



Business Services  
Organisation

## Directorate of Legal Services

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

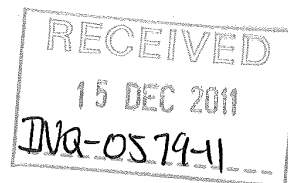
2 Franklin Street, Belfast, BT2 8DQ  
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Your Ref:  
BC-0063-11  
BPC-0059-11

Our Ref:  
HYP B4/01

Date:  
14.12.11

Ms Bernie Conlon  
Secretary to the Inquiry  
Arthur House  
41 Arthur Street  
Belfast  
BT1 4GB



Dear Madam,

### RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and your letters of 2<sup>nd</sup> November 2011 and 29<sup>th</sup> November 2011. Adopting the numbering referred to therein I am instructed as follows: -

1d: - I note that you have requested that the Trust furnish communication with patients and families guidance (from 1994 – to date). The Trust has no Policies, Procedures, Protocols, Guidelines or Practices in relation to same.

1f: - I now enclose the Trust's Policy Care of young people within the Royal Hospitals TP 6/04. The previous version TP2/99 is not still available. Furthermore I can confirm that TP 6/04 has not been updated.

2a (b), (d) & (h): - The Trust has not been able to locate any documentation relating to the Kings Fund Organisational Audit as per our letter of 1<sup>st</sup> November 2011 and emails of 18<sup>th</sup> August 2011 and 11<sup>th</sup> October 2011.

2c: - Please find enclosed a copy of the Trust's Structure as requested as at 2011. However there is no equivalent document for 1995 in existence.

Yours faithfully,

Joanna Bolton  
Solicitor Consultant

*Providing Support to Health and Social Care*



## PAEDIATRIC RENAL SERVICE

The RBHSC Paediatric Renal Unit is one of 12 designated comprehensive centres for Paediatric Nephrology in the United Kingdom. It provides a comprehensive diagnostic and treatment service for children with renal disorders. The population served is 1.67m. The Unit is currently housed in Barbour Ward which also houses general and infant surgery. Currently there are no designated inpatient renal beds (this causes difficulties with both elective and emergency admissions due to the high demand on surgical beds) and three haemodialysis stations. There are currently over 30 children on the renal replacement program, three of whom are on peritoneal dialysis and three of whom are on haemodialysis. In 2009/10 2317 outpatients attended (306 new), there were 722 day cases (mostly for haemodialysis) and 136 admissions.

Approximately 20 renal biopsies per year are performed. There is an expanding Live Donor Transplant program with 12 paediatric renal transplants in 2010 (9 live related). An Acute Renal Failure Service is provided to three Intensive Care Units (Paediatric Intensive Care, Cardiac Surgical Intensive Care and Neonatal Intensive Care) and an antenatal counselling service is offered. Antenatal renal anomalies occur in approximately 0.9% of all pregnancies. This involves over 200 children per annum in Northern Ireland and many of these are seen at the Regional Nephrology clinics for further investigation. The Paediatric Urology Team provides a urodynamic service. There is close liaison with the adult Nephrology services, Transplant Surgeons and Tissue Type laboratory. These services are situated at Belfast City Hospital (0.8 miles away).

### Current Staffing

Consultant Nephrologists:      Dr O'Connor 1.0WTE (10.7 PAs)  
   Dr McKeever 1.0WTE (10.7 PAs)  
   Dr Convery 1.0 WTE (10.7 PAs)

Renal Nurses (total funded = 5.1WTE but only 3.49 WTE in post from Oct 11)

No band 7 post funded (unlike every other UK unit)  
Nursing cohort does not fulfil 2003 UK recommendations

### Psychologist

Dr Klewchuk 0.5WTE

### Dietician

0.7WTE funded but Department extremely short staffed and this is not delivered

### Social Worker

0.5 WTE funded

### Play Specialist

A part-time Play Specialist is provided to cover some haemodialysis sessions.

### Auxiliary Nurse

Not available - provision of an auxiliary nurse would decrease inappropriate nursing workload.

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

**Trust Policy**

**TP 6/04  
Supersedes TP 2/99**

**Care of young people within the Royal Hospitals**

**Rationale**

Young people are a unique group of patients who have their own specific needs. They are going through a time in their lives which is characterised by physical, emotional, educational and social changes to which they must adapt. This period of change is experienced by every adult during transition from childhood to maturity. Hospital admissions can be difficult to cope with and can lead to increased feelings of anxiety and isolation.

Care is provided for young people throughout the Royal Hospitals. The cut-off age for emergency admissions to the accident and emergency department of the paediatric hospital is the 13<sup>th</sup> birthday. However the paediatric hospital also provides care for young people with chronic illnesses who are older than 13 years. Between 2002 and 2003 a total of 2144 patients aged between 13 and 18 years were cared for in the Royal Victoria Hospital, the dental hospital and the royal jubilee maternity service.

The key concepts of this policy and the accompanying guidelines were introduced to a small number of young people who participated in a focus group held by the Royal Hospitals in October 2002 <sup>(1)</sup>. Feedback from this consultation exercise highlighted the significance of the policy and guidelines and assisted in developing them further.

**Definition**

Children mature at different rates and, therefore, flexibility is necessary in identifying adolescent patients <sup>(2)</sup>. Adolescence may begin as early as 10 or as late as 14 and extend until the early 20s.

**Objectives**

This policy, together with the accompanying guidelines, will facilitate the multi-professional staff of the Royal Hospitals in their endeavour to meet the needs of young people by:-

- Increasing staff awareness of the needs of this patient group.
- Influencing the development of services within the Royal Hospitals to meet these needs.
- Assisting staff to ensure that the service provided to young people is of the highest quality.

## Policy

Each young person must be treated as an individual and emphasis must be placed on working in partnership with the adolescent.

The rights of each young person must be respected. These include the right to privacy, dignity, confidentiality, appropriate information and participation in his or her care including, where possible, involvement in giving consent <sup>(3)</sup>.

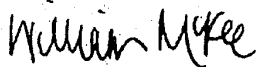
Consideration must be given to the provision of appropriate facilities taking into account the young person's need for privacy.

The needs of the young person for support from family members, friends and staff must be recognised and facilitated.

The care provided for each young person should be sensitive to their individual needs and aspirations and take into account their race, ethnicity, gender, sexual orientation and ability or disability <sup>(4)</sup>.

Each young person's transition from the maternity and child health division to adult services must be carefully planned and involve the young person in making relevant decisions <sup>(4)</sup>. A transition policy must be developed for all general and speciality clinics <sup>(5)</sup>.

In order to effectively implement this policy, careful consideration should be given to the accompanying guidelines overleaf.



WS McKee  
Chief Executive  
April 2004

Review April 2005



*In line with it's duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting social need initiative and the Human Rights Act 1998, the Royal Hospitals has carried out an initial equality screening exercise to ascertain if this policy should be subject to a full equality assessment. Consultation has been undertaken with relevant organisations and it has not been deemed necessary to carry out a full Equality Impact Assessment at this time.*

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

## **Trust Guidelines**

TP 6/04/G

### **Guidelines for the care of young people within the Royal Hospitals**

#### **Background**

The purpose of this document is to provide guidance and to highlight examples of good practice in relation to the rights of young people; the facilities which should be provided; provision of support; the need for education and the importance of transition to adult-focused services.

#### **The rights of young people**

Each division should consider the value of developing written rules for young people which define limits and behavioural expectations while in hospital. These should be discussed with the young person on admission or during the first contact.

Privacy is of great importance to young people and, therefore, examinations and treatments should not take place where the patient can be seen or overheard by others.

Young people should be involved in all stages of decision-making in order to give them a stronger sense of control. They must be given full information, including written materials where possible, which is appropriate to their own age and level of understanding thus enabling them to make informed decisions about treatment.

Where possible, young people should be involved in the planning and carrying out of their own care thus facilitating a sense of independence.

#### **Consent**

Any competent young person, regardless of age, can independently seek medical advice and give valid consent to medical treatment. Competency relates to the patient's ability to understand choices and their consequences including the nature, purpose and possible risks of treatment or non-treatment <sup>(6)</sup>.

The legal position for young people below the age of 16 is established in case law- Gillick v West Norfolk and Wisbech area Health Authority. Young people in this age group are allowed to consent to treatment providing they are of sufficient understanding.

#### **Child protection**

The Children's (Northern Ireland) Order (1995) <sup>(7)</sup> applies to all children and young people under the age of 18 years. As highlighted in the Order and the Royal Hospitals' policy on child protection <sup>(8)</sup>, child protection issues also apply to adolescents under the age of 18 years.

### **Facilities for young people**

Where possible, each young person should be offered a choice of accommodation. Some adolescents may prefer a single room while others might find this isolating and might wish to be cared for with other patients. When separate accommodation is not available, young people should be cared where possible with others of a similar age group where they can have the privacy they need and where they can continue their own routines.

Young people should be encouraged to personalise their own bed spaces (for example, by providing space for posters) and providing sufficient space for personal belongings.

Because of their changing body image, young people require private facilities for washing and dressing and should be given time and space to socialise or simply be by themselves.

Every effort should be made to ensure the provision of appropriate facilities for young people with physical and/or sensory disabilities to encourage independence.

Boredom is a common problem among young people in hospital. They should be encouraged to pursue their own interests and hobbies and allowed regular visits by their friends. In the paediatric directorate and in Ward 31, the expertise of the play specialist should be drawn upon to encourage group activities and to encourage patients to meet each other and share experiences, anxieties and their own methods of coping with hospital life.

The upgrading and adaptation of existing services and accommodation should take into account the special needs of young people.

### **Support for young people**

Consideration should be given to the role of the young person's parent or carer while in hospital. While every effort should be made to include them in the care of the young person, the needs and rights of the adolescent must remain paramount <sup>(5)</sup>.

When a young person wants a parent or carer to stay overnight, appropriate facilities should be offered where available.

The importance of extended family support must not be underestimated and therefore consideration should be given to supporting the young person's relationship with a sibling, grandparent or other relative.

Young people can often feel insecure and uncertain particularly during a hospital stay. Therefore staff should make every effort to develop a relationship with the patient so that support and reassurance can be given.

Young women who think they may be pregnant should be able to access help and advice in a variety of ways. They may feel that there are barriers to accessing services and may have concerns in relation to confidentiality. They may have a lack

of understanding about the services available and may perceive services as unwelcoming. Therefore these concerns must be taken into consideration when planning their care <sup>(4)</sup>.

### **Education for young people**

Young people must be encouraged to continue their education in hospital unless they are unwell. This is especially important for those with an extended stay in hospital. Privacy and quiet must be provided to allow homework to be completed.

Where appropriate, opportunities should be taken to provide relevant health education, for it is during adolescence that young people make many decisions about their health behaviour.

### **Consulting young people**

The views of young people must be sought in relation to the planning, development and evaluation of services to ensure that services are accessible, respectful, empowering and responsive to their needs <sup>(4)</sup>.

### **Staff training**

All staff involved in the care of young people should have access to relevant training to enable them to meet the needs of this patient group.

### **References**

1. Royal Hospitals (2002) 'In-Hospital' Consultation with Young People. Belfast: Royal Hospitals
2. Department of Health. Welfare of Children and Young People in Hospital Order. London: HMSO
3. Royal Hospitals Policy on Consent (TP21/98)
4. Department of Health (England) (2003) Getting the Right Start: National service Framework for Children Standard for Hospital Services. London: DOH
5. Viner, R. and Keane, M. (1998) Youth Matters. Evidence-based Best Practice for the Care of Young People in Hospital. London: Caring for Children in the Health Services (CCHS).
6. Royal College of Nursing (2002) Caring for young people. Guidance for nursing staff. London: RCN
7. (DHSS) (1995) The Children (Northern Ireland) Order Belfast: HMSO.
8. Royal Hospitals (2002) Policy for Child Protection (TP5/02)