



University Hospitals Sussex

NHS Foundation Trust

HM Area Coroner
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10 December 2024

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

Dear Ms Andrews

Inquest into the death of Tamara Davis

Thank you for your letter of 15 October 2024, enclosing your formal report under Regulation 28 to Prevent Future Deaths, to NHS England & NHS Improvement, Department of Health and Social Care, and the Trust.

First, my sincere condolences to Tamara's family.

Thank you for confirming that the period in which Tamara was in the Emergency Department (ED) corridor did not cause or contribute to Tamara's death. However, I understand that you are concerned that caring for patients in the ED corridor may create a risk of future deaths.

Your Regulation 28 report has been reviewed by both the Executive team and the Medicine Division, including the Chief of Service and the Divisional Director of Nursing.

As you know from the inquest, the Medicine Divisional Leadership team are working alongside the Hospital Directors and Executive team on several separate but linked workstreams, all with the overarching aim to eradicate the use of the ED corridor for patients.

The Medicine Divisional Improvement Board has been developed to oversee and implement a number of improvement actions to enable this to be achieved. The focus is also to improve the safety, quality of care, and overall outcomes and experience for patients presenting to the ED.

The Medicine Division have employed an Operational Flow Improvement Manager who is leading the Hospital Alternative Oversight Programme. The aim of this work is to reduce admissions, optimise flow through the hospital, and smooth discharge pathways and processes. A number of the initiatives already in progress are as follows:

- Unscheduled Care Navigation Hub
- Frailty Care Home Outreach & Red Bag Launch
- Frailty High-Weald Lewes & Havens Outreach
- Integrated Front Door Therapies Team RSCH (Royal Sussex County Hospital)

- Virtual Health, both General Virtual Ward and Respiratory Home Monitoring Services
- Frailty & Respiratory SDEC (Same Day Emergency Care) Optimisation
- Interprofessional Standards
- UTC (Urgent Treatment Centre) Optimisation
- Early Discharge Planning
- Deconditioning Prevention
- Tiered Acuity Model

These initiatives are in collaboration with colleagues from the ICB (Integrated Care Board), Sussex Community NHS Foundation Trust (SCFT), South East Coast Ambulance Service (SECAmb) and Brighton & Hove City Council (BHCC).

Unscheduled Care Navigation Hub

In the Southeast, only 2.1% of call outs are conveyed somewhere other than ED. There is underutilisation of alternative pathways to admission, with 53.9% of incidents conveyed to ED. This model seeks to enhance the hear & treat and see & treat performance of SECAmb and reduce attendance to our hospitals where appropriate, and act as pre-cursor to NHS England's Single Point of Access (SPOA) model.

Continuous Flow Model - Reducing overcrowding in the Emergency Department

Continuous Flow will improve the early movement of patients from the Acute Floor. This will improve the quality of care for patients who are being treated in non-clinical spaces in the ED. In addition, it will reduce the time patients are waiting in the ED, in particular it will reduce patients waiting over 12 hours for admission to a ward.

The continuous flow model commenced on 11 June 2024 and provides guaranteed transfer of patients from the Acute Assessment Unit (AAU) to the Specialty Medicine and Frailty wards at set times planned in advance. This is currently being implemented across the Trust.

Surgical Assessment Unit (SAU)

The SAU opened in October 2024 and is being expanded in line with nursing recruitment. This will increase the hospital's bed stock by 12 patient trolley beds and 12 patient chairs. It is expected to manage most surgical patient presentations to the ED and receive ambulances directly.

The SAU represents the first phase of our Acute Floor Reconfiguration which is a £48 million capital improvement programme that will improve patient and staff experience at the RSCH significantly.

I hope this letter provides you and Tamara's family with assurance that we are committed to making significant improvements to patient flow and the quality and safety in the Emergency Department. Once again, my sincere condolences to Tamara's family.

Yours sincerely




Chief Executive