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23/08/2019

HM Coroner Mary Hassell

Senior Coroner  
Inner North London  
St Pancras Coroner's Court  
Camley Street  
London N1C 4PP

Private and Confidential

Dear Senior Coroner Hassell,

**Re: Regulation 28 Prevention of Future Deaths (PFD)**

I am writing to respond to the Regulation 28 Prevention of Future Deaths (PFD) report for Fern-Marie Choya. This response is written on behalf of Whittington Health, however we have shared the actions and recommendations with London Ambulance Service to ensure all learning is shared.

*Matter of concern 2 (Whittington Health) – On arrival at the Whittington Hospital, the detail of the pregnancy was not communicated effectively. It is unclear whether the LAS crew did not mention the fact, or whether the emergency staff simply did not hear it. In any event, it took 16 minutes post arrival for the pregnancy to be recognised and the obstetric team to be called.*

*Matter of concern 3 (Whittington Health) – Without the obstetric team, the emergency department team focus was on the potential for a pulmonary embolism, and alteplase was given. Only later was a scan conducted and free fluid noted. By the time of the laparotomy it was too late to save Ms Choya.*

The actions we have taken in response to these concerns are as follows;

1. We have modified the Emergency Department 'Priority call information sheet' which is used when recording call details received from London Ambulance Service red phone. The sheet now includes a prompt for Whittington Health staff to ask if the patient is pregnant, where relevant. This new sheet replaced the original form in the

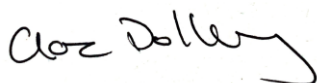
Emergency Department on 19<sup>th</sup> August. A copy of the sheet is included in Appendix A.

2. A set of criteria have been developed to determine if an obstetric call needs to be initiated prior to patient arrival. The Trust already has a process in place for trauma calls, which has now been expanded to cover obstetric callout criteria. In agreeing the criteria, advice was sought from Emergency Department colleagues in other trusts to see if similar systems were already in place and the final criteria were agreed jointly with our obstetrics and emergency teams. The new criteria have now been launched in the Emergency Department. A copy of the criteria is included in Appendix B.
3. We are planning a simulation exercise with London Ambulance Service to prepare staff on how to receive a critically unwell obstetric patient. The details of this are being planned but we aim to run the drill in September. This will build on lessons from sessions London Ambulance service has run with other acute Trusts. Following the first simulation, a programme will be established for future drills to ensure continuous ongoing shared learning.
4. Further work is being undertaken across the Trust in order to standardise handover between clinicians by using the "SBAR" format (Situation, Background, Assessment, Recommendation). This has already been included in the new junior doctor's induction to the Emergency Department and is being designed into the electronic clinical notes that are used to hand over a patient at any point from presentation to discharge.

In preparing this response clinical and governance teams and the Medical Directors of both LAS and Whittington Health have shared information to ensure shared learning and close working for the future.

Please do not hesitate to contact me if you would like any further information.

Yours sincerely



Dr Clare Dollery

Executive Medical Director

Cc:

Siobhan Harrington, Chief Executive, Whittington Health

██████████, Chief Nurse and Director of Patient Experience, Whittington Health

██████████ Chief Operating Officer, Whittington Health

██████████, Care Quality Commission, Whittington Health

Dr Fenella Wrigley, Executive Medical Director, LAS

██████████, Head of Quality Governance, Whittington Health