LIST OF PERSONS INVOLVED: LUCY

SCHEDULE 1: Persons involved as Inquiry Witnesses

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
ERNE HOSPITAL								
Dr. Aisling Kirby	On-call G.P.	Saw Lucy on 12th April 2000. Referred her to the Erne Hospital for fluids.		013-020-070	115-007-001			✓
Dr. Jarlath O'Donohoe	Consultant Paediatrician, Erne Hospital	Responsible for treating Lucy at the Erne Hospital on 12th April 2000. Accompanied Lucy when she was transferred by ambulance to the RBHSC on 13th April 2000. Reported the matter to Dr. Kelly. Provided a statement for the Trust's review.	033-102-293	047-132-287	115-051-001 116-008 to 010 (PACE interviews)	278/1 278/2	✓	
Dr. Amer Ullah Malik	Paediatric SHO, Erne Hospital	On duty in the Erne Hospital on 12th April 2000 when Lucy was admitted. He attended Lucy at the time of her collapse at 02:55 on 13th April 2000, and prescribed normal saline. Provided a statement for the Trust's	033-102-281				✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
		review.						
Dr. Thomas Auterson	Consultant Anaesthetist, Erne Hospital	On duty at the Erne Hospital on 13th April 2000 when Lucy suffered her tonic fit. Intubated and ventilated her and stabilised her for transfer to the RBHSC. Provided a statement to Mr. Fee for the purposes of the review.	033-102-316	013-025-091	115-018-001 115-017-001	274/1 274/2	✓	
Nurse Bridget Swift	Staff Nurse, Erne Hospital	On duty in Erne Hospital on 12th April 2000 when Lucy was admitted. Administered No.18 solution at 100ml per hour. Provided statement for the Trust's review of Lucy's care and treatment.	033-102-280	013-026-095	116-014 to 017 (PACE interviews)	311/1		✓
Nurse Thecla Jones	Staff Nurse, Erne Hospital	On duty in Erne Hospital on 12th April 2000 when Lucy was admitted. Present at change of fluid from Solution No.18 to normal saline. Provided statement for the Trust's review of Lucy's care and treatment.	033-102-320	013-028-103	115-014-001 115-013-001			✓
Nurse Teresa McCaffrey	Staff Nurse, Erne Hospital	On duty in Erne Hospital on 12th April 2000 when Lucy was admitted. First nurse to attend upon Lucy's collapse. Provided statement for the Trust's review of Lucy's care and treatment.	033-102-289	013-029-107	115-012-001 115-010-001			✓
Nurse Sally McManus	Staff Nurse, Erne Hospital	On duty in Erne Hospital on 12th April 2000 when Lucy was admitted. Nurse in charge of Children's Ward that night. Called to attend by Nurse McCaffrey on Lucy's collapse. Wrote a letter to Mr. Fee in relation to the review. Would not provide a statement.	033-102-314	013-027-099	116-021 to 023 (PACE interviews)			✓

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
Nurse Siobhan MacNeill	Staff Nurse, Erne Hospital	On duty in Erne Hospital on 12th April 2000 when Lucy was admitted. Treated her in PICU following her collapse. Travelled with her by ambulance to the RBHSC. Provided statement for the Trust's review of Lucy's care and treatment.	033-102-283	013-030-109	115-016-001 115-015-001			✓
Sister Gladys Edmondson	Night Sister / Manager, Erne Hospital	On duty in Erne Hospital on 12th April 2000 when Lucy was admitted. Responsible for supervising all the wards in the hospital. Informed of Lucy's collapse and attended Children's Ward. Did not provide a statement for the Trust's review.			115-019-001			✓
Sister Etain Traynor	Paediatric Ward Sister, Erne Hospital	Came on duty at approx 07.30 on 13th April 2000, after Lucy's collapse. Had conversation with Dr. O'Donohoe on 13th April. Submitted formal report of critical incident to Mrs. Millar on 14th April 2000.			115-020-001	310/1	✓	
Marian Doherty	Health Visitor, Sperrin Lakeland Trust	Family Health Visitor for Lucy following her birth. Called with family a few times after her death.			115-039-001			✓
Marian Murphy	Nurse Manager for Health Visiting, School Nursing and Family Planning, Sperrin Lakeland Trust	Contacted by Mr. Fee to have a Health Visitor attend the Crawford family and offer support following her death. Contacted Marian Doherty to do so.			115-040-001			✓
Matthew Hackett	Chief Biomedical Scientist, Technical	Performed U&E analysis on blood sample from Lucy on 13th April 2000. Asked by			115-043-001			✓

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
	Head of Haematology, Tyrone County Hospital, Omagh	PSNI for information on blood test results produced by the Erne Hospital during Lucy's admission.						
Dr. Mohammed Asghar	Staff Grade Paediatrician, Erne Hospital	Provided Mr. Hugh Mills with a written account on 5th June 2000 which put forward his view that Lucy may have been given excess fluids by Dr. O'Donohoe. His expressions of concern about Dr. O'Donohoe's competence contributed to the Trust's decision to ask the Royal College of Paediatrics and Child Health to carry out two reviews.	032-090-175					✓
RBHSC								
Dr. James McKaigue	Consultant in Paediatric Anaesthesia and Intensive Care, RBHSC	Spoke to Dr. O'Donohoe by phone on 13th April 2000 and arranged Lucy's transfer to RBHSC. Accepted her as a patient upon her transfer.			115-027-001	302/1 302/2 302/3	✓	
Dr. Louise McLoughlin	Paediatric SHO in PICU, RBHSC	Received Lucy from Erne transfer team and recorded initial assessment.			115-025-001			✓
Dr. Anthony Chisakuta	Consultant in Paediatric Anaesthesia and Intensive Care, PICU, RBHSC	Secured central venous access and an arterial line on 13th April 2000 at approx 08:35. Performed ward round on 14th April 2000. With Dr. Hanrahan, he made a diagnosis of brain stem death on 14th April 2000.	013-003-005		115-028-001	283/1 283/2	✓	
Dr. Peter	Consultant in	Treated Lucy when she was transferred to	013-001-001	013-021-071	115-030-001	292/1	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
Crean	Paediatric Anaesthesia and Intensive Care, RBHSC	the RBHSC on 13th April 2000. Performed ward round on 13th April 2000. Dr. O'Donohoe suggests that Dr. Crean telephoned him on 13th April 2000 to ask what fluid regime had been prescribed for Lucy.			115-029-001	292/2		
Dr. Donncha Hanrahan	Consultant Paediatric Neurologist, RBHSC	Provided treatment to Lucy when she was transferred to the RBHSC. Provided neurological assessment on 13th April 2000. With Dr. Chisakuta, made a diagnosis of brain stem death on 14th April 2000. Reported the death to the Coroner's Office and spoke to Dr. Curtis about the necessity for a Coroner's post mortem. Made arrangements with his Registrar, Dr. Stewart, for a consent / hospital post mortem to be conducted. Liaised with Dr. O'Donoghue regarding the completion of the death certificate. Met with the parents of Lucy Crawford on 9 June 2000. Spoke to Dr. O'Donohoe and asked him to see Mr. and Mrs. Crawford again.	013-002-002	013-031-111	115-049-001 116-026 to 027 (PACE interviews)	289/1 289/2	✓	
Dr. Caroline Stewart	Specialist Registrar in Paediatric Neurology, RBHSC	Recorded notes relating to the outcome of Dr. Hanrahan's discussions with the Coroner's Office on 14th April 2000. Completed autopsy request form on 14th April 2000 which was sent to Dr. O'Hara and made reference to hyponatraemia as being one of Lucy's clinical problems. Spoke to Dr. O'Hara. Spoke to Dr. O'Donoghue in			115-023-001 115-022-001	282/1 282/2	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
		relation to completion of the death certificate.						
Dr. Dara O'Donoghue	SHO / Acting Registrar in Paediatrics, RBHSC	Following discussions with Dr. Caroline Stewart and Dr. Donncha Hanrahan, he completed and signed Lucy's death certificate on 4th May 2000.			115-036-001 115-037-001 115-038-001	284/1 284/2	✓	
Dr. M. Denis O'Hara - deceased	Consultant Paediatric Pathologist	Conducted Lucy's consent/hospital post mortem, and provided a post mortem report on 12th June 2000. He met with Lucy's family to explain his findings on 16th June 2000. Subsequently, asked to review his findings by Mr. John Leckey (HM Coroner for Greater Belfast) and provided further report dated 6 November 2003.						✓
Dr. Caroline Gannon	Consultant Paediatric Pathologist, Department of Pathology, RVH	Reviewed Dr. O'Hara's post-mortem report on the instructions of the Coroner		047-133-289		281/1 281/2	✓	
Dr. Robert Taylor	Consultant in Paediatric Anaesthesia and Intensive Care, RBHSC	Co-ordinator of the Audit programme in the RBHSC. Lucy's death was discussed at the audit meeting of 10th August 2000.				280/1 280/2	✓	
Dr. Elaine Hicks	Paediatric Clinical Director, Royal Group of Hospitals Trust	Paediatric Clinical Director at the time of Lucy's death. Attended audit meeting on 10th August 2000 where Lucy's case was discussed.				338/1	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
Dr. Ian Carson	Medical Director, Royal Group of Hospitals Trust	Medical Director of RBHSC at the time of Lucy's death, with responsibility for the development and introduction of clinical governance.				306/1 306/2	✓	
CORONER'S OFFICE								
John Leckey	HM Coroner for Greater Belfast	Was referred to Lucy's death by a letter from Mr Millar dated 27th February 2003. Conducted an Inquest into the circumstances of Lucy's death in February 2004, and referred the GMC to his concerns about the treatment which had been provided to her by Dr. Malik and Dr. O'Donohoe.		013-004-006	115-034-001	277/1 277/2	✓	
Maureen Dennison	Administrative Staff, Coroner's Office	Received the report of Lucy's death from Dr. Hanrahan on 14th April 2000, and made a file note. Advised him to speak to Dr. Curtis.			115-033-001	276/1	✓	
Dr. Michael Curtis	Assistant State Pathologist, State Pathologist's Office	Spoke to Dr. Hanrahan on 14th April 2000. The outcome of that conversation was that no Coroner's post-mortem was directed, and a hospital post-mortem was advised.				275/1 275/2	✓	
Angela Colhoun	HM Coroner for Fermanagh	Mr. Millar wrote to her on 31st July 2000, asking for a meeting so that he could advise the Crawford family regarding the Coroner's role. He was advised that an Inquest was unnecessary.				303/1		✓
REVIEW BY THE SPERRIN LAKELAND TRUST								
Dr. James	Medical Director,	Dr. O'Donohoe reported Lucy's case to him			115-056-001	290/1	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
Kelly	Sperrin Lakeland Trust	on 13th/14th April 2000. Agreed with Mr. Mills that Mr. Fee and Dr. Anderson should lead a review into Lucy's case. Liaised with the WHSSB. Commissioned external reviews from the Royal College of Paediatrics and Child Health in relation to Dr. O'Donohoe.			116-043 to 045 (PACE interviews)	290/2		
Mrs. Esther Millar	Clinical Services Manager, Erne Hospital	Signed off on the critical incident form submitted by Sister Traynor which documented a concern about fluids management in the treatment of Lucy.				312/1		✓
Mr. Hugh Mills	Chief Executive, Sperrin Lakeland Trust	Directed that a review of Lucy's care and treatment be carried out when her case was reported to him by Dr. Kelly. Appointed Mr. Fee and Dr. Anderson to co-ordinate that review. Arranged for Dr. Murray Quinn to assist the review when the need for a paediatrician was identified by Mr. Fee and Dr. Anderson. Advised the Western Health and Social Services Board of Lucy's death.			116-049 to 052 (PACE interviews)	293/1 293/2 293/3	✓	
Dr. Trevor Anderson	Clinical Director Of Women and Children's Services, Erne Hospital	Co-ordinated the review into Lucy's care and treatment at the Erne Hospital with Mr. Eugene Fee, and having seen a draft of the review, he wrote to Mr. Fee on 17th July 2000 and suggested recommendations which were included in the final review report.			115-054-001 116-038 to 039 (PACE interviews)	291/1 291/2	✓	
Mr. Eugene Fee	Director of Acute Hospital Services, Sperrin Lakeland	Appointed by Mr. Mills to co-ordinate the review into Lucy's care and treatment at the Erne Hospital along with Dr. Anderson, and			116-031 to 034 (PACE interviews)	287/1 287/2	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
	Trust	wrote the review report which incorporated recommendations which were proposed by Dr. Anderson.						
Bridget O'Rawe (now Rippey)	Director of Corporate Affairs, Sperrin Lakeland Trust	Director of Corporate Affairs at the SLT at the time of Lucy's death, who wrote to Mr. and Mrs. Crawford on 2nd October 2000 in response to their letter of complaint.				309/1		✓
Dr. Murray Quinn	Consultant Paediatrician, Altnagelvin Hospital	Examined Lucy's care and treatment by reference to her clinical notes and records as part of the review process which was conducted in respect of Lucy's care and treatment. Provided a report setting out his opinion to the Trust on 22nd June 2000			115-041-001 115-055-001	279/1 279/2	✓	
Dr. Chrishantha Halahakoon	Lead Consultant Paediatrician, Sperrin Lakeland Trust	Received a copy of the second RCPCH report from Dr. Kelly						
Margaret Kelly	Director of Nursing, WHSSB	Had a discussion with Dr. O'Connell in 2004 regarding Lucy's case						
WHSSB								
Dr. William McConnell	Director of Public Health, Western Health and Social Services Board	Advised by Mr. Mills of the circumstances of Lucy's death and that the Trust were examining the case. Informed by Dr. Kelly of the outcome of the review conducted on behalf of the Trust by Dr. Moira Stewart for the Royal College of Paediatrics and Child Health. Advised Dr. Kelly of the need to discuss the report with Dr. O'Donohoe, and			286/1 286/2	286/1 286/2	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
		the need for a programme of corrective action.						
Martin Bradley	Director of Health Care and Chief Nurse, Western Health and Social Services Board (from Sep 2000)	Was advised of the death of Lucy and that her treatment and death were being examined by the Trust.				307/1	✓	
Dr. Thomas Frawley	General Manager, WHSSB	Advised of Lucy's death, and met with Mr. Mills (Chief Executive of the Sperrin Lakeland Trust) on 3 May 2000 and 14 June 2000 to discuss the progress of the Trust's review.				308/1	✓	
Kevin Doherty	Litigation Services Manager, Westcare Business Services	Had responsibility to collate statements and information on behalf of Sperrin Lakeland Trust for the Inquest process. Attended Scrutiny Committee meetings at which the clinical negligence claim and Inquest issues were discussed.				313/1	✓	
RCPCH REVIEW								
Dr. Moira Stewart	Consultant Paediatrician	With Dr. Boon, carried out an external review of Dr. O'Donohoe on behalf of the Royal College of Paediatrics and Child Health, and co-authored a report dated 7th August 2002 in which Lucy's death was identified as being caused by hyponatraemia. She also carried out an earlier review of cases for the Trust on behalf				298/1 298/2 298/3	✓	

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
		of the College which reported on 26th April 2001.						
Dr. Andrew Boon	Consultant Paediatrician, Royal Berkshire Hospital	With Dr. Stewart, carried out an external review of Dr. Jarlath O'Donohoe on behalf of the Royal College of Paediatrics and Child Health, and co-authored a report dated 7th August 2002 in which Lucy's death was identified as being caused by hyponatraemia.				321/1 321/2		✓
MISCELLANEOUS								
Detective Sgt. William Cross	PSNI Detective	Carried out criminal investigation into aspects of Lucy's care, including the alleged failures to report the death to the Coroner, and allegations of a cover-up. Conducted interviews with Dr. O'Donohoe and Nurse Swift, as well as with Mr. Mills, Mr. Fee, Dr. Kelly, Dr. Anderson, Dr. Hanrahan and Nurse McManus, and directed an investigating team to gather relevant witness statements from others.			115-044-001			✓
Stanley Miller	Senior Officer, Western Health and Social Services Council	Acted as advocate for the Crawford family in their dealings with the Trust, and arranged for the family to meet with Dr. O'Hara. Wrote to Miss Colhoun on behalf of the family, and wrote to the Coroner to suggest a possible similarity between the cause of death in the case of Raychel Ferguson and the cause of death in Lucy.			115-042-001			✓

Name	Position in April 2000	Role	Statements for the Trust	Depositions	PSNI Statements	Inquiry WSs	To be called as Witness	Reliance on Statements Only
Mr. and Mrs. Ferguson	Parents of Raychel Ferguson	Raised a complaint to the GMC about a number of clinicians as well as against the Royal College of Paediatrics and Child Health in relation to the circumstances of Lucy's death.						

SCHEDULE 2: Persons involved as Inquiry Expert Witnesses

Witness Ref No.	Name	Position	Initial Brief	Reports	Called as Witness?	Reliance on Statement(s) Only?
250	Dr. Roderick MacFaul	Consultant Paediatrician, retired	05/12/12	25/04/12	✓	
251	Professor Gabriel Scally	Director of WHO Collaborating Centre of Healthy Urban Environments	10/12/12	25/04/13	✓	
252	Professor Sebastian Lucas	Professor of Clinical Histopathology, St. Thomas' Hospital, London	21/06/12	08/05/13	✓	

SCHEDULE 3: Persons involved as other Experts

Name	Position/Title[1]	Reports	Depositions	Called as Witness?	Reliance on Statement(s) Only?
Dr. Dewi Evans	Consultant Paediatrician, Singleton Hospital, Swansea	013-010-025 (18th Feb 2001)	013-024-088		✓
Dr. John Jenkins	Consultant Paediatrician & Senior Lecturer in Child Health	013-011-037 (7th Mar 2002) 013-011-040 (6th Feb 2004)	013-032-117 013-033-125		✓
Dr. Edward Sumner	Consultant Paediatric Anaesthetist, Great Ormond Street Children's Hospital	013-036-136 (April 2003)	013-023-083		✓

[1] The position shown is that at the time of the Report