

Formal Response to the Prevention of Future Deaths report under regulation 28 following the Inquest in the death of Lucy Maria Goulding.

The Coroner identified the following concerns:

1. Lack of consultant supervision of on-call paediatric trainees or sub-consultant paediatric doctors admitting patients as an emergency into Worthing Hospital
2. Lack of independent consultant assessment of paediatric admissions into Worthing Hospital in and outside normal working hours.
3. Lack of national guidelines for assessment and investigation of headaches in children

The Trust has responded to the Coroner's concerns in the following way.

The Trust undertook a thorough RCA into the case prior to the inquest. The action plan has been implemented and has been updated to take account of the coroner's concerns. The appropriate standards from the Royal College of Paediatrics and Child Health document 'Facing the Future' are referenced throughout the document.

1. Lack of consultant supervision of on-call paediatric trainees or sub-consultant paediatric doctors admitting patients as an emergency into Worthing Hospital

A primary recommendation of the original RCA strengthened the paediatric consultant's involvement in the three handovers between shifts. This had been established practice for the morning handover but not at other times¹.

Support has been strengthened to provide direct consultant supervision of the afternoon handover and a telephone call from the consultant to the night team following their handover at the start of the shift. This call includes direct contact with the senior nursing staff.

The following additional action points have been added to the action plan:

- a. An audit will take place in June 2014 to ensure whether the change in handover practice is embedded.
- b. Supervision of the SASG doctors through appraisal must take place in a timely way.
- c. The Responsible Officer (TT) has directed that the doctors who were involved in the LG case demonstrate the lessons learnt in their appraisals.

2. Lack of independent consultant assessment of paediatric admissions into Worthing Hospital in and outside normal working hours².

Context

An Attending Physician system has been in place in Worthing paediatric department for several years and is well established ensuring new patients are reviewed directly on consultant provided ward rounds that occur daily including weekends. There is clearly protected time for the Attending Physician to review acutely ill children between 0900-1700 Monday to Friday and between 0900-1300 at weekends³.

Direct consultant review at other times takes place on an as required basis as directed by the priorities identified at handovers or identified by the junior medical and nursing staff.

Actions introduced in response to the LG SIRI and the Coroner's concern's.

Discussion of paediatric patients who are not in the ward areas e.g. patients that have been accepted but are still in Accident and Emergency has been incorporated into routine handovers.

A baton bleep has been introduced for the Attending Physician so that they are readily contractible.

The experience of the Recognition of the Critically Ill Child and High Dependency Care has been reinforced by the rotation of paediatric nursing staff to the Chichester site where there is greater exposure to HDU care..

3. Lack of national guidelines for assessment and investigation of headaches in children

The Trust has made extensive use of the teaching materials provided by the 'Headsmart Campaign' who provide targeted educational material on early recognition of the symptoms and signs of Brain Tumours in Children and Adolescents

A joint meeting with the Local Area Team who provide oversight of primary care is scheduled for the 17th April 2014 to discuss ensuring smooth referral pathways for paediatric patients presenting with symptoms of headache or other symptoms that could reflect a brain tumour.

The Trust will implement any appropriate National Guidance on this matter in a timely way.

¹. Standard 5 from Facing the Future, Standards for Paediatric Services (RCPCH 2011) states that 'At least one medical handover in every 24 hours is led by a paediatric consultant (or equivalent)'.

². Standard 2 from Facing the Future, Standards for Paediatric Services (RCPCH 2011) states that 'Every child or young person who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician (or equivalent staff, speciality and associate specialist grade doctor who is trained and assessed as competent in acute paediatric care), within the first 24 hours'.

³. Standard 7 from Facing the Future, Standards for Paediatric Services (RCPCH 2011) states that 'All general paediatric inpatient units adopt an attending consultant system usually in the form of the "consultant of the week" system'.


Chief of Service – Women's & Children's Division

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