

Assurance Statement

Assurance Statement by The Rotherham NHS Foundation Trust (TRFT) in response to an Independent Investigation into the care and treatment of Yusuf.

1. Response to the independent review report

In the first instance, our thoughts are with Yusuf's family at this difficult time and we offer our sincere condolences to them.

We welcome the thorough incident investigation report and note it's finding that the medical care provided to Yusuf in TRFT was appropriate and was not a factor in his sad death. We accept the recommendations and opportunity to improve and set out below the actions we have taken in response to the four recommendations relevant to TRFT.

TRFT's Response to the Recommendations in the Independent Report

Recommendation 1: Conflict resolution and listening to family members

Difficult conversations took place between relatives and hospital staff as Yusuf's family attempted to access urgent care.

- All clinical teams are to be encouraged to attend simulation communication training on conflict in patient care;
- It is advised that a reminder be given to staff about responding to parent concerns (as per the amber flag in sepsis guidance). History taking and listening carefully to a concerned parent or relative should be uppermost in the minds of staff presented with a very sick child.

TRFT Response

We believe it is important that our staff are trained to recognise, manage and resolve conflict situations effectively and so we already include conflict resolution training as part of our mandatory training requirements and this training continues.

In order to complement the existing training, one of our Education Practitioners carries out simulation training that incorporates scenarios where both medical and nursing staff are able to work through how to manage challenging situations and conversations thus further supporting staff to respond with compassion and empathy.

In addition to the above we are reviewing our learning needs analysis for conflict resolution training to ensure we have captured all appropriate staff.

The investigation found that the content of a telephone call made by Yusuf's uncle to the Children's Ward was not recorded. We have introduced a process for recording telephone calls to the Children's Ward and Children's Assessment Unit which is now fully implemented and embedded within the service.

A Trust wide communication has been circulated to re-iterate the importance of listening and responding to concerns raised by parents or relatives.

Recommendation 2: Recording systems and paediatric information fields.

There were minor recording errors that IT solutions could solve. Namely that the ST6 doctor was still being recorded as a foundation doctor, the child's height was pulled through from SystmOne and the BMI calculations used height/weight, which is more appropriate for adults, when BMI centiles are more appropriate in paediatric care. Accurate weight/height and BMI centiles are essential in paediatric decision making. The discharge letter appears to use the Early Warning Score (EWS) as the filed in the EPR (when POPS is used for children).

- The Trust should examine why there remain problems with changing the grades of staff in the electronic patient record and resolve this for the ST6. They must also establish if it is a wider issue.
- SystmOne should be reviewed with paediatrics in mind. Height and weight recordings should be pulled into records accurately and BMI centiles should be used instead of the adult orientated calculations for BMI. It should also be clear whether POPS or EWS scores have been assessed.

TRFT Response

The Trust accepts that roles within Meditech (our electronic patient record) required updating and when this was brought to our attention during the investigation, a programme of work commenced immediately to do this. The systems of working between the Meditech team and Medical Staffing have been revised to ensure timely updating of staff roles within the system. This programme of work will be completed by December 2023.

Meditech does not automatically 'pull' data from SystmOne rather it recognises the last entry made within Meditech to calculate a patient's BMI score. A communication has been circulated to the relevant staff groups re-iterating that growth charts are held within Meditech and they are to be completed in line with national guidance.

In accordance with national guidance, a range of early warning scores are used within different clinical contexts. In Yusuf's case, the correct POPS tool was used but the way in which this was presented on the screen did not make this clear. We are in the process of amending our system so that alongside each early warning score the name of the tool used is displayed.

Recommendation 3: Staffing levels in the UECC

Medical staffing levels were below expected levels on the night of 15 November.

- The Trust should assess medical and nursing staffing levels in the paediatric UECC overnight to ensure capacity meets demand. This should include the number of clinicians, their seniority and their level of paediatric experience.
- The Trust should review whether to have paediatricians in the paediatric UECC at all times who can oversee the care of children presenting with medical complaints.
- The Trust should review the feasibility of having a children's assessment unit, ideally co-located with the UECC, open 24 hours a day with medical and nursing staff trained in the care of acutely unwell children.

We understand these recommendations have already been acted on at Rotherham; a progress report on the changes would be helpful.

TRFT Response

Significant work has taken place regarding nurse staffing within UECC. With the exception of one part time post, we have now recruited to all posts. Colleagues in the UECC from both adult and paediatric nursing have been working together on competencies to enable adult nurses to work with paediatrics. Paediatric Emergency Nursing level 1 training has commenced for all adult nursing staff in the UECC which provides refresher training for staff on the recognition and management of the sick child in the UECC with a combination of taught sessions, workshops and simulation sessions.

As an immediate action, we added an additional locum Paediatric doctor from 23 November 2022, working out of hours. The Trust has invested further in paediatric medical staffing to support the British Association of Perinatal Medicine medical standards. This provides an additional paediatric doctor on site during nights and weekends with three out of four additional posts now recruited to.

Since the end of 2022, we have recruited four new Consultants to the UECC. In addition, winter funding was provided which enabled an additional doctor to work during times of highest pressure from 12 December 2022. This funding is also available this winter.

There is already a Children's Assessment Unit, co-located with the Children's Ward. The teams have visited local Trusts to see the benefits of a combined emergency department and Children's Assessment Unit and we are considering the merits of this model at TRFT.

Recommendation 4: Patient information

Staff were unaware of the website resource Healthier Together which contains information leaflets and advice (for safety netting).

- Parents should be directed to the Healthier Together website for written patient information.
- Nursing and medical staff working in the paediatric UECC should be aware of this resource. Leaflets should be printed if parents do not have internet access.

TRFT Response

The use of the Healthier Together Online resource is embedded with Paediatric UECC. Posters are visible within the department in addition to business cards with QR Codes being available providing a direct link to the Healthier Together website. In the event families do not have the digital resource to access the website the relevant information is printed for them.

Staff within the paediatric UECC have received e-mail communication raising awareness of the Healthier Together website.

Summary

The Trust recognises this is a difficult time for the family and we reiterate our sincere condolences. The Trust will continue to review the action plan related to the above recommendations with oversight via the Quality Committee and Trust Board.

An abridged report from the Independent Investigation and Trust response can be accessed on our website and has been made available to the Trust Board.