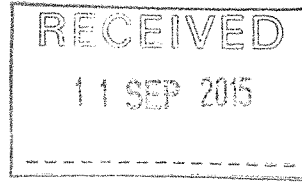


Your ref: VHD/LP/INQ 29/15 (214/14)  
Our Ref: MK/MLS/C9/14/127

Brighton and Sussex   
University Hospitals

NHS Trust

10 September 2015



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

Tel: 01273 664902

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

Dear Miss Hamilton-Deeley

**The Late Anthony Geerts, date of birth: 01 April 1922**  
**NHS No: 420 208 7437**

Thank you for your letter of 24 June 2015, and for drawing your concerns to our attention. We are always willing to review our practices in this Trust, in order to identify improvements which can be made in the light of experience.

May we start by expressing our sympathy on their sad loss to the family of Mr Geerts. Since he died, considerable changes have been implemented within this Trust specifically relating to the management of patients who have suffered a fractured neck of femur. Instead of routinely operating at the Royal Sussex County Hospital and then transferring the patients to the Princess Royal Hospital for rehabilitation, the whole service is now provided at the Princess Royal Hospital. This provides greater continuity for the patients, and indeed for the staff, and eliminates an opportunity for confusion or breakdown in communication between staff working in different places. Such continuity would clearly have been preferable for Mr Geerts, especially bearing in mind his history of anxiety, and it is particularly regrettable that it was necessary to transfer him from one site to another during his admission.

The integration of the neck of femur service has been accompanied by detailed review and revision of the provision on the ward and more widely, for the benefit of this group of patients. Changes implemented on Twineham ward have included:

- a) the recruitment of a new Clinical Nurse Practice Educator based on Twineham ward. This postholder is able to assist staff with a range of issues, including providing training on all aspects of communication (written and verbal)
- b) introduction of integrated documentation for use by all the clinical staff treating each patient on the ward
- c) joint development of a training package for all the staff based on Twineham ward, by the senior physiotherapy and nursing staff, to assist with accurate and detailed documentation. This includes a specific focus on the potential consequences of poor documentation
- d) increased physiotherapy staffing (both trained and therapy support staff), reducing the occasions when it is not possible for a patient to have physiotherapy as planned, with recognition that any patient that is not seen on one day must become one of the highest priorities for the next day
- e) closer liaison between nurses and physiotherapists, about relevant continuity of care by nurses for patients at times when physiotherapists are not present
- f) provision of a senior physiotherapy lead member of staff based on Twineham ward
- g) educational sessions with ward nurses to explore the rationale for moving patients. This will include both emphasis on the need to provide adequate information to the clinical site manager if consideration is being given to moving a patient (especially late at night), and teaching on the documentation requirements (including completion of the transfer document), should it be unavoidable for a patient to be moved from one ward to another. This will help to ensure that adequate information accompanies any patient who, for whatever reason, has to be moved from one ward to another
- h) review of senior medical input on Twineham ward. The Clinical Director for the musculoskeletal service has emphasized that every patient on Twineham ward should normally be seen by a consultant orthopaedic surgeon or orthogeriatrician at least four times a week (including one day at the weekend), including a conversation with the patient and review of their progress with them. Any patient who is sick should be seen daily by a consultant. The junior medical staff have been reminded that they must attend with the consultant, and should record every such discussion in the notes, if the consultant does not do this themselves

In addition, there have been discussions with the clinical site managers, who are the senior nurses on duty 24 hours a day on each site, with responsibility for allocating beds for patients. These staff are well aware that it is undesirable to move any patient late at night, even though this may be unavoidable in order to accommodate patients admitted through the Emergency Department.

We will be reviewing the progress of these changes in services for people with fractured necks of femur at the Princess Royal Hospital, and any further learning will be used to refine and develop the new service further.

Thank you once again for raising your concerns with us.

Yours sincerely



Matthew Kershaw  
Chief Executive

  
Chief of Safety

  
Medicolegal  
Services Manager

  
Ward Manager,  
Twineham Ward

\*approved electronically