



**Torbay and South Devon**  
NHS Foundation Trust

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Your Ref:

Our Ref: LD/SF/016

Date: 10<sup>th</sup> February 2020

Dear Dr Fox

**Ref: 12525, Regulation 28 Report to Prevent Future Deaths**

I am responding to the Regulation 28 report issued by you on 16<sup>th</sup> December 2019 relating to the death of Alice Marie Sloman.

The concern that is outlined in the regulation 28 report (12525) is that during the period of investigation and monitoring of Alice's medical problems under the shared care of TSD and University of Bristol Hospitals NHS Foundation Trust (UBHFT) she was not referred for a Clinical Geneticist's opinion.

A report summarising the findings of the investigations and the inquest into the death of AS and the actions arising therefrom was approved at the TSDFT Board on 5<sup>th</sup> February 2020. The Trust accepts without reservation that it would be expected that a child presenting to a clinical team at TSDFT with the combination of problems that Alice had should be discussed with and referred to the Regional Clinical Genetics Service in Exeter. The actions that we have taken in the Trust relate not only to ensuring that the place of referral to Clinical Genetics is understood but also to ensuring that clinicians providing care for children with complex problems are better aware of the symptoms experienced by those children through closer communication with all agencies involved in their care and with families.

The summary of the inquest into the death of Alice Sloman have been discussed with the specific clinicians involved in her care and subsequently the broader clinical teams of Paediatrics and Anaesthetics.

Summary of concerns identified by the inquest

Communication between teams within the Trust and with local partners in care.

It has been agreed that the clinicians responsible for investigating and supporting Alice did not have access to all the relevant information about her day to day problems that would have prompted consideration of further investigation, including referral to the Clinical Genetics service. The leads of the Paediatric service at TSDFT have undertaken to review the processes in place

to support coordination of care for children with complex needs and to make recommendations for improvements that will reduce the likelihood of a similar situation occurring. This will include the support needed by consultants and other clinical staff and the Trust policies relating to sharing of information both within and outside the Trust. This review will be presented at the Trust Quality Improvement Group for sharing of learning and recommendations for change in service and Trust support will be made to the Trust Board through the Quality Assurance Group.

*Action 1 – Review of communications and coordination of care within Paediatrics. Leads – Associate Medical Director and Clinical Service Lead for Paediatrics. To complete by 1<sup>st</sup> May 2020 and present at Trust Quality Improvement Group May meeting.*

#### Shared care between TSDFT and specialist supporting services from UBHT

In the context of shared care between TSDFT and a specialist provider, in this case UHBFT, we accept that it is crucial that there is clarity between the clinicians involved in the care of a complex individual about individual responsibilities. A shared care guideline has been agreed between TSDFT and UHBFT, based on this case, that will be used in the future to ensure that the learning is acted upon. An equivalent level of importance is attributed to ensuring that the family and/or carers understand the roles of members of the clinical team when care is shared between TSDFT and UHBFT and that they understand their crucial role in sharing information about the problems and symptoms experienced by their child. This is set out in the shared care guideline and reinforced in information leaflets developed jointly by the two trusts.

*Action 2. Development of a shared care guideline and information leaflets and communication aids for parents and carers. Leads – Associate Medical Director and Clinical Service Lead for Paediatrics in conjunction with counterparts at UHBFT. Action complete.*

*Action 3. A process will be agreed to ensure that teams adopt the shared care guidelines and communication aids. This will be audited to ensure compliance. Leads – Associate Medical Director and Clinical Service Lead for Paediatrics. Audit of use of the documents to be completed 1<sup>st</sup> July 2020.*

#### Referral to the Regional Clinical Genetics Service

Detailed discussion has taken place since the findings of the inquest between the clinical leads of the Paediatric service at TSDFT and the lead clinician of the Regional Clinical Genetics Service in Exeter. A plan has been agreed to ensure that there is good understanding across the specialty of Paediatrics at TSDFT of the place of genetic testing in reaching a diagnosis where there are complex features. Actions include:

*Action 4. Attendance by a Genomics nurse from Exeter at a Paediatric departmental meeting on 5<sup>th</sup> February 2020 to explain the Regional Genetic Service. Action Complete.*

*Action 5. The Head of the Regional Clinical Genetics Service is attending a meeting on 26<sup>th</sup> February 2020 with the Paediatric clinical teams to consider the issues relating to the case of AS. This will include review of the present referral guidelines to the genetic service and dissemination to all Paediatric clinical team members.*

*Action 6. A twice yearly educational contact at established clinical educational meetings held by the senior TSDFT Paediatric team starting on the 26<sup>th</sup> February and then in September 2020. Lead – Clinical Service Lead for Paediatrics.*

*Action 7. Agreement that individual members of clinical teams consider their personal needs for update in relation to the genetic aspects of paediatric care. Any additional training and its cost will be supported by the Trust. Clinical Service Lead to assess completion by 1<sup>st</sup> May 2020.*

*Action 8. Establishment of a regular advice point during/after the monthly clinics undertaken by the Regional Clinical Genetics Service in TSDFT. Commencing May 2020. Lead Clinical Service Lead and Operational Manager for Paediatrics.*

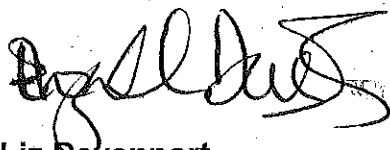
In the spring of 2019 the Trust invited the involvement of the Healthcare Services Investigation Branch (HSIB) as we believed there was potential learning at a national level from the death of Alice Sloman. We strongly support the recommendations that HSIB has made for review by national bodies of practice in relation to pre-anaesthetic assessment and consent which may reduce the likelihood of a child in the future undergoing general anaesthetic with undiagnosed cardiomyopathy.

The learning from this tragic case has had a profound impact on the clinical teams involved in Alice's care. We strongly believe that the actions described will contribute to the prevention of future deaths in this Trust.

Yours sincerely

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'Liz Davenport', written in a cursive style.

**Liz Davenport**  
Chief Executive