

Greenbrook Healthcare
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Hayes, Middlesex
UB3 4AZ



Mr Landau

Assistant coroner, south London.

Croydon Coroner's Office

2nd floor, Davis House

Roberts St

Croydon CR0 1QQ

7th January 2020

Dear Mr Landau

I write in response to the Regulation 28, Prevention of Future Deaths report which you issued to Bromley Clinical Commissioning Group and Greenbrook Healthcare as a result of unchallenged evidence provided during the inquest of Francesca Sio.

I would like to share my condolences with the family of Francesca during this very difficult time.

Bromley CCG and Greenbrook Healthcare have prioritised their investigation into the issues raised in your report, we are responding jointly to the concern you raised which is:

- A concern that mixing child and adult populations in a UCC creates a risk that children will quietly deteriorate unnoticed

We note the acknowledgment in your inquest conclusion that the above concern did not affect the outcome for Francesca in any way, as she was appropriately referred into the Emergency Department and there was no evidence to suggest her condition deteriorated whilst she was in the UCC.

We are sorry that we did not have representation in the inquest at the time when the paediatric expert witness gave her evidence. As a result, we could not provide immediate assurance to you that the potential risk, highlighted by Dr Bohin, is fully mitigated against within the UCC.

Greenbrook Healthcare are an established urgent care provider managing 11 UCCs across London; working closely with Bromley CCG the service is continually scrutinised to ensure patient safety, of both adults and children, is paramount. The service we offer is in line with the national specification for UCCs (from NHS England) in which both children and adults with minor illness and minor injuries should be managed within a primary care led UCC.

The UCC lies adjacent to the Emergency Department at Princess Royal University Hospital, walk in patients are assessed by a senior UCC streaming nurse and those with more serious conditions are navigated directly to the Emergency Department. Walk in patients with more minor presentations are managed within the UCC. There are clear pathways to transfer patients from the UCC into the Emergency Department at any time should their conditions deteriorate, or they require more specialist investigations. The pathways for transfers have been jointly developed by senior UCC and PRUH Emergency Department Clinicians and are monitored via the shared ED/UCC monthly clinical governance meeting.

To ensure that children are managed safely in the UCC and do not deteriorate unnoticed the following systems are in place:

- The UCC at Princess Royal University Hospital has a dedicated paediatric waiting room, child and adult populations do not sit in a shared waiting area (see attached photo).
- All children have a nurse assessment within 15 minutes of arrival which includes a set of clinical observations (pulse, temperature, oxygen saturations). Children with abnormal or concerning observations on arrival are directed straight to the paediatric Emergency Department and are not kept waiting or managed within the UCC.
- The UCC nurses making the streaming decision have all undergone Greenbrook's streaming competency training program which includes specific training on assessing children.
- All UCC clinicians, GPs and Nurse practitioners, complete the on-line training module "spotting the sick child".
- Greenbrook have a rolling monthly audit of streaming consultations to ensure all cases have clinical observations recorded and high-risk cases have been streamed directly to ED. The results of the audits are monitored through the monthly clinical governance meeting (this is a joint meeting with ED and paediatric ED).
- Children managed within the UCC are, by definition, lower risk cases- typically those usually managed in a GP practice. The children streamed into the UCC are classed as urgent or routine, all urgent cases will be prioritised for full consultation, usually within an hour, which reduces the risk of deterioration in the waiting room.
- Our average waiting times for a full consultation for children, after the initial clinical assessment, are between 1- 1.5 hours, occasionally our waiting times become longer, in such situations our escalation process is initiated, the shift lead nurse re-checks clinical observations on children (and adults) who have been waiting a prolonged time.

- It is the role of the streaming nurse and shift lead nurse to visibly monitor the waiting room. The streaming room lies adjacent to the waiting area and has direct visibility of the adult and child waiting rooms. The senior nurses visualise patients in the waiting room every 10 minutes and re-assess patients who are showing signs of deterioration (e.g. increasing pain/distress, drowsiness).
- In addition to waiting room supervision by the nurse practitioners, there is clear signage in the waiting room (see attached photos) asking patients or their carer to speak with the streaming nurse if they feel their symptoms are worsening.

As an organisation we are keen to continually learn and improve our service. Greenbrook Healthcare worked in partnership with the paediatric team at Kings College Hospital NHS Trust in the Serious Incident investigation into the death of Francesca Sio. The investigating paediatricians were satisfied with the process for transferring Francesca and they did not raise any concerns about the UCC's ability to monitor and identify deteriorating children.

More broadly, the UCC has robust clinical governance processes in place which identify incidents of concern and ensures actions are taken to reduce risk of recurrence. In the 6 years that Greenbrook have managed the PRUH UCC there have been no serious incidents relating to the deterioration of a child in the UCC waiting room. Bromley CCG have oversight of the governance processes.

We hope the above gives you assurance that adult and child populations are not mixed in the UCC and there are effective systems in place to reduce the risk of a child deteriorating unnoticed within the UCC. We are not complacent, and we continually review our processes; we will be cognizant of your report when developing and reviewing our paediatric pathways to ensure the current high standards are continually maintained.

Yours sincerely



Dr Sally Johnson
Group Medical Director