



Business Services
Organisation

Directorate of Legal Services

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

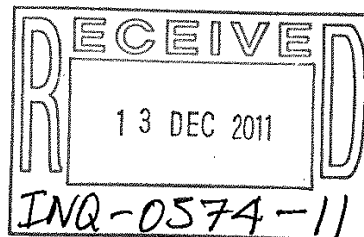
2 Franklin Street, Belfast, BT2 8DQ
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Your Ref:
BC-0063-11
BC-0068-11

Our Ref:
HYP B4/01

Date:
12.12.11

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 which we received on 2nd November 2011. I am instructed as follows: -

- 1) (a) – The Trust has not retained a copy of policy TP6/95 which is now obsolete.
- (h) part 2 – I enclose a copy of the RGH Trust Policy TP5/07 dated January 2007. It is not recorded that this was an update of an earlier Policy.
- (j) – The Trust does not have Policies, Procedures, Protocols, Guidelines or Practices in relation to monitoring and evaluation of adherence to policies, protocols, procedures, guidelines and practices.

Yours faithfully

Joanna Bolton
Solicitor Consultant
Tel: - [REDACTED]

Providing Support to Health and Social Care



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

Trust Policy

TP 5/07

Admission of Patients to Royal Belfast Hospital for Sick Children

Rationale

Any patient admitted to the Royal Belfast Hospital for Sick Children will be accepted under the care of a designated member of the consultant medical staff and will be accommodated in a suitable clinical area. The Bed Co-ordinator will assist staff to maximise the utilisation of beds and ensure a patient centred decision making approach to in-patient care.

Objectives

- Minimisation of clinical risk within the hospitals
- To ensure the provision of beds for emergency and elective patients and tertiary referrals
- Accommodation of the most clinically ill patients within their specialty or within the area with the most appropriate nursing expertise
- Optimum utilisation of the hospitals bed resource

Policy

- Bed management support will be provided by the Bed Co-ordinator from 07 45hrs – 16 30hrs Monday – Thursday, 07 45hrs – 13 00hrs Friday, contactable by Bleep 2485. In the absence of the Bed Co-ordinator the Bleep Holder Sister or the Night Sister will assist with bed management issues, contactable by Bleep 2288.

Heather J Steen

Dr Heather Steen
Medical Director, RBHSC
January 2007

Review Date: January 2010

Author: [REDACTED]
Bed Co-ordinator
RBHSC

Brenda Creaney

Ms Brenda Creaney
Directorate Manager/Principal Nurse, RBHSC
January 2007

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

Trust Procedure

TP 5/07/P

Admitting patients to the Royal Belfast Hospital for Sick Children

- 1 **Elective admissions:** - The admitting consultant/secretary will select the patient from the waiting list and ensure an entry is made in the appropriate ward diary for the date of admission, detailing name, hospital number and procedure or investigation for which they are being admitted

The nurse in charge will contact the bed co-ordinator or Bleep holder on the day of the planned admission if a bed will not be available in that ward. The bed co-ordinator will be responsible for negotiating an available bed in another ward to facilitate the admission and minimise the number of cancelled elective admissions. Any planned admission cancelled on the day because no bed was available must be reported to the bed co-ordinator.

- 2 **Urgent admissions:** - From Outpatients, Day Procedure Unit, other hospitals including urgent transfers from wards or hospitals within the Royal site - the admitting consultant or deputy will contact the bed co-ordinator giving details of the patient's name, age, diagnosis, current whereabouts and clinical urgency including appropriateness of an outlying bed and his/her contact number. The bed co-ordinator will liaise with medical and nursing staff to find an appropriate bed to facilitate the admission.
- 3 **Admissions from the Accident and Emergency department (A&E):** - the A&E Staff Nurse will bleep the Bed Co-ordinator when she is on duty giving the name, age, diagnosis and any other appropriate details of the patient after a decision to admit has been made by medical staff. The Bed Co-ordinator will contact the "take-in" ward or the most appropriate unit for the child and arrange the admission. She will then contact A&E and inform them where the patient will be admitted. The patient will be transferred from A&E as soon as the bed is available. The bed co-ordinator will review overall bed availability and allocate a bed appropriate to the clinical need.

Availability of a bed is not a pre-requisite for a patient requiring urgent surgery. The surgical team should book theatre and if necessary the patient can go to theatre on a trolley and a bed will be transferred to recovery ward.

- 4 The consultant anaesthetic staff, directly control admissions to critical care beds in PICU. The bed co-ordinator will prioritise patient transfers from this unit to ensure maximum availability of this scarce resource. Receiving wards should be notified at the earliest opportunity of planned transfers from PICU.

If a child is likely to require a PICU bed post-operatively the consultant surgeon must liaise with the Consultant Anaesthetist on call and the Nursing Staff in PICU to assess bed availability

In the event of PICU having to take an eighth patient, the PICU Contingency Plan 2005 must be followed (Appendix 1)

- 6 **Discharge delays** inevitably lead to difficulties in patient flow and the timely admission of patients. All discharge delays should be reported to the bed co-ordinator and appropriate steps taken to alleviate the problem

Heather J Steen

Dr Heather Steen
Medical Director, RBHSC
January 2007

Review Date: January 2010

Author: [REDACTED]
Bed Co-ordinator
RBHSC

Brenda Creaney

Ms Brenda Creaney
Directorate Manager/Principal Nurse, RBHSC
January 2007

PICU CONTINGENCY PLAN

The Paediatric Intensive care unit in RBHSC is currently open to 7 beds
The following steps should be followed when there are 7 intensive care patients in the unit with a 8th patient needing admission

- **The following people should be informed**

- [REDACTED] Lead Nurse PICU
- [REDACTED] Lead Clinician PICU
- B Creaney- Directorate manager/ Principal Nurse RBHSC
- Bleep holder RBHSC
- Senior Nurse on call RBHSC
- N Park - Bed manager RBHSC

- **Steps to follow**

- Consultant Anaesthetist and Nurse in charge of PICU to conduct a priority ward round
- Assess each HDU patient for transfer to a ward
- Assess suitability of transfer of a child from PICU to another ICU within the Royal Trust
- Assess suitability of transfer of a patient to Britain (or R O I) following stabilization
 - If this patient is a patient in RBHSC then the RBHSC team will be responsible for stabilization of the patient and transfer arrangements
 - However if the patient is outside RBHSC the responsibility for stabilization and transfer arrangements falls with the referring hospital RBHSC staff will continue to offer clinical advice and contact information regarding transfers, but early direct contact between the referring hospital and receiving hospital should take place as soon as possible
- Decide whether elective surgery requiring PICU should be performed when PICU have 6 Intensive care patients

- **Steps to follow if a bed cannot be made available and there are no patients immediately fit for transfer:**

- The only option is to staff the 8th patient for a limited period of time This will be reviewed at least 12 hourly and Principal Nurse/ Clinical Director kept informed
- Patients will be reviewed regularly with regard to fitness for transfer or discharge from PICU
- Review off duty, study time etc
- Look for availability of staff willing to work overtime, bank or agency
- Liaise with bleep holder and bed manager re- ward activity/ availability of ward staff to work in PICU Consider amalgamation of wards to provide extra staff
- Principal Nurse/Clinical Director to authorise cancellation of non emergency theatre lists to provide extra nurses

Brenda Creaney - Directorate Manager/Principal Nurse, RBHSC