Young, Christine

From: Baxter, Clare
Sent: 07 February 2005 10:30
To: Gowdy, Clive; Campbell, Dr Henrietta; McCarthy, Miriam; Carson, Ian
Subject: OHara Inquiry

Please find attached a brief media analysis of recent articles about the O'Hara inquiry. All relevant newspaper clippings are on Lotus Notes but please let me know if you want copies of the clippings. I also attach transcripts from UTV's and BBC's evening news.

2005 02 03 ANSCRIPT DHSSPS

2005 02 03 RANSCRIPT Niall Do

Media Analysis hyponatraema.do...

Clare

DHSSPS

Programme	**BBC Newsline – Julian O'Neill**
Date & Time	**3.2.05 – 18.38**
Subject	**Inquiry into children's deaths**
Prepared By	**Typist: Debbie Arthurs** **MMU PMc/PMc**

JULIAN O'NEILL

This was the inquiry's first public session and what became clear is that this investigation will take longer than anyone first imagined. Adam Strain and Rachel Ferguson died six years apart, Adam after treatment at the Royal Belfast Hospital for Sick Children, Rachel at Altnagelvin in Londonderry. They like Lucy Crawford who was admitted to the Erne in Enniskillen died after the mismanagement of fluids. This inquiry will not only examine the circumstances of their deaths but also the response of the health authorities amidst allegations of a cover-up. John O'Hara is the inquiry chairman and at today's hearing he performed a u-turn, he will now allow witnesses to be cross examined by the family lawyers, previously he had said no.

The decision on cross examination will be seen as a significant concession to the families, this had been their chief concern in what they see as a final chance to get at the truth of what happened to their loved ones.

There could be another family ready to use this inquiry to achieve final closure, a death in October 1996 is being examined and may yet form part of this inquiry. The original timetable has been drastically rewritten, a report the Government had wanted in June will not now come until February next year at the earliest, partly because the police are still investigating the Lucy Crawford case.

DHSSPS

Programme	UTV
Date & Time	03.02.05 – 18:08
Subject	Child deaths inquiry
Prepared By	Typist: May Cheung MMU PF/PMc

LYNDA BRYANS

A public inquiry into the sudden deaths of three children after routine treatment in hospitals here is expected to be extended to include a fourth child.

MIKE NESBITT

The youngsters all died from hyponatraemia, and the tribunal in Belfast also heard that the condition has been a secondary cause of death in fifty five cases here in the past twenty years.

LYNDA BRYANS

The inquiry was constituted by the Minister for Health after UTV's Insight programme investigated the controversial cases.

NIALL DONNELLY

Today's hearing in the Hilton Hotel which was chaired by John O'Hara QC was to thrash out procedural matters on how the full inquiry will proceed. Nine year old Rachel Ferguson's parents were there to hear the proceedings. Rachel died from a condition known as hyponatraemia at the Royal in 2001, after being transferred from Altnagelvin for what should have been a routine appendix operation. Hyponatraemia develops when too many of the wrong fluids are given to a patient which leads to swelling of the brain. Adam Strain's mother, Deborah, was also at the inquiry. Four year old Adam died from the same condition at the Royal in 1995 after a kidney operation.

Seventeen month old Lucy Crawford also died from hyponatraemia at the Royal in June 2001 after being transferred from the Erne Hospital in Enniskillen. It's further alleged that Lucy's death was covered up and now it's being investigated by the police. A file is expected to be with the Director of Public Prosecutions by April. Last month the police wrote to Mr O'Hara asking that his part of the inquiry dealing with Lucy's death be postponed until their investigations are completed. Lucy's mother was also at the hearing, but did not want to be photographed.

In his opening address John O'Hara said that regrettably it looked as if a further death in October 1996 would now be added to his inquiry which he said would be sensitive and emotional. He said there was still much to know about how the three children died. The public, he said, needed to know how the Health Service was organised and managed, and know that lessons are learned, and mistakes not repeated. Mr O'Hara said in the past twenty years eight deaths had been registered here to hyponatraemia. He said there were fifty five others where the condition was a secondary or contributing factor. Of those fifty five, sixteen had happened in 2002/2003. He said the inquiry would be keen to establish whether or not those figures were in keeping with the rest of the UK and Europe. During a series of housekeeping announcements Mr O'Hara said he would now allow the families legal representatives and those of other interested parties to cross-examine witnesses. Originally that was to be restricted to the inquiry's Barrister. Mr O'Hara asked the families to agree to the appointment of a single senior Counsel to represent them all. Lawyers have reserved their position on that matter. Even though the report was due to be published in June of this year that will not now happen because the public evidence will not be heard until October or November. Mr O'Hara said the net effect of that would be that the report will be delayed until February or March of next year.

MIKE NESBITT

DHSSPS

In the studio we have Trevor Birnie from UTV's Insight programme. He broke with the story. Put it in context for us what we heard today.

TREVOR BIRNIE

Well what we did hear today that was what Niall's just recorded there, that a fourth child died from hyponatraemia in 1996. Now we didn't know that before today and we certainly know when we were making the programme back in October that neither the Chief Medical Officer nor the Department of Health were aware of the death of that child.

MIKE NESBITT

And the fifty five secondary cases, why is that such a shock?

TREVOR BIRNIE

Well that was quite incredible, it came out like a bolt out of the blue from John O'Hara today. Really what he said there that there were eight deaths in the last twenty years have been as a direct result of hyponatraemia. Fifty deaths in the same period were registered where hyponatraemia was a secondary cause, and amazingly, and this is quite incredible, sixteen of those deaths came in the year 2002 and 2003. Now why that is amazing is that the Chief Medical Officer produced guidelines on the treatment of hyponatraemia in 2002. So since those guidelines were produced another sixteen people died. We don't know how they died, we don't know what age they were, we don't know what hospitals they were, we don't know what doctors are involved, or health trusts, managers, or nurses were involved. John O'Hara's going to have to look at that.

MIKE NESBITT

Yes, I was going to ask you about that, a lot of questions there now, you said he's gone from investigating three deaths to four deaths. But if he doesn't investigate the other fifty five surely somebody has to?

TREVOR BIRNIE

Well, speaking to the solicitors and Barristers down there today John O'Hara set out his position today. He felt that in the time that he has he may not be able to look at all these other fifty fives deaths. But as I say, speaking to the solicitors and Barristers, it's quite clear they feel that he's going to have to look at them, he's going to have to cross-reference them with the three deaths we know, the fourth case as well. We're going to have to look to see what hospitals they were in, when they died, how they died, what of as a result, why weren't there inquests into these?

MIKE NESBITT

But what about the three families who are waiting for the results? Are they going to have to wait longer now because of all this?

TREVOR BIRNIE

Well, there was already going to be a delay in the inquiry that John O'Hara's recognised today as a result of the police investigation into Lucy Crawford's death. The police say that they hope to send a file in mid-April to the DPP. But of course arising out of that there could be a doctor facing charges, or there could be a health trust manager facing charges, and that means it could go on for a year or two years. So the families are aware there was going to be a delay, it's going to take at least to February or March next year, probably much later.

Media Analysis – Hyponatraemia Case

This week has seen the first set of public hearings with regard to the inquiry into the deaths of Lucy Crawford, Raychel Ferguson and Adam Strain.

The media coverage of this story has been extensive, triggered by the UTV programme "When Hospitals Kill" initiated by Trevor Bernie. The tone thus far has been that of sympathy to the families and of urgency to obtain the truth about these cases.

Thursday, 3 February

BBC News line at 1pm - revealed that the inquiry might be widened with the inclusion of a fourth case, as revealed by John O'Hara at the meeting yesterday. The issue of this fourth case arose when the family of the deceased child contacted the enquiry office. The death was registered in October 1996, but nothing else is known at present.

UTV Live's 6pm programme had reports from Trevor Bernie, who also revealed the case of the fourth child. He stated that the Chief Medical Officer had been unaware of the fourth case. He then went on the say that John O'Hara revealed there had been 55 cases reported in the last twenty years with hyponatraeamia as a secondary cause, 16 of which were registered in 2002/03. Trevor Bernie reported that this came as a great shock as the CMO had released guidelines on the handling of fluids prior to this term. He also commented that John O'Hara would not pursue the cases of the 55 deaths in his enquiry. The legal representation of the families did however highlight that these cases would be important for cross-reference in this report. Finally it was made apparent that the report would be delayed to February or March of next year, perhaps later.

BBC Newsline's 6.30pm programme had reports from Julian O'Neill, who revealed that John O'Hara has decided to allow the legal representatives of the families to cross-examine the witness at the oral hearing stage. He commented that this could be seen as a significant concession but one that facilitates the families main desire – to find out the truth about the circumstances surrounding the death of their loved ones. He mentioned also the inclusion in the report of the death of the fourth child in October 1996. He finally commented on the proposed timetable being delayed.

<u>Newspaper clippings</u>

Belfast Telegraph – 3 February (6 clippings); Irish News – 4 February (1 clipping); News Letter – 4 February (1 clipping); Daily Ireland - 4 February (1 clipping).

All four newspapers focused on a fourth death being investigated by the inquiry and that the death of Lucy Crawford would be postponed because of a police investigation. The Belfast Telegraph mention that the deaths of the children could have been avoided. It also talks to the families of Raychel

Ferguson and Adam Strain and has an article from the BMA's Dr Peter Maguire, a consultant anaesthetist, who describes hyponatraemia and states that parents are often the best judges of their child's condition.

In the Irish News, Des Doherty, a solicitor for the Ferguson family questioned why all the (55) deaths were no being investigated and said it was up to the Health Minister to widen the scope of the inquiry.