

**The BRI inquiry into paediatric cardiac surgery in Bristol (1984-1995)**

Name	Mr Edward Donald CADDY
Address	C/o Beachcroft Wansbroughs 10-22 Victoria Street Bristol B99 7UD
Occupation	Chief Clinical Perfusionist - retired

1. I make this supplementary statement at the request of the Inquiry to comment on the perfusionists' log, as referred to in a letter from Mr Whitehurst dated 25 May 1999. I have seen a copy of Mr Richard Downes' statement dated 14 July 1999 which deals with these matters.
2. I am broadly in agreement with what Mr Downes says in his statement. I have only a few comments.
3. In relation to paragraph 9 of Mr Downes statement, reference other physicians undertaking the patient's healthcare should know exactly what it is that the patient has received by way of implant. The surgeon's operation note would record any implant used by the surgeon. The perfusion data was copied from the perfusion record onto a separate form and sent to the cardiac secretary, who worked for the relevant surgeon. With the introduction of the P.A.T.S. system in 1991, this identical information was placed on the P.A.T.S. computer by the perfusionist, the form system being continued owing to the intermittent malfunction of the computer system in the early years.
4. For all implants used, the manufacturer supplied an implant card, with patient details being completed by the perfusionist. The card had several carbon copies, one part being retained on the inside cover of the patient's medical records, the next copy being returned to the manufacturer for their records. The manufacturer would then supply a

patient identity implant card for the patient to retain. This card was similar in size to an organ donation card.

5. In relation to paragraph 14 of Mr Downes statement, regarding an individual wanting to access patient medical records from the medical records department, they would not use this logbook, but would access this information from the cardiac surgical secretaries' office or the ward admission book. It is my recollection that the logbook also contained the patient's hospital number from early 1990.
6. I note Mr Downes' comments about the information in the perfusionists' log being of limited use on its own and would remind the Inquiry, as set out in my first statement, that the detailed records for each individual patient made by the perfusionists at each operation were kept in my department during the period when I was Chief Perfusionist. I understand that those records are now kept with each patient's individual medical records instead. However, the point is that during my day, whatever the perceived deficiencies of the logbook, we always had available the full details of every patient who had been perfused in the department as these were contained in the patient's perfusion records kept in my office. Therefore, the perfusionists' logbook was of less relevance at that time, save as a record of the numbers and types of procedures we had carried out.
7. Indeed, when the detailed audit was undertaken by Dr Stephen Bolsin it was to the individual patient's perfusion records, rather than to the logbook, that he turned for the detailed information that he was looking for.

8. I have no other comments or additional information to add to what Richard Downes has already stated.

SIGNED : ..... *Donald Caddy* .....  
MR DONALD CADDY

DATED : ..... *24<sup>th</sup> September 1999* .....

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