

Sussex Community NHS Foundation Trust
Brighton General Hospital
Elm Grove, Brighton
East Sussex
BN2 3EW

Private & Confidential

Karen Taylor
Assistant Coroner
West Sussex, Brighton and Hove
Chart Way, Horsham
West Sussex
RH12 1XH

Date: 11th May 2026

Re: Regulation 28 Report to Prevent Future Deaths – *John Malcolm Fisher (deceased)*

Date of Report: 19 March 2026

Dear Ms Taylor,

Thank you for your Regulation 28 Report to Prevent Future Deaths following the inquest into the death of Mr John Malcolm Fisher on 11 March 2026. I would like to begin by extending my sincere condolences to Mr Fisher's family. I am grateful for the careful consideration given by the Court and for the opportunity to respond on behalf of Sussex Community NHS Foundation Trust (SCFT).

I confirm receipt of your report and set out below SCFT's response to the matters of concern raised, including actions already taken and further actions planned, in accordance with Regulation 29 of the Coroners (Investigations) Regulations 2013.

Context and Acknowledgement of the Coroner's Findings

We note the Coroner's conclusion that Mr Fisher died from natural causes, namely status epilepticus due to epilepsy, and that no single failing or event was identified as causative of death. We further acknowledge the Coroner's view that, notwithstanding this conclusion, there remains a risk that future deaths could occur unless action is taken to strengthen medicines management, documentation, and handover processes across community services.

SCFT fully accepts the importance of addressing system vulnerabilities identified during the inquest and shares the Coroner's commitment to reducing the risk of similar issues affecting other patients in the future.



Internal Review and Learning

Following receipt of the Regulation 28 report, SCFT commissioned an internal Rapid Review under the Patient Safety Incident Response Framework (PSIRF), focusing on the Urgent Community Response (UCR) service involvement between 8 and 15 April 2025 and the subsequent transfer of care.

The review confirmed that:

- The initial Medication Administration Record (MAR) chart produced by UCR on 9 April 2025 accurately reflected the GP summary of prescribed medications available at that time.
- A vulnerability arose when phenobarbital, which had recently been dispensed and remained physically present in the home, was incorrectly added to the MAR chart on 11 April 2025 following escalation of the discrepancy, without gaining confirmation from the GP.
- There is a wider system risk at interfaces of care, particularly where discontinued medicines remain in patients' homes and where care transfers rely on documentation that may be misinterpreted or used beyond its intended purpose.

The review did not identify a single system failure but highlighted opportunities to strengthen medicines reconciliation, escalation, and handover clarity across service boundaries.

Response to the Coroner's Specific Matters of Concern

1. Accuracy and Reliability of Medicines Records

Action taken and planned:

- SCFT has undertaken a formal review of its MAR chart Standard Operating Procedure (SOP) for UCR and Home First services.
- The SOP is being updated to include explicit guidance on the management of recently discontinued medications that remain physically present in the home, including a mandatory second check with the GP where discrepancies arise.
- Clear escalation pathways have been strengthened, including referral to senior clinicians and SCFT pharmacy support for complex medicines reconciliation.

Timetable:

- Updated SOP to be ratified by early June 2026.
- Staff briefings and training aligned to the revised SOP to commence immediately following approval.



2. Use of Outdated or Unverified Medication Information

Actions taken:

- Since October 2025, SCFT staff have access to shared care records via the Plexus system (which links digital care records across Sussex GP's, hospital and community healthcare services as well as local authorities), enabling real-time access to GP medication summaries and reducing reliance on emailed or static information.
- Pharmacy support is now embedded within the UCR/General Virtual Ward model, providing timely expert advice where medication regimes are complex or unclear.
- These controls are already in place and subject to ongoing audit and governance through Medicines Management and clinical quality forums.

3. Medicines Information Provided at Handover to Care Agencies

Action taken and planned:

- UCR referral documentation is being revised to clearly reinforce current agreements that receiving care agencies must undertake their own medicines reconciliation directly with the prescriber and community pharmacy.
- The referral documentation will explicitly state that UCR MAR charts are for SCFT staff use only and are not intended to be relied upon by external providers as a definitive medicines record.
- We have now added further wording to the referral proforma as follows:
 - “Receiving care agencies must undertake their own medicines reconciliation directly with the prescriber and pharmacy. UCR MAR charts are for SCFT staff use only and are not intended to be relied upon by external providers as a definitive medicines record.”

Timetable:

- Revised referral documentation to be implemented by May 2026.

4. Lack of Robust Cross-Checking at Interfaces of Care

Action taken and planned:

- SCFT has strengthened expectations within referral pathways that medicines reconciliation must be confirmed at transitions of care, particularly where responsibility for medicines administration is transferring.
- A themed review of medication incidents involving MAR charts within UCR is underway to inform ongoing quality improvement, training, and assurance.



Timetable:

- Themed review findings to be reported through Trust governance structures by the end of June 2026, with resulting actions tracked through the Trust Safety Improvement Plan and Trust Quality Governance framework.

Assurance and Governance

All actions described above are being monitored through SCFT's established clinical governance, medicines management, and quality assurance arrangements. Risks relating to medicines administration and MAR chart processes are recorded on the Trust risk register with ongoing senior oversight.

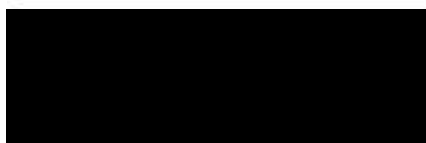
SCFT will continue to work collaboratively with primary care, social care, community pharmacy, and domiciliary care providers to support safer transitions of care and shared learning across organisational boundaries.

Closing

I trust this response provides assurance that SCFT has carefully considered the concerns raised by the Coroner and has taken, and will continue to take, proportionate and meaningful action to reduce the risk of similar occurrences in the future.

Please do not hesitate to contact me should you require any further clarification or information.

Yours sincerely,



Chief Executive
Sussex Community NHS Foundation Trust

