Birmingham Women's and Children's NHS Foundation Trust

[redacted]
Chief Medical Officer
Executive Team
Birmingham Women's and Children's NHSFT
Steelhouse Lane
Birmingham
B4 6NH

www.bwc.nhs.uk

Ms Sarah Murphy
Assistant Coroner for Stoke on Trent and North Staffordshire
547 Hartshill Road
Hartshill
ST4 6HF

28 June 2021

Dear Ms Murphy

Re: Alex Louise Shaw; Regulation 28 Report to Prevent Future Deaths

I write in response to your Regulation 28 Report issued to Birmingham Women's and Children's NHS Foundation Trust on 7 May 2021, following the inquest into the death of Alex Louise Shaw.

On behalf of the Trust, I would like to reiterate the sincere condolences given by Dr [redacted] and Dr [redacted] at the hearing on 2 March 2021.

The matters of concern you raised in your Report are as follows;

"(1) There was poor communication of the patient's clinical condition/observations between the Registrar at the Royal Stoke University Hospital and the Consultant at the Birmingham Children's Hospital when advice was sought by telephone. There was also poor documentation of the contents of the information that had been provided during that conversation and the timing of when the call was made. The evidence of the Consultant at the Birmingham Children's Hospital was that her advice would have been different if she had been made aware of the patient's rising heart rate.
(2) The evidence also revealed that it was a "judgment call" when the clinician felt that a dialogue between clinician's at a different hospital needed to be documented.
(3) Consideration should be given as to how a patient's observations are communicated to clinician's between the University Hospital and the Birmingham Children's Hospital, the time, content, advice and documentation of the conversations."

We do not currently have a Trust wide process or system for logging discussions with other centres or referrals for advice we may receive from other agencies. We are therefore reliant on our colleagues' documentation and the transfer of that to the patient record.

It is acknowledged that this will result in inconsistencies in practice and as a result, the Trust's Chief Clinical Information Officer (CCIO) as Associate Chief Medical Officer for IT and Information, together with the Trust's Chief Technology Officer and Data Protection Officer for the Trust are scoping how the recording of information pertaining to patients who are not on our premises but who need specialist clinical advice can be improved.

Norse

We have a limited deployment of an electronic product called Norse. This facilitates a typed ongoing conversation between a clinician's at this Trust and at another centre. This system includes some features including an ability for our staff to request baseline information at the start of the conversation and include other clinicians as appropriate in the conversation. At conclusion of the discussion, it is then possible to retain the detail of the dialogue.

I understand from my senior IT colleagues that they are currently working with the supplier of this system to support transition to the most recent version of it to include its additional and most up to date features. The long term plan is to have the Norse system rolled out into a number of clinical services in the trust but as yet there is not a defined timetable for this. The roll out of this system will provide a more rigid requirement in respect of the information to be documented, ensuring that patient's observations are communicated between clinicians at this Trust and colleague's from other centres.

PERPH

Clinicians at our Birmingham Children's site will sometimes use some of the functionality in a system which the Trust already has the use of, PEPRH. This is a handover system and provides a facility to record some advice on an ongoing basis. The use of this system is very limited, and is likely to be superseded by the implementation of the Norse system.

PEPR

PEPR is an electronic record keeping system used within this Trust at the Birmingham Children's site. All PEPR users have the ability to upload any document against any patient record. This is mostly used for retaining incoming correspondence, however, theoretically a clinician could, on giving advice, write themselves an email – and perhaps copy this to the referring clinician – which could then be (manually) uploaded to PEPR.

We will remind clinicians of the need to keep contemporaneous notes about advice given about advice given to district general hospitals by placing a note in patient's record.

I hope this letter assures you that the concerns you raised have been acknowledged and that efforts are being made to improve record keeping in respect of professional discussions between BWC staff and other centres.

Yours sincerely

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[redacted]
Chief Medical Officer
Birmingham Women's and Children's NHSFT