



Assurance statement

Publication date: 5 October 2023

Assurance statement from Yorkshire Ambulance Service NHS Trust in response to the report of the independent investigation into the care and treatment of Yusuf

Overall response to the independent investigation

Firstly, and most importantly, our thoughts are with the family of Yusuf and those affected by his death.

This report has identified recommendations for Yorkshire Ambulance Service, (YAS) which the Trust has accepted and responded to in detail. The Trust will be taking action to continue to educate staff to implement the policies, procedures and guidance already in place and incorporate the experience and learning from this investigation into our staff training.

Recommendation 1: Conflict resolution and listening to family members.

Protocols were appropriately considered in transporting Yusuf to Rotherham Hospital, but there were difficult conversations between Yorkshire Ambulance Service staff and the distressed parents as they sought help from the paramedics for their son who was unwell. This added a slight delay to the transfer.

- All clinical teams are to be required to attend the regular conflict resolution training sessions provided by the Trust to support the management of conflict in patient care.
- The training should be extended to include having difficult conversations, working with worried parents and cultural differences in conflict.
- This case should be included as a case study as part of the face-to-face training provided.

Trust response

All staff working within frontline A&E Operations undertake conflict resolution training as part of mandatory training occurring every 2 to 3 years to support the safer responding and promote positive interaction with patients and carers.

Health, Care & Education Supportive Training (HCEST) are a specialist company that provides the content for this training for YAS. Their courses have been shaped and are tailor-made specifically for ambulance services. The content covers heightened sense of vulnerability or anxiety, difficult environments, cultural awareness, and communication breakdown.

The training includes having difficult conversations, avoiding confrontation, building positive rapport, and understanding the reasons for communication breakdowns. The Trust acknowledges the findings of the report and is in contact with HCEST with a view to incorporating this case into the face-to-face training session delivered to frontline staff.

Recommendation 2: Clinical assessment

While they did not affect the prompt access to care, the clinical examinations and physiological observations carried out by the paramedics did not fully comply with local or national guidelines. Essential examinations and physiological observations must be completed and documented in the clinical records in line with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

These must include heart rate, capillary refill time, respiratory examination (including the work of breathing (WOB) and auscultation) and the hydration status for children who present as unwell.

Trust response

The Trust regularly communicates and briefs all frontline staff on the need to align their practice to JRCALC guidelines; this includes obtaining physiological parameters such as: respiratory rate, heart rate, oxygen saturations, blood pressure, blood glucose, temperature. Alongside obtaining these physiological parameters, clinicians should ensure appropriate assessments are conducted, such as a respiratory assessment, involving inspection of the chest and abdomen, for any abnormalities and the assessment of a patient's 'work of breathing', auscultation of the chest and where relevant, palpation and percussion.

Trust-wide learning in this area is ongoing, and following this case, clinical staff have been provided with education materials to refresh themselves on the JRCALC guidance on the assessment and management of 'Febrile Illness in Children' alongside undertaking 'Spotting the sick child' which is an online learning tool commissioned by the Department of Health and Health Education England to support clinicians in their assessments of acutely unwell children.

All frontline A&E clinical staff are required to attend a yearly clinical training day (clinical refresher). The 2023/24 course already includes the following:

- Paediatric assessment: including "The Paediatric triangle" which focuses on the assessment of a child's appearance, work of breathing and circulation.
- History taking; education and teaching around "what constitutes good history taking".
- Case study where the JRCALC chapters "Children and Sepsis" & "Febrile illness in children" are utilised to generate discussion and confirm clinician understanding.

Recommendation 3: Administration of oxygen guidelines

The administration of oxygen was not in line with national guidance although there was evidence that the amount given did have a positive effect on the patient's condition. For children who have been assessed as hypoxic, oxygen must be administered in line with JRCALC guidelines.

Trust response

The Trust acknowledges that Yusuf's observations and history were in keeping with significant/critical illness, such as sepsis. As such, although Yusuf was given 2 litres of oxygen per minute, this should have been administered in keeping with JRCALC guidance.

In line with the actions from recommendation 2, continued education around this has been provided to all clinical staff via clinical team leaders and is included in the JRCALC chapters covered in the 2023/24 clinical training day which clinical frontline staff undertake yearly.

Recommendation 4: Transport protocols

Given the clinical findings, a pre-alert should have been sent to the receiving hospital, but this did not take place. Pre-alert protocols must be adhered to so that receiving hospitals can prepare for and respond appropriately to the arrival of very sick patients.

Trust response

The Trust's pre-alert guidance has a low threshold for advising clinicians to pre-alert receiving hospitals of unwell children. The Trust advises clinicians to pre-alert any paediatric patients with any abnormal respiratory rate, oxygen saturations, blood pressure or heart rate to the nearest Accident & Emergency department capable of receiving paediatric patients. This is further encouraged with a list of specific conditions inclusive of "sepsis" which would also have been applicable in this case.

The Trust is currently in the process of reviewing and updating this guidance document with a policy document focused on pre-alerts, handovers, and ambulance preparedness. This updated guidance document will form part of the continual training for staff, ensuring that they follow Trust policy and protocols.

As part of the 2023/24 clinical training day, conveyance decisions are discussed, and clinicians are reminded of the National Ambulance Service Medical Directors (NASMeD) 'Best Practice Guidance Conveyance of children by operational ambulance clinicians in face-to-face settings' which also advocates the use of the 'Spotting the Sick Child' tool.

Summary

The Trust's response to this investigation and progress against the actions identified will be reported to the Trust Clinical Governance Group and reported to the Trust's Quality Committee, with assurance provided to the Trust's Board.