Witness Statement Ref. No.

WS-302/3

## NAME OF CHILD: RAYCHEL FERGUSON (LUCY CRAWFORD)

### Name: James McKaigue

Title: Doctor

Present position and institution:

Consultant Paediatric Anaesthetist, Royal Belfast Hospital for Sick Children (RBHSC)

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

Consultant Paediatric Anaesthetist, RBHSC

**Membership of Advisory Panels and Committees:** [Identify by date and title all of those since the date of your last statement]

## Previous Statements, Depositions and Reports:

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

WS-302/1 - 21st November 2012

WS-302/2 - 23rd January 2013

### **OFFICIAL USE:**

List of previous statements, depositions and reports:

Ref:	Date:	
WS-302/1	21/11/2012	Inquiry Witness Statement
WS-302/2	23/01/2013	Supplemental Inquiry Witness Statement

## 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.

## I. FURTHER QUESTIONS ABOUT THE AUDIT MEETING ON 10 AUGUST 2000

- (1) In your reply to question 1(c) of WS-302/2 you confirm that your signature is on the attendance register for the audit meeting on 10 August 2000, but you confirm you have no memory of the meeting or what was discussed. Please consider the attached documents [Ref: 319-023-003 to 319-023-005] which are said by the Trust to comprise copy attendance sheet for the audit meeting of 10 August 2000, copy minutes for the 10 August meeting, and copy redacted audit list. The attendance sheet includes your signature. The minutes record that "5 cases were presented and discussed". The redacted audit list shows that Lucy Crawford's death was one of those discussed. Arising from these documents please answer the following questions:
  - (a) Please describe fully your understanding of the purpose of the presentation and discussion of mortalities at audit meetings in 2000.

At this stage, my recollection of the purpose of the presentation and discussion of mortalities at audit meetings in 2000 is as follows:

To use the forum as an opportunity to present the events surrounding the death of patients in the Children's Hospital, primarily to a wider body of doctors (multi-disciplinary). Further, at that time there was a push within Audit circles to establish audit as a multi-professional process (nurses and professions allied to medicine).

Before the presentation, the presenter would have had to collate and organise in a logical way the different strands pertaining to the case.

Presentations were a way of announcing that a patient had died under the said circumstances and what the cause of death was thought to be. The death was not only being reviewed by the presenter but also by peers and other disciplines, who could bring a different perspective to aspects of the case.

Implicit in this process was the opportunity to learn and reflect from listening to the presentation and ensuing discussion. Individuals would have had different learning experiences according to their specialty, previous knowledge and experience.

### (b) Please describe the form such presentations and discussions usually took in 2000.

I do not believe that in 2000, there was a prescribed format for such presentations and discussions.

The meeting was chaired by the Audit Coordinator.

Presentations were oral and usually facilitated by using computerised slides or an overhead projector and sometimes X-rays were displayed. For some presentations, radiologists and pathologists made a contribution. Patient details were anonymised.

The presentation would have consisted of a history including differential diagnoses, investigations and their results, when death occurred, the cause of death and whether or not the Coroner had been advised of the death. The follow-up with the patient's family was also described. In addition to the facts being presented, there would have been a commentary by the presenter to emphasise significant points/issues (as they saw them), put things into context and interpret results, if necessary.

Discussions around each presentation consisted of contributions from attendees reflecting their related experiences of similar cases, or making reference to a journal article or latest guideline, which they personally would recommend as being helpful.

Questions were asked by attendees to get more information where they felt detail was lacking or did not understand something.

Suggestions were made to improve shortcomings if an attendee felt that was warranted.

Occasionally, there were disagreements between attendees over expression of an opinion.

A detailed minute of the presentation or discussion was not made.

- (c) Please look at the attendance sheet [Ref: 319-023-003] and answer the following:
  - (i) Can you identify anyone on the attendance sheet, other than yourself, who was involved in the care of Lucy Crawford?

No I cannot identify anyone, other than myself, on the attendance sheet, who was involved in the care of Lucy Crawford.

(ii) Can you identify anyone on the attendance list, other than yourself, who would have been in a position to make a presentation of Lucy Crawford's case at the audit meeting on 10 August 2000?

I cannot identify anyone on the attendance list, including myself, who would have been in a position to present the case.

(iii) Whether or not the person's name is on the attendance sheet, can you recall who made the presentation of Lucy Crawford's case to the meeting on 10 August 2000?

As stated in WS-302/2 (1 (e)), I have no memory of this meeting or what was discussed.

I have a vague memory that Dr Hanrahan presented Lucy Crawford's case at an audit meeting in the Children's Hospital. I do not know if this vague memory relates to the 10<sup>th</sup> August 2000 meeting or a different meeting.

For the avoidance of doubt, I did not present Lucy Crawford at any audit meeting.

# II. QUESTIONS IN RELATION TO THE PICU CODING FORM [Ref: 319-019-002] FOR LUCY CRAWFORD

(2) Please refer to the PICU Coding Form for Lucy Crawford provided to the Inquiry , attached, [Ref: 319-019-002] and answer the following:

## (a) Confirm that it is your signature on the form:

I confirm that this is my signature on the form (Ref 319-019-002)

# (b) Confirm that you compiled the information on the form. If you did not do so, please identify who did.

I confirm that I compiled the information on the form (Ref 319-019-002)

# (c) If you compiled the information on this form please describe the steps you took in order to do so.

I made a retrospective note (at 13:40 on 13/4/2000) of my involvement with Lucy following her admission to PICU at approximately 08:00 on 13/4/2000. The reason my note is retrospective is because I was called away from Lucy to an emergency resuscitation and Dr Chisakuta took over her care. I believe that I compiled the coding form based on the information I had acquired from Dr O'Donohoe, reading the patient chart and talking to other members of staff including nursing staff.

#### (d) Please advise your understanding of the purpose of this form.

The Form had a very specific purpose and that was to improve the depth of clinical coding. This was achieved by recording information about the reason for a patient's admission to PICU and then to document various interventions, investigations, and complications to indicate the severity of their underlying clinical condition.

# (e) Please describe your understanding of the use to which the information on the form would be put.

The information described at 2(d) above, could then be used by management within the Trust to better understand the type of patients we were treating. Ultimately I believe that the goal was to make available to the Trust hard information, which could be used if necessary, in some sort of benchmarking exercise when funding was being allocated.

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

Signed:

) MOLON'S

Dated: 26/