



**PRIVATE & CONFIDENTIAL**

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23<sup>rd</sup> December 2013

Dear Mr Fisher

Thank you for your letter dated 4<sup>th</sup> November 2013 issued under Regulation 28: Report to prevent future deaths, in relation to the risks you identified through the Inquest touching the death of the late Susan Jill Hammond.

I write to provide assurance that we have taken steps to resolve the issues highlighted in your letter.

1) Allergy warnings

Prior to Mrs Hammond's death in 2009 the control measures in place were:

- Prescription chart "drug sensitivities" box to be completed with any allergies and referred to when prescribing, dispensing or administering medications.
- Red allergy band to be used for any patients with a medication or product allergy.
- Medicines management policy, setting out roles and responsibilities.
- Admission proforma multidisciplinary document allergy question.
- A&E records contain an allergy section which is prepopulated from the Patient Administration system.
- The Health Record contains an alert page for allergies to be documented and older records had this information on the front cover.
- Alerts to the risks of penicillin allergy were contained within the antibiotic guidelines, in both short form and full versions.

Following the incident additional action was taken. These were:

- The revision of antibiotic guidelines to increase awareness of risks of penicillin allergy and with associated drugs.
- The development of a traffic light based risk recognition system for penicillin allergic patients
- Prescription chart also includes a prompt statement that all pages of the chart must be reviewed when prescribing/administering any medicine.
- A patient safety campaign highlighting the allergy risk and the traffic light based system to manage penicillin allergy safely, targeting all doctors, nurses and pharmacists.
- Antibiotic short guide pocket cards with penicillin safety alert issued to medical and nursing staff to raise awareness.
- Competency assessment of nurses administering medications.
- Formalised medicines reconciliation process which will support review of medications and allergies.



- Modification of the prescription chart to state "Drug allergies and sensitivities" in a red coloured title, with more space to list drugs and the effects, with the source of information and completion signature, name and date.

Allergy section on prescription chart before:

Chart No. 1 2 3 4 5	
<b>DRUG SENSITIVITIES</b>	
No	NKDA
Source	PATIENT
<b>OTHER INFORMATION</b>	
Height	177 cm
Weight	93.6 kg
BMI	32 SA

After

Allergy section on prescription chart after:

OTHER CHARTS IN USE (NEW)		
Chemotherapy	Epistaxis	
Smoking driver	PCA	
<b>DRUG ALLERGIES and SENSITIVITIES</b>		
IF NO KNOWN ALLERGIES / SENSITIVITIES, tick box <input checked="" type="checkbox"/>		
Please state drug(s) AND effects(s)		
Drug(s)	Effect(s)	
NKDA		
Source(s) of information (Circle)	Patient / Carer	GP
	Nursing Home	Other (state)
Print name & Sign	Designation	Date
	FY	12/3

- 2) The handover of care from A&E to MEAU is now based on a handover tool, called SBAR. This is an acronym for Situation, Background Assessment and Recommendation and allows for a structured handover to take place. This approach brings consistency in communicating key points of information. Within the background section is a prompt sheet for highlighting allergies. SBAR has been found to improve communications between members in different clinical areas ie A&E Vs wards.
- 3) [REDACTED] has been referred to the General Medical Council.
- 4) The Trust's Interim Director of Nursing has reviewed the professional conduct and implications in relation to the registered nurse involved. This included reviewing the available information from the time of the event in 2009.

At the time of the event in 2009, the nurse's practice and competence in administration of

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Chief Executive: Jane Lewington



medicine was reviewed and a training update undertaken. Since that time, the nurse's practice has been without any further incident.

Following the inquest, the nurse's practice was further considered and taking into account the impact of the inquest on the nurse she was restricted from involvement in medicines administration for a short period of time to protect both patients and herself.

She has since received further training and competence assessment, which she passed without concern.

With reference to your query about referral to professional regulators, the Interim Director of Nursing can confirm that she has discussed this case in detail with Nursing and Midwifery Council. This discussion included reference to actions already taken by the Trust. The discussion concluded with the Council's confirmation that they will review the case.

If you require any further information, I would be happy to liaise with you directly.

Yours sincerely

[Redacted signature]

[Redacted name]

Medical Director  
(GMC No 2837444)