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TRUST HEADQUARTERS

**STRATHDENE HOUSE, TYRONE & FERMANAGH HOSPITAL
OMAGH, CO TYRONE BT79 ONS**

TEL: [REDACTED] FAX: [REDACTED]

E-mail [REDACTED]

MEMORANDUM

TO : Mr Eugene Fee Director of Acute Hospital Services
FROM : Ms Bridget O'Rawe Director of Corporate Affairs
DATE : 2 October 2000
REF : COM 3
SUBJECT : Lucy Crawford deceased

PRIVATE AND CONFIDENTIAL

Please find enclosed correspondence relating to the Crawford baby. Stanley had alerted me to this prior to receiving the formal correspondence. In view of the issues and sensitivity, I feel that perhaps you would wish to co-ordinate the investigation. I have copied this to Dr Anderson and Dr Kelly.

I will acknowledge Mr Crawford's correspondence in the normal way. I trust you will be able to give this your urgent consideration in view of the circumstances.

Please note that the response deadline for resolution of this complaint, within the procedure, is 27 October 2000.

**Bridget O'Rawe (Ms)
Director of Corporate Affairs**

Enc

**Copy to: Dr T Anderson
Dr J Kelly**

3543-cm

LC - SLT

→ Dr A + Mr Fee did review
→ Report provided
→ Dr. O'D. ^{has to} meet with family
→ Dr. Quinn, Alt advice sought
→ Meeting has not happened.
→ Propose meeting to share report.
→ E-fspt to Stanley.
* Time to set up drip, procedures for obs. *

033-041-138



3542/3

22 September 2000

Ms B O'Rawe
Director of Corporate Affairs
Sperrin Lakeland H&SC Trust
Strathdene House
Tyrone and Fermanagh Hospital
OMAGH Co Tyrone BT79 0NS

Dear Ms O'Rawe

Lucy Crawford Deceased

I would wish to formally invoke the Formal Complaints Procedure.

My complaint relates to the inadequate and poor quality care provided to my daughter Lucy following her admission to Erne Hospital on Wednesday 12 April 2000 and prior to her transfer to Royal Belfast Hospital for Sick Children on 13 April 2000.

I wish to have every aspect of her care investigated.

Yours sincerely

NEVILLE CRAWFORD (Father)

Enc: Consent Form



LC - SLT

033-041-139

PATIENT CONSENT FORM

I hereby give authorisation for:

Name: MR S E MILLAR CHIEF OFFICER

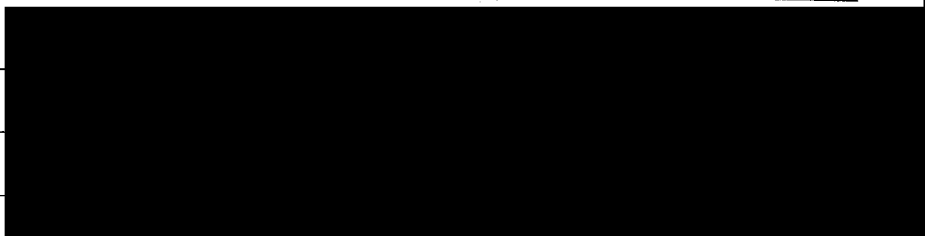
Address: WESTERN HEALTH & SOCIAL SERVICES COUNCIL
HILLTOP, TYRONE & FERMANAGH HOSPITAL,
OMAGH, Co. TYRONE, BT79 0NS.

to act on my behalf and to receive any and all such information as may be relevant to my complaint.

I understand that any information disclosed about ^{LUCY}myself is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

Full Name: NEVILLE CRAWFORD

Address:



Date of Birth: OVER 21

Relationship to
person making
complaint on
my behalf:

FATHER

Signature of Patient:

X W - N Crawford

Date:

> 22-9-00