

NAME OF CHILD: Raychel Ferguson

Name: Thomas Melaugh

Title: Mr.

Present position and institution:

Retired - July 2008

Previous position and institution:

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

Director, Clinical Support Services- 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]

Drug and Therapeutic Committee
 Ethics Committee
 Infection Control Committee
 Clinical Governance Steering group
 Hospital Executive/Hospital Management Team
 I am unable to provide details of dates.

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);

HNC Business Studies 1980/ Graduate Member Chartered Institute of Personnel and Development 1988 / MA Human Resource Management 2001.

CV attached

(b) Describe your career history;

I worked in health and social care my entire career. I started work in Health Records in Altnagelvin in 1973. I then worked in Finance and Management accounts at the then Group HQ, moving to the Western Board HQ to work in Personnel. In 1987 I moved to Units Administration in Altnagelvin Hospital and from there took on the role of Resource Management Project Manager. As medical management structures evolved I took on the role of Co-ordinator- Directorate of Clinical Support Services and subsequently Director of Clinical Support Services. My career can be summed up as a variety of roles in administration and general management within the health and social services.

(c) Please describe your work commitments at the AHHSST from the date of your appointment as Director of Clinical Support Services;

As Director of Clinical Support Services my work commitments were around the direct management of senior staff delivering services within the Directorate as specified in my CV. I also had a liaison role with other Trusts (e.g. Foyle Trust, Ambulance Trust) regarding the services they provided to Altnagelvin. I also served on a number of Committees within the Trust.

(d) What was the role of the Director of Clinical Support Services and what were its functions, accountabilities and responsibilities, and was this reduced to writing by 2001? If so please provide a copy of the same?

The Western HSC Trust are unable to supply a relevant job description from my personal file.

(2) Did you have any engagement with the case of Raychel Ferguson and if so did you make a note or record of your work relating thereto? If so please provide copy.

I had no engagement with the case of Raychel Ferguson and have no notes or records associated with this case

- (3) Please detail those opportunities available in 2000-2001 to Clinical Support Services professionals from across Northern Ireland to meet and exchange information of professional relevance by way of managed network or otherwise?**

The Clinical Support Services professionals were Dietetics and Physiotherapy. The Senior managers of these services would have met with their counterparts within the Western Board on a regular basis for the sharing of information, resolving issues within their fields and agreeing a common approach to issues. In addition some of the professional staff would have been members of what were called Special Interest Groups within N. Ireland which, I understand, were fora for the discussion of specific diseases e.g. Diabetes and this would have provided an opportunity for staff to keep up to date with developments in their fields.

While I cannot be specific about the frequency of such meetings I would believe that some were on a quarterly basis at least.

- (4) Please confirm whether or not, in 2001, critical incident reports were brought to the attention of the Clinical Audit Co-ordinator and if so how?**

As I did not have responsibility for either Clinical Audit or critical incident reports I have no knowledge of any such arrangement.

- (5) With respect to the Critical Incident Review Meeting held on 12th June 2001 please confirm;**

- (a) Whether you were involved in this in any way, and if so how;**

I was not involved in the Critical Incident Review Meeting on 12 June 2001

- (b) Was the case of Raychel Ferguson subject to any other case review, mortality meeting, internal investigation or audit;**

I am not aware of any other case review, mortality meeting, internal investigation or audit.

- (c) Whether you received any report of the Critical Incident Review;**

I did not receive any report of the Critical Incident Review

- (d) What steps were expected to be taken by you to ensure that any recommendations arising from this Review were implemented?**

I was not expected to take any action as a result of this review

- (6) In respect of the AHHSST Ethics Committee upon which you served, please state whether the issue of openness in communication with patients and their families, was ever considered, and if so whether any advice was given in respect of this?**

I have no recollection of this issue being discussed within the Ethics Committee. This Committee's original purpose was the approval of research studies within the Hospital.

- (7) **Did you, in 2001-2004, have any responsibility for or engagement with hospital PR management, Press or Media communication? If so please outline the scope of your responsibility and engagement and describe any involvement with the case of Raychel Ferguson.**

In 2001 the Communications Manager would have been under my management control. Her role involved the PR management and responding to press and media enquiries. While I would have agreed the priorities associated with her role, vetted some of the proactive (positive news) press releases etc. when it came to major issues the Communication Manager would have worked directly to the Chief Executive. I have no recollection of being involved in any media issues around the case of Raychel Ferguson.

- (8) **In 2001 did the AHHSST have in place any policies, guidance or procedures governing the following:**

- (a) **Clinical governance;**
- (b) **Social care governance**
- (c) **Health and Safety;**
- (d) **Adverse Clinical Incident Investigation;**
- (e) **Complaints procedure;**
- (f) **Performance assessment**
- (g) **Continuing medical education and professional development;**
- (h) **Preparation for Inquests and the gathering of statements therefore;**
- (i) **Clinical record keeping;**
- (j) **Communication with next of kin?**

I do not have any specific knowledge of the above documents and feel that the Western Trust should be able to supply any that were in existence in 2001.

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;**

While I cannot be specific about the above policies etc. (as I have no recollection of developing such documents) in my experience such documents would draw on any existing national/ regional guidance from professional bodies, DHSS etc. They would also draw on what was in existence within other organisations that were recognised as leaders in the field.

- (ii) **How the guidance, policy or procedure was distributed;**

I cannot be specific about each document but my experience was that such documents would have been circulated through the relevant management structures and may have been highlighted through the Team Briefing process.

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

In my experience if specific skills were required to comply with the policy etc. (e.g. manual handling) a programme of training would have been developed centrally and staff tasked to attend.

(iv) How the AHHSST satisfied itself that the guidance, policy or procedure was being implemented and complied with;

In my Directorate I would have sought assurances from the Heads of Service in my management meetings that the necessary actions had been taken to implement relevant policies etc.

(v) How implementation and compliance was enforced;

It would be enforced through the management process including disciplinary action if deemed appropriate

(vi) How such guidance, policy or procedure was applied in the case of Raychel Ferguson?

As I was not involved in the case of Raychel Ferguson I cannot comment

(9) Did the AHHSST seek or obtain accreditation, whether from Kings' Fund Organisational Audit or otherwise, and if so:

(a) What was the accreditation and from whom was it sought;

The only accreditation that I was centrally involved in was the Investors in People award.

(b) On what date was accreditation applied for and received;

I do not recall these specific dates.

(c) What were the standards/criteria set;

The standards were specified by the IIP organisation. My only recollection was that some of them revolved around communication with staff and staff development.

(d) What was the outcome of this process?

The award was granted to Altnagelvin Trust after initially being deferred due to one of the standards which I think was around staff appraisals.

(10) In 2001, what arrangements did the AHHSST have in place to ensure that regular and systematic nursing/medical/clinical audits took place? If such arrangements were in place please advise:

(a) Was there a Clinical Audit Committee? If so, what was its remit;

(b) Who served on the Clinical Audit Committee;

- (c) Who was responsible for ensuring that nursing/medical/clinical audits were carried out;
- (d) To whom were the results of nursing/medical/clinical audits sent;
- (e) What action could be taken on foot of the results of nursing/medical/clinical audits;
- (f) As to whether there was any procedure or system in place in 2001 to audit the quality, clarity and completeness of clinical case notes;
- (g) Please also describe those criteria/standards used to benchmark audit results?
- (h) Please describe the process for adopting external guidelines, policies and protocols as criteria in the audit process;
- (i) As at, or prior to, June 2001 had the practice and procedures in Ward 6 been subjected to audit?

As this was not an area that I had responsibility for I do not feel that I can provide any meaningful information.

- (11) **In respect of the Clinical Support Services Directorate's responsibility for medical audit as detailed in the Altnagelvin Hospital Annual Report 1998-1999 (Ref: 321-004gi-032) please advise:**

- (a) **Why this responsibility was removed from the Directorate thereafter;**

With the advent of the Clinical Governance agenda the Trust was looking at its internal arrangements. It was decided that there should be Clinical Audit rather than just Medical Audit and the Medical Audit support staff were transferred to the Directorate charged with responsibility for Clinical Governance.

- (b) **Which Directorate assumed responsibility for it thereafter;**

Directorate of Nursing

- (c) **What responsibility or engagement you had with it thereafter?**

No responsibility following the transfer.

- (12) **In 2001, had the AHHST established a Medical Records Committee or like body? If so, please address the following:**

- (a) **What was the function of the Committee;**
- (b) **Was its remit and operation governed by any policy/procedure;**
- (c) **Who formed the membership of this Committee;**
- (d) **Did you play a role in relation to this Committee, and if so what;**
- (e) **Whether its deliberations were minuted;**
- (f) **Did such a Committee engage with the audit or review of medical records?**

I do not recall the existence of a Medical Records Committee in Altnagelvin Trust.

(13) Please describe the structures in place in 2001, and the lines of accountability and responsibility, for:

- (a) Clinical policy setting;**
- (b) Clinical policy monitoring;**
- (c) The adoption of policy on clinical practice as a result of NCEPOD, NICE, CREST and other relevant bodies.**

As this was not an area of responsibility for me I cannot provide any meaningful information.

(14) Please describe the steps taken to disseminate and implement/enforce compliance with the recommendations deriving from external sources including the following:

- (a) The Royal Colleges;**
- (b) UK Central Council for Nursing, Midwifery and Health Visiting;**
- (c) Paediatric Intensive Care Society;**
- (d) Department of Health;**
- (e) Audit Commission;**
- (f) General Medical Council;**
- (g) DHSSPSNI;**
- (h) HPSS;**
- (i) Management Executive.**

In relation to (a), (b), (c) and (f) I would have had no responsibility for these. Of the remainder, if such guidance was relevant to any of the services I would have had responsibility for I would have sent copies to the relevant Service Managers for action and followed this up through my management meetings with them.

(15) Please describe all other systems in place in 2001 for quality assuring the safe provision of patient care?

As this was not a specific responsibility of mine I feel that I cannot provide any meaningful information on this.

(16) The Altnagelvin Hospital Annual Report 1998-1999 records at Ref: 321-004gi-032: *"the Information Systems Support Department... completed the implementation of the Nurses Information System to all Wards within Altnagelvin."* Please advise:

- (a) What was the Nurses Information System;**

This was a computer system which, if I recall correctly, had 3 components, Care Planning, Dependency Scoring and staff Rostering, although I think the Care Planning module was the main use within Altnagelvin.

- (b) Was it related to the computerised Episodic Care Plan operated by the nursing staff in Ward 6;**

YES

- (c) Prior to June 2001 had any complaints been received or difficulties experienced with the computerised Episodic Care Plan;**

Within the implementation of any new system there would have been 'teething' problems but I do not recall any systemic complaints about the computerized Episodic Care Plan.

- (d) When and why was the computerised Episodic Care Plan abandoned?**

As far as I recall the original introduction of this system was as part of a regional pilot on Nurse Information Systems. Altnagelvin worked with a commercial supplier in the implementation. While the system was installed and continued to be developed during the pilot period (and for a time beyond) the region declined to pursue it as a priority and I believe that the company was withdrawing technical support so we could no longer continue its use. I cannot be specific about the date.

- (17) Prior to June 2001 had you had any complaint about or reason to examine and consider:**

- (a) The bleeper summoning system for doctors;**

I am not aware of any problems

- (b) The computerised presentation of blood test results?**

I am not aware of any problems

- (18) In respect of the Clinical Support Services Directorate's responsibility for the Medical Post-Graduate Centre (Ref: 321-004gi-032) please state:**

- (a) The functions of this Centre and its work;**

The Medical Post- Graduate Centre was the location within the hospital where Doctors, particularly doctors in training, attended lectures and seminars. I believe that there may also have been some resource materials available in this area. The Centre created a programme of events and used internal and external people to deliver these.

- (b) Whether you had any responsibility for post-graduate education? If so please detail?**

I had no responsibility for post-graduate education. My responsibility in this area was that I managed the support staff who worked there.

(19) In relation to the “minutes of a meeting of the Drug and Therapeutic Committee held on 20 November 2001” (Ref: 316-007e-001) and the record that “discussion followed on the need for a clinical incident investigation on a multi-professional basis to bring out all of the events leading to the outcome in this case. In these circumstances the policy could then be developed. Mr. Melaugh undertook to raise this with the Risk Management Department” please advise:

(a) Whether you agreed that there was a need for a multi-professional clinical incident investigation;

I have no specific recollection of this discussion. However I would have held a general view of the necessity for a multi-professional approach to a lot of areas of working in the hospital.

(b) Whether you agreed that it was necessary to develop the policy;

I have no specific recollection of this discussion.

(c) Whether you pursued this with the Risk Management Department or otherwise;

I have no specific recollection. Any action taken will either be recorded in the minutes of the following meetings or contained within my physical files or my e-mails which should be available to the Western Trust

(d) Whether any such further deliberations were minuted;

I have no recollection of such deliberations

(e) Whether you took any steps to instigate such an investigation?

It would not have been within my remit to instigate any such investigation

(20) In relation to the same minute (Ref: 316-007e-001) please state, in respect of the recommendation “that Paediatrics/Surgery/Medicine be brought together to discuss a policy for this Trust on IV fluids. Dr. Furness, Ms.B. Hegarty and Mr. Melaugh agreed to represent the D&T Committee at such a meeting” (Ref: 316-007e-001) whether such a meeting took place, and if so whether it was minuted?

I have no recollection of any such meeting. It appears from my reading of the minutes that Dr Nesbitt was recommending such a meeting following his review. Reference could be made to the following D&T minutes to see what action was taken.

(21) In respect of your Memorandum dated 4th November 2004 to Mrs. Irene Duddy Re: Insight Programme (Ref: 021-014-031) please advise:

(a) Who asked you to review this programme and identify the issues arising;

While I cannot specifically remember being asked I would surmise from my memo that the request originated from the Director of Nursing

(b) What was the purpose of this review;

I believe that the Director of Nursing may have wished to have a non-clinical perspective on the issues arising from the programme

(c) Was anything done in consequence of this review;

I have no knowledge of this.

(d) Did you pursue any further follow up;

I do not recall being involved in any follow-up to my memo

- (e) **In relation to your observation *“the theme that came through strongly was the feeling from the parents that they were kept in the dark in relation to what had happened. This led to feelings of cover up where staff were not providing sufficient information to parents so that they could understand what happened”* - whether this provoked any analysis, enquiry or investigation in relation to the case of Raychel Ferguson;**

I am not aware of any

- (f) **In respect of your observation that *“the independence of such internal investigations was questioned, as was the absence of sharing outcomes with the relatives”* - whether this observation was considered or analysed in relation to the case of Raychel Ferguson;**

I am not aware of any

- (g) **In respect of your observation that *“there may be an issue of a conflict with the need to give parents adequate information for them to understand and the demand placed upon the staff in terms of potential medical litigation”* - whether:**

- (i) **This issue was referred to the Ethics Committee;**

I am not aware of any referral to the Ethics Committee.

- (ii) **This issue was referred to the Director of Risk Management;**

I did not refer the issue to this Director

- (iii) **This issue referred was to the AHHSST Board;**

I did not refer the issue to the Trust Board

- (iv) **This comment was considered relevant to the case of Raychel Ferguson?**

As I had no direct involvement in this case I cannot comment.

- (22) **Was there any system of independent external scrutiny in place to review clinical performance in the AHHSST, and if so please detail the same?**

As this was not my responsibility I do not feel that I can give any meaningful information

- (23) **In the aftermath of the death of Raychel Ferguson did you have reason to consider the possibility of systemic failings within the services for which you were responsible (and if so please include details)?**

As far as I am aware none of the services for which I had responsibility were involved in the Raychel Ferguson case so I did not consider the possibility of systemic failings within their services.

- (24) **Was there any reference to Raychel’s case at any hospital committee meetings or in any other**

healthcare context? If so, please provide any record thereof.

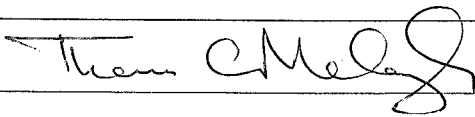
I believe that I was at a number of meetings where Dr. Nesbitt made a presentation on the issue of hyponatraemia but I cannot recall specifically which committees other than the D&T, the minutes of which are referred to above..

- (25) Please provide such additional comment as you think appropriate. It would be of very considerable assistance if you could attach such documentation as you may hold which relates to enquiries, strategies, policies or other issues of relevance.

The answers that I have given in this questionnaire are given to the best of my recollection but I have to stress that I have great difficulty trying to recall 12 years ago.

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

Signed:



Dated:

29/08/2013

GENERAL CERTIFICATE OF OCCUPATIONAL COMPETENCE (G.C.O.C.)

Awarding Body	Subjects Passed	Level Attained	Grade	Year	Awarding Body	Secretarial Subjects	Stage	Part	Grade	Year
NI GCE	English Language English Literature Mathematics Additional Maths French Physics English	O O O O O O A								

University Degree(s), Diploma(s), Technical Qualifications (or equivalent) Obtained with Dates

B

Qualification	University/College	Dates
HNC - Business Studies (Distinction)	North West College of Technology	1980
MA Human Resource Management	University of Ulster	2001

C. Apprenticeship Details _____ Date Completed _____

3. PROFESSIONAL QUALIFICATIONS

A By Examination

Name of Professional body or bodies	Examination Taken		Examination Yet to be taken with dates
	Intermediate with date and result	Final with date and result	
Chartered Institute of Personnel and Development		Graduated 1988 Now CMIPD	

B By Election (Give Details)

C Registration Details

Type of Registration _____

Registration No _____

Date of Expiry _____

NURSING -

(ii) NMC PIN No With Expiry Date _____ Part(s) of live register _____

Qualifications obtained (RGN/RMN/etc) _____

MIDWIFERY POST:

Are you eligible to practice?

YES

NO

Name and Address Employer	Altnagelvin Hospitals Health and Social Services Trust	
	Glenshane Road,	
	Londonderry, BT47 6SB	
Title of Post Held/Grade	Director of Clinical Support Services	
Location/Base	Altnagelvin Area Hospital	
Date appointed to this post	1 February 1996	Present Salary [REDACTED]
Period of notice required by present Employer	[REDACTED]	
Brief description of current duties	<p>As Director of Clinical Support Services I set the strategic direction of the services within the Directorate and plan, lead and manage the services delivered by the Directorate. This involves developing annual business plans for the following services and monitoring their achievement:</p> <ul style="list-style-type: none">• Physiotherapy• Dietetics• Information Technology• Communications/PR• Medical Illustration• Chaplains• Medical Education/Research and Development <p>In addition to these services I also am responsible for the following services provided from other Trusts:</p> <ul style="list-style-type: none">• Speech and Language Therapy,• Occupational Therapy,• Podiatry,• Ambulance• I.T. Training <p>This involves negotiating with these Trusts on the level of service to be provided and monitoring their provision.</p> <p>I also have a role relating to organisational development within the hospital. This involves reviewing current organisational arrangements, proposing changes and facilitating these changes.</p> <p>Other areas of responsibility include Major Emergency Planning, Infection Control incident planning, Drugs and Therapeutics Committee, Ethics Committee etc.</p>	

5. TRAINING

Please give details and dates of any courses you have attended relevant to your application

Kings Fund Top Managers Programme - 2004
Leading Empowered Organisations Workshop -2004
Emergency Plan Workshop - 2002
Integrated Emergency Management Course - 2000
Foyle Common Purpose -2000
HomeOffice Emergency Planning College: Millennium Management Course - 1998
Administrators Development Programme - 1984
Middle Management Course - 1982/83
Other skills based training e.g. Selection and Interviewing

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6. EMPLOYMENT RECORD
 Please list across column 1-4 your previous posts beginning with the most recent and indicate how in your opinion this experience has a bearing on your present application.

1. DATES				2. NAME AND ADDRESS OF EMPLOYER	3. TITLE OF POST HELD/GRADE AND BRIEF DESCRIPTION OF DUTIES	4. REASON FOR LEAVING	SALARY
DAY	FROM MTH	YEAR	TO MTH YEAR				
01	12	1990	31 01 1995	Altnagelvin Area Hospital	<p>Co-Ordinator - Directorate of Clinical Services This post was created to support the introduction of a clinical management model into the hospital. My role was to work with the newly appointed Clinical Directors, bringing a managerial expertise to help them to address the managerial agenda they faced. This involved highlighting to them the key issues and working with them to address them. It also involved assisting them to prepare service plans for their areas and relevant business cases. I acted as the interface between the medical managers and the hospital management. With the appointment of Medical Directors I provided a similar support role to them.</p>	Promotion	
01	11	1989	30 11 1990	Altnagelvin Area Hospital	<p>Deputy Unit General Manager During this period I also spent 6 months acting into a role of Deputy Unit General Manager while the UGM took time out to concentrate on the introduction of the quality agenda. During this time I was responsible for the operational management of the hospital.</p> <p>Resource Management Project Manager My main role was to engage clinical staff in the management of resources within the hospital and the introduction of IT tools to support this. This involved recruiting champions among the clinical staff to embrace IT in their work as a means of understanding their use of resources. It involved the introduction of a number of clinical audit systems, the Order Communications system, Nurse Information System, Departmental systems in Radiology and Laboratories and the Decision Support Tool to analyse hospital activity. All of this entailed close working with clinical professionals in all areas, gaining an understanding of their work and assisting them to translate their needs into workable IT systems.</p>	Promotion	

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01	04	1987	30	10	1988	Altragein Area Hospital	Units Administrator The Units Administrator effectively co-ordinated all the activities of the hospital. As well as directly managing a range of services e.g. Portering, I worked closely with the Senior Nursing Officer and the Chairman of Medical Staff on all aspects of the hospital's operations. I was also involved with medical staff in dealing with medical staffing issues. The role also involved significant liaison with all departments in the hospital in co-ordinating their service development plans.	Promotion
01	04	1984	31	03	1987	WHSSB	SAA Personnel - Recruitment and Training Developing recruitment policy and procedure including equal opportunities issues and providing advice to a range of professional staff on recruitment issues. Designing and facilitating training programmes for staff across the WHSSB area	Promotion
04	07	1979	31	03	1984	WHSSB	SAA Personnel - Health and Safety The duties involved interpreting health and safety legislation and identifying implications for the WHSSB units. It also involved training of managers and staff and the provision of advice.	Transfer for experience
01	08	1977	03	07	1979	LLAS District	GAA - Budgetary Control The post involved working with managers in preparing and monitoring budgets for their services and preparing monitoring reports for the senior management team.	Promotion
01	04	1975	31	07	1977	LLAS District	HCO - Finance Department Duties include the payment of trade invoices and staff travelling expenses and the reconciliation of bank accounts	Promotion
01	01	1974	31	03	1975	LLAS District	CO - Finance Department Duties involved processing accounts for payment	Promotion
01	06	1973	31	12	1973	Altragein Hospital	CO - Health Records (temporary) Filing of charts and x-rays	Permanent post