

**Reference Number:** FOIAH2324/173  
**From:** Private Individual  
**Date:** 07 June 2023  
**Subject:** Royal College reports

Follow up request relating for FOIAH2324/064

**Q1** Please can you provide a copy of the provide a copy of the 2018 report, either the report in its redacted format or a summary or findings of the report.

**A1** Redacted report - Information exempted under Section 41: information provided in confidence. Disclosure of the information would constitute an actionable breach of confidence.

Summary or findings – Information exempted under Section 41: information provided in confidence. Disclosure of the information would constitute an actionable breach of confidence.

**Q2** Please can you provide a copy of the provide a copy of the 2020 report, either the report in its redacted format or a summary or findings of the report.

**A2** Redacted report - Information exempted under Section 41: information provided in confidence.

Summary or findings – please see attached redacted recommendations sections

# Recommendations

## Timeframe for implementation

An expected timeframe is given for completion of implementation of each recommendation. The timeframes begin from receipt of this report and are as follows: 0-3 months (immediate), 0-6 months, 6-12 months and 12-24 months.

## Identification and escalation of the deteriorating child

- a) The Trust should implement immediately a clear pathway for the escalation of a deteriorating child admitted under a surgical team. This should specify that concerns regarding a deteriorating child should be escalated directly to a middle-grade or senior paediatrician.

**Timeframe for completion: 0-3 months (for immediate action)**

- b) The Trust should accelerate the rollout of the 'first responder' and intensive care outreach teams to enable staff to quickly receive advice and support when they have concerns about a deteriorating child. This must be available 24/7.

**Timeframe for completion: 6-12 months**

- c) The Trust should ensure there is an effective system for recognising a deteriorating child. This should include:
- having a mechanism to ensure that observations are not missed
  - that staff are trained to take accurate measurements
  - that staff are trained to recognise the deteriorating child
  - that staff understand how to properly interpret early warning scores and measurements

**Timeframe for completion: 0-6 months**

## Preoperative assessment

- d) The Trust should ensure that all children receive a preoperative assessment prior to admission to hospital, which includes pre-procedure checks, baseline observations, completion of admission documentation and a perioperative plan. It should not be necessary to admit all patients the evening before surgery in order to undertake preoperative assessment.

**Timeframe for completion: 0-6 months**

- e) The Trust should introduce, for children with complex needs who require admission for orthopaedic surgery, preoperative assessments that are similar to those in place for children undergoing spinal surgery. If this is not possible, and in select cases, admission the day before surgery should be considered, to enable adequate assessment and preoperative medication.

**Timeframe for completion: 0-6 months**

- f) Communications should always include the clinician(s) who knows the child best (e.g. in terms of obtaining information on the child's baseline state and informing them about planned surgery) and include specific discussion about risk.

**Timeframe for completion: 0-6 months**

- g) The Trust should purchase suitable weighing equipment, including hoists, to enable accurate weight measurements to be made in children with limited mobility.

**Timeframe for completion: 0-6 months**

## **Clinical record keeping**

- h) The Trust should introduce a summary sheet to be kept at the front of medical records for children with complex needs. The summary should contain the names of all members of the multidisciplinary team and key points from the notes, and it should name a general paediatrician who will have overall responsibility for the child for the duration of their admission.

**Timeframe for completion: 0-3 months (for immediate action)**

- i) The Trust should undertake an assessment of the risks associated with having both paper and electronic systems in use simultaneously. Once those risks are fully understood, it should work with clinical staff to manage any clinical risks and to improve record keeping, including reducing the number of sources of information.

**Timeframe for completion: 0-6 months**

## **Communication with patients and families**

- j) The Trust should refresh its approach to discharging its Duty of Candour. The objective should be to ensure that it meets its statutory duty to be open and honest with patients and their families when something goes wrong, in a manner that is sensitive and focused on the needs and best interests of the child and their family.

**Timeframe for completion: 6-12 months**

- k) The Trust should undertake work to increase the confidence of ward staff in communicating with patients and families of children with complex needs and/or learning disabilities. This could be through increased training, working with the Learning Disabilities support team and working directly with families.

**Timeframe for completion: 12-24 months**

- l) The Trust should establish an expert patients and parents' group (or groups) to advise on all forms of communication with patients and families and on the design of services for children. This should include involving the group in such areas as: developing leaflets and information packs; on the approach to letters and text messaging; facilities for parents; communication with and about children with complex needs; and communicating with families when there has been a poor outcome.

**Timeframe for completion: 12-24 months**

## **Teamworking**

- m) The Trust should appoint a lead consultant for each ward and provide organisational / development / teambuilding activities for ward staff to overcome continuing issues around integrated specialities. The lead consultant should have specific responsibilities for the clinical team, have the required competencies to meet the needs of all children on the ward and should report to the Clinical Director

**Timeframe for completion: 6-12 months**

- n) The Trust should actively promote 'human factors' training for clinical teams and consider including this in consultant appraisal recording.

**Timeframe for completion: 6-12 months**

- o) The Trust should offer reflective practice support and clear signposting to confidential help, counselling and peer support for practitioners when things have gone wrong. This needs to be separate from the clinical debrief / review of the case and should be facilitated by someone not involved in the case.

**Timeframe for completion: 6-12 months**

## **Clinical governance**

- p) The Trust should take steps to strengthen its arrangements for clinical governance. This should include making clear the flow of accountability for continuous improvement of quality and safeguarding high standards of care from the ward to the board. The

arrangements for monitoring standards and performance (including clinical effectiveness), managing risks and incidents, understanding patient experience, and ensuring that learning happens, should be well understood by all staff.

**Timeframe for completion: 0-6 months**

- q) The Trust should revise the process for root cause analysis, including updating templates to reflect consideration of training and support needs, to clarify the dissemination and communication of learning points, and to follow up on actions. NHS Improvement offers resources to support root causes analysis<sup>1</sup> and is currently developing a new Patient Safety Response Framework to replace the current Serious Incident Framework (NHS England, 2015)<sup>2</sup>.

**Timeframe for completion: 0-6 months**

- r) The Trust should conduct an audit to understand the factors that influence decision-making regarding step-down and step-up of care. Depending on the outcome of the audit, the Trust may need to address the impact of capacity issues on decision making.

**Timeframe for completion: 12-24 months**

## Sharing learning

- s) The Trust should share the findings of this review with the clinical teams involved in providing care to ■■■ so that they can embed changes to the benefit of future children with complex needs.

**Timeframe for completion: 0-6 months**

- t) The Trust should share this report with ■■■■■ and provide them with an opportunity to sit down with a clinician who can explain any clinical concepts or technical terms and update them on actions taken in light of this review.

**Timeframe for completion: Immediate**

- u) The Trust should ensure that this report is formally received by the Board or the Board's quality committee, so that there is oversight at the highest level of the organisation of actions arising from this review.

**Timeframe for completion: 0-6 months**

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<sup>1</sup> <https://improvement.nhs.uk/resources/root-cause-analysis-using-five-whys/>

<sup>2</sup> <https://improvement.nhs.uk/resources/serious-incident-framework/>