

NAME OF CHILD: Raychel Ferguson

Name: Anne Doherty

Title: Mrs.



Present position and institution: Retired

Previous position and institution:

*[As at the time of the child's death]*

Patient Advocate- Altnagelvin Hospital Health & Social Services Trust ("AHHSST")

Membership of Advisory Panels and Committees:

*[Identify by date and title all of those between January 2001 - Present]*

None

Previous Statements, Depositions and Reports:

*[Identify by date and title all those made in relation to the child's death]*

NONE

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	

**IMPORTANT INSTRUCTIONS FOR ANSWERING:**

*Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.*

*If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.*

**(1) Please provide the following information:**

- (a) Your qualifications as of 2001 (please also provide a copy of your CV);  
RGN BSc Honours (Professional Development).**
- (b) Describe your career history;**  
Qualified in 1968.  
Worked in Roe Valley Hospital 1968 - 1991 in surgery, medicine, A&E and clinics.  
Transferred to Ward 21, Altnagelvin Hospital 1991 (Care of Elderly).  
Completed BSc. 1992  
Patients Advocate part-time September 2000 (2001)  
Patient Advocate Full-Time 2001-2009.
- (c) Please describe your work commitments at the AHHSST from the date of your appointment as Patient Advocate;**  
Documenting complaints, obtaining relevant statements from managers of wards departments where complaint originated.  
Co-ordinated statements and drafted letters for Chief Executive in response to complaints.  
Highlighted areas of concern (raised by complainants) to line Managers.  
Documented and recorded commendations for wards/departments.  
Took minutes of relevant meetings.  
Provided statistics.
- (d) What was the role of the Patient Advocate and what were its functions, accountabilities and responsibilities (was this reduced to writing by 2001? If so please provide a copy of the same);**  
To support patients/relatives in voicing concerns.  
Make these concerns known to relevant wards/departments.  
Obtain statements/draft responses.  
Provide statistics.
- (e) Who was your line manager in 2001?**  
Mrs Dianne Brennan

**(2) Please state the identity and accountability of the individuals who had lead responsibility in AHHSST in 2001 for:**

- (a) Complaints;**  
Chief Executive
- (b) Communication with patients and/or their families?**  
Relevant consultant or Ward/Department Manager.

I cannot comment on how individuals carried out good practice or how these practices were monitored.

Please also indicate the training and guidance given to these individuals in respect of good practice and describe those steps taken to monitor procedures.

(3) In 2001 did the AHHSST have any policies, guidance or procedures governing the following:

(a) Role of the Patient Advocate;  
Refer to Job Description for role of Patient Advocate (Patient Confidentiality) and Complaints policy. I cannot remember other specific policies at this time.

(b) Complaints procedure;  
Yes.

(c) Communication with patients and/or families;  
Yes, I believe there was a policy but I cannot remember the specifics.

(d) Effective provision of information?  
I do not recall specific guidance

If the AHHSST did have any such policies, guidance or procedures in place, then identify the same, provide a copy and state in respect of each:

(i) Whether it was modelled on or informed by any published guidance, and if so please identify this guidance;  
Guidance already in place prior to me taking up post.

(ii) How the guidance, policy or procedure was distributed;  
Distributed Trust Wide.  
Presentation to staff members by Patient Advocate a record of the dates of presentation and attendees kept.

(iii) What training or assistance was given in respect of same;  
See (ii).

(iv) How the AHHSST satisfied itself that the guidance, policy or procedure was being implemented and complied with;  
Statistics kept demonstrate patients, relatives were using the service.

(v) How implementation and compliance was enforced;  
Each complaint records the process and outcome of complaint.

(vi) How such guidance, policy or procedure was applied in the case of Raychel Ferguson?  
In my role as patient advocate I was not involved with Raychel's care. I had no contact with her family at any time apart from recording the minutes of the meeting. This issue did not come through the Patient Advocate office as a complaint or a concern.

(4) Did you have any involvement with the Patient's Charter and the monitoring and compliance of Patient Charter standards? If so please provide details.  
No.

(5) Did you keep a file or record of your work in relation to the case of Raychel Ferguson and did you retain all documentation relating thereto? If so please provide copies.

Only record of minutes kept.

- (6) Please describe the extent to which you believe the Ferguson family was fully informed of the causative factors of Raychel's death?  
I minuted the meeting with the family on 3 September 2001 Ref 022-084-215. I had no records or information prior to this meeting.
- (7) In relation to the minute of the meeting with Mrs. Ferguson and others (Ref: 022-084-215) we should also be grateful if you could provide information on the following:
- (a) Did you make this and if so, who asked you to make it;  
Yes. Mrs. Stella Burnside, Chief Executive.
  - (b) Was it your normal practice to minute such a meeting;  
Yes
  - (c) If you were asked to make this minute please identify who made this request;  
Mrs. Stella Burnside, Chief Executive.
  - (d) Did you take preliminary handwritten notes of this meeting from which this minute derives (if so did you retain these);  
Preliminary handwritten notes taken but not retained.
  - (e) Was the minute circulated for approval, and if so to whom and with what response;  
Mrs. Stella Burnside, Chief Executive and Consultant. This was for approval. I can't recall which consultant.
  - (f) Did anyone else take notes of the meeting, and if so who;  
Not aware of anyone else taking minutes.
  - (g) Was the minute entirely your own or did others contribute to it (and if so who)?  
Yes minutes entirely my own. Nobody contributed.
- (8) With respect to the meeting between Mrs. Ferguson and the representatives of AHHSST and others (minuted Ref: 022-084-215) please state:
- (a) What was the purpose of your attendance at this meeting;  
To take minutes.
  - (b) Who asked you to attend this meeting;  
Mrs Stella Burnside, Chief Executive.
  - (c) Whether, before attending this meeting, you were briefed as to the outcome of the Critical Incident Review;  
No.
  - (d) Whether, before attending this meeting, you were briefed with regard to the clinical details of Raychel's case and if so by whom;  
No clinical details.
  - (e) What documents you received before attending this meeting;

None.

- (f) Whether you had a consultation with the Ferguson family prior to the meeting;  
No.
  - (g) Was an Agenda provided in relation to this meeting;  
Not that I can recall.
  - (h) Did you liaise with Dr. Ashenhurst;  
No.
  - (i) What contribution you made to the meeting;  
None other than minuting the meeting.
  - (j) Do you believe that the representatives of the AHHSST answered the questions posed;  
~~Can't recall.~~ See minutes.
  - (k) Do you believe that the representatives of the AHHSST gave a full account of their understanding of the principle causes of Raychel's death;  
See minutes.
  - (l) Do you believe that the representatives of the AHHSST gave a full account of their understanding of the deficiencies in the care and treatment of Raychel;  
See minutes.
  - (m) Were you content that the meeting had fulfilled its purpose;  
See minutes.
  - (n) Whether you made a separate report of this meeting to anyone else, and if so to whom and in what terms;  
No.
  - (o) Did you think the meeting was useful to the family;  
Only the family can answer this.
  - (p) Did you take any other note, record or memorandum of this meeting (and if so please provide);  
No.
  - (q) Any other observations about the meeting which you think may be relevant?  
No.
- (9) In relation to your role as Patient Advocate please state:
- (a) What was your objective in acting as Patient Advocate in Raychel's case;  
To minute the meeting.
  - (b) Did you inform the Ferguson family that you were employed by the Trust;  
Introductions made at meeting.
  - (c) Did you seek any further instructions in relation to this task and if so from whom;  
No.
  - (d) Did you carry out any investigation or fact-finding in relation to this task;

No.

(e) Apart from attending the meeting with Mrs. Ferguson and others, what other engagement did you have with the Ferguson family?

None.

(10) Were you aware of the NIHPSS "*Guidance on Implementation of the HPSS Complaints Procedure*" (Ref: 314-016-001)?

Yes.

(11) Please provide such further comment as you think relevant. It would be of very considerable assistance if you could attach any documents you may hold which may be relevant to procedures, strategies, policies or any such issues as you think may be relevant.

No further comment.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:

*Anne DeKorty*

Dated:

*29.8.13*

**ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST**

**ALTNAGELVIN AREA HOSPITAL**

**PATIENTS ADVOCATE**

**JOB DESCRIPTION**

Based at: Patient's Advocate Office  
Altnagelvin Area Hospital

Responsible to: Chief Executive

Reports to: Chief Executive

Responsible for: Secretary to Patient's Advocate Office

The Patient's Advocate is a focal point for patients, relatives, carers, visitors and staff to ensure a high quality service is provided for patients within Altnagelvin Hospitals H&SS Trust. The purpose of the job is to ensure that:

- (i) patients and relatives are assisted in making known their concerns and dissatisfactions  
and
- (ii) the administration of patients and relatives concerns and dissatisfactions so that the quality of the service can be optimised.

**Responsibilities/Key Tasks**

- 1 To assist individual patients with their complaints, concerns, enquiries and commendations on a confidential basis.
- 2 To comply with the HPSS Guidelines on Complaint Handling, and Altnagelvin's procedures.
- 3 To support patients and relatives in making a complaint and, where necessary, to act on behalf of patients.
- 4 To ensure each complaint is fully investigated with relevant staff
- 5 To guide and support staff involved in responding to complaints.
- 6 To prepare response for Chief Executive
- 7 To highlight with relevant managers any concerns requiring examination or consideration.



- 8 Alert Chief Executive to any issues which may deteriorate or bring the reputation of the Trust into question.
- 9 To assist with the analysis and dissemination of complaints data to Directorates and Departments.
- 10 To assist with developing action plans for areas of concern.
- 11 To assist with Datix database recording and monitoring.
- 12 To provide the Department of health with quarterly CH8 returns.
- 13 Be familiar with standard operating procedures for retrieval and analysis of trends and identification of people.
- 14 To raise the profile of the role of the Patient's Advocate and complaint handling within Altnagelvin.
- 15 To facilitate regular seminars for staff on complaint handling.
- 16 To participate in the induction training programme of new staff regarding the Complaints Procedure.
- 17 To increase external awareness of the role of the Patient's Advocate.
- 18 Support major incident teams and help lines.
- 19 To liaise with the WHSSB, WHSSC, and other Trust/Agencies as required.
- 20 The postholder may be allocated special projects by the Chief Executive on a hospital wide basis.
- 21 To supervise and support, as necessary, the Secretary of the Patient's Advocate Office.
- 22 To develop constructive relationships with all Departments.
- 23 Liaise with Mortuary staff regarding information given to patients about products of conception (POC).
- 24 Liaise with relevant personnel regarding Human Organ Inquiry and facilitate meetings with family and Consultant Pathologist.
- 25 Attend meetings of Regional Complaints and Litigation Forum.

26 To work in liaison with the Senior Manager for Clinical Governance, to ensure the co-ordination of the quality of the service and the Advocate's office.

26 To ensure the smooth running of the Patients' Advocate Office.

The Trust operates a No Smoking, Alcohol and Nutrition Policy and staff are required to participate in the implementation of these policies.

All staff must comply with the Standing Financial Instructions for the Trust, and at all times act with probity on all issues.

This Job Description is intended to give an indication of the role and is not intended to be restrictive or definite and will be subject to review at intervals.

August 2005