Witness Statement Ref. No. 047/1

NAME OF CHILD: Raychel Ferguson

Name: Dr Bill McConnell

Title: Director of Public Health Medicine

Present position and institution: Director of Public Health Medicine, Western Health and Social Services Board.

Previous position and institution: As above.
[As at the time of the child's death]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those between January 1995-December 2004]
HSSC – Ex Officio
AMAC – Ex Officio
Hospital Services Sub-Committee (DHSSPS)
Area Medical Advisory Committee (WHSSB)
Specialty Advisory Committee – Paediatricians (DHSSPS) – Ex Officio

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]
Statements – None
Reports – Verbal to CMO/DsPH Meeting July 2002
Verbal to Western Board's HCC

OFFICIAL USE:
List of previous statements, depositions and reports attached:

Ref:	Date:	

Particular areas of interest
[Please attach additional sheets if more space is required]

1. **Describe in detail your role as Director of Public Health , Western and Social Services Board, to include:**
   (i) the length of time you held the post; and
   (ii) the job description attached to the post (please attach a copy of same to your completed witness statement).

Length of time in post: July 1985 to Present.

JOB DESCRIPTION attached to post:

The Director of Public Health will lead and manage the Public Health Medicine Department of Consultants and Specialist Registrars.

The roles of the Director of Public Health are:

a) Delivering on the Public Health Medicine inputs to the commissioning/planning of Services; ensuring the delivery of the Statutory Functions delegated to him/her on behalf of the Board and delegated to the Board but which need essential Public Health Medicine inputs; and the essential Contribution to Health Promotion/Development both within Health and Personal Social Services and Intersectorally.

b) To be a Member of the Board's Senior Management Team.

c) Ensuring that the Staff within his/her Department are supported, developed and enabled to deliver their roles while, at the same time, that they deliver on their defined responsibilities. This includes the need for them to be appraised regularly both formally and informally. This includes ensuring that their development needs, professional and personal, are identified and opportunities are secured to meet these and that their Continuing Medical Education/Continuing Professional Development profiles are up-to-date and met.

d) Ensuring that the Public Health Medicine Department objectives overall, and the individual work plans and objectives of Staff, are consistent with the Board's corporate and organisational objectives or that any mismatch is resolved. This will include ensuring that the professional inputs of staff to key regional or other initiatives are included in this equation. It also includes ensuring that the Public Health Medicine Department delivers across the ten Public Health competencies and meets professional expectations.

e) Advocacy and leadership on behalf of the health of our resident population. Reporting regularly to the Board, the public and other organisations who can affect health and social well-being on the key issues of health importance.

f) Public Health adviser to the Board, accountable to the Chief Executive.

g) Ensuring that the three Domains of Health Protection, Health Promotion/Improvement and Service Development/Health & Social Care Quality are given due importance and balance in the Board's work and that there are good links between the 4 Boards, with the DHSSPS and with Trusts and Primary Care regarding these three Domains of Public Health work.

h) Working through Intersectoral Partnerships to improve health and reduce health inequalities.

i) Working with local communities to improve the understanding of health issues and to develop their capability and capacity to address their health challenges.

j) Working with Public Health and related networks to share expertise, knowledge and examples of good practice.

2. Describe in detail the steps you took as Director of Public Health to alert the DHSSPS, your fellow Directors of Public Health and members of the medical profession to the death of Raychel Ferguson and its possible cause, to include:
(i) details of those with whom you made contact;
(ii) dates and times of such contacts; and
(iii) nature of such contacts.

I was contacted by Dr Raymond Fulton, Medical Director of Altnagelvin Hospital Trust around 22nd/23rd June 2001. Dr Fulton indicated that he was concerned about the wider implications of events relating to the death of Raychel Ferguson. He indicated that there had been a review of the events involving a wide range of Staff involved. As a result of this, and a review of relevant information, Dr Nesbitt, in particular, was concerned that the use of an intravenous solution, Solution 18, may have resulted in the child developing hyponatraemia,

Dr Fulton advised me that Dr Nesbitt had contacted anaesthetic colleagues in other acute Trusts across Northern Ireland to acquaint them of his concerns and had confirmed that there were other Trusts in Northern Ireland using Solution 18 in paediatric surgical patients.

Dr Fulton advised me that he had informed Medical Director colleagues of the position and concerns at a scheduled Meeting of Medical Directors with the CMO/Medical Branch. This Meeting was one of a regular series of Meetings. The CMO had not been present at this Meeting, which had been Chaired by the Deputy CMO.

Dr Fulton indicated that he had then rung Dr Campbell, CMO, to indicate his concerns about the events relating to Raychel's death and the wider risk across Northern Ireland.

I agreed to raise this issue and the need for Paediatricians, Surgeons and Anaesthetists to develop agreed Guidelines on the use of I.V. fluids in paediatric surgical patients.

I wrote to Mr. Eugene Fee, Director of Acute Services in Sperrin Lakeland Trust, outlining the concerns and indicating that he should advise Paediatricians, Surgeons and Anaesthetists in that Trust and that, if further, information was needed, they should contact Dr Nesbitt or Dr Fulton. I have been unable to locate a copy of my letter to Mr. Eugene Fee. I also indicated that I would contact relevant Staff in Sperrin Lakeland Trust to ensure that they were aware of the concerns, although Dr Fulton did indicate that Dr Nesbitt had already spoken with relevant colleagues there.

I raised the issue at the regular Chief Medical Officer/Directors of Public Health Meeting on 2nd July 2001. This was the usual method, at that time, of raising professional or clinical concerns which had arisen in any

one Board, but which, potentially, had wider relevance. The issue was discussed and then it was agreed that regional guidance on the avoidance of hyponatraemia and the use of I.V. fluids in children should be produced and that relevant Anaesthetists, Surgeons and Paediatricians should be brought together by DHSSPS for this.

Following this, I wrote to Dr Fulton on 5th July 2001, to confirm that I had raised the issue for discussion and that the three other Directors of Public Health had agreed to alert relevant staff in their Boards to the concerns raised within the Western Board. See pages 026-006-007 and 026-015-029.

I am aware that the Chief Medical Officer arranged for Guidelines regarding hyponatraemia to be developed and that these were issued in June 2002.

Particular areas of interest (Cont'd)

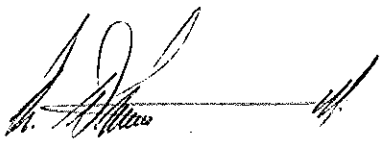
3. Give details of when you became aware of the death of Raychel Ferguson, the information that was given to you and by whom.

I was informed by telephone by Dr R Fulton, Medical Director of Altnagelvin HSS Trust. This was around 22nd/23rd June 2001. I cannot be sure of the specified time and date. (See previous Section 2).

4. Describe in detail your knowledge in June 2001 of the condition known as hyponatraemia together with the source(s) of your knowledge and any step you took prior to June 2001 to alert colleagues to the condition.

Prior to being informed about Raychel Ferguson's death by Dr. R. Fulton in mid June, 2001, I had no knowledge in my capacity as Director of Public Health of any specific case of hyponatraemia occurring in the Western Health and Social Services Board area. During my undergraduate training (from 1964 – 1970) and in my postgraduate further training and practice I had learned and applied the principles of effective fluid/Electrolyte balance and management. I had never encountered a case of severe hyponatraemia during my medical practice. In June, 2001 my understanding of hyponatraemia was that it was a rare but potentially life threatening condition arising from a reduction in serum sodium concentration. I had not alerted any of my colleagues to the occurrence of this condition as I had not been made aware of any specific Public Health issues relating to this condition.

Other points you wish to make including additions to any previous Statements, Depositions and or Reports
[Please attach additional sheets if more space is required]

Signed: 

Dated: 25th October 2011