Frimley Park Hospital NHS Foundation Trust
Response to Regulation 28 Report for HM Coroner for Surrey
Re: Jackson CHADD

Background

The Trust received a Regulation 28 Report, Action to Prevent Future Deaths, from HM Coroner for Surrey, dated 26 March 2014.

The Coroner had found the cause of death to be:

1a) Septic shock due to fulminant meningococcal infection

The Inquest concluded that the deceased died from fulminant meningococcal septicaemia where the evolving nature of his illness was not recognised or treated.

The Coroner was advised that Jackson was a fit and healthy baby until he became unwell at home on 6 August 2012. He was irritable, not feeding well, crying with a temperature, tachycardia (160 bpm) and a raised respiratory rate (>60). [redacted] took the advice of her GP to go to A&E with a possible diagnosis of her son having sepsis. Jackson was triaged in A&E at 5 p.m., found to have a high temperature and a raised heart rate and respiratory rate. He was given paracetamol for his temperature. He was reviewed by the A&E team who referred him to the Paediatricians with a possible diagnosis of sepsis. He was then seen at approximately 7 p.m. by a non-career ST2 (GP trainee) paediatrician who had been in post for one week with no previous paediatric experience. Some tests were initiated for sepsis. A discussion was had between the ST2 and the Paediatric SpR who, for unknown reasons, did not review Jackson.

Throughout this time in A&E, Jackson continued to have a high temperature (>38.5) that did not settle with paracetamol or ibuprofen. His other observations were variable but remained abnormal or at the upper limits of normal. No blood pressures were carried out after an attempt at triage failed. During his time in A&E, Jackson had a number of bouts of severe, foul smelling diarrhoea and developed a generalised maculo-papular rash with at least 2-3 noticeable non-blanching spots. He was seen by the on-call SpR for the first and only time at 23.30, 7 hours after arriving in A&E.

Jackson was discharged with a diagnosis of gastroenteritis. No significance was placed on the rash or the non-blanching spots. There is a conflict between his mother's belief of how unwell her son was (floppy, pale and lethargic with no obvious signs of improvement) and that of the SpR (smiling, not floppy etc) and she was unhappy that Jackson was not admitted. Jackson was taken home but his condition deteriorated and his parents brought him back at or around 0200 where he was found to be in septic shock. Despite aggressive resuscitation, Jackson was certified dead at 06.05 on 7 August 2012.

Coroner's Concerns

1. ***Lack of effective supervision of a non-career grade paediatrician with no previous experience***

In Place at Time of Incident

- During working hours there are a minimum of 2 Consultant Paediatricians available within the Trust, 1 dedicated to Neonates and the other to Paediatrics and acute admissions with one consultant on-call and resident until 9 p.m.
- All junior doctors, including SHO level have a Consultant Clinical Supervisor and an Educational Supervisor and are required to maintain portfolios of their development.

Military trainees have a Trust appointed Consultant Clinical Supervisor and a military appointed Educational Supervisor. They have regular formal appraisals with their supervisor and there is on-going shop-floor appraisal. This is in line with the requirements of both the HEKSS & Military Deaneries and at the last review of the Paediatric service in November 2010 was noted to meet their standards.

- There is an identified College Tutor lead within the Paediatric Department. All new SHOs to the Paediatric team will undergo a 3-day induction programme, 1 day Corporate Induction plus 2 days local Paediatric Induction. A copy of the Paediatric Induction programme for August 2014 is attached. In addition to this, there is a programme of Paediatric SHO Teaching which covers a variety of subjects including 'Recognition & Management of the Sick Child' and 'NICE – an approach to fever in children' (copies of the programme attached).
- There is no annual leave for Middle Grade doctors over the induction period for SHOs
- Middle Grade doctors do not attend Paediatric Out Patient Clinics during the induction period for SHOs to ensure they are available to support the junior doctors during this period
- Paediatric handover takes place 3 times a day at shift changes and are expected to be supervised by a Consultant during the week and one consultant supervised handover at the weekend at 9.00 a.m., in line with Facing for the Future.

Actions Taken Post Incident Review

- Since the death of Jackson, there are always 2 Middle Grade doctors on duty 24/7 with a Paediatric Registrar available in the Emergency Department 9 a.m. to 5 p.m. Monday to Friday

Further Action Taken Post Coroners' Inquest

- In place at the time of Jackson's death there was an Escalation Policy whereby if a child was in the A&E Department for more than 3 hours waiting for Paediatric opinion, the Consultant should be informed. The SHO should now notify the Consultant if there is more than an hour delay in senior review of a child.

2. ***Lack of consultant supervision of 'out-of-hours' on-call paediatric trainees***

In Place at Time of Incident

- There is consultant presence in the Trust until 9 p.m. on weekdays, on-call after 9 p.m. with a consultant available from 8.30 a.m. to 1 p.m. at weekends. Outside of these hours a Consultant Paediatrician is on-call and expected to be able to return immediately if required. This is standard practice in a District General Hospital.
- There is a clear expectation of the junior doctors that patients are discussed with consultants with a low threshold of concern.
- Since the death of Jackson, a new Emergency Department Paediatric Consultant has been appointed

Actions Taken Post Incident Review

- There is a Consultant responsible for Paediatric A&E working alongside an A&E consultant with a Paediatric interest to supervise junior medical staff

Further Action Taken Post Coroners' Inquest

- Further work is being considered by the Trust to strengthen a Paediatric Consultant delivered service in moving towards 24/7 cover in line with the Keogh Standards.

3. ***Lack of independent consultant assessment of paediatric admissions in Frimley Park Hospital outside normal working hours***

In Place at Time of Incident

- In April 2011, the RCPCH published 'Facing the Future: Standards for Paediatric Services' which outlined Together for Child Health' which includes the following criteria for review by a consultant:
  - Every child or young person who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician within the first 24 hours. At the last national audit of compliance with this criteria, the Trust scored 100%.
  - At least one medical handover in every 24 hours is led by a paediatric consultant (or equivalent). At the last national audit of compliance with this criteria, the Trust was deemed to be compliant with this standard with 3 handovers on weekdays and one handover at weekends

Actions Taken Post Incident Review

- The Trust is currently working to 14 hours for a consultant paediatrician review for every child or young person who is admitted to a Paediatric department with an acute medical problem

4. ***Lack of effective application of national guidelines for assessment and investigation of fever in children less than one year of age***

In Place at Time of Incident

- At the time of the incident, the Trust followed the NICE Clinical Guideline 160 on Feverish Illness in Children which are available on the Paediatric section of the Trust intranet. As part of the Induction process in Paediatrics, new medical staff are advised on where these can be accessed. Sepsis is part of the induction programme in the first month of starting within Paediatrics
- As noted under section 1, there is a programme of Paediatric SHO Teaching which includes a specific session on the application of the fever guidelines
- If Jackson had been recognised as a seriously sick child, this would have been escalated to a consultant immediately

Actions Taken Post Incident Review

- All children under the age of 1 with a PEWS score of less than 4 are now fast tracked to the Paediatric Assessment Unit based on the Paediatric Ward for review
- Sepsis Guidelines have been updated to include tachycardia as per 2013 NICE

Further Action Taken Post Coroners' Inquest

- The Paediatric SHO is to notify the consultant if there is more than an hour before senior review of a child
- The Emergency Department uses a Paediatric Early Warning Score (PEWS) which must now include a blood pressure reading when scoring every child
- Blood gases are to be done on all children presenting with a fever or non-blanching rash
- All children presenting with a non-blanching rash are to be admitted and treatment considered
- The implementation of the Fever Guidelines is to be audited

5. Failure to acknowledge or act on the concerns of a parent

- The Paediatric philosophy of 'patient not happy to go home' has a low threshold at FPH and has been reiterated to all the junior doctors. The SpRs receive 'Parental Concern' as part of their training

Conclusion

At the time of Jackson's death, there was a clear framework in place for the induction and supervision of junior doctors in training, arrangements for consultant assessment of paediatric admissions as well as implemented guidelines for the assessment and investigation of children with a fever.

However, it is recognised that on this occasion the processes in place were not followed and we failed to recognise how seriously ill Jackson was. To strengthen the Paediatric service, changes in practice were made both at the time of the incident review and since the Coroner's Inquest into Jackson's death. Further work is being considered by the Trust to strengthen a Paediatric Consultant delivered service in moving towards 24/7 cover in line with the Keogh Standards and with the aim of prompt intervention and treatment of the acutely ill child.

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May 2014