it that have been highly controversial?**

3:17:23 Well I don't doubt for one minute that it has and I have to say that I know. People have spoken to me individually that they are quite disturbed at the details that were revealed through the media and through the press. I am not in a position to comment one way or another other than what I have picked up in the media and the press and as I have stated I do find it quite alarming some of the details that have come out. It is up I suppose in many ways to myself as a public representative, to try and restore confidence by going along to the trust and using my position as a member of the Health Council to raise those question and to see what answers we can get and as I have said earlier, it is unfair on all of the staff that are operating the system, that they constantly taken that way. But that in no way takes away from the fact that they have got to become accountable. That Joe Public needs to know that when something goes wrong it has been flagged up immediately. That they have not been weighed down by bureaucracy, that they are not having to wait 12 and 15 and 18 months to get guidelines and to get systems and that is the general feeling out there at the minute. I do think that Aughnagalvin will come out

with further statements we hope that our meeting we will be able to raise these questions. And we will be looking to see how we can ensure that accountability is in Aughtnagalvin and there is no reason why Aughtnagalvin cannot grasp the Clinical Government. That they can't put in place their own system and their own multidisciplinary committee and we would like as a best practice model across Northern Ireland. 3:19:17

3:19:18 I mean how would you characterise Aughtnagalvin's reputation among those you have spoken to as a result to the Rachel Ferguson case?

3:19:26 Well obviously people are concerned. What we have to do as individuals is ascertain, what actually went wrong and until such times as I would do that and would have the full facts myself and know what questions to ask then I would not in one way or another be slighting Aughtnagalvin. 3:19:48

3:19:49 You have stated quite categorically here about the Clinical Governments and the accountability and how much in support you are of that. But you know, the facts are that for people like the area general public, I mean when was the last time you heard anyone within the medical profession being held accountable at all, whether it is Aughtnagalvin or any other hospital in Northern Ireland for anything that has gone wrong. That is the problem here, I mean was the last time that anyone, have we ever seen anyone being prosecuted by the DNA or any other organisation as a result of some sort of malpractice result. It simply doesn't happen so the evidence that there is any change in the atmosphere or change in the way that hospitals are run here, there is no evidence that suggests that anything in the hospitals are changing that they are moving in anyway. I mean when was the last time that you heard a doctor being actually prosecuted for malpractice in Northern Ireland?

3:20:43 Yes, I take the point that you are making and that is the problem, that is the crux of the problem. That there is no accountability and there is no form of scrutinising and even if it is a reference to the British Medical Association, again it is the medical profession looking at their own personnel and their own practices'. I mean I cannot emphasise enough until such times as they create the culture of openness and honesty then that is going to continue, but there is no doubt you know that there is a perception by the general public. *Fax machine sounds...*

Is there anything else you want me to ask Rachel?

3:22:13 What are the barriers at the moment?

*speaking
off-
camera*
Yes I mean that is a good question. Dare I say? I mean if you even look at the crisis that the NHS, I mean this is something that I have been driving for the past three years since I was on the Health Council. Manpower planning, politics with a capital 'P' within all of these allied professions, whether it is the consultants, they have created this entire monster.

Which is almost like the Mafia.

That is effectively what has happened. I don't know how to answer your question effectively.

I mean I think that the problem is that you are only taking these questions if we don't say.

Yes, I think it is basically the medical profession and all of those associations have got to get together collectively and recognise that there is a problem and it is up to them to restore public confidence.

3:23:24 **You speak so much about clinical Governments and the need for it, what is getting in the way of that being implemented at the moment?**

3:23:38 Yes I have to say that is a good question, but I do believe that there is a lot of debate and discussion going on at the minute. I would suggest that all of the allied medical professions address this, recognise that there is a problem in the general public. That they address the issue of accountability in Clinical Governments, collectively and I think until such times that they do that, they will be seen as the baddy's so to speak within the National Health Service. 3:24:13

3:24:14 **Is it your experience that it is actually the medical professions that are getting in the way of implementing Clinical Governments?**

3:24:20 Well I don't have that experience but what I am stating very clearly is it would be much easier I think if all of those allied bodies came together collectively and said 'yes we recognise that there is a problem'. We only have to look back over the last couple of years and all of Shipman, and we can see clearly were the NHS has taken a hammering in the general public, by the general public and that is the perception out there. They have got to recognise that and until such times that they recognise that and then address it and the way to address it is to put a system in place whereby people can get questions, can get answers to the questions that they raise. If they don't do that I am afraid we are going to continue down this line. 3:25:09

3:25:09 **Given the way the Ferguson's feel today about having come through the inquest system, where do you see its failings in particular?**

Well it simply isn't user friendly and I don't think the Ferguson's haven't the need in the first instance to hirer and engage with a solicitor and to hirer a barrister is totally unsatisfactory and I hope that under the current review that it is going that we get a system, that is user friendly, that it is sensitive to the needs of the general public. That it is not impersonal, that we do not have attitudes, that it is not seen to be the big brother and that state takes control. I think what the state have to realise is that it is someone's loved one, that we are talking about ultimately and they need to be aware of all the sensitivities and about time restrictions and what impact that has on the user's and effectively in this case sadly and regrettably it is the Ferguson's. I hope that your

programme highlights the immense pain which is immeasurable that the Ferguson family and indeed their extended family have had to endure as a result of the loss of their daughter. Who after all went in for a straightforward routine operation. 3:26:29

3:26:30 **Is arrogance a word that you would attribute to a lot of the medical profession that you deal with?**

Well I would have to say the perception by the general public is that there is an arrogance there and I think you did highlight a case earlier where two persons were summonsed to the inquest and simply didn't turn up, and that was the word that was specifically used to me, the arrogance of the medical profession. And I would have say that in fairness to the coroner my understanding is that at the outset he would endeavour to get dates that would accommodate all persons and that makes it even more arrogant as the person politely put it to me. 3:27:07

Look up at me whenever you are ready, I am just asking you a question as if this is part of the interview. I am talking to you about Clinical Governments and the importance of that now, especially in light of the Rachel Ferguson and the family experience of the Ferguson family and tell you that the programme was going to go out in a couple of weeks time. We will come back after I have done this and ask you a little bit about the problem of the hospital or if there is a problem within a hospital, the hospital simply states that that is normal practice and that only seems to add salt to wound of the families.

And we realised then that the Unionists were really talking about managing the name as opposed to looking at the main change and what we were saying to them is 'look in order to give you confidence we are asking for equality proofing and community relations'. But that has to be done, I mean that is a major exercise and it may well be that community relations going back on our equality, this time, this isn't a good idea. But that was our safe guard.

3:28:21 **The hospital is part of the, in explaining what happened to Rachel Ferguson, the hospital has said that this was standard practice in introducing this drip to Rachel in the hours after her surgery. I mean for the family just because it was normal practice doesn't really explain the way an awful lot of what happened to Rachel. When you hear a hospital saying and it is particular Aghnagalvin, what do you think?**

3:28:45 Well I would have to say in fairness that this is the cliché, the famous throw away line which seems to be a mentor for the National Health Service that it was accepted practice at the time. That does nothing to restore confidence in the general public. It is back to clinical governance again if you have a system in place whereby you have set your criteria, you have set your standards, you have benchmarked it you have collected your data, we would like to think that that system would flag up any warrants at an early stage and that we could as far as possible, prevent anything like the Rachel Ferguson case ever

happening again. In all aspects of all activities that are operated by the National Health service and the trust here in Derry specifically. 3:29:40