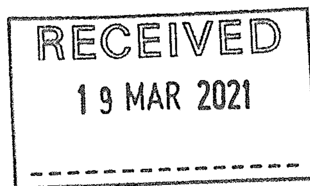

Our ref: [redacted]
Your ref: [redacted]
19 March 2021

Miss Veronica Hamilton-Deeley
HM Senior Coroner for Brighton and Hove
The Coroner's Office
Woodvale
Lewes Road
Brighton
BN2 3QB

Brighton and Sussex University Hospitals
NHS Trust
Trust Headquarters
Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE

Dear Miss Hamilton-Deeley

The late Mr Brian Button

Further to your Regulation 28 Report of 19 February 2021, I am writing to outline the Trust actions and response.

Firstly and for clarity, there are 6 beds and one side-room on Catherine James Ward, not 13 beds as mentioned in your report. Thirteen is the total number of beds in the Acute Respiratory Unit of which Catherine James Ward is one part.

Two metre distancing between hospital beds is one just one of a broad range of Public Health England (PHE) Infection Prevention and Control (IPC) recommended measures; it is not however a mandated requirement.

Throughout the pandemic response, BSUH has adhered as closely as possible to PHE IPC guidance and has implemented or adapted best practice wherever feasible - continuously monitoring the impact of evolving guidance on patient safety and experience and on staff wellbeing.

The Trust has always carefully assessed the risks and benefits of progressive IPC guidance and ensured that the risk of nosocomial CoVid infection is reduced as far as it can be, doing everything possible to ensure the safety of all our patients (including those with CoVid).
No Trust has been able to guarantee that all hospital beds are 2 metres apart at all times - particularly in an acute care setting, where, in the context of a global pandemic, surges in admission numbers, greatly increase the demand on a finite number of hospital beds.
Removing hospital beds in order to increase the distance between them, carries the substantial risk that acutely sick patients (both CoVid positive and CoVid negative) may experience delays to hospital admission or result in them receiving care in inappropriate or

less safe settings e.g. at home, in the community, in ambulances or in the Emergency Department (ED).

We have very carefully considered and discussed widely, the risks associated with hospital bed removal and taken the view that this would create an even greater risk to patients and staff. This is because insufficient in-patient bed capacity inevitably increases the numbers and duration of patients waiting for admission in ED, exposing both patients and staff to conditions of crowding, with the associated and significantly increased risk of CoVid transmission. Prolonged waits in ED are also known to increase the risk of in-hospital mortality.

Reducing the numbers of hospital beds in one location increases the risk that sick patients are required to transfer to other hospitals, increasing pressure in other areas and necessitating patient care remote from their families.

Throughout the pandemic, we have adopted the NHS major incident management system and held daily multi-professional meetings led by Hospital Executives and senior clinical staff from all front line specialties; this process continuously assesses the patient safety and capacity/demand requirements on our sites as well as patient flow and infection control priorities 7 days per week.

Senior clinical and professional experts meet 2-3 times weekly, to review evolving Government and PHE guidance and to ensure that all decisions are clinically informed and led via this Clinical Advisory Group.

We have implemented, a range of specific, evidence based, measures for reducing the risks that arise from CoVid 19, always in line with PHE guidance.

1. All staff wear appropriate PPE at all times and maintain physical distancing of 2 metres unless providing close clinical or personal care.
2. Both our in-patients and outpatients, as well as all visitors to the Trust wear fluid resistant surgical masks (unless there is a valid and applicable reason why this is not possible).
3. We have limited the visiting of patients throughout our hospitals in the interests of safety.
4. Regular audit is undertaken to monitor staff compliance with standard hygiene requirements; this consistently demonstrates high levels of compliance.
5. As the pandemic response has developed, and always aligned to PHE/NHSI guidance, we have constantly maintained readily accessible stores of Personal Protective Equipment (PPE) including masks, gloves, eye protection and aprons. The procurement dept. have ensured that this is always stored safety, is within expiry date, and used in line with the manufacturer's specification.
6. Staff training and (where required) estate reconfiguration has ensured that appropriate facilities are available in clinical areas for the donning and doffing of PPE and it's safe disposal.
7. In-patient CoVid screening takes place on admission, and if this is negative, on days 3,5,7,10,14, and every 7 days thereafter.
8. Staff screening with Lateral Flow Testing (LFT) is in place for all staff twice a week; results are uploaded electronically to ensure visibility of staff testing. Any positive LFT is PCR confirmed within 24 hours.

9. Other essential IPC measures in place include opening windows within clinical and non-clinical areas across the Trust to improve ventilation; continuous CO_2 monitoring in the Barry Building; and increased cleaning of clinical/non-clinical areas and equipment.

Despite taking measures to prevent the transmission of CoVid 19 in hospitals, many Trusts have experienced outbreaks within wards and other clinical areas. Catherine James Ward is within the Barry Building (BB), which is a unique clinical environment - in that no other acute hospital is operating services from such an old building infrastructure. The configuration of the wards in the BB means that modern IPC management is particularly challenging. Reassuringly, and despite the infrastructure, nosocomial outbreaks in the BB benchmark well. When the 3Ts new-build is completed, this will have a much higher number of side-rooms and considerably larger in-patient bays – which will meet modern IPC requirements.

RSCH was one of the first hospitals to start the CoVid vaccination programme; since then almost 95% of our staff (clinical and non-clinical) have received their first and more than 25% their second vaccine dose. We also vaccinate vulnerable in-patients whenever indicated.

Weekly Microsoft Team briefings incorporating staff Q+A input take place - either by myself or [redacted]. These update staff and reinforce our CoVid safety measures, which are also highlighted in departmental team meetings and through all staff communications.

BSUH has a robust Board Assurance Framework, aligned to best practice, which ensures that our Board (as well as our regulators and the public) are sighted regularly on the measures taken by the trust to strengthen CoVid safety. We also have weekly meetings with our partners across the Sussex system, in the spirit of shared learning and professional challenge.

Finally, we requested an IPC peer review, which was recently undertaken by the NHSI South East Director for quality and the Regional IPC lead. This documented much good practice as well as some areas for suggested improvement.

The global CoVid pandemic is devastating and our staff have worked extremely hard throughout to maintain services, mitigate risks, and care for our patients. NHS Trusts have to make very difficult decisions on a daily basis and it is entirely appropriate to take a balanced approach to the risks by incorporating all of the available guidance and recommendations available nationally and internationally, instead of implementing one recommendation such as bed spacing in isolation. Throughout the pandemic, we have responded with a range of carefully considered safety measures; we will continue to do so in the interests of patient and staff safety.

Yours sincerely

Dr [redacted]
Chief Medical Officer and Deputy Chief Executive