Sheffield Teaching Hospitals
NHS Foundation Trust

Chief Executive's Office
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17 June 2022

Letter sent via email
Ms Coombes
Office of H.M Coroner
The Medico-Legal Centre
Watery Street
Sheffield
S3 7ES

Dear Ms Coombes

Prevention of Future Deaths Report – Cassian Curry

I write to formally respond to your Prevention of Future Deaths (PFD) Report dated 25 April 2022, following the very sad death of Cassian Curry. I am deeply saddened by Cassian's death and sincerely sorry for the distress and pain this has caused his parents. I truly hope that we can learn from Cassian's case and we will take action to ensure as far as is possible that nothing similar happens again.

We have reviewed the actions identified in your report and our response is as follows:

Utilising the support of parents in the shared care of babies

We recognise the key role parents play in the shared care of babies in the neonatal unit. To ensure that there is a consistent approach to this involvement we are working with the South Yorkshire Neonatal Operational Development Network to deliver a network wide action plan for increased family involvement in neonatal care.

This approach follows the Family Integrated Care model and philosophy of care within which families are enabled to be primary caregivers to their babies in partnership with clinical teams. This will be phased in during 2022.

In addition, the updated umbilical line insertion checklist has been amended and now includes a specific entry requirement for informing parents if the catheter is in a suboptimal position.

Has overstaffing been considered as a possible factor in the confusion leading to the failure to handover and document the requirement to review Cassian?

We do not believe that the neonatal unit was overstaffed, rather that the contributory factor was the level of experience of the staff on duty. In line with national medical education programmes, junior staff rotate into the neonatal unit on a six-monthly basis. At the beginning of a rotation junior medical staff are

obviously less experienced and hence require more support and supervision. In order to ensure that there are sufficient experienced staff we have taken a number of actions to mitigate this risk:

- In March 2022, we introduced a second consultant on duty at weekends for 5 hours each day to provide additional ward round capacity and a second point of contact for junior staff. This model has been very effective, and a business case is being formulated to enable the recruitment required to make this model permanent and sustainable.
- We are planning to increase the continuity of staffing by:
    - Increasing the number of Advanced Neonatal Nurse Practitioners (ANNPs). ANNPs are highly experienced nurses who have completed a post-graduate qualification in advanced clinical practice, which means that once fully trained they can effectively take the place of a junior doctor on the medical rota. The key advantage of increasing the number of ANNPs is that they provide continuity and consistency in terms of staffing, helping to mitigate the risks presented by the rotational nature of junior doctor posts. Our current funded establishment is 4.6 Band 8a ANNPs and 2 Band 7 trainee ANNPs and we presently have 2 ANNPs (8a and 7 grade) and 2 Band 7 trainee ANNPs in post. We are actively recruiting to these vacancies and then plan to increase overall capacity to 10 ANNPs over the next 2-3 years.
    - Converting some of our present 6 month junior doctor rotational posts to 12-18 month posts at Clinical Fellow level and 2-year International trainee posts. This will provide increased seniority of trainees, better continuity and avoid the changes in capability at the beginning of each 6 monthly rotation. The business case required to enable this change has already been accepted and we aim to recruit to these posts by March 2023 at the latest.

Has the thoroughness of the form been considered as a factor leading to the failure to handover and document the requirement to review Cassian?

When considering changes to documentation, it is always important to balance a desire for thoroughness, to cover all eventualities, with the practicalities of completion. As reported at the inquest, following Cassian's death, the form has been adapted to provide clarity on target line positions as well as a reminder to involve parents. Whilst these do make the form longer, they were felt by clinicians to be important additions to reduce the risk of reoccurrence of the type of incident which led to Cassian's tragic death.

To evaluate the impact of these changes an audit of the new form will be conducted reviewing forms completed during May-July 2022 to assess the current levels of completion and identify whether there is further scope for improvement or indeed simplification. As part of this process, we will review the documentation used in other neonatal units in order to benchmark practice.

Additional and different staffing models have been considered, but how are the rest of the system being brought together to support at times of particular pressure?

The neonatal unit in the Jessop Wing is part of a network, however as the tertiary centre, the department needs to be central to discussions and decisions regarding very poorly babies who may need to be transferred to the unit.

The consultant body believe that the altered staffing models described above will provide appropriate cover, including seniority and experience, to allow the unit to meet demands. An escalation guideline has been produced which includes involving additional consultants at times of particular pressure or surge in activity. The unit continues to monitor activity and acuity and options to increase staffing, for example having an additional junior doctor at night, will be explored if baseline activity levels are shown to be increasing over the coming years.

In addition, the department is looking at other initiatives to reduce the pressure on staff. These include the introduction of an Electronic Patient Record (EPR), which will be implemented in July 2022. This will reduce the administrative workload for junior doctors and provide increased clarity of documentation allowing consultants to have a better overview of patient care. In addition, the EPR will allow automated fluid infusions and observations to be recorded, releasing time for nurses to provide more clinical care for babies.

Having outlined the actions we are taking in response to your report, I hope that I have been able to convey how seriously we have viewed this matter. We are absolutely committed to learning from Cassian's death and implementing these actions.

Finally, I hope that my response has addressed the concerns and actions you identified in your Report. Please contact me if you have any queries or points of clarification.

Yours sincerely

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Chief Executive