

Wednesday, 01 July 2020

Sent by email to: [REDACTED]@southwark.gov.uk

Dear Coroner A Harris

**Re: Master Omarian Brooks  
Regulation 28 – Action to Prevent Future Deaths**

I have read carefully your report regarding the tragic and untimely death of Omarian Brooks and have discussed this with senior colleagues within the RCPCH in order to respond to your request.

You have asked us to consider how to offer advice on mitigating such tragedies and I would like to offer the following response.

**COMMUNICATION AND CARE PLANNING**

- Children with complex disability should have a named neurodisability paediatrician responsible for regular review, and to provide health information for developing health care plans. This will include plans for management in different settings and done in conjunction with the education health care plans, with plans for management in school, at home, in respite care, and for transport and emergency situations. Plans should be developed with parents and carers, and by those providing the care in different settings, and should be shared with primary care teams.
- RCPCH standards for emergency care<sup>1</sup> describe the importance of linking emergency care settings with specialist nurses and community children's nursing teams to ensure effective planning and follow-up.
- Whilst we do not have all the details or specifics of the case, a breakdown in communication between the parents and health professionals involved in Omarian's care may have occurred. The College will continue to signpost and develop courses that focus on ensuring awareness of communication issues in relation to children with disability, all of which emphasise the importance of listening to parents and of ensuring patient-centred care. We

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<sup>1</sup> <https://www.rcpch.ac.uk/sites/default/files/2018-06/FTFEC%20Digital%20updated%20final.pdf>

have developed toolkits with children and young people with a hidden condition or illness to help raise awareness of conditions and support services<sup>2</sup>.

- In 2018, the College brought together the Royal College of General Practitioners, Royal College of Nursing, Royal College of Physicians and Royal College of Psychiatrists to develop *Facing the Future: Standards for children with ongoing health needs*<sup>3</sup> to ensure connectivity between services, with a focus on improving long term care and management so that care is planned and proactive - particularly with improving communication and education for both the child and family, and communication between professionals.
- The standards recommend that service planners, providers and commissioners work together to ensure children and young people experience a high-quality and safe service that empowers children and their families to access timely care for the management of their condition. This includes ensuring a prompt and timely diagnosis with local networks improving communication between professionals so that children and families are supported to manage their conditions.
- The College has a published position on information sharing and maintains that having a unique, consistent identifier for children will allow professionals interacting with children to share information easily and provide better care for their needs.<sup>4</sup>

## SEPSIS: RECOGNITION AND MANAGEMENT

- The College and NHS Improvement developed a framework with clinicians and experts to improve recognising and responding to children at risk of deterioration<sup>5</sup>. This was in response to research showing that failures to recognise and treat patients whose condition was deteriorating causes significant unintended harm.
- The College has also developed free to access paediatric sepsis podcasts that have been designed as educational resources for health and social care professionals. They explore what sepsis is, the complexities of how to recognise and manage sepsis, what is different about sepsis in children with complex health conditions and much more<sup>6</sup>.
- The College is also working with NHS England and the Royal College of Nursing to develop a systematic paediatric early warning system, to develop a consistent approach and common language to promptly recognise

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<sup>2</sup> <https://www.rcpch.ac.uk/resources/hidden-health-parent-led-card-toolkit>

<sup>3</sup> [https://www.rcpch.ac.uk/sites/default/files/2018-04/facing\\_the\\_future\\_standards\\_for\\_children\\_with\\_ongoing\\_health\\_needs\\_2018-03.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-04/facing_the_future_standards_for_children_with_ongoing_health_needs_2018-03.pdf)

<sup>4</sup> <https://www.rcpch.ac.uk/resources/nhs-number-unique-identifier-children-position-statement>

<sup>5</sup> <https://www.rcpch.ac.uk/resources/safe-system-framework-children-risk-deterioration>

<sup>6</sup> <https://www.rcpch.ac.uk/resources/paediatric-sepsis-podcasts>

and respond to the acutely ill or deteriorating infant, child or young person.

Thank you for raising this important case and reminding us of the importance of this work.

Yours sincerely

A handwritten signature in black ink, appearing to be 'R. V.' with a horizontal line underneath.

Professor [REDACTED]  
President, Royal College of Paediatrics and Child Health