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Coroner ME Hassell Senior Coroner Inner North London St Pancras Coroner's Court Camley Street London N1C 4PP

Sent by email to:

12 May 2025

Dear Mr. Hassell,

Re: RCPCH Response to the Inquest Touching the Death of Billie Diane Wicks A Regulation 28 Report – Action to Prevent Future Deaths

Thank you for sharing your report with us regarding the tragic and untimely passing of Billie Diane Wicks. I was very sorry to hear of Billie's death. I have shared your report with colleagues within RCPCH.

We have considered your report carefully. Of the five matters noted, we believe two are of particular note to the Royal College of Paediatrics and Child Health given our work on standards of paediatric care in the Emergency Department and our work to implement the Paediatric Early Warning Systems (PEWS) process across the four nations.

1. I heard repeatedly that on the night Billie attended, the Royal Free emergency department was understaffed, and that it remains understaffed of doctors, nurses, and even a healthcare assistant who could take basic observations. Billie should have had observations every hour.

From the information provided we do not know many observations (if any) Billie had during her five hour stay in ED. Observations are important but are part of a holistic assessment of children. There are lots of reasons why observations might not be obtainable, however RCPCH recognises that challenges are significantly exacerbated by gaps in clinical rotas resulting in understaffed departments. In 2024, RCPCH carried out work to better understand where rota gaps most prominently impact paediatrics, and we continue to advocate at a local and national level for an active reduction in these gaps¹.

Our Facing the Future standards aim to provide a vision of how paediatric care can be delivered to provide a safe and sustainable, high-quality service that meets the health needs of every child and young person. There are standards covering emergency settings. It is not clear from the report whether Billie was treated in an adult or paediatric emergency department, however RCPCH is clear that our Facing the Future: Emergency Care

¹ RCPCH Rota Gaps Survey Report. 2024. Available from: https://www.rcpch.ac.uk/resources/rota-gaps-2024

Standards apply to all persons up until the age of 18, regardless of where they are treated. These standards aim to ensure that urgent and emergency care is fully integrated to ensure children are seen by the right people, at the right place and in the right setting. We are currently in the process of audit, review and revision and update of our current standards, to be published later in 2025.

One of the current Emergency care standards has particular relevance:

 Standard 17 – All children attending emergency care settings are visually assessed by a doctor or nurse immediately upon arrival with clinical assessment undertaken within 15 minutes to determine priority category, supplemented by a pain score and a full record of vital signs.

As mentioned, these standards are currently being updated and the new version will set out that observations are part of holistic care and repetition is dependent on the child's wellbeing, alongside clarification around frequency of observations.

2. I understand that blood pressure is not yet an observation included in the national paediatric early warning score (PEWS).

I can confirm that blood pressure is now an observation included in the national paediatric early warning score (PEWS). The PEWS score consists of: Heart Rate, Respiratory Rate, Extent of Respiratory Distress, Blood Pressure, Oxygen Saturations, Oxygen Delivery and Capillary Refill Time (CRT).

RCPCH have been collaborating with NHS England and the Royal College of Nursing to develop a single national PEWS for England since 2018 and are supportive of equivalent processes across the UK.

Thank you for seeking our views and reminding us of the importance of this work. Our sincere condolences are with Billie's family.

Yours sincerely



RCPCH President