

Reference

FOIAH2324/525

Number:

From: Press/Media

Date: 22 December 2023

**Subject:** The trust's incident reports of the last 5 years in community and general

paediatrics, general surgery, obesity/crew and rainbow- SARC

Q1 Summaries of all serious incident reports completed in 2019, 2020, 2021, 2022 and 2023 in one of the following departments:

community paediatric, general paediatrics, general surgery, obesity/crew, rainbow- SARC

A1 Community Paediatrics - 0

General Paediatrics - 1 (summary below)

General Surgery - 0

Obesity / crew - Not listed as a department in this Trust

Rainbow / SARC - 0

General Paediatrics incident
Date of incident: 27/05/2021

Brief description: Suboptimal care of the deteriorating patient.

<u>Job titles of staff involved</u>: General Paediatrician, Emergency Department Doctor / Nurses, High Dependency Unit / Intensive Care Unit Consultants, Staff Nurses, Acute Care Team (ACT).

Root cause: The panel concluded the root cause of this incident was a delay in appropriate escalation, as per the trust policy "Recognising and Responding to Acute Paediatric deterioration", for the management of sepsis.

## Actions:

- 1. Communicate to the Patient Flow Team and Clinical teams to ensure patients with underlying complex medical background presenting with infection or sepsis are admitted to an acute medical or surgical ward (3A, 3C or 4C) when reasonably practicable.
- 2. Communication to trainee medical/nurses/Acute Care Team staff to remind staff of appropriate escalation of clinical concerns.
- 3. Communication to ward staff to remind staff of documentation requirements.
- 4. Compiled a list of surgical red flags to be incorporated into Emergency Department handbook and include this information in Emergency Department Lunchtime teaching sessions.
- 5. Reviewed arrangements with Lead Porter to confirm that there is a process in place to prioritise transfers.
- 6. Reminder sent to all staff via email to ensure communication between medical and nursing staff following a review in an unwell patient is both verbal and documented.