

Brighton and Sussex  
University Hospitals

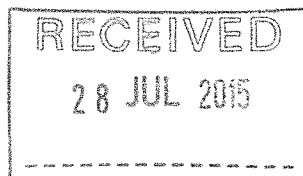


Your ref: [REDACTED]  
Our Ref: [REDACTED]

NHS Trust

24 July 2015

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



Headquarters  
The Royal Sussex County Hospital  
Eastern Road  
Brighton  
BN2 5BE

Tel: [REDACTED]

Dear Miss Hamilton-Deeley

**The Late Evelyn Kennedy, died 29.10.14**  
**NHS No: 434 604 2457**

Thank you for your letter of 7 May 2015 setting out your concerns about the functioning of the Acute Medical Unit. We acknowledge and are sorry that the Acute Medical Unit was struggling to provide effective care at the time of Mrs Kennedy's admission, despite the best efforts of the Trust to address this, and as I, as Chief Executive, commented at the inquest we deeply regret the consequences of this for Mrs Kennedy's care.

The Acute Medical Unit is one of the areas of the Trust that has faced particular difficulties as the capacity of the hospital remains very pressurised. The increasing acuity of the patients we treat, spikes in admissions and at times the number of people medically ready for discharge but unable to leave the care of the acute hospital for a variety of reasons has also risen. This has led to challenges in timely identification of suitable specialist beds for all those who need them, as well as challenges in ensuring patients awaiting admission are moved promptly from the Emergency Department, and both these factors have had an adverse effect on the Acute Medical Unit.

The Trust has been working internally with clinical leaders and closely with our partners in the community to develop creative and effective ways of addressing these issues, and at the same time has been endeavoring to support the staff who are working so hard to provide high quality care on the Acute Medical Unit for all who need it.

We acknowledge that in spite of recognition of these issues and considerable efforts over a long period to improve the quality of care provided in the Acute Medical Unit, the care actually provided for Mrs Kennedy, and the documentation of that care fell considerably below the standard we expect for every single patient of this Trust.

With our partner

For that as the accountable officer, I (Chief Executive) have already apologised personally to Mrs Kennedy's family as well as publicly.

The Trust introduced a new clinical management structure last autumn, a very few weeks before Mrs Kennedy's last admission. The clinical team now managing the acute medical unit have worked tirelessly to introduce a range of changes in order to improve the functioning and quality of the Acute Medical Unit. These incorporate a range of actions relating to the workforce, education, environment, equipment, patient flow, teamwork and communications.

When each shift is fully staffed, it is much easier for the staff on duty both to provide high quality care for each patient and to record this in detail. Trustwide, there has been considerable progress in the last 12 months in the recruitment of nursing staff, even though, as you are no doubt aware, there is a national shortage of skilled nurses and this has made recruitment and retention more challenging.

Changes, introduced mainly before the inquest into Mrs Kennedy's sad death as part of the ongoing programme of improvements, include:

1. increasing permanent staffing levels in the area, including both increased input from the matron and appointment of an additional senior nurse to the area as well as introducing a new support assistant role
2. using different methods to assist in obtaining bank and agency staff as necessary to fill vacant shifts
3. appointing a practice educator specifically for the Acute Medical Unit to teach and support staff in the workplace
4. assigning a critical care outreach nurse to work with the Acute Medical Unit, providing a link with critical care services
5. establishing a working group to address a range of practices and documentation to ensure sick patients receive timely and appropriate attention
6. developing specialist areas and associated staffing skills within the Acute Medical Unit for specific groups of cohorts of patient, including those who are particularly sick and those who are confused or suffering dementia
7. improving the signs and layout within the Acute Medical Unit to assist confused patients with orientation within the unit and help them to settle better into the environment
8. improving the quality of information and clinical handover provided for each patient when they are transferred from the Acute Medical Unit to a specialist ward
9. Increased monitoring of documentation, with real-time feedback given to the nurses

Extensive and complex work is also being undertaken to

10. Review and condense Acute Medical Unit documentation, making it multi-disciplinary and more useful in directing the right care for each patient. The revised paperwork is intended to facilitate joined up thinking for each patient, to avoid repetition between clinicians, reduce the paperwork burden and free more nursing time for direct care. While this process must proceed slowly and very carefully to ensure that any changes are indeed beneficial for the patients, the first trial of the revised paperwork has recently taken place. It is intended that the revised documentation will be suitable for adaptation to electronic usage once electronic patient records come into use in the area, although this is not imminent.
11. Participate in the FrailSafe national project, in which the Trust is a pilot site. This is intended to improve the care of frail patients.

Thank you once again for raising these matters with us. We confirm the Trust remains committed to a continuing programme to address the concerns you describe and to monitor the effectiveness of the changes introduced in resolving these issues.

Yours sincerely



Matthew Kershaw  
Chief Executive



Chief Nurse