

10 May 2024

Ms T Rawden
Senior Coroner
Office of H.M Coroner
The Medico-Legal Centre
Watery Street
Sheffield
S3 7ES

Dear Ms Rawden

Prevention of Future Deaths Report – Darnell Errol Hugh Smith

I write to formally respond to your Prevention of Future Deaths (PFD) Report dated 18 March 2024 following the very sad death of Darnell Smith. I am saddened by Darnell's death and am very sorry for the distress and upset which this is no doubt causing his parents.

Your concern was that despite a warning 'flag' being present on the computerised records identifying the existence of an individualised care plan (ICP) for Darnell, the care plan was hard to locate in the records and was not considered during his admission. We have reviewed current practice and the impact of our new electronic patient record (EPR) system which will be introduced in October 2024.

ICPs are agreed with all individuals with sickle cell disease during routine outpatient appointments, and these are filed in the patient record (Lorenzo) with a 'flag' which highlights their presence to staff. As you identified, despite this flag, the care plan was not accessed during Darnell's admission. To address this, we have introduced a number of measures to ensure that staff are aware of ICPs.

We will continue to file and flag the ICP in the EPR. We have also started to file a copy of the ICP in the front of the patient's paper record. In order to ensure that staff always have access to the latest version of the ICP, a new standard operating procedure has been introduced (see enclosure). Once an ICP is agreed, the Haemoglobinopathy (HBO) Clinical Nurse Specialist (CNS) prints off a hard copy of the ICP and places this at the front of the patient's records to ensure that it is easily accessible. The HBO CNS is responsible for ensuring that whenever an ICP is updated that this is placed in the patient's record and the old version is removed.

Since March 2023, the Matron, Senior Charge Nurse, CNS team and the HBO Consultants hold a daily (7 days a week) board round on each of the Haematology wards. Board rounds take place between 8:45-9:30am and include a discussion of all new admissions to identify concerns, needs and plans of care. Since August 2023, the HBO CNS attends the MDT board round each morning to discuss any immediate concerns, to agree treatment plans with the attending medical staff, and to provide support and guidance to the nursing teams.



For any sickle cell disease patient who has not previously attended the Haemoglobinopathy clinic (e.g. a patient who is new to the area), and therefore does not have an ICP, the HBO Clinical Nurse Specialist ensures that an ICP is written following the Board Round and that this is placed in the patient's record.

In addition, on discharge, there is now a team review of the patient's ICP to identify if any amendments are required based on the most recent admission, for example if changes were made to pain management requirements. This is discussed with the patient prior to discharge by the HBO CNS or the ward senior nurses. Should any changes be required, the CNS team updates the ICP and discusses changes via the HBO MDT.

In order to assess the impact of these changes a regular audit has been commenced which includes the availability of an ICP for sickle cell disease patients. The results of this audit will be shared with the Coroner, as requested, by September 2024.

All patients with sickle cell disease who are admitted as emergencies are cared for on Haematology wards where the above processes are in place. For planned admissions relating to other primary diagnoses, sickle cell disease patients may be admitted to other wards. On these occasions the HBO CNS team will be made aware of the planned admission and will ensure that the ward staff are aware of the ICP.

To support staff caring for sickle cell disease patients an action card has been developed which includes a brief explanation of sickle cell disease, nursing care requirements, reference to STH sickle cell disease guidelines, information regarding ICPs and the pain assessment tool to be used when caring for sickle cell disease patients (see enclosure).

In addition, there is a focus on ICPs within the sickle cell disease educational package. Since commencing this programme of work, 50 Haematology nursing staff have attended training sessions, with a further 33 planned to receive training by July 2024.

Education has also been delivered to staff in the Emergency Department to ensure that they are also aware of ICPs, should a patient present to them rather than coming directly to the Haematology department.

As part of the preparation for launching our new Connect EPR we have considered how ICPs will be recorded and flagged in the new system. Whilst this is subject to final configuration and testing, it is planned that:

- The ICP will be recorded directly into the documents section of the EPR.
- When any clinical member of staff opens the patient's record, an alert will show on a pop-out telling them that the patient has an ICP.
- The alert will provide the user with a link to the plan.

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 taken this matter. We are absolutely committed to learning from Darnell'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

[Redacted Signature]

Chief Executive

Enclosures:

- 1 – SOP for Individualised Care Plans for Patients with Sickle Cell Disease
- 2 – Sickle Cell Disease Action Card

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