## Mc rroll, Myrtle

From:

McCarthy, Miriam

Sent:

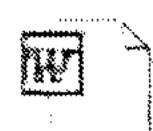
19 April 2004 15:03

To:

Carson, Ian; Stafford, Anne

Subject:

FW: HYPONATRAEMIA POINTS FOR INCLUSION IN RESPONSE TO A BRENNER



Doc1.doc (25 KB)

lan,

Bullets as suggested- Very brief but happy to do whatever needed following your meeting with Secretary.

Miriam

DHSSPS 075-037-132

## POINTS FOR INCLUSION IN ESPONSE TO ALAN BRENNER'S LETTER

1. CMO accepted the coroner's findings in the interview conducted for 'The Issue' on 25 March.

CMO wished to set the context within which hyponatraemia may develop by explaining:

- That severe hyponatraemia is a rare occurrence.
- That the type of fluid received by Lucy was, and still is, used in paediatric units.
- That the awareness of hyponatraemia and its potential consequences would not have been as widely appreciated in 2000 as in subsequent years.
- In response to how CMO became aware of Lucy's death, it is correct that Mr Miller, WHSSC brought the case to Mr Leckey's attention.

  Mr Leckey in turn alerted Dr Campbell.
- 3. CMO's comments on Lucy's death and the process by which she was made aware of it do not contradict the findings of the coroner. Rather, she was attempting to provide the context in which Lucy's death took place from a public health perspective. To compare, almost word for word, a written coroner's report with responses to interview questions, on which CMO had not been informed in advance, is unhelpful and unreasonable.
- 4. Arrangements for assuring quality throughout the HPSS are being strengthened.

Specific examples:

- Links with NICE.
- Links with NPSA.
- Introduction of Clinical Governance.
- Critical incident reporting and auditing.
- Review of Records.

Procedures for reporting and investigating critical incidents are currently under scrutiny and advice will be provided to the HPSS in the immediate future.