Brighton and Sussex University Hospitals NHS
NHS Trust

Headquarters
The Royal Sussex County Hospital
Eastern Road
Brighton
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[redacted]

Your ref: VHD/pjv/INQ30/14
Our ref: MK/MJ/MLS/C9/13/142

27 May 2014

RECEIVED
- 2 JUN 2014

Miss V Hamilton-Deeley
HM Coroner
Coroner's Office
Woodvale, Lewes Road
BRIGHTON
BN2 3QB

Dear Miss Hamilton-Deeley

The Late Graham Watts, date of birth: 24 February 1928
[redacted]

Thank you for your letter of 3 April 2014 and its enclosure. We are grateful to you for drawing your concerns to our attention. The Trust will always review practice, in order to identify improvements which can be made in the light of experience and we have done so in this case. Trust staff routinely feed back information emerging from any inquest attended by our staff as witnesses - whether or not the Coroner has drawn attention to this.

We all believe that in order to prevent avoidable deaths, it is essential for Trust staff to develop effective multi-disciplinary working throughout professions and departments within the Trust. We have therefore chosen to provide a joint response to your letter, reflecting our commitment to continuing improvement of the quality of all our services, using an integrated approach.

The Trust acknowledges and apologises that there were significant shortcomings in the discharge planning process for Mr Watts, arising from failures by staff to complete thoroughly all the steps necessary to ensure safe and timely discharge for each patient. The Trust does not accept that the process itself was deeply flawed, but acknowledges that it was not implemented adequately on this occasion.

In order to reduce the risk of a recurrence, the Trust has taken several steps, working closely with the Matron and ward manager responsible for the ward on these issues. It is the practice on this ward to hold a daily "Board Round", which staff of several disciplines are encouraged to attend. Recently a social worker has also started to attend these meetings, which also assists in patient discharge planning. The details held on the whiteboard have been adjusted to include more information relevant specifically to discharge planning. It appears that to some extent, some staff on the ward may have felt that the information on the Board had made it no longer necessary to include detailed discharge planning documentation in the individual patient record. The ward nurses have all had refresher training on the processes they are expected to go through, including but not limited to the related documentation, before any patient is discharged from the ward. This has included a reminder of the correct procedure to be followed with any "Do Not Attempt Cardio-pulmonary Resuscitation" form. The Trust deeply regrets that this form did not accompany Mr Watts on his discharge as it should have done.

While the Trust accepts that a change in environment increases the risk of falls, the Trust also is aware that there is a reduction in the risk of falls when someone is in a familiar environment, such as back at a Nursing Home in the room they previously occupied. The Trust accepts that additional and up to date information, over and above that provided in the doctors' discharge summary together with the medication information, about Mr Watts' present condition and progress should have been provided to the Nursing Home. This is normally done through contact between the ward and the Nursing Home on the day before planned discharge, as well as through the nurse to nurse handover.

The senior nursing staff agree that it is essential that a nurse to nurse discharge summary be completed for any patient leaving the hospital to go to, or return to, residential or nursing home care. They have emphasized the importance of this to the ward nurses. As part of the programme for developing the skills of junior nurses, the ward is placing increased emphasis on shadowing senior colleagues, to equip these junior staff with the skills needed to make robust decisions and to give them role models to assist with their communication skills.

Each month a snapshot audit is being done of 10 sets of medical records from the ward to ensure that they reflect an acceptable standard of discharge documentation. For this ward, the April review of discharge documentation showed 100% compliance with the requirement for documentation in the discharge planner, and also on the provision of information about discharge plans to relatives.

The Trust has reviewed the forms currently used for discharge planning and is devising new paperwork which is intended to facilitate timely documentation, and to encourage daily consideration of each in-patient's progress towards discharge.

There is increasing recognition among Trust staff that the nationally widely used term "Medically Fit for Discharge" (often abbreviated to MFFD) can be very misleading. There is a growing ground-swell of opinion that it would be less open to misinterpretation if the phrase "Medically Ready for Discharge" (MRFD) or some similar form of words were adopted. Mr Watts was ready for discharge in as much as that he no longer required active medical treatment in an acute hospital at the time of his discharge. His last set of clinical observations taken during the afternoon immediately before he left the hospital were entirely satisfactory, with a National Early Warning Score of zero: there was therefore no reason to identify him as medically unready for discharge. Given his co-morbidities, and his increased frailty following the significant illness with which he had been admitted, he was at high risk of acquiring new infection while he remained in hospital, and the hospital staff were confident that his ongoing care and rehabilitation needs could be met at Fir Grove. Nevertheless, this does not excuse the identified shortcomings in the discharge process, especially in relation to communication with the family and Nursing Home.

The Trust is aiming to start a one year pilot scheme to focus on consistent multi-disciplinary management of frail elderly patients, led by an individual from the discipline most relevant to the individual patient's circumstances, in preparation for their discharge. Subject to successful recruitment, it is anticipated that the pilot will start in July 2014 on three wards. This pilot will be evaluated throughout the year as well as at its conclusion so that the learning from it can be extended throughout the Trust for the benefit of frail elderly patients.

Thank you once again for raising your concerns with senior Trust staff. We have all found it useful to review, in the light of these events, the progress that is being made to increase the safety of future patients in this Trust.

Finally, please pass on our condolences to Mr Watts' family on their sad loss.

Yours sincerely

[redacted]

Matthew Kershaw
Chief Executive

[redacted]
Discharge Matron

[redacted]
Consultant, Medicine

[redacted]
Medico-legal
Services Manager