

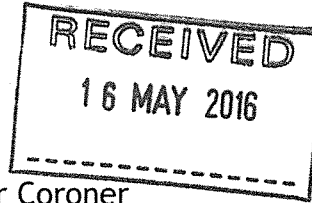
Brighton and Sussex
University Hospitals



Our Ref: GF/MLS/C9/15/133/GF025

12 May 2016

NHS Trust



The Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE

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

Tel: 01273 696955

Dear Miss Hamilton-Deeley

The Late Geoffrey Moyse, date of birth: 28 May 1937
NHS No: 614 443 4380

Thank you for both your Regulation 28 reports of 19 February 2016, and for drawing all your concerns to the attention of the Interim Chief Executive of this Trust as well as to Caroline Davies, Deputy Chief Nurse. This response is being provided jointly by both the current Chief Executive, Dr Gillian Fairfield, who took up post at the start of April 2016, and [REDACTED]. As you know, Brighton and Sussex University Hospitals NHS Trust is always willing to review our services, in order to identify improvements which can be made in the light of experience.

The Trust recognises that fragmentation of healthcare increases the opportunities for delays, breakdown in communication and potential compromise of effective patient care. However, the local NHS health economy is bound by the decisions of Clinical Commissioning Groups as to where patients may be referred for investigations and treatment, and how any imaging or histology which may be relevant to multidisciplinary team discussion is made readily available. Private providers of services are at liberty to choose to which laboratory specimens are submitted for reporting. This fragmentation is increasing. It is extremely disappointing that since January 2016, some histology work which used to be sent to the laboratory of this Trust from a local private hospital is now being sent elsewhere, and other privately run organisations were already doing this.

The Trust has been very conscious of the considerable difficulties in providing timely abdominal surgery appointments. A new Clinical Director of Abdominal Surgery and Medicine took up post in December 2015, and has already implemented several changes to improve the effectiveness of this service. Since the death of Mr Moyse, three new surgical consultants have taken up posts in the department and another Colorectal/Emergency surgeon is due to start in June 2016. We anticipate there will no requirement for Locum Consultants from June 2016.

With our partner

We deeply regret that there was some delay between the decision in the morning that Mr Moyle was ready for discharge home, and the provision of the discharge letter and the relevant medication so that he could actually go home later that afternoon. It is very disappointing to learn that Mrs Moyle did not feel adequately consulted about the discharge planning for her husband, especially as the likelihood that Mr Moyle would be ready for discharge had been identified on the day before he was actually discharged.

We acknowledge that it was unacceptable for the discharge sheet, known as the "purple planner" not to have been completed, but more importantly than how this was documented, we accept that the communication with Mr Moyle's family was itself inadequate. As you may know, the Head of Nursing - Discharge, Partnerships & Clinical Site Management left this Trust in February 2016 after being recruited to a post elsewhere. The Trust has since appointed an experienced senior nurse to undertake this role, and she will move into the post later this month. This will give a good opportunity for a review by fresh eyes on how staff are taught about the requirements of the Trust's very thorough discharge policy, including the importance of good communication and documentation.

Thank you once again for raising your concerns with us.

Finally, please pass on our condolences to the family and friends of Mr Moyle on their sad loss.

Yours sincerely

Dr Gillian Fairfield
Chief Executive



[Redacted Name]

Deputy Chief Nurse, Patient Experience





**Brighton and Hove
Clinical Commissioning Group**

Miss V Hamilton-Deeley
H M Senior Coroner
The Coroner's Office
Woodvale
Lewes Road
Brighton
BN2 3QB



Level 4, Lanchester House
Trafalgar Place
Brighton
BN1 4FU

Tel: 01273 574863
Fax: 01273 574737

mail: christa.beesley@nhs.net
Web: www.brightonandhoveccg.nhs.uk

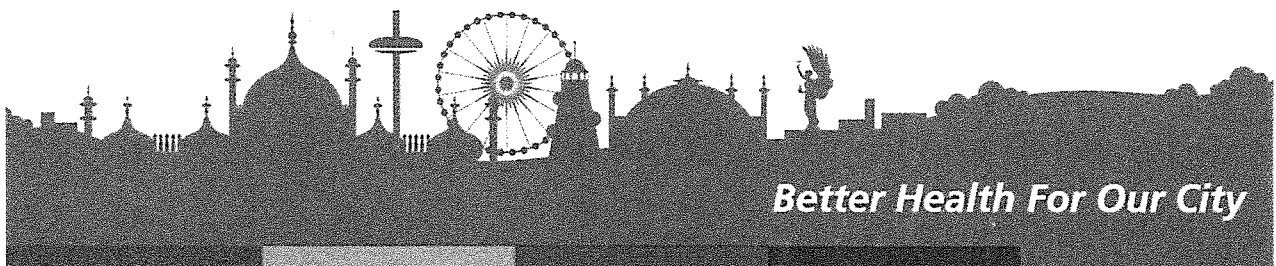
9 May 2016

Dear Miss Hamilton-Deeley

Regulation 28: Report to prevent future deaths: Geoffrey John MOYSE

I am writing in response to your Regulation 28 Report to Prevent Future Deaths regarding the late Geoffrey John MOYSE following the inquest you held on 17 February 2016. I would firstly like to extend my condolences to Mr Moyses's family on behalf of the Clinical Commissioning Group (CCG). I have taken this opportunity to provide you with an update on the areas of concern which you have identified in your Record of Inquest for which the CCG has responsibility.

You identified that there had been a delay in Mr Moyses receiving assessment and treatment within secondary care because of prolonged waiting times within the Digestive Diseases department at Brighton & Sussex University Hospitals (BSUH). As you know there remain considerable and long standing challenges regarding waiting time performance within BSUH for the NHS constitutional target of 18 weeks from referral to treatment. The CCG is working closely with BSUH and primary care in the city with the aim of reducing the waiting times for secondary care whilst improving the patient experience and reducing the risk of any patient experiencing harm. The CCG has developed an overarching Referral to Treatment recovery plan which includes both BSUH internal actions and those owned by the CCG. This action plan is subject to monitor and review by the System Resilience Group (SRG) which is a multi-agency group of senior health and social care leaders from across the local health economy including regulators from NHS England and NHS Improvement and with input from Healthwatch Brighton and Hove. A key element of the recovery plan is the aim to secure additional secondary care capacity in both the independent sector and other NHS providers across Sussex and beyond, to support improvement in waiting times. Brighton & Hove CCG is undertaking this task in partnership with other CCGs serving the BSUH catchment area.



The CCG is currently reviewing individual clinical pathways in conjunction with providers to enable increased numbers of interventions to be undertaken within primary care or community services and prevent inappropriate referrals to hospital based secondary care. In order to support these developments and ensure clinical leadership, oversight and governance Brighton & Hove CCG in partnership with CCGs in Horsham and Mid-Sussex and High Wealds, Lewes Havens and BSUH have established a clinically chaired Planned Care Board. This Board is chaired by clinical leads and is currently reviewing individual clinical areas and associated care pathways in conjunction with secondary care clinicians to ensure they are as smooth as possible for patients to negotiate and outcomes are optimised.

You will no doubt be aware that CCGs, Local Authorities and NHS provider trusts have been mandated to work together across regional footprints to formulate Sustainable Transformation Plans (STP) which aim to identify the system issues around care, quality and finance at a regional level. Brighton and Hove are working in a regional footprint with colleagues from across Sussex and East Surrey. One aim of the STP will be to formally recognise the challenges in delivering high quality timely care for the city's population solely within Brighton and Hove and plan to develop regional solutions to ensure a more sustainable health and social care economy. These plans are underway and final submissions will be concluded within June.

In addition to these actions, the CCG's Quality Team closely monitor the impact on patient care and patient experience of the extended waiting times for referral to treatment within secondary care. The CCG chair the Quality Review Meeting with BSUH held monthly where extended waiting times and their impact is monitored. The CCG has received a Serious Incident report from BSUH related to the extended waiting times for treatment and the lessons from this report have been incorporated within the overarching programme of work. The CCG is also facilitating a clinically led scrutiny panel reviewing those patients care who have waited longer than 52 weeks for treatment following referral.

Since Mr Moyses sadly passed away there has been a change in the delivery of the Referral Management System within the City which is now provided by Optum. As you may be aware there have been initial difficulties with the current provider coupled with national challenges relating to the electronic referral system for primary care to refer to secondary care. The CCG has been working very closely with the new provider over recent months to ensure an appropriate level of service. Actions taken to date have included issuing a performance notice to the provider and close performance and contracting monitoring. The CCG continues to work closely with the provider to ensure patients are offered choice as to where they wish to receive secondary care treatment. This is to ensure the CCG fulfills its obligations to offer patient's choice but to support patients to receive their treatment in a timely fashion by offering services outside of Brighton and Hove.

In your report you highlighted a possible disconnect between independent sector hospitals and NHS provision relating to results of investigations and questioned whether they are routinely made available to clinicians within NHS provision. The CCG currently has service specifications in place with all independent sector providers which cover commissioners expectations regarding onwards referrals, tracking results and highlight best practice and national guidelines.

As the CCG seeks to secure additional capacity via the processes outlined above, the Urgent and Planned Care Team will ensure that service specifications are reviewed and fit for purpose including clarity around the handling of incidental findings of cancer and that any independent sector providers are linked to the local wider multi-disciplinary team for cancer care and treatment.

I hope you find this response sufficient in answering the areas identified.

Yours sincerely



Christa Beesley
Chief Clinical Officer
Brighton & Hove Clinical Commissioning Group

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