HSC Business Services Organisation

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Your Ref:	Our Ref:	Date:
BMCL-0095-13 BMCL-0018-12	HYP B02/01	21 June 2013

Mr Brain McLoughlin
Assistant Solicitor to the Inquiry
Inquiry into Hyponatraemia-related Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Mr McLoughlin

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS - RAYCHEL FERGUSON (LUCY CRAWFORD)

I refer to the above and to your letter dated 15th May 2013 (reference as quoted above). As previously advised in our letter of 29th January 2013 the Trust has been unable to locate any policy of the SLT/Erne Hospital regarding transfer of patients from one hospital to another. Our client has now provided us with instructions as to the custom and practice in place in 2000 in the Erne Hospital with respect to inter-hospital transfer.

In terms of the Intensive Care Unit in the Erne (ICU), if a child required either High Dependency or Intensive Care Treatment, irrespective of diagnosis or prognosis, they would be transferred to the RBHSC as this was the only Paediatric Intensive Care Unit (PICU) in Northern Ireland.

It was custom for the paediatric team to contact PICU in the RBHSC to ascertain if a bed was available and if they would be in a position to accept the child. The paediatric team would provide the RBHSC with the clinical details over the phone. On occasion a bed might not have been available in the RBHSC and the paediatric team would have tried to locate a bed elsewhere. If the paediatric team had not been involved in the management of the case prior to the involvement of ICU, for example in the case of a paediatric trauma case, then anaesthetists in ICU might have undertaken the task of locating a PICU bed and liaising with the accepting hospital.

We are instructed it was custom and practice to copy the patient's notes and fluid charts, if time permitted, and to send these with the patient. Nursing staff or

secretaries normally did the photocopying. We are instructed that if time was of the essence the original notes would on occasions have been sent. X-Rays were usually sent with the patient to the admitting hospital. Copies of X-Rays were not usually made before transfer. It was custom and practice, if time permitted, to write a freehand letter to the accepting intensivist in the admitting hospital detailing the process of stabilisation undertaken at the Erne Hospital prior to transfer. A senior anaesthetist usually travelled with the child which resulted in a face to face handover to the team at the admitting hospital. On the transfer journey if it was possible a note was kept of the vital signs.

We are instructed that it became practice to send the entire set of clinical notes with the patient following the introduction of CREST guidelines in 2006 'Protocol for the Inter Hospital Transfer of Patients and their Records'.

We trust this information is of assistance to the Inquiry.

Yours sincerely

JRBa

Joanna Bolton
Solicitor Consultant