

# East Sussex Healthcare NHS Trust

## Quality Report


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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Requires improvement 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

East Sussex Healthcare NHS Trust is a provider of acute and specialist services that serves a population of 525,000 people across East Sussex. It provides a total of 833 beds with 661 beds provided in general and acute services at the two district general hospital (Eastbourne District General Hospital and Conquest Hospital, Hastings) and community hospitals. In addition there are 45 Maternity beds at Conquest Hospital, and the midwifery led unit at Eastbourne District General Hospital and 19 Critical care beds (11 at Conquest Hospital, 8 at Eastbourne District General Hospital).

We carried out an announced inspection between the 4th and 6th of October.

This is the third inspection of this trust. Following the inspections of September 2014 and March 2015 the trust was rated as inadequate and placed in special measures in September 2015.

This inspection was specifically designed to test the requirement for the continued application of special measures at the trust. Prior to inspection we risk assessed all services provided by the trust using national and local data and intelligence we received from a number of sources. That assessment led us to include six acute hospital services (emergency care, surgery, maternity and gynaecology, children and young people, end of life care and outpatients) in our inspection. The two other acute hospital services (medicine and critical care) and community services were not inspected as they had indicated good performance at previous inspections and our information review suggested that this had been sustained.

Following this inspection we have re-rated the services inspected. For other services we have maintained ratings from previous inspections. We have aggregated the ratings to provide an overall rating for the trust of requires improvement.

Caring was rated as good, whilst safe, effective, responsive and well-led are all rated as 'requires improvement'. This constitutes a significant improvement from the previous rating of inadequate.

Both Eastbourne District General Hospital and Conquest Hospital Hastings were rated as 'requires improvement', again a significant improvement from the previous rating of inadequate.

Our key findings were as follows:-

### SAFE

- The incident reporting culture had been significantly improved.
- Staff understanding of duty of candour had improved.
- Infection control oversight had been significantly strengthened and hand hygiene practice was largely compliant.
- Medicines management processes had been significantly improved.
- The transfer of patients from ambulance to the emergency department was subject to delay and not being monitored.
- There was a significant backlog in the reporting of x-ray examinations.
- Record keeping was not consistent across the trust notably in the documentation of risk assessments within the emergency department.
- Deficiencies in staffing levels in the emergency department and maternity services were impacting on patient care and experience.

### EFFECTIVE

- End of life care and emergency departments were not meeting national audit standards in some areas.
- Nursing appraisal rates were variable across the trust.
- The assessment of mental capacity by staff remained inconsistent across the trust.
- Maternity and gynaecology services were no longer rated as inadequate
- Policies are now largely up to date and referenced by best practice, with the exception of maternity services.
- Surgery services are no longer an outlier for clinical outcomes.

### CARING

- All services inspected were rated as good for caring.

# Summary of findings

- Data and our observations confirmed the very positive feedback received from patients with respect to the caring nature of staff.

## RESPONSIVE

- The emergency department indicated a deteriorating performance against access standards.
- The trust was not maintaining the delivery of treatment to patients within 18 weeks of referral from GP's or within 62 days for patients referred onto a cancer pathway.
- Patient flow through the trust was challenged leading to patients being cared for in suboptimal clinical areas.
- Patients on an end of life care pathway did not have access to a rapid discharge service.
- The outpatients service was no longer rated as inadequate with significant improvements to the call centre.
- The trust was very responsive to meeting the complex needs of patients notably those living with dementia or learning disabilities.

## WELL LED

- No services were rated as inadequate for leadership.
- The senior leadership was now sighted on operational and strategic issues and had clear and well considered plans for service improvement.
- The organisational culture had transformed since our last inspection. Staff are now largely positive, well engaged and felt valued by the organisation.
- Governance had been significantly strengthened in terms of structure and the quality of board papers and data. This had led to a strong sense of accountability within the trust.
- The senior team remains relatively new in constitution and some elements of governance and performance management had only recently been introduced
- The trust is yet to complete the transition to a new operational structure.
- At service levels our inspection identified some weaknesses in the management of risk and mortality.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust **must** :

- Ensure that consultant cover meets the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.
- Must develop play services in line with national best practice guidance.

In addition the trust **should**:

- The surgery directorate should ensure completion of anaesthetic machine logbooks
- The surgery directorate should ensure compliance with: inadvertent perioperative hypothermia, NICE guidance clinical guideline CG 65.
- The surgery directorate should ensure accurate record keeping of controlled drugs in theatres.
- The surgery directorate should improve the quality, content and outcomes of mortality and morbidity meetings.
- The surgery directorate should ensure compliance with National Patient Safety Alerts regarding safer spinal and epidural needles.
- The surgery directorate should ensure a consistent governance structure across the two surgical directorates.
- Review all maternity policies and procedures that are outside their review date and take action to ensure all policies reflect current national and evidence-based guidance.
- The hospital should discuss and record ceilings of care for patients who have a DNACPR.
- The trust should have a defined regular audit programme for the end of life care service.
- The trust should record evidence of discussion of an end of life care patient's spiritual needs.
- The trust should implement a formal feedback process to capture bereaved relatives views of delivery of care.
- The trust should ensure that all staff received regular mandatory training for end of life care.
- The trust should provide a formal referral criterion for the specialist care team for staff to follow.

# Summary of findings

- The trust should define and streamline their end of life care service to ensure staff are clear of their roles and who to contact.
- Develop a rapid discharge process for end of life care patients to be discharged to their preferred place of death.
- Extend the Palliative care team service to provide support and advice over the full seven days. As the hospital did not currently have this provision, some patients did not have access to specialist palliative support, for care in the last days of life in all cases.
- Work towards meeting the requirements of the key performance indicators of the National Care of the Dying Audit (NCDAH) 2016.
- Continue to consider ways to improve staff recruitment and retention such that it meets the national recommended levels.
- The trust should ensure incidents occurring in the ED are investigated thoroughly and all staff are included in the dissemination of the outcomes.
- The trust should ensure nurse to patient ratios in the ED are managed in relation to the individual needs of patients based on acuity.
- The trust should ensure that RTT is met in accordance with national standards.
- The trust should ensure that standard for patients receiving their first treatment within 62 days of an urgent GP referral is met.
- The diagnostic department should ensure all policies and procedures are up to date.
- The diagnostic imaging department should ensure they have a recent audit from their Radiation Protection Advisor.
- The diagnostic imaging department should monitor their waiting times and reporting times.
- The diagnostic imaging department should ensure staff attend mandatory training in line with the trusts target.
- The maternity services should ensure medication locks are suitable and do not allow unauthorised patient access.
- The maternity services should ensure there is a clear procedure documented for pool evacuation.
- The trust should consider improving the environment in the Day Assessment Unit waiting area as flooring could be a trip hazard and the room is unwelcoming.
- The maternity services should ensure a robust mechanism is in place to monitor and audit abortion HSA4 notification completion.
- The maternity services should ensure resuscitation trollies are fully stocked with items that are in date, at all times.
- The maternity services should ensure cleaning schedules are adhered to and audit is appropriately used to monitor this in the obstetric theatres.
- The children's service should address the lack of storage space and cramped conditions on the Kipling ward.
- The children's service should develop transition planning for children with long term conditions approaching adulthood.
- The children's service should improve efficiency of appointment and clinic booking systems to avoid long delays in accessing paediatric review and to improve efficiency.

There is no doubt that substantial improvements have been made since our last inspection. The new leadership has had a significant impact on all areas of the trust and it is clear that morale and engagement of the workforce is now much higher.

However, I recommend that East Sussex Hospitals NHS Trust remains in special measures to provide time for the leadership to fully stabilise, governance to become embedded and the safety issues in the emergency department addressed.

**Professor Sir Mike Richards**  
Chief Inspector of Hospitals

# Summary of findings

## Background to East Sussex Healthcare NHS Trust

The Trust serves a population of 525,000 people across East Sussex. It provides a total of 833 beds with 661 beds provided in general and acute services at the two district general hospital and community hospitals. In addition there are 45 maternity beds at Conquest Hospital, and the midwifery led unit at Eastbourne District General Hospital and 19 Critical care beds (11 at Conquest Hospital, 8 at Eastbourne District General Hospital).

At the time of the inspection there was a new Trust Board which included a Chairman, five Non-executive directors, Chief Executive and Executive directors. The Chair was appointed in January 2016 for a period of four years. The Chief Executive Officer joined the trust in April 2016. The non-executive directors have varying lengths of service with the trust with some appointed quite recently and others being more established. Other new appointments since our last inspection include the Chief Operating Officer, the Medical Director and the Finance Director who all started work during 2016. Some stability and

continuity were provided by the Director of Nursing and Company Secretary who had both been in post since 2012 and who were overseeing the implementation of the action plan from our previous inspection.

The trust's main Clinical Commissioning Group's (CCG) are Eastbourne, Hailsham and Seaford Commissioning Group, Hastings and Rother Clinical Commissioning Group and High Weald, Lewes and Havens Clinical Commissioning Group.

We carried out this focussed inspection in October 2016. We held a series of focus groups with staff from across the trust in the week preceding the inspection. Teams, which included CQC inspectors and clinical experts, visited the two acute hospitals. We spoke with staff of all grades, individually and in groups, who worked in acute and community settings. We also carried out an unannounced inspection visits after the announced visit.

\* rate per 100,000 population

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Nick Bishop

**Head of Hospital Inspection:** Alan Thorne, Care Quality Commission.

The team included CQC inspectors and a variety of specialists: The team of 52 that visited across the trust on

4, 5, 6, October 2016 and the team who visited the hospitals on 16 October 2016 included senior CQC managers, inspectors, a data analyst, an inspection planner registered general nurses and children's nurses, consultant midwives, a theatre specialist, consultants and junior doctors, a pharmacist, therapists, a radiographer and senior NHS managers.

## How we carried out this inspection

To get to the heart of patients experiences of care, we always ask the following five questions of every service provider

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

The inspection teams inspected the following six core services across East Sussex Healthcare NHS Trust –

- Accident and emergency services
- Surgery
- Maternity services
- Services for Children and Young People

# Summary of findings

- End of Life Care
- Outpatient services

Before the announced inspection we reviewed the information we held about the trust and asked other organisations to share what they knew about the services being provided. These included the local Clinical Commissioning Groups, NHSI, NHS England, Local Area Team (LAT), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the local Healthwatch.

We received comments from people who contacted us to tell us about their experiences and people who posted written responses in comments boxes that we put in the hospital. We also used information provided by the organisation.

We held a series of focus groups with staff of all grades from across the organisation, to listen to their views and hear about the impact of the changes made since the last inspection.

We made an announced inspection of the trust services on 4, 5, 6, October 2016 and an additional unannounced inspection visit to both acute hospitals on 16 October 2016. We interviewed clinical and non-clinical staff of all grades, talked with patients and staff across all areas of the hospitals and in the community. We observed staff interactions with each other and with patients and visitors. We reviewed records including staffing records and records of individual patient's care and treatment. We observed how care was being delivered.

## Facts and data about this trust

The health of people in East Sussex is generally better than the England average. Deprivation is lower than average, however about 18.1% (16,000) children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 8.2 years lower for men and 5.4 years lower for women in the most deprived areas of East Sussex than in the least deprived areas.


Priorities in East Sussex include circulatory diseases, cancers and respiratory diseases to address the life expectancy gap between the most and least deprived areas.

In the latest full financial year, the trust had an income of £356,152,000 and costs of £403,911,000. This meant overall it had a normalised deficit of £47,997,000 for the year. The trust predicts that it will have a deficit of £41,700,000 in 2016/17.

As at June 2016, the trust employed 5726.26 staff out of an establishment of 6337.82, meaning the overall vacancy rate at the trust was 9.65%. The highest vacancy rate was amongst medical staff with a rate of 14.46%.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p><b>Summary</b></p> <p>Following our inspection in March 2015 the trust was rated inadequate for safety. At this time surgery, maternity and gynaecology and outpatients services were all rated as inadequate.</p> <p>Our findings at this inspection led us to improve that overall rating to one of requires improvement. This is because:-</p> <ul style="list-style-type: none"><li>• The incident reporting culture had been significantly improved.</li><li>• Staff understanding of duty of candour had improved.</li><li>• Infection control oversight had been significantly strengthened and hand hygiene practice was largely compliant.</li><li>• Medicines management processes had been significantly improved.</li></ul> <p>However</p> <ul style="list-style-type: none"><li>• Emergency departments across both locations were rated as inadequate with evidence of incidents not being investigated, non compliance with hand hygiene guidelines and delays in the transfer of patients arriving by ambulance.</li><li>• Record keeping was not consistent across the trust notably in the documentation of risk assessments within the emergency department.</li><li>• Deficiencies in staffing levels in the emergency department and maternity services were impacting on patient care and experience.</li><li>• There was a significant backlog in reporting x-ray examinations.</li></ul> <p><b>Incidents</b></p> <ul style="list-style-type: none"><li>• The 2015 inspection identified key concerns relating to the reporting, investigation and learning from incidents.</li><li>• This inspection indicated that a good reporting culture had been developed and staff were aware of reporting processes in all inspected services. The exception to this was emergency services where incidents were not investigated in a timely manner.</li><li>• We identified evidence of appropriate investigatory methods and learning from such incidents. However, in the maternity</li></ul>	<p><b>Requires improvement</b> </p>

# Summary of findings

department staff did not always attend meetings due to high workload and in the emergency department and children and young peoples services we identified incidents that had not been investigated and lost opportunities for learning.

- Learning from incidents had been enhanced by the use of weekly safety summits, bulletins and the use of videoconferencing across sites.
- Serious incidents were reviewed within a robust process however we also saw examples where the root cause analysis of incidents was not completed with appropriate detail.
- All services conducted well structured reviews of morbidity and mortality although we identified a backlog of case reviews within the emergency department and a lack of detailed case discussion within the surgery service.

## **Duty of Candour**

- Training had been made available to staff and, as a consequence, staff awareness of duty of candour had been enhanced. However, this remained inconsistent in application across services.

## **Cleanliness, infection control, equipment and environment**

- Since our last inspection the infection and prevention control (IPC) team had been revised and developed. As a result the team had clarity of purpose and was appropriately resourced to support the trust. An IPC lead nurse was in post and a doctor held the post of director for infection control (DIPC).
- The infection control committee had good scope of membership and met on a monthly basis. The committee reported to the trust quality and safety committee.
- Rates of infection with *Clostridium difficile* were high in the trust however a clear plan of action and control was in place. The trust was not an outlier for surgical site infections.
- The IPC team had developed a network of link nurses who supported the sharing of good practice. This was further enhanced by the use of informative newsletters.
- This inspection identified significant improvements in compliance with hand hygiene requirements across the trust. Staff had access to policies and personal protective equipment across the services we inspected. However, practice within the emergency department at Eastbourne DGH was not of the same standard resulting in poor audit results.



# Summary of findings

- The trust was largely a clean environment and this was maintained by cleaning schedules and monitored by a programme of audit. We did however identify some areas where dust had accumulated and the cleaning audits scores for maternity services at EDGH were below expected scores.
- Staff had access to the equipment they required to deliver the service. Equipment was also subject to planned preventive maintenance and clearly identified as ready for use when cleaned. However diligence is required as the inspection identified some anaesthetic equipment that had not been fully checked and also the presence of out of date single use equipment.
- The clinical environment was in most areas of appropriate design and fit for purpose. The emergency department had a plan to address environmental issues including the lack of mental health and paediatric specific areas. This work had commenced. However, some areas require maintenance and modification notably the Clinical Decision Unit and Kipling Ward at Conquest Hospital which both provided cramped accommodation.
- The trust has a revised five year estates strategy which obtained board approval in December 2015. The document is aligned with the trust clinical strategy. The trust does however face a challenging £26m general maintenance backlog.

## Safeguarding

- The trust has clear and up to date policies for both adult and child safeguarding. Policies and procedures are linked to county safeguarding boards.
- Safeguarding is led at board level by a named director and the board receives regular updates and an annual report ensuring that it is sighted and receiving assurance on safeguarding issues.
- The trust has teams that support the management of safeguarding within the trust. Staff are clear about responsibilities and understand who to access to report or take advice on safeguarding issues. This team shares information with the organisation via a newsletter.
- The trust provides comprehensive training in safeguarding and this is largely taken up by staff. However, in some services medical staff attendance at training is below target and below that of other groups within the workforce.

# Summary of findings

## Staffing

- The recruitment of staff remains problematic across the trust. The trust continued to address this with a variety of recruitment strategies and this had proved successful notably in surgery, however our inspection identified a number of areas of concern.
- The emergency departments faced staffing issues for both medical and nursing staff. The department did not meet the Royal College of Emergency Medicine (RCEM) standard for consultant presence. Nursing levels were regularly below that planned and access to paediatric trained nurses was not consistent.
- In maternity, staffing meets required standards for both midwifery and consultant support and this is an improvement from our last inspection. However, staffing levels within the day assessment unit were impacting on care and the ratio of staff to supervisory midwives was high, leading to reduced access to supervision. In addition, there were low numbers of band 7 midwives in the workforce.
- Gynaecology services at EDGH did not have specialty on call cover overnight and this has led to patients being transferred to the Conquest Hospital.
- In radiology only 66% of the established number of radiographers were in post, placing pressures on the provision of out of hours services.

## Assessment of patient risk

- The trust used the documentation of early warning scores and sepsis pathway to assess patient risk of deterioration. In surgery and maternity we saw strong evidence of their use. This ensured appropriate escalation to the critical care outreach team.
- However, we identified that these methods were not used consistently within the emergency departments and the children's services where documentation was significantly weaker.
- The World Health Organisation (WHO) ' five steps to safer surgery' protocol was in comprehensive use and subject to audit.
- Data provided by ambulance services indicated delays in the transfer of patients from ambulances into the emergency department, with more than 7% of patients waiting longer than

# Summary of findings

60 minutes to be transferred during the period August - October 2016. Although the data collected is not comprehensive this equates to at least 100 patients per month waiting in excess of 60 minutes for transfer.

- The trust had a backlog of 22,000 unreported x ray investigations. The backlog was being risk assessed at the time of inspection.

## Medicines

- The trust had a comprehensive set of policies, standard operating procedures and guidelines for medicines optimisation. These are supported by a governance structure that provides organisational oversight.
- At our last inspection, concern was expressed regarding the aseptic pharmacy unit at EDGH. Following external review there was now a plan to close the unit.
- The overall culture within pharmacy had significantly improved since our last inspection.
- Across the trust we found medicines stored in a secure manner with appropriate processes for monitoring storage conditions in place.
- The administration of controlled drugs was largely well managed although we found evidence of inappropriate sign off in surgery.

## Records

- Since our last inspection the trust had revised its arrangements for the storage of medical records establishing an off site facility. This had initially led to an increase in the use of temporary notes and delays in availability. These issues had now been largely addressed.
- On the hospital sites we found records were stored in a secure and safe manner.
- However, we found considerable variability in the quality of record keeping. Whilst records were largely comprehensive in surgery and maternity, in the emergency department there was evidence of incomplete recording of patient risk assessments including sepsis. Furthermore, personalised care plans for patients on an end of life care pathway were only being used in pilot form.
- All services inspected conducted notes audits to determine the quality and consistency of clinical records.

# Summary of findings

## Are services at this trust effective?

### Summary

Following our inspection in March 2015 the trust was rated as requires improvement overall and the maternity and gynaecology service rated as inadequate.

Our findings at this inspection have led us to maintain a rating of requires improvement. This was because:-

- End of life care and emergency departments were not meeting national audit standards in some areas.
- Nursing appraisal rates were variable across the trust.
- The assessment of mental capacity by staff remains inconsistent across the trust.

However:-

- Maternity and gynaecology services were no longer rated as inadequate
- Policies were now largely up to date and referenced by best practice.
- Surgery services were no longer an outlier for clinical outcomes.

### Evidence based care and treatment

- Policies and procedures that were underpinned by evidence and best practice were in place in all services inspected.
- In all cases, with the exception of maternity, policies were under a regular cycle of review. In maternity we found a high percentage of policies in use were beyond their review date.
- Policies and procedures were subject to regular local audit. The extent of audit was variable, with surgery and paediatrics having extensive audit programmes whilst end of life care audits lacked detail.
- The trust participated in appropriate national audit programmes.
- At our last inspection our report indicated a lack of capacity within the pain relief team to support patients and services. This inspection indicated that in surgery and maternity this had significantly improved although clinical teams expressed concern about the resource available to support pain relief.
- Difficulties in accessing pain relief for patients were further exacerbated in the emergency departments by inconsistent use and documentation of pain scoring tools.

## Requires improvement



# Summary of findings

## Patient outcomes

- The trust was not an outlier for hospital standardised mortality rate (HSMR) or the summary level mortality indicator (SHMI). The trust had created clinical focus through a project plan and engagement processes and had evidenced improvement in all mortality indicators from the previous year.
- The trust had participated in the 2016 NCDAAH (national care of the dying in hospitals audit). The trust performed worse than the England average for three of five clinical indicators and only achieved two of the eight organisational indicators.
- The emergency department performed well within the Trauma Audit and Research network (TARN), showing an improved mortality rate over the last twelve months. However, the trust was in the lower quartile for RCEM sepsis audit in 2013-14 and the trust did not provide further evidence of completed audits to indicate improvement. The trust did not meet all fundamental standards for 2014-15 RCEM audits on mental health care and management of the fitting child.
- Surgical national audit outcomes were variable but did not indicate any significant outliers. The trust demonstrated continued improvement with respect to outcomes from the national hip fracture audit.
- Rates of normal delivery and stillbirth were both within acceptable levels and the trust was showing a reduction in emergency caesarean rates. However, the trust had not participated in the 2015-16 national pregnancy and diabetes audit due to lack of resource. The trust had planned participation in 2016-17.

## Competent staff

- All services inspected largely had a structure that supported the maintenance of competence. Staff attended comprehensive induction and skill development followed competency frameworks.
- Temporary staff were subject to similar controls including induction.
- There was a comprehensive portfolio of specialist nurses and midwives. This included extended nurse practitioners and specialist nurses for vulnerable patient groups.
- Link nurses were in place to support both infection control and end of life care. However, the end of life care link nurses had only been in post since September 2016 and impact had yet to be realised. As a consequence ward staff training in end of life care had not been completed.

# Summary of findings

- Staff appraisal rates across the trust for medical staff exceeded 90%. However, nurse appraisal rates in a number of services across the trust were low notably within the emergency department and maternity. Only surgery exceeded 90% of staff having completed appraisal.

## **Consent, Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS)**

- Consent processes were generally controlled and well documented, including processes for children, although audit results suggested that this was less consistent in the emergency care departments.
- Review of documentation indicated that whilst processes for application of do not resuscitate (DNACPR) had improved since our last inspection, staff understanding of the application of MCA remained inconsistent despite enhanced training.

## **Are services at this trust caring?**

Good



### **Summary**

Following our inspection in March 2015 all services were rated as good for caring.

Our findings on this inspection have led us to maintain the overall rating of good for caring. This was because:-

- All services inspected were rated as good for caring.
- Data and our observations confirmed the very positive feedback received from patients with respect to the caring nature of staff.

### **Compassionate care**

- During the inspection we observed many staff and patient interactions. All our observations indicated that staff put provision of compassionate and dignified care as a priority.
- Data from the national friends and family test survey supported our observed findings. In addition, we received numerous positive items of feedback from patients and relatives.

### **Understanding and involvement of patients and those close to them**

- The patients and carers we spoke with during the inspection described clear communication of care plans by staff. Carers and relatives also said they felt appropriately involved in care.

# Summary of findings

- Amongst the many examples of good understanding and involvement of patients we saw an outstanding approach to the care of patients with learning disabilities undergoing dental surgery.
- We saw due consideration being given to partners of women under the care of the maternity service.

## Emotional support

- Patients were provided emotional support by staff. This was further supported by 24 hour chaplaincy services that were of a multi faith base. Volunteer services supplemented the chaplaincy service.
- The maternity service provided specialist counselling to women undergoing screening for anomalies and also following stillbirth or neonatal death.

## Are services at this trust responsive?

### Summary

Following our inspection in March 2015 the trust was rated as requires improvement for responsiveness. The outpatient department was rated as inadequate.

Our findings on this inspection have led us to maintain the overall rating of requires improvement. This was because:-

- The emergency department indicated a deteriorating performance against access standards.
- The trust was not maintaining the delivery of treatment to patients within 18 weeks of referral from GP's or within 62 days for patients referred onto a cancer pathway.
- Patient flow through the trust was challenged leading to patients being cared for in suboptimal clinical areas.
- Patients on an end of life care pathway did not have access to a rapid discharge service.

However:-

- The outpatients service was no longer rated as inadequate with significant improvements to the call centre.
- The trust was very responsive to meeting the complex needs of patients notably those living with dementia or learning disabilities.

Requires improvement



# Summary of findings

## Service planning and delivery to meet the needs of local people

- The trust managed daily capacity pressures via a multisite meeting. Patient needs and risks were fully assessed when making capacity decisions.
- The trust was engaged in regional strategies to reduce attendance at emergency departments. This included the ability to refer to a multidisciplinary crisis team and mental health support.
- A discharge team had been developed to coordinate the movement of patients to appropriate care environments outside of the hospital.

## Meeting individual needs

- Across all services inspected we found a considered approach to supporting patients living with dementia and those with learning disabilities. This included enhanced communication tools, distraction aids and suitably designed environments.
- Clinical environments were largely designed to support patients and visitors with limited mobility and equipment was available to ensure the safe care of bariatric patients.
- Wards across the trust applied protected meal times and staff ensured that patients were fully supported to obtain nutritional needs.
- Women being cared for in maternity had access to a wide range of birthing aids with environments suitably designed to provide a non clinical environment.
- The trust had access to translation services that included sign language and translation to braille as well foreign languages.

## Access and flow

- High acuity and growing activity levels in all services continued to create problems with access to and flow through services.
- The trust demonstrated a deteriorating trend with respect to access to emergency services. Indicators for admission, discharge or transfer within 4 hours, time to treatment and admission within 12 hours were all worse than the England average and below the expected standard. An increasing number of patients were leaving without treatment.
- An impact of restricted patient flow through the trust is that patients were placed as outliers on wards that were not specialised in their care or gender appropriate. During our



# Summary of findings

inspection we identified high numbers of outliers within both surgical and gynaecological wards. In addition the trust reported a high number of mixed sex breaches over the last 12 months.

- A further impact of poor flow was that patients were reported to spend extended time in the post operative recovery area. This was an unsuitable environment for extended stay due to lack of facilities.
- The trust was unable to deliver treatment for surgical (including gynaecology) services within the recommended 18 weeks from GP referral with only oral surgery achieving the standard. The trust also performed below the standard for first treatment within 62 days for cancer patients.
- The maternity service had not had to close due to lack of capacity during the last 12 months. However, demand on the maternity triage service was high and we saw evidence of calls not being answered due to staff shortages.
- For patients on an end of life care pathway there was insufficient resource to support the delivery of a fast track discharge process. However, the trust reports 80% of cancer patients with complete records achieve their preferred place of death. When including patients with incomplete records this figure reduced to 57%.

## Learning from complaints

- All services inspected provided evidence of processes for sharing the learning from complaints. Our review of complaints indicated that the trust is responding in line with guidance. However, between August 2015 and July 2016 9% of complaints were re-opened indicating a lack of satisfaction in response received.
- The trust had a complaints backlog. Of the 653 complaints received between August 2015 and July 2016 102 remained open and 19 exceeded 60 days since receipt.

## Are services at this trust well-led?

### Summary

Following our inspection in March 2015 the trust was rated as inadequate for leadership. Surgery, maternity and outpatients services were all rated as inadequate.

Our findings at this inspection led us to improve that overall rating to one of requires improvement. This is because:-

- No services were rated as inadequate for leadership.

Requires improvement



# Summary of findings

- The senior leadership was now sighted on operational and strategic issues and had clear and well considered plans for service improvement.
- The organisational culture had transformed since our last inspection. Staff were now largely positive, well engaged and felt valued by the organisation.
- Governance had been significantly strengthened in terms of structure and the quality of board papers and data . This had led to a strong sense of accountability within the trust.

However

- The senior team remained relatively new in constitution and some elements of governance and performance management had only recently been introduced
- The trust had yet to complete the transition to a new operational structure.
- At service levels our inspection identified some weaknesses in the management of risk and mortality.

## **Leadership of the trust**

- A new chair was appointed to the trust in January 2016. The chair was supported by 5 non-executive directors all with appropriate backgrounds.
- Non-executive directors chaired an appropriate portfolio of board committees and were clear on the processes for assurance.
- Those non-executive directors at the trust when it was placed in special measures have reflected and are sighted on causative issues. There had been learning from the process and a renewed energy within the board with a focus on patient safety and experience and organisational culture. A programme of board development was now in place.
- The non-executive directors attended quality visits to departments. Findings of these visits were reported back at Board meetings.
- Since our last inspection the executive team has undergone major change. A new CEO was appointed to post in April 2016 and of the four other executive directors three were also appointed during 2016. The chief nurse had been in post since 2012.
- Our interviews with the CEO and Chair indicated that although immediate and appropriate action was being taken to address operational and cultural issues there was clear sight on strategic concerns. Both are contributing positively to regional sustainability and transformation plans.

# Summary of findings

- Our interviews with the executive team indicated a very well aligned team with a coherent and consistent view of strategic direction, operational issues and risk.
- In a short period of time the CEO had completed diagnostic assessment of the organisation and had initiated a programme of engagement and team development.
- During the inspection we heard from a number of external stakeholders, all of whom indicated that the new leadership team had improved engagement. This included the release of the first joint statement for ten years with a local action group.
- During the inspection we held staff focus groups and interviewed staff. There was overwhelmingly positive feedback about the new leadership team, notably the high visibility and accessibility of the CEO.
- The trust had recruitment and scrutiny processes for board level appointments that met the fit and proper persons regulation.
- The trust was going through a period of change with respect to its leadership and management structure. The 7 clinical units were in the process of moving to four divisions. Each division will be led by a triumvirate of clinical, nursing and managerial staff. These moves had not been fully completed at the time of the inspection.
- Leadership at service level has also considerably improved since our last inspection. However, some areas do still require development including emergency services but notably end of life care, where weak leadership is leading to a lack of pace in service improvement.

## **Vision and strategy**

- The trust had developed and recently launched its vision of 'outstanding by 2020'. The vision was built on five key areas for improvement of quality and safety, leadership and culture, clinical strategy, access to and delivery of services and financial control.
- The trust had adopted a clear set of values and had set behavioural expectations to support them.
- The vision and values had been well communicated across the organisation using both printed and electronic information. Staff had been issued a pocket guide. During focus groups and interviews staff acknowledged the vision and more importantly indicated that its purpose resonated with them.

# Summary of findings

- The trust is actively contributing as part of 'East Sussex Better Together' strategy. This aims to develop a fully integrated health and social care economy in East Sussex and forms part of the regional sustainability and transformation plan.
- The trust had commenced engagement with the clinical workforce to develop an overarching clinical strategy and to also ensure that current service level plans are aligned with strategy. The trust did not currently hold a clinical strategy document on its website. The trust five year quality strategy was also only in early draft form. We were not provided with evidence of an organisational development plan.
- Most clinical services had a local plan for service delivery that aligned with trust objectives.

## **Governance, risk management and quality measurement**

- The trust board meets on a regular basis in both public and private settings. Non executive directors indicated that their had been an improvement in the quality of board papers over the last twelve months.
- The trust has revised its governance structure and now has clear lines of accountability. Four board sub committees (quality and safety, people and organisational development, audit and finance and investment) report to the board.
- Under the Quality and Safety Committee sits integrated performance, patient safety and quality and the improvement programme board.
- Monthly integrated performance review meetings for clinical units had been introduced in July 2016. These meetings were chaired by the CEO with broad executive attendance. We reviewed the notes from three integrated performance reviews and found them to be comprehensive in coverage. Quality, safety, performance, workforce and culture and risks were all reviewed and data presented appeared comprehensive. Clear actions were noted with named accountable staff.
- The improvement programme board met on a monthly basis. The meeting is chaired by the CEO and supported by a programme management office. Review of the highlight report provided to trust board in October indicated the programme is well constructed with reporting based on appropriate metrics. It provided a clear indication to the board of progress and risks and had taken account of requirements for resource.
- During the inspection we reviewed the reporting of quality and safety at board level. Reports were comprehensive covering appropriate indicators, serious incidents as well as mortality. Clinical engagement was also reported on.

# Summary of findings

- The trust reviewed the board assurance framework on regular basis. A risk and quality strategy was in place that supported the escalation and mitigation of risk in the organisation.
- Governance at service level had also improved since our last inspection. However, during the inspection we identified examples where risk and mortality was not being assessed and reviewed with appropriate rigour.
- Despite improved governance processes the trust continues to have backlogs in the analysis and response to serious incidents and complaints.

## **Culture within the trust**

- At our last inspection the culture of the organisation was of grave concern with widespread reports of bullying and harassment, fear of reporting incidents, lack of accountability and a disconnection between senior management and teams delivering services.
- The change of culture since our last inspection is remarkable. Information from focus groups and interviews indicated that staff morale had improved dramatically and staff now felt valued, positive and informed. However, during the inspection we identified some services where staff do still feel disconnected and not fully consulted with during periods of change.
- The last staff survey was published in January 2016 and the trust had made efforts to refresh the data with an internal survey in July 2016. The results of this were promising, indicating a trend of improvement. In addition, the trust actively monitored employee relations incidents.
- The trust had appointed a speak out guardian in December 2015. The post reports directly to the CEO. The trust has widely publicised the role, encouraging staff to access the speak up guardian.
- The trust has an equality, diversity and human rights policy and a 5 year equality and diversity plan that was initiated in 2011. However, the last annual equality report available on the trust website is dated 2013-14.
- 12% of staff at the trust come from a BME background. The trust does not have a BME network in place. However the trust planned to review this at its next equality committee meeting.
- In the 2016 trust annual WRES report the trust performed well in comparison to other regional trusts for both indicators for staff experiencing harassment when compared to white staff. Results do however indicate negative perceptions regarding the provision of equal opportunities by the trust.

# Summary of findings

- The view of the lack of equal opportunities provided by the trust was expressed strongly in one BME staff member interview. Other staff however reported excellent support with good mentorship.
- There are no BME representatives on the trust board.
- The trust were supportive of LGBT staff with time afforded for members to attend network meetings. Attendance at the Stonewall role model course had been supported.
- The trust was engaged in project SEARCH a supported internship that provides work experience for young people with learning disabilities.

## **Public and staff engagement**

- The trust holds board meetings in public and encourages public attendance. The trust publishes an on line easy to read summary of board papers for the public.
- The trust worked well with the local Healthwatch team and had engaged them in a number of initiatives to obtain public engagement and feedback.
- There was a Maternity Services Liaison Committee that engaged mothers in the design and improvement of services. The trust was also utilising social media to engage with the public.
- The trust publishes a magazine #ourmarvellousteams which includes articles on achievements, developments and improvements in services.
- The trust holds an annual awards ceremony at which long service and team and individual excellence was celebrated.

## **Innovation, improvement and sustainability**

- The trust acknowledged the importance of innovation in building sustainability and was planning the development of an improvement hub for staff to access support and expertise.
- During the inspection we identified examples of service improvement practice within the services including work on rehabilitation care planning in the emergency departments, unconscious bias avoidance in surgery, perinatal mental health support in maternity, patient conversations during end of life care and improved outpatient clinic utilisation.
- The trust faces financial pressures with a significant recurrent deficit in the region of £40m. As a consequence the trust was placed in financial special measures by the regulator NHS Improvement (NHSI) in October 2016.

# Summary of findings

- With the support of NHSI the trust has developed a turnaround plan that aimed to manage the deficit. The trust uses equality and quality risk assessments prior to the implementation of cost reduction plans.

# Overview of ratings

## Our ratings for Eastbourne District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
End of life care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement



# Overview of ratings

## Our ratings for Conquest Hospital Hastings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for East Sussex Healthcare NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

### Notes

The ratings for critical care and medical care which have been used to complete the grid relate to the inspection visits in September 2014. We did not inspect these core services as part of this latest inspection because we focussed on the areas of greatest concern.

# Outstanding practice and areas for improvement

## Outstanding practice

- Positivity and engagement of staff in the outpatient department. A commitment to deliver high quality care and develop their own staff.
- The trauma nurse service coordinator had coordinated a complex international repatriation with an acquired brain injury (ABI) specialist nurse from the clinical commissioning group, a general practitioner and an ABI non-profit organisation. The trauma nurse acted as a single point of contact for the patient's family and in the process identified the need for an ABI pathway that included scope for international collaboration and repatriation. As an interim measure, information for international patients and relatives was made available on the trust's website and the trauma nurse planned to develop this pathway as part of their work to improve rehabilitation services.
- A dedicated multidisciplinary team had established a five year plan to establish an innovative rehabilitation care plan as part of an out of hospitals services transformation programme. This programme included staff from multiple specialties and enabled ED staff to work with colleagues from across the trust and in the community to develop future services, including an ambulatory rehabilitation unit and a rapid access care service. The programme planned to introduce nurse practitioner roles for frailty, crisis response and proactive care who would provide an integrated rehabilitation service alongside hospital and community-based specialists. This programme would significantly improve working links between the trust's hospitals and local authority social care services and enable rehabilitation services to be provided more responsively to avoid the need for hospital admissions. There was significant support and infrastructure for staff to develop this programme and they had been invited to present their plans and work so far at a national health and social care awards ceremony.
- Innovative service developments to meet the individual needs of specific patients were being encouraged. These included providing keepsake boxes for bereaved parents and including the use of knitted comfort bands to reduce the likelihood of patients with dementia tugging at IV lines.
- The recent maternity review was effective and considered the views of users alongside staff. It resulted in quick improvements to the service and a more positive culture amongst staff.
- Women received a further risk assessment upon entering the labour suite by a lead midwife. This change came about following a series of incidents involving missed opportunities for early intervention.

## Areas for improvement

### Action the trust MUST take to improve

- Ensure that consultant cover meets the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.
- Must develop play services in line with national best practice guidance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  Ensure that consultant cover meets the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.  Must develop play services in line with national best practice guidance.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

## Enforcement actions (s.29A Warning notice)

### Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements

Start here...

Where these improvements need to happen

Start here....