University Hospitals Sussex
NHS Foundation Trust

HM Area Coroner
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30 September 2025

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Our ref: C9/25/27

Dear Ms Andrews

Inquest into the death of Maureen Brenda Batchelor

Thank you for your letter of 5 August 2025, enclosing your formal report under Regulation 28 to Prevent Future Deaths, to NHS England & NHS Improvement, the Department of Health and Social Care, and the Trust.

At the outset, I wish to express my sincere condolences to Mrs Batchelor's family.

Thank you for confirming that there was no evidence from which you could conclude that the period of time taken to transfer Mrs Batchelor from the corridor to the Resuscitation area more than minimally contributed to Mrs Batchelor's death. However, you are understandably concerned that the corridor at times continues to be used to treat patients when there is insufficient capacity in within the Emergency Department (ED).

Your Regulation 28 report has been carefully considered by the Executive team, and the Medicine Division, including the Chief of Service for Medicine and the Divisional Director of Nursing for Medicine. Your concerns have also been shared at the Trust wide Patient Safety Group meeting to ensure widespread learning and engagement.

As you know from the evidence heard at the inquest, the Medicine Divisional Leadership team, the Hospital Directors, and Executive team are continuously working on several separate but linked workstreams, which were previously in their infancy, to eradicate the use of the ED corridor for patient care and ensure they are treated in the most appropriate clinical environment with dignity and without delays.

Our Acute Floor Reconfiguration, which is a £48 million capital improvement programme to improve patient and staff experience at the Royal Sussex County Hospital, is well underway.

Our Interim Assistant Director for Leadership and Management is leading on a cultural mindset change throughout the hospital, so we have a 'no corridor culture'. This includes nominated leaders, staff empowerment, a 4 hour response timeline, celebration of teams preventing corridor use, regular feedback and learning loops, and scenario based training to reinforce the cultural mindset change.

We now have a Direct to Specialty Pathway Agreement between ED and the Trust's specialties so certain categories of patient are accepted by the relevant specialty on presentation to the ED. Our Interim General Manager for Medicine and Urgent Care (Brighton and Haywards Heath) is the Responsive workstream lead for this, and data is collected daily for all specialty referrals from ED, to monitor the response times from the specialties. Specialties in-reach to ED/AMU/SDEC and we operate a 3/2/1 bleep system to ensure this is fast and effective. There are regular cross specialty flow meetings over the course of the day.

We have an Operational Flow Improvement Manager in post who is leading the Hospital Alternative Oversight Programme (HALO). This work is aimed at the avoidance of inappropriate hospital admissions, to optimise patient flow through the hospital, and smooth discharge pathways and processes. This includes:

- 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 and 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 our colleagues from the ICB (Integrated Care Board), Sussex Community NHS Foundation Trust (SCFT), South East Coast Ambulance Service (SECAmb), Sussex Partnership NHS Foundation Trust (SPFT), and Brighton & Hove City Council (BHCC).

I am pleased to say that we are working closely with SECAmb by having a Consultant of ours giving advice at the point of contact to ensure only the correct patients (those in need of emergency care) are coming to the ED. This work has demonstrated that 8 -10 ambulance attendances are avoided each day.

Furthermore, we work closely with the local Mental Health Trust, SPFT, as part of HALO to try to ensure that patients requiring mental health hospital admission are admitted to an appropriate mental health unit as quickly as possible.

One of our Frailty Consultants is working with the 10 local Nursing Homes which have the highest number of presentations of their residents to ED, to educate their teams on non necessary attendances to ED and providing them with confidence in navigating alternatives to the ED.

We have changed our Medical Model of Care in ED so there is a GP of the day supporting our ambulatory patient area.

There is a Capacity and Demand modelling piece of work underway which is realigning areas with increased bed spaces to areas with less bed spaces with workforce changes to match the demand.

We have converted what was previously a trolley cubicle into a reclining chair area within Majors in ED to increase clinical space.

The Continuous Flow Model has improved the earlier movement of patients from the Acute Floor and reduced the time patients are waiting in the ED for admission to a ward.

I hope this letter provides assurance that we are continuing to make significant improvements to the quality and safety in the Royal Sussex County Hospital ED.

Yours sincerely,

Dr Andy Heeps
Interim Chief Executive