St George's, Epsom and St Helier
University Hospitals and Health Group

St George's University Hospitals
NHS Foundation Trust
Blackshaw Road
London
SW17 0QT

Email: [redacted]

Date: 13 November 2024

Dear Ms Oakley

This letter is the St George's University Hospitals NHS Foundation Trust response to Matters of Concern 1, 2, 3 and 6 in your Regulation 28 Report to Prevent Future Deaths, dated 16th September 2024, following the sad death of Samuel Parkin on 16th September 2022. The other Matters of Concern are directed towards NHS England, and the Trust has shared relevant information with the Patient Safety team at NHS England to support them in their response.

As you know, after Samuel's death, the Trust identified a number of learning points through both our local governance processes and the multiagency Child Death Review process. We believe these have strengthened our mitigations against the risk of future deaths. However, having received your Regulation 28 letter, we have taken a fresh look at the measures we have put in place to ensure these learning points are formally incorporated into our processes at St George's and are widely shared across both St George's and our gesh partner site, Epsom and St Helier's University Hospitals NHS Trust.

Matter 1: Action is required to ensure that those learning points are formally considered and disseminated throughout St George's and more widely in the NHS.

The paediatric and radiology departments at St George's have worked together to summarise all the learning from Samuel's case and are presenting this formally at departmental Clinical Governance meetings in paediatrics, paediatric surgery and radiology. These presentations will be completed by the end of January 2025.

We have met with the clinical leads in paediatrics and radiology at Epsom St Helier Trust to discuss this learning and our changes in practice. They presented this to their sonographers and paediatric radiologists at their Radiology Quality meeting on 9th October 2024.

In addition, the paediatric gastroenterology department have submitted a poster for presentation at the British Society for Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) in March 2025, which summarises the key factors for all paediatricians to be aware of regarding the risk of malrotation.

Matter 2: Action is required to ensure proper understanding of the limitations of USS in looking for malrotation, in particular in older children, and to avoid any similar confusion regarding the reporting of USS both in St George's and across the NHS.

The limitations of the SMA/SMV axis alone as a marker for malrotation, in particular in older children, are part of the shared learning being disseminated locally. This is now a regular topic for departmental training for paediatric radiology registrar level doctors. The change in the paediatric abdominal reporting standard at St George's is formalised in local radiology protocols, with quality assurance through active audit of reports. This will be part of a presentation during a dedicated malrotation session, organised and led by the St George's team, at the British Society of Paediatric Radiology meeting in November 2024.

Matter 3: Where the learning in St George's is informal, action is required to ensure that formal learning takes place within St George's.

The paediatric surgery department have carried out an audit of all children with malrotation operated on over 1 year of age across 4 surgical centres in South London and Surrey/Sussex to inform broader learning about this rare but important condition. It has been presented at the regional paediatric surgical meeting at King's College Hospital and will be shared more widely via the national meeting of the British Association of Paediatric Surgeons and the annual meeting for the Royal College of Paediatrics and Child Health in 2025.

The reduced threshold for considering an upper GI contrast study for intermittent abdominal pain and vomiting is one of our key learning points, while remaining mindful of the need to avoid excess exposure to radiation and limit iatrogenic harms. Informed by our audit, we recognise the cohort of patients to be most aware of - older children, with episodic or intermittent vomiting associated with abdominal pain. We have rewritten our local guidance on management of abdominal pain in children to include awareness of this situation and ensure the correct imaging is requested. The guidance is currently being ratified through local governance processes. The new guideline will be reinforced through regular departmental teaching.

Matter 6: Action is required by St George's and the wider NHS to consider/implement ways to minimise the possibility of miscommunication between teams/in referrals of all disciplines.

We recognise that communication between teams is vital in good patient care, and we fell short of this.

The requirement for thorough, contemporaneous documentation and communication between teams is reinforced in our local resident doctor induction and training. We have now formalised written referrals to paediatric gastroenterology in the patient record and will be rolling this out for all specialty consult requests within the paediatric directorate, with the expectation that a clear referral outcome will be formally documented.

In addition, we now hold a monthly Paediatric Gastroenterology Radiology meeting where complex cases are discussed. This is attended by consultant and resident doctors from paediatric gastroenterology, paediatric surgery and radiology and the outcomes of this meeting are recorded in the electronic patient record. This is leading to improved communication between paediatrics and radiology and allows diagnostic uncertainty to be openly discussed.

I hope this response provides you, and Samuel's family, with assurance that the Trust have taken this matter extremely seriously and that we are committed to putting these improvements in place and sharing our learning with colleagues across the NHS.

Yours sincerely

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Group Chief Medical Officer
St George's Epsom St Helier Hospitals and Health Group