

Business Services
Organisation

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

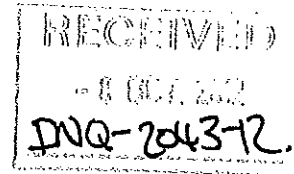
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
HW-0030-12
HW-0055-12

Our Ref:
HYP B04/2

Date:
8th October 2012

Ms H Win
Assistant Solicitor to the Inquiry
Inquiry into Hyponatraemia-related Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam

**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS- CLAIRE
ROBERTS**

We refer to the above matter and to your letters dated 5th July, 17th August and 25th September 2012 references as quoted above.

Please find enclosed a lever arch file containing a copy of the the Royal Hospitals' Nursing Policy Manual.

This completes our client's response to your aforementioned request.

Yours faithfully,

John Johnston
Solicitor

Providing Support to Health and Social Care



**THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST**

**NURSING AND MIDWIFERY POLICY MANUAL
ALPHABETICAL LIST OF CONTENTS**

JUNE 2004

KEY

RH = **POLICY**
RHG = **GUIDELINES**
RHPR = **PROTOCOL**
RHTH = **OPERATING THEATRE POLICY**
REVIEWED = *

NURSING POLICY	Number	Reviewed	Number	Reviewed
<u>A</u>				
✓ Admission of Unidentified Patients	⊙ RH 2/97 ✓			
✓ Anaphylactic Shock – Adults	RH 4/99 ✓			
*Anaphylactic Shock – Children	⊙ RH 11/97 ✓	7/12/99		
<u>B</u>				
✓ Breast Feeding – Supporting Breast Feeding Mothers and Breast Fed Babies.	RH 1/2000	✓		
✓ Bed Frames and Mattresses – Cleaning of	RH 6/2000	✓ No.		
<u>C</u>				
✓ *Cannulation	RH 8/98	✓		
Capillary Blood Glucose Monitoring (see Near-Patient Blood Testing by Registered Nurses and Midwives)		X No.		
✓ Catheterisation – Male, Intention to Practice Form (Superseded by Development of Professional Practice Form)		✓		
Child – Parents, Relatives, Visitors Staying Overnight (Cross Reference RH 13/95)	RH 14/95	No.		
Child – Visiting in Hospital (See Visiting)		✓ No.		

NURSING POLICY	Number	Reviewed	Number	Reviewed
✓ Clinical Supervision of Registered Nurses	RH 21/98	No. ✓		
✓ *Code of Practice for Nursing and Midwifery Students	RH 4/2001	December 2001 ✓	1/98	
✓ *Complementary Therapies – The Use of	TP 3/03 (see Trust Policy manual)	January 2003 ✓	RH 2/99	
✓ *Complementary Therapies – Guidelines for the use of *Controlled Drugs – Disposal of (see Drugs)	RHG 2/99	- No.		
<u>D</u>				
✓ Debridement – Sharp Debridement of Devitalised Tissue above the level of Viable Tissue	TP 26/03 (see Trust Policy manual)	July 2003 ✓	RH 5/99	
✓ Development of Professional Practice Form	RH 3/99	✓		
✓ Drugs – Admission of Patients in Possession of Controlled Drugs which have been prescribed	RH 9/98	✓		
✓ *Drugs – Patients’ Controlled Drugs which have been prescribed - Record of Receipt on Admission to Hospital	RH 9/98(a)	✓		
✓ Drugs – Disposal of Controlled	① RH 5/97	?	No.	
✓ Drugs – Emergency Transfer of	RH 7/98	✓		
✓ Drugs – Errors in the Administration of	① RH 18/97	✓		
✓ Drugs – Administered Intravenously by Nurses	RH 10/98	✓		
✓ Drugs – Possession of Unauthorised or other Suspicious Substances	RH 13/97	✓		
✓ *Drugs – Supply and Administration of Medicinal Products	RH 15/97	✓		
✓ *Drugs – Supply and Administration of Medicinal Products, Local Policy Form	RH 31/98	✓		
✓ Drugs – Use and Management of Controlled	RH 2/2000	✓		

NURSING POLICY	Number	Reviewed	Number	Reviewed
<u>E</u>				
✓ *Electrosurgical Diathermy Apparatus – use of in Operating Theatres	RH 30/98 ✓			
✓ Policy for the Use of Entonox by Registered Nurses	RH 1/2001 ✓			
✓ *Guidelines for the Use of Entonox for Adults and Children	RHG 1/2001 ✓ Supersedes RH 8/97			
✓ Exit Policy – Nurse and Midwife	TP 11/04 ✓ (see Trust Policy manual)	May 2004	RH 7/2000	✓
<u>F</u>				
<u>G</u>				
✓ Glossary of Terms	RH 12/95 ✓			
<u>H</u>				
✓ Hair Removal – Pre-operative	TP 24/03 ✓	July 2003	RH 7/99	✓
✓ HIV Test	RH 7/97 ✓			
<u>I</u>				
✓ *Identification – Patient	RH 1/97 ✓			
✓ *Identification of Patients Attending as Out-Patients or Day Cases	RH 26/98 ✓			
✓ *Identification Patient – Operating Theatres	RH 29/98 ✓			
✓ *Infusion Devices and Systems – Use and Management	RH 13/99 → ? TP 5/97 (TRUST POLICY MANUAL)			
✓ *Intravenous Medicinal Products – Administration of	RH 14/99 →			
Invasive Tubing and Lines – Identification and Labelling of (see Trust Policy Manual)				
<u>J</u>				

NURSING POLICY	Number	Reviewed	Number	Reviewed
<u>L</u>				
✓ Laundering of Evacuation Sheets – Procedure for	RH 3/03 ✓			
<u>M</u>				
✓ *Manual Handling	@ RH 14/97 ✓			
Manual Handling – Safe Handling of Heavy Patients	RH 3/98 ✓			
✓ Manual Handling – Guidelines for Handling of Heavy Patients	RHG 3/98 ✓			
✓ *Mattress Care and Cleaning of	RH 16/98 ✓			
✓ Medicines – Administration of	TP 9/04/N ✓ (see Trust Policy manual)	May 2004	RH 33/98	✓
Medicines – Emergency Transfer of Drugs (See Drugs)				
Medicines – Errors in Administration of (See Drugs)				
<u>N</u>				
✓ Near-Patient Blood Testing by Registered Nurses and Midwives	RH 23/98 ✓			
*Nursing and Midwifery Care – Planning and Recording of (See Planning and Recording Nursing Care)				
<u>O</u>				
✓ Observations – The Documentation of	RH 1/99 ✓			
Overnight Stay with a Child (See Child)			No	
✓ Operating Department – Parents/Guardians Presence	RH 4/2000 ✓ supersedes			
✓ Guidelines Concerning Parental or Carer Presence in the Anaesthetic Room	@ RH 22/95			
✓ Operating Theatres – Transportation of children to	RH 28/98 ✓			

NURSING POLICY	Number	Reviewed	Number	Reviewed
<u>P</u>				
✓ Palliative Nursing Care	RH 8/99	✓		
✓ Parenteral Opioid Analgesia – Protocol	RH 7/97	✓		
✓ Patients’ Property – Management of	RH 10/95	✓		
✓ *Pillows – Care and Cleaning of	RH 17/98	✓		
✓ *Planning and Recording Nursing Care	RH 27/98	✓		
(✓) Notes on Establishing Pre-admission Clinics	RHPR 2/94	✓		
Pre-operative Hair Removal (See Hair Removal) ✓				
Prescribing Medicinal Products (See Drugs) ✓		✓		
✓ *Pressure Sores – Prevention of	RH 18/98	✓		
<u>Q</u>				
<u>R</u>				
✓ Referrals - *Breast Care ✓ - Stoma Care ✓ - Tissue Viability ✓ - Cancer and Palliative Care ✓	RH 15/98 RH 9/99 RH32/98 RH 8/99			
✓ Registration – lapsed UKCC	RH 10/99			
Report Writing (see Nursing and Midwifery Care – Planning and Recording)				
✓ *Research Governance– Nursing and Midwifery	RH 2/03 Supersedes RH 3/95			
✓ *Restraint – Use of	RH 9/97			

NURSING POLICY	Number	Reviewed	Number	Reviewed
<p><u>S</u></p> <p>*Sharps – disposal of</p> <p>Shaving – Pre-operative Hair Removal (See Hair Removal)</p> <p>Stoma Care Referrals (see Referrals)</p> <p>✓ *Study Leave Entitlement – Nursing Auxiliaries</p> <p>✓ *Study Leave Entitlement – Registered Nurse</p> <p>*Supply and Administration of Medicinal Products (See Drugs)</p> <p>✓ *Support and Preceptorship for Nurses and Individuals Entering or Re-entering Registered Practice</p> <p>Students – Code of Practice for Nursing and Midwifery (see Code)</p> <p><u>T</u></p> <p>✓ Terminally Ill Child – Philosophy of Care</p> <p>✓ Terminally Ill Child – Guidelines for the Care of</p> <p>✓ Toys – Care and Cleaning of</p> <p>Transportation of Children to the Operating Theatre (see <u>O</u>perating Theatre).</p>	<p>RHT Infection Control Manual 3rd Edition 1995 Section 4.4.7</p> <p>RH 11/99</p> <p>RH 12/99</p> <p>RH 6/95</p> <p>RH 16/95</p> <p>RH 3/2000</p> <p>RH 6/99</p>			

NURSING POLICY	Number	Reviewed	Number	Reviewed
<u>T</u> ✓ *Transportation of Fully Conscious Patients using Beds, Cots or Trolleys within the Royal Hospitals When Accompanied by a Member of Nursing Staff	TP 10/04/P (see Trust policy manual)	June 2004	RH 12/97	✓
<u>U</u> ✓ *Uniform for Nursing and Midwifery Staff ✓ Uniforms – Care of Uniforms for Nursing and Midwifery staff	RH 15/99 supersedes RH 6/96 RH 2/2001			
<u>V</u> ✓ Venepuncture ✓ Verifying Death – Registered Nurses ✓ Visiting a Child in Hospital ✓ *Visiting Nurses – Facilitating Experience for	TP 18/03 (see Trust policy manual) RH 11/96 RH 13/95 RH 16/97	May 2003	RH 5/94	✓
<u>W</u> ✓ *Ward Kitchen Hygiene ✓ *Wounds – Caring for Patients with	RH 3/2001 Supersedes RH 20/98 RH 2/98			
<u>X</u>				
<u>Y</u>				
<u>Z</u>				

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THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST
NURSING AND MIDWIFERY COMMITTEE
INTRAVENOUS CANNULATION

RH 8/98
Supersedes
RH 11/94

DEFINITION

The insertion of a cannula into a vein to establish intravenous access.

OBJECTIVE

To set out principles which safeguard the patient and guide the nurse in the performance of cannulation.

POLICY

The nurse must be a registered nurse or midwife who has completed training specified by each Directorate and which will include:

- (a) Administration of intravenous medicinal products
- (b) Venepuncture
- (c) Cannulation

Following theoretical training, the nurse must complete supervised practice as outlined in the personal Action Plan.

The nurse must "maintain the necessary skills and be able to demonstrate their capability to offer safe and effective care".⁽¹⁾⁽⁴⁾⁽⁵⁾⁽⁶⁾

A nurse must not puncture the skin more than twice whilst attempting this procedure. Where difficulty is experienced the assistance of a more experienced practitioner must be sought.⁽³⁾

Medicinal Products must be prescribed by the doctor.⁽¹⁾

A clear, accurate and contemporaneous record of the administration of medicinal products must be maintained.⁽²⁾

In order to safeguard patients and professionals, a standard will be set which must be audited in each Directorate.⁽¹⁾



K M D O'Brien (Mrs)
Director of Nursing and Patient Services

April 1998

References – see over

Reviewed

References

- (1) UKCC 1992, Standards for the Administration of Medicines, UKCC, London.
- (2) UKCC 1993, Standards for Records and Record Keeping, UKCC, London.
- (3) The Royal Group of Hospitals and Dental Hospital, Health and Social Services Trust, Nursing Procedures Committee, Procedure for Cannulation, RH NP 4/94.
- (4) The Royal Group of Hospitals and Dental Hospital, Health and Social Services Trust, Nursing Procedures Committee, Protocol for the Changing of Intravenous Administration Sets, Extension Sets and Peripheral Cannula, RH NP 5/96.
- (5) The Royal Group of Hospitals and Dental Hospital, Health and Social Services Trust, Nursing Procedures Committee, Nursing Procedure for the Flushing of a Peripheral Cannula, RH NP 6/96.
- (6) The Royal Group of Hospitals and Dental Hospital, Health and Social Services Trust, Nursing Procedures Committee, Central Venous Line, RH NP 7/96.

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HEALTH AND SOCIAL SERVICES TRUST

RH 5/97
Supersedes
RH/2/92

NURSING POLICY COMMITTEE

DISPOSAL OF CONTROLLED DRUGS

OBJECTIVE

To ensure that nursing and midwifery staff are aware of their responsibility with regard to the disposal of unused and partially used Controlled Drugs.


POLICY

All unused ampoules and boxes of Controlled Drugs which are no longer required at ward or department level, must be returned to the Pharmacy.

Where the prescribed dose to be administered is less than that in the ampoule, the two nurses checking the prescription (one of whom must be a First Level Nurse)⁽¹⁾ must discard the unused contents of the ampoule.

The dosage and volume of the discarded drug must be recorded in the Controlled Drugs' Register.

Where the controlled drug is diluted for intravenous administration purposes, eg a patient controlled administration system, the unused contents of the ampoule must be disposed of by two nurses (one of whom must be a First Level Nurse)⁽²⁾ and the dosage and volume of the drug recorded in the Controlled Drugs' Register.


K M D O'BRIEN

Director of Nursing and Patient Services

23 April 1997

REFERENCES

- (1) RHT Nursing Policy RH4/93 Administration of Medicines.
- (2) Medicines Act 1968, HMSO, London 1968.

/npolicies/disdrugs

**THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST**

NURSING AND MIDWIFERY POLICY COMMITTEE

MANAGEMENT OF ERRORS IN THE ADMINISTRATION OF MEDICATIONS

RH 18/97

18/97

BACKGROUND

A drug error is any aspect of administration or omission that is not in the patient's interest⁽²⁾. Drug errors and incidents require a thorough and careful investigation which takes full account of the circumstances and context of the event and the position of the practitioner involved⁽¹⁾.

POLICY

In the event of an error in the administration or omission of drugs, nursing practice will be based on "Guidelines for the Management of Errors in the Administration of Medicines⁽³⁾."



K M D O'Brien (Mrs)

November 1998

References

- (1) UKCC (1992) Standards for the Administration of Medicines
- (2) UKCC (1992) The Code of Professional Conduct for the Nurse, Midwife and Health Visitor (3rd Edition)
- (3) RGH&DHH&SST Policy "Management of Errors in the Administration of Medications" and "Guidelines for the Management of Errors in the Administration of Medication" TP 15/98.

**ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST
TRUST POLICY
GUIDELINES FOR THE MANAGEMENT OF ERRORS IN THE ADMINISTRATION OF
MEDICATIONS⁽¹⁾**

Action by the Nurse/Midwife/Nurse in Charge/Doctor/Dentist/Pharmacist/other Health Care Professional

Safety of the Patient

If an error is discovered, take immediate appropriate corrective action⁽²⁾.

Inform medical staff, if not already involved.

Reporting

Report the incident to the sister or nurse in charge.

It is the sister or nurse in charge's responsibility to report the incident, as appropriate, to senior medical and nursing staff.

Documentation

All staff involved in witnessing or discovering an incident must write purely factual statements of the incident.

The "Untoward Incident Report" (IR1) Form must be completed.

A factual record must be made in the patient's nursing care plan and clinical notes which includes an account of the incident, corrective action taken and the outcome⁽³⁾.

Appropriate information should be given to the patient, patient's parents, guardian or relative by a senior member of the care team. This fact and who gave the information must be recorded in the patient's nursing and/or medical record.

Action by the Directorate Team

It may be necessary for clinical staff involved to be interviewed so that a comprehensive assessment of all the circumstances can be made.

Appropriate remedial action will be taken if required.

Where a serious incident involving harm for the patient occurred a written report co-ordinated by the Director of Risk and Litigation Management will be made to the Director of Nursing, Medical Director and Director of Pharmacy.

Action by the Director of Nursing/Medical Director

No further action, or

An interview with the clinician(s) involved, or

A further investigation of circumstances surrounding the incident ordered where appropriate, and

Appropriate corrective or preventative action implemented.

November 1998

References – See over.

References

- (1) UKCC (1992) Standards for the Administration of Medicines
- (2) UKCC (1992) The Code of Professional Conduct for the Nurse, Midwife and Health Visitor (3rd Edition)
- (3) Royal Hospitals (1997) Policy for Untoward Incident Reporting (currently in draft form)

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NURSING AND MIDWIFERY POLICY

RH 10/98

DRUGS ADMINISTERED INTRAVENOUSLY BY NURSES

OBJECTIVE: Safeguard patients and professionals in the use of intravenous drugs

POLICY: Each directorate will list drugs which may be given intravenously by nurses and midwives in their areas of responsibility.

The list will be available at clinical area and directorate level

A master copy¹¹ will be held by the Director of Nursing

The list will be updated annually or more frequently if changes occur.



K M D O'BRIEN (MRS)
Director of Nursing and Patient Services
April 1998

Reviewed

Reference

- (1) The Royal Group of Hospitals and Dental Hospital Health and Social Services Trust, Directorate of Nursing and Patient Services, List of Drugs Administered Intravenously by Nurses by Directorate.

USE AND CONTROL OF MEDICINES⁽¹⁾

Definition

Medicinal product is defined under the Medicines Act 1968 as any product or article (not being used as an instrument, apparatus or appliance) which is manufactured, sold, supplied, imported or exported for use wholly or mainly, in either or both of the following ways:

- By being administered to one or more human beings or animals for a medicinal purpose.
- As an ingredient in the preparation of a substance or article for such administration, when the ingredient is used in a pharmacy or hospital, or by a practitioner, that is, a doctor or dentist.

Medicinal purpose means one or more of the following:

- Treating or preventing disease
- Diagnosing disease or ascertaining the existence, degree or extent of a physiological condition
- Contraception
- Inducing anaesthesia
- Otherwise preventing or interfering with the normal operation of a physiological function.

'Administer' *means* administer to a human being or an animal whether orally, by injection or by introduction into the body in any other way, or by external application, a substance or article either in its existing state or after it has been dissolved or dispensed in, or diluted or mixed with, some other substance used as a vehicle (Medicines Act 1968).

June 1999.

References

- (1) DHSS, Use and Control of Medicines, 1988
- (2) Boc Gases medicinal "Entonox" the non-invasive patient controlled analgesic. Suggested protocol document. January 1995.

THE ROYAL HOSPITALS AND DENTAL HOSPITAL
HEALTH & SOCIAL SERVICES TRUST

POLICY NO: RH5/94

POLICY FOR VENEPUNCTURE

DEFINITION:

The insertion of a needle into a vein in order to obtain blood for analysis.

OBJECTIVE:

To guide the nurse and safeguard the patient in the performance of venepuncture.

POLICY:

1. The Registered Nurse or Midwife must have completed venepuncture training as stipulated by the Directorate, maintained the skills and be able to demonstrate their capability as a safe practitioner.
2. Venepuncture must only be performed on a doctors written instruction. (1)
3. The nurse must not puncture the skin more than twice whilst attempting the procedure.
4. Where difficulty is experienced or anticipated, the patient must be referred to the doctor.
5. In order to safeguard patients and professionals, a standard will be set which must be audited in each Directorate. (2)

E Duffin

E DUFFIN (Miss)
Director of Nursing & Patient Services

August 1994

References:

1. Refer to local directorate policies
2. Intravenous Drug Therapy
A Statement from the BMA and RCN (June 1993)

**THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST**

NURSING AND MIDWIFERY POLICY COMMITTEE

POLICY ON THE DOCUMENTATION OF OBSERVATIONS

**RH 1/99
SUPERSEDES
RH 4/96**

DEFINITION

Formal observations on patients are physiological measurements such as temperature, pulse, blood pressure, respiration and coma scale.

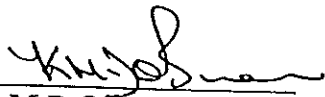
RATIONALE

To ensure that the exact time observations are taken is documented.

POLICY

The intervals for recording the observation(s) must be stated on the patient's observation chart and nursing and midwifery care plan.

On completion of the observations, the exact time they were recorded must be documented.


K M D O'Brien (Mrs)
Director of Nursing and Patient Services
March 1999

Reviewed _____

Bibliography

Jarvis C M (1977) "Vital Signs: A Review of Problems" in Assessing Vital Signs Accurately, Nursing Skillbook Series, Intertimed Communications Inc. Horsham, Pennsylvania.

Manual of Clinical Nursing Procedures, 3rd edition.
Pritchard A P; Mallet J (eds) Chapter 29, pp 318-340
Blackwell Scientific Publications.

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HEALTH AND SOCIAL SERVICES TRUST

NURSING AND MIDWIFERY POLICY COMMITTEE

PLANNING AND RECORDING NURSING CARE

RH 27/98
Supersedes
RH 19/98

Definition: A "nursing care plan" is the documentation used by nurses to prescribe and record patients' care.

Objectives: Set out principles which safeguard the interest of the patient.
Guide the practitioner in prescribing and recording care.
Provide protection for staff against future complaint or legal challenge⁽¹⁾⁽²⁾.

Policy: Prescribing Care

Nursing care is prescribed by first level nurses.

First level nurses working in branches other than the one in which they are registered will not prescribe nursing care unless they have undertaken a programme of further training which has been agreed at directorate level.

Nurses in training may write care plans but their implementation will be authorised in writing by a First Level Nurse.

Second Level Registered nurses may prescribe care provided they have completed a programme of training which has been agreed at directorate level.

Recording Patient Care

Records⁽²⁾ will be kept which enables:

Effective communication with others;

The identification of the discrete role played by the nurse or midwife in providing care;

A demonstration of the chronology of events and the response to care and treatment, including the patients' involvement in their own care;