

HCC (South West) Sickle Cell ACUTE PAIN EPISODE Audit. All PAIN presentations in all sickle cell genotypes e.g. HbSS, HbSC, HbS o/+/- . And if admitted to a hospital bed this was deemed an appropriate ward setting for the patient.

17th December 2025

Please note, this report includes the previous audit project's results.

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Project

Project status: **Active (Open approved)**

Project Tracker Status: **No status (tracking turned off)**

Project Category: **Regional Audit**

Project Priority: **2**

Project Code: **CHAEM/CA/2025-26/10**

CQC Domains: **N/A**

Reported Group: **Specialty audit/governance meeting**

Is your project related to particular sites? **No**

Is your project related to particular wards/areas? **No**

Project Team

Lead Participant: **Sandra Schneider**

Participant(s): **Prisca Lux**

Mentor: **Sanne Lugthart**

Rationale

To identify how many sickle cell patients in acute sickle cell pain/vaso-occlusive crisis present to ED or Day Unit (if applicable), how they are assessed, what pain management is offered and how and when the pain is reassessed and ongoing management.

Objective

This audit was developed following the 'no one's listening report' (Nov 2021) to see how different Trusts treat sickle cell patients in acute sickle pain/vaso-occlusive crisis. The aim is to establish if more training is needed or local guidelines and care pathways need to be changed/improved or implemented if not yet in place.



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Methodology & Data Collection

Methodology and source of data: **A word document with 11 questions plus some sub-questions divided into 4 sections was created and circulated via email to all local hospitals that fall under the South West Haemoglobinopathy Coordinating Centre (HCC). The questionnaire covered 30th March - 30th June 2025. We asked that 1 form is completed per patient who presents in acute sickle pain/vaso-occlusive crisis this included adults and paediatrics patients. Regional centres returns were given a timeframe in which all forms should be returned. The data was then correlated and entered into a spreadsheet to ensure we captured which hospitals did or did not respond. Hospitals with no patients presenting during this timeframe were asked to inform us by emailing 'no return'. This was sent to 10 Trust including UHBW, most Trust have paediatric and adult services. Total of services 18.**

Data time frame from: **31/03/2025 to: 30/06/2025**

Type of patients: **All patients diagnosed with sickle cell genotypes (Hb SS, Hb SC, Hb S beta Thalassaemia, Hb S beta + Thalassaemia, Hb S beta 0 Thalassaemia) who attended with an acute sickle crisis.**

Retrospective/prospective: **Retrospective**

Has the data already been collected?: **Yes**

Will you be collecting sensitive patient data for this project?: **No**

Guidance

| Type | Origin | Title | Status | Further comments |
|---|---|--|--------|------------------|
| Guideline (NICE) | NICE | Sickle cell disease: managing acute painful episodes in hospital | N/A | N/A |
| Royal College or other specialist society | Royal College or other specialist society | Standards for the Clinical Care of Adults with Sickle Cell in the UK | N/A | N/A |

Results

Out of 18 services (8 paediatric, 10 adult services) 3 adult services did not reply, 4 (both paed and adult services) replied but had no returns ie no patients presented in acute sickle pain during the specified time frame.

There was a total of 63 patients (paeds & adults) presenting in our catchment area with an acute sickle cell crisis in the specified time frame.

In our results we only included the services that did reply and had patients presented with acute sickle pain.






HCC (South West) Sickle Cell ACUTE PAIN EPISODE Audit. All PAIN presentations in all sickle cell genotypes e.g. HbSS, HbSC, HbS o/+/- . And if admitted to a hospital bed this was deemed an appropriate ward setting for the patient.

Previous Results




- Out of 18 services 7 did not reply, 7 replied but had no returns ie no patients presented in acute sickle pain during the specified timeframe, 4 replied with results with a total of 13 patients.
- In our results we only included the services that did reply and had patients presented with acute sickle pain.

Criteria

| Order | Criteria | Exceptions | Numerator/ Denominator figures | Target | Previous | Current | Status | Guidance |
|-------|---|---|--------------------------------------|-----------|----------|---------|---|----------|
| 1 | Did the patient have their pain assessed when they presented at hospital? | 60 - Yes 1 - No 2 - No answer | 60.00 / 63.00 | >=100.00% | 92.31% | 95.24% |  | 1 |
| 2 | Was the patient offered* analgesia within 30 minutes of presentation? | Were not offered as already taken prior to presentation, contraindicated, or declined by patient. 24 - missed target 3 - not recorded | 36.00 / 63.00 | >=100.00% | 46.15% | 57.14% |  | 1 |
| 3 | Time (in minutes) between presentation and analgesia: | None 29 were given pain relief within 30 min 25 were given pain relief after 30 min 8 not recorded 1 declined | 29.00 / 63.00 | >=100.00% | 30.77% | 46.03% |  | 1 |

| | | | | | | | | |
|---|--|---|---------------|-----------|---------|--------|---|---|
| 4 | Were the following monitored at presentation: blood pressure oxygen saturation pulse rate respiratory rate temperature? | 2 no records | 61.00 / 63.00 | >=100.00% | 100.00% | 96.83% |  | 1 |
| 5 | If oxygen saturation =/ $<$ 95%, was oxygen offered*? | 55 were not offered as oxygen sats above 95% 2 were not offered even though sats below 95% 6 were offered because sats below 95% | 6.00 / 8.00 | >=100.00% | 100.00% | 75.00% |  | 1 |
| 6 | If the patient presented with moderate (4-7) or severe pain ($>$ 7), were they offered* a bolus dose of strong opioid? | A – If patient presents with moderate pain and no prior analgesia, and offered weak opioid instead of strong opioid. 3 patients exempt B – Were not offered as already taken prior to presentation, contraindicated, or declined by patient. 2 patients exempt 1 no response 6 Not offered | 51.00 / 58.00 | >=100.00% | 100.00% | 87.93% |  | 1 |

| | | | | | | | | |
|----|--|--|---------------|-----------|---------|--------|---|---|
| 7 | Was the patient also offered paracetamol? | Were not offered as already taken prior to presentation, contraindicated, or declined by patient. 17 - exempt 6 - not offered 2 - no response | 38.00 / 46.00 | >=100.00% | 100.00% | 82.61% | ⊖ | 1 |
| 8 | Was the patient also offered NSAIDs? | Were not offered as already taken prior to presentation, contraindicated, or declined by patient. 37 - exempt 5 - not offered 4 - no response | 17.00 / 26.00 | >=100.00% | 100.00% | 65.38% | ⊖ | 1 |
| 10 | Was effectiveness of pain relief assessed: Every 30 mins until pain relieved or patient discharged? | 37 - no 5 - no response 1 - not recorded 1 - exempt | 19.00 / 62.00 | >=100.00% | 0.00% | 30.65% | ⊖ | 1 |
| 11 | Was effectiveness of pain relief assessed: At least every 4 hours thereafter? | 19 - no 4 - no response 1 - not recorded 1 - exempt | 38.00 / 62.00 | >=100.00% | 84.62% | 61.29% | ⊖ | 1 |
| 12 | Was an age-appropriate pain scoring tool used? | 4 - no response 1 - not recorded 1 - exempt | 57.00 / 62.00 | >=100.00% | 92.31% | 91.94% | ⊖ | 1 |
| 13 | Was a second bolus of strong opioid offered or a first dose if pain not relived? | 48 - no 1 - no response 7 - exempt | 43.00 / 57.00 | >=100.00% | N/A | 75.44% | ⊖ | 0 |
| 14 | If taking strong opioids, were they clinically assessed: every 1 hour in the first 6 hours ? | 48 - no 1 - no response 7 - exempt | 7.00 / 56.00 | >=100.00% | 0.00% | 12.50% | ⊖ | 1 |

| | | | | | | | | |
|----|---|--|---------------|-----------|--------|---------|---|---|
| 15 | If taking strong opioids, were they clinically assessed: at least every 4 hours thereafter? | 24 - no 4 - no response 8 - exempt | 27.00 / 55.00 | >=100.00% | 91.67% | 49.09% |  | 1 |
| 16 | Was the patient admitted to a hospital bed? | N/A | 39.00 / 39.00 | >=100.00% | N/A | 100.00% |  | 0 |
| 17 | If yes - does the reviewer deem the admission ward appropriate for this patient? (e.g. able to provide adequate monitoring and parenteral analgesia as necessary) | N/A | 39.00 / 39.00 | >=100.00% | N/A | 100.00% |  | 0 |

Conclusions

We still have not achieved 100% in services responding to our request for audit data.

The South West is still a low prevalence area in terms of patients with sickle cell disease, therefore some hospitals still have times when no patient presents with an acute episode of pain in the specified time frame.

All services need to improve to reach the target of giving pain relief with in 30 minutes of presentation as per NICE guidance. We only achieved 46% in this audit period.

Monitoring of patients post administration of analgesia also needs to improve, we only achieved 30% in the first few hours of presenting.

Previous Conclusions

- Low response rate from regional hospitals. We need to get 100% of services to respond.
- There is a low prevalence of patients in our region, therefore some hospitals had no patients present with acute pain in the timeframe specified.
- All services need to improve to reach the target of giving pain relief within 30 minutes of presentation as per NICE guidelines.
- Monitoring post administration of analgesia needs to improve.

Key Successes

| Description |
|--|
| 4 out of 16 criteria were marked as 'Achieved' |

More centres responded compared to last time.

Previous Key Successes

| Description |
|--|
| 7 out of 14 criteria were marked as 'Achieved' |

Key Concerns

| Description |
|--|
| Overall we achieved 57% of patients being offered analgesia within 30 minutes of presentation. This has improved compared to last time but is still below the expectation of >95%. |

Previous Key Concerns

| Description |
|---|
| 4 out of 14 criteria were marked as 'Not achieved - Critical' |

Action Plan





Recommendations

| | Recommendation | Added | By |
|---|--|------------|-----------------------|
| 1 | More training/staff awareness of the NICE requirement of giving analgesia within 30 minutes of presentation. | 05/12/2025 | Miss Sandra Schneider |
| 2 | More training/staff awareness of patient monitoring post administration of strong opioids. | 05/12/2025 | Miss Sandra Schneider |
| 3 | Request have been made by some LHTs to change to a digital form/system instead of filling in word documents/paper copies | 05/12/2025 | Miss Sandra Schneider |



| | Recommendation | Added | By |
|---|--|------------|-----------------------|
| 4 | Include clarification in regards to weak and strong opioids | 05/12/2025 | Miss Sandra Schneider |
| 5 | The word 'offered' on some questions seems vague, however this is the wording as taken from the NICE guidance. | 05/12/2025 | Miss Sandra Schneider |

Actions

| | Recommendation(s) | Action | Responsible | Date raised | Due date | Action RAG | Progress |
|---|--|--|-----------------------|-------------|------------|---|----------|
| 1 | <ul style="list-style-type: none"> • More training/staff awareness of the NICE requirement of giving analgesia within 30 minutes of presentation. • More training/staff awareness of patient monitoring post administration of strong opioids. | Charlotte Jones, PEF (adult services) - provides ward based teaching and SIM sessions, for regional teams online teaching. Paediatric services PEF being recruited - details TBC | Miss Charlotte Jones | 05/12/2025 | 04/12/2026 |  | New |
| 2 | Request have been made by some LHTs to change to a digital form/system instead of filling in word documents/paper copies | Next time we will create a MS Form instead of word document. This should be easier for centres to complete and for us to analyse the data. | Miss Sandra Schneider | 05/12/2025 | 31/03/2027 |  | New |
| 3 | Include clarification in regards to weak and strong opioids | Add clarification to form about what is considered weak and/or strong opioids | Ms Prisca Lux | 05/12/2025 | 31/03/2027 |  | New |
| 4 | The word 'offered' on some questions seems vague, however this is the wording as taken from the NICE guidance. | Unable to change as this is the wording used in NICE guidance. It needs to be recorded when a patient is offered something but declines. | Miss Sandra Schneider | 05/12/2025 | 31/03/2027 |  | New |

Action plan finalisation

No action plan finalisation history found.

Previous Action Plan

Recommendations

| | Recommendation | Added | By |
|---|---|------------|-----------------------|
| 1 | Update the audit form and make it clearer that paed and adult services are counted separately and therefore a responds is needed for each service. Update some questions to make it clearer what information is required. | 23/02/2024 | Miss Sandra Schneider |
| 2 | Extend the timeframe of data collection period due to low prevalence of patients in the region to receive more data. | 23/02/2024 | Miss Sandra Schneider |
| 3 | Raise more awareness of NICE guidance of administration of analgesia within 30min of presentation in sickle pain as well as the monitoring post administration of analgesia. | 23/02/2024 | Miss Sandra Schneider |
| 4 | Offer more teaching to cover NICE guidance including assessment, timely administration of analgesia and monitoring. | 23/02/2024 | Miss Sandra Schneider |

Actions

| | Recommendation(s) | Action | Responsible | Date raised | Due date | Action RAG | Progress |
|---|---|---|-----------------------|-------------|------------|------------|----------------|
| 1 | Update the audit form and make it clearer that paed and adult services are counted separately and therefore a responds is needed for each service. Update some questions to make it clearer what information is required. | PL & SS to email region with this information and updated form. | Miss Sandra Schneider | 23/02/2024 | 19/04/2024 | ● | Fully complete |
| 2 | Extend the timeframe of data collection period due to low prevalence of patients in the region to receive more data. | Increase timeframe from 1 month to 3 months. | Miss Sandra Schneider | 23/02/2024 | 19/04/2024 | ● | Fully complete |
| 3 | Raise more awareness of NICE guidance of administration of analgesia within 30min of presentation in sickle pain as well as the monitoring post administration of analgesia. | AC included in teaching on 20/03 at regional MDT meeting. | Dr Amy Cooper | 23/02/2024 | 20/03/2024 | ● | Fully complete |

| | Recommendation(s) | Action | Responsible | Date raised | Due date | Action RAG | Progress |
|---|---|---|---------------|-------------|------------|--------------------------------------|----------------|
| 4 | Offer more teaching to cover NICE guidance including assessment, timely administration of analgesia and monitoring. | AC to do teaching at regional MDT 20/03 - done. CNS teams to include in nurses teaching - ongoing. | Dr Amy Cooper | 23/02/2024 | 20/03/2024 | ● | Fully complete |

Action plan finalisation

Action plan approved by **Eleni Lamprianidou (Medicine, Oncology, BMT & Haematology)** on **25/04/2024**

| Detail | By | When | Notes | Senior approver |
|------------------|--|--------------------------|-------|-----------------|
| Approved | Eleni Lamprianidou (Medicine, Oncology, BMT & Haematology) | 25th April 2024 14:26:58 | | |
| Pending approval | Sandra Schneider | 19th April 2024 10:11:47 | | |

Post Project Impact

No post project impact has been added to this audit.

List of Uploaded Files

| Name | File Type | Usage | Uploaded By | Uploaded Date |
|---|-----------|------------------|------------------|---------------|
| 20251205115600_hccsicklepinaudit2025v2.docx | DOCX | Audit data input | Sandra Schneider | 05/12/2025 |

