

Your ref: VHD/TS/INQ  
Our ref: GF001/KK

12 April 2017

The Royal Sussex County Hospital  
Eastern Road  
Brighton  
BN2 5BE

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

Tel: 01273 696955

Dear Miss Hamilton-Deeley

**The late Mr Raymond Frank Pollard, DoB: 27/6/1931**  
**NHS No: 468 098 6298**

Thank you for your letter of 26 January 2017 and for drawing your concerns to [REDACTED] attention [REDACTED] was Interim Chief Executive and has now left the Trust).

I am very sorry to read about the circumstances of Mr Pollard's death and the concerns which you have highlighted. These issues have been reviewed by senior medical and nursing staff, including the Trust's Head of Nursing, Discharge and Partnerships, to identify improvements required within the Directorate and to ensure that learning from this case is shared with staff in Respiratory Medicine.

You asked us in particular to give consideration to ensuring a medical review prior to discharge in complex patients with fluctuating clinical signs where the patient has not been discharged within 18-24 hours of the discharge decision. It is a key principle of our discharge policy that once the decision has been made that the patient is medically ready for discharge (MRFD), the patient's discharge is then led by nursing staff. It is the responsibility of nursing staff to monitor the patient's condition and alert the medical staff if there are any concerns, including any change in a patient's condition. After reviewing Mr Pollard's care, it is apparent that opportunities were missed on the morning of 28 June 2016 both to carry out additional assessments following the last NEWS assessment at 06:00 and to alert medical staff of Mr Pollard's symptoms during the night of 27 June.

It is concerning that following Mr Pollard's transfer from Catherine James Ward to Overton Ward on the morning of 28 June, there is no documentation in the nursing evaluation notes by Overton staff. This would have confirmed how the staff on Overton Ward received Mr Pollard and what handover was given to the day shift staff concerning Mr Pollard's condition during the night of 27 June, which had been documented in detail by the night nursing staff on Catherine James Ward.

There had also been an opportunity for a further medical assessment of Mr Pollard during the day on 27 June (and after the morning ward round when it was decided that he was ready for discharge) when the Critical Care Outreach Team (CCOT) came to review him. This was a follow up to discussions between Respiratory Medicine and ITU medical staff early that

With our partner

morning. The CCOT was advised by medical staff on the ward that their intervention was no longer necessary. With hindsight, it would have been beneficial if the CCOT had reviewed Mr Pollard, as this would either have provided further evidence that his condition remained stable or alternatively, could have identified any deterioration since the morning ward round or any other concerns about readiness for discharge.

I do understand your concern about continuing medical review of complex patients following a decision that they are ready for discharge. The Trust is committed to ensuring that all available medical resources are used as effectively as possible; this includes prioritising those patients who will most benefit from direct medical input, rather than providing automatic medical review of all patients. The medical team does review the progress of all MRFD patients on the daily "board round" and will follow up any issues identified either as a result of that process, or arising from any request from clinical colleagues, including nurses. It is very important, therefore, that existing Trust policies are followed from the point when the patient's discharge becomes nurse-led, in responding to changes in patients' symptoms and appropriately requesting medical input. It is equally important that nursing documentation should be adequate.

At the time of Mr Pollard's admission, Overton Ward was designated for the care of patients from a range of clinical specialties who had been assessed as medically ready for discharge, and there was no lead Consultant for the ward. Since then, Overton has become part of the Respiratory Medicine Unit, together with Catherine James and Egremont Wards, as wards specifically for Respiratory Medicine patients. There is now a dedicated Respiratory Nursing team for the whole Unit, which also has a lead Consultant, and we try to ensure that a Junior Sister from the Respiratory Team is on duty on Overton Ward each day. This has greatly improved continuity of care for patients and communication within the team and we are confident that this will enhance the safety of respiratory patients approaching discharge.

Events surrounding Mr Pollard's discharge are being raised with nursing and medical staff through the Directorate clinical governance meetings and training/awareness sessions for staff which will continue this year, as a means of ensuring learning. These will focus on ensuring adherence to existing policies in respect of:

- i) discharge procedures,
- ii) responding to changes in patient NEWS scores and other clinical indicators, and
- iii) appropriate documentation, particularly when a patient is transferred between wards

In light of your findings, Mr Pollard's care, which was first discussed at the Respiratory Morbidity and Mortality Meeting in 2016, will be explored again at the next available meeting. It will also be raised at the Trust-wide Deteriorating Patient Steering Group meeting later this month, which is chaired by [REDACTED] Deputy Medical Director, Safety & Quality. Any additional learning identified in these meetings will be disseminated to medical and nursing staff.

A further issue which arose was the mode of Mr Pollard's transfer from the ambulance to his room at Victoria Highgrove Nursing Home and I understand that Mrs Pollard expressed concern at the inquest that Mr Pollard had walked a long distance from the vehicle to his room. I can confirm that the Trust booked a "sitting" ambulance for Mr Pollard's discharge. Our expectation was that Mr Pollard would be transferred by chair at all times between the hospital and his room at the Nursing Home, based on the level of his mobility while he was in hospital. Mr Pollard was transferred by private ambulance through a company named WANT. I appreciate that we cannot be certain what happened on that day but I will send a copy of this response to the Care Quality Commission, as previously requested by them, in order that they can consider this issue further.

I hope that the above information is helpful and thank you again for raising your concerns with the Trust.

I would also be grateful if you could pass on my condolences to the family and friends of Mr Pollard for their sad loss.

Yours sincerely

A handwritten signature in black ink, appearing to read 'G Findlay', enclosed within a hand-drawn oval.

George Findlay  
**Executive Medical Director**

cc. [REDACTED] Inspection Manager, Care Quality Commission