# 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 | Inadequate |
|---|---|
| Are services at this trust safe? | **Inadequate** |
| 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? | **Inadequate** |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

East Sussex Healthcare NHS Trust (ESHT) provides acute hospital and community health services for people living in East Sussex and the surrounding areas. The trust serves a population of 525,000 people and is one of the largest organisations in the county. Acute hospital services are provided from Conquest Hospital in Hastings and Eastbourne District General Hospital, both of which have Emergency Departments. Acute children's services and maternity services are provided at the Conquest Hospital and a midwifery-led birthing service and short-stay children's assessment units are also provided at Eastbourne District General Hospital.

The trust also provides a minor injury unit service from Crowborough War Memorial Hospital, Lewes Victoria Hospital and Uckfield Community Hospital. A midwifery-led birthing service along with outpatient, rehabilitation and intermediate care services are provided at Crowborough War Memorial Hospital. At both Bexhill Hospital and Uckfield Community Hospital the trust provides outpatients, day surgery, rehabilitation and intermediate care services. Outpatient services and inpatient intermediate care services are provided at Lewes Victoria Hospital and Rye, Winchelsea and District Memorial Hospital. At Firwood House the trust jointly provides, with adult social care, inpatient intermediate care services.

Trust community staff also provide care in patients' own homes and from a number of clinics and health centres, GP surgeries and schools.

The trust employs almost 7,000 staff and has 706 inpatient beds across its acute and community sites. The trust serves the population of East Sussex which numbers 525,000.

We carried out this unannounced focussed inspection in March 2015. We analysed data we already held about the trust to inform our inspection planning. Teams, which included CQC inspectors and clinical experts, visited the two acute hospitals along with the Crowborough Birthing Centre and reviewed four of the eight core services that we usually inspect as part of our comprehensive inspection methodology. Services reviewed were maternity services, outpatient services, surgery and accident and emergency care; we reviewed these particular core services as in our comprehensive inspection in September 2014, we had identified serious concerns about the care and treatment provided. We spoke with staff of all grades, individually and in groups, who worked in these services. Staff from across the trust attended our drop in sessions on both sites.

In September 2014 we identified concerns about the provision of pharmacy services. We looked at this in our unannounced visits by a CQC pharmacist. A large number of people from the local community and staff had contacted CQC after the previous inspection report was published to tell us it was an accurate reflection of the way the trust provided services.

It is important to note that in the past two years the trust had been through a period of significant change with reconfiguration of some key services across both acute sites. The trust had followed guidance on both consultation and reconfiguration set out by the Secretary of State for Health. The consultation process was led by the local Clinical Commission Groups and has been assessed by an audit of its corporate governance. The assessment of this process by an internal audit company provided assurance to the board and stakeholders that "Corporate governance, in relation to the maternity project specifically, considered to be executed to a high standard and in compliance with the selection of Good Governance Institute outcomes examined". It also set out that "Structures and decision-making processes clearly set out and followed". We were aware that the reconfiguration was not universally accepted as a positive change by some members of the public and some staff. Despite the process, many people we spoke to said that they felt their concerns had not been listed to, and they had not been well engaged.

We met with the trust and Trust Development Authority (TDA) representatives on 23 March 2015 to hear about the action they had taken since the comprehensive inspection in September 2014. Details of the action plan were shared with us, with a copy of the draft plan being provided to us on 26 March 2015. Since then the trust has amended and finalised the action plan, making it more robust and focussed.

# Summary of findings

During this unannounced follow up inspection and in the preceding comprehensive inspection we reviewed clinical services as they are currently configured. Our remit does not include commenting on local decisions about the configuration of services. We have, where pertinent, considered the safety and effectiveness of the services post reconfiguration and whether the trust is responsive to individual and local needs.

Our key findings from the unannounced follow up inspection were as follows:

- The trust board continues to state they recognise that staff engagement is an area of concern but the evidence we found suggests there is a void between the Board perception and the reality of working at the trust. At senior management and executive level the trust managers spoke entirely positively and said the majority of staff were 'on board', blaming just a few dissenters for the negative comments that we received.
- We found the widespread disconnect between the trust board and its staff persisted. This is reflected in the national NHS Staff survey.
- The most recent NHS staff survey showed the trust performing badly in most areas. It was below average for 23 of the 29 measures, and in the bottom 20% (worst) for 18 measures.
- Overall the trust was amongst the bottom 20% of all trusts in England for staff engagement. Only 18% of staff reported good communications between managers and staff against a national average of 30%.
- The trust was also in the bottom quintile for staff reporting that they had the ability to contribute towards improvement at work.
- The trust told us they were disappointed by the results; but we saw no direct programme to address this or to change the position.There remained a poor relationship between the board and some key community stakeholders. We found the board lacked a credible strategy for effective engagement to improve relationships.
- We saw a culture where staff remained afraid to speak out or to share their concerns openly. We heard from several sources about detriment staff had suffered when they raised concerns about patient safety.
- Staff remained concerned when they contacted us of the risk of doing so.
- We saw that there remained little public engagement in the wider benefits of the reconfiguration. The trust had followed its original strategy. We saw this had failed to engage significant elements of the community. We saw no new plan to address this issue.
- We saw that local managers had taken some steps that had resulted in an improved patient experience in the outpatient areas but there remained long delays in the referral to treatment time. The trust had taken steps towards improvement but these were yet to demonstrate a sustainable improvement.
- Patients were not being seen for follow-up appointments within the timescale requested by their clinician.
- The call centre for outpatient appointments was not effective. Patients were often unable to make contact with the staff.
- Clinics were sometimes cancelled, and patients had not been informed, or informed at very short notice. There was a lack of appropriate staff to ring patients; who arrived for their appointment and found the clinic was not being held.
- Within the trust, we did not see a cycle of improvement and learning based on the outcome of either risk or incidents.
- Staff remained unconvinced of the benefit of incident reporting, and were therefore not reporting incidents or near misses to the trust. the trust was not able to benefit from any learning from these. this position had not improved.
- The risk register was not capturing risks in a robust way.
- We saw a redesign of the governance structure, but were unable to yet see any significant benefits or improvements from this.

# Summary of findings

- We saw low staffing levels that impacted on the trusts ability to deliver efficient and effective care.
- In maternity we saw some small improvements had been made to the governance systems but the major improvements needed to bring about sustainable improvements, such as staffing as yet remained unchanged.
- We saw that surgical services and outpatients' services did not report incidents in a way that would lead to the trust improving services from that learning. We saw that in maternity and surgery there had been improvements in incident reporting but learning was still limited and lessons learned were not embedded.
- We had concerns about the accuracy and robustness of data provided to external stakeholders and the board.
- Training for safeguarding for medical and nursing staff fell well below acceptable levels.
- In a number of areas we remained concerned about medicines management and pharmacy services.
- Checks on controlled drugs were inconsistent in ED, and remained sporadic in surgery, despite a drug register in one area noting an incidence of drugs missing.
- The trust was breaching the provision of single sex accommodation requirements frequently and regularly but not identifying or reporting these. Women and men were both accommodated overnight in the clinical decisions unit and had to walk past people of the opposite sex to use the lavatories and washing facilities.
- There was little consideration for affording privacy to people attending the OPD and radiology where patients changing and waiting facilities were unsuitable and where weighing and other procedures were carried out in corridors.
- The trust healthcare records and records tracking systems remained inadequate.
- The trust was failing to meet the requirements of the National Schedule for Cleanliness in the NHS. Scores from cleanliness audits provided by the trust did not match the aggregated scored from the cleanliness audits we were provided with.
- Staff we spoke with were unaware of their responsibilities regarding the Duty of Candour. Staff we spoke to had not received training on the statutory Duty of Candour (a legal duty to be open and honest with patients or their families when things go wrong that can cause harm) and were therefore unable to describe the processes the trust had in place.
- The trust does receive a higher than average number of complaints for its size although numbers of complaints have fallen over the last two years. We found a complaints system that gave both poor support for people who wished to raise a concern, and concerns on how the trust handled complaints.

We identified some good practice including

- The telephone triage system provided a high standard of information, guidance and support to women, without them necessarily needing to come into hospital.

There were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Give full consideration to whether there have been any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5 (3)(d) Fit and proper persons: directors
- The board needs to give serious consideration to how it is going to rebuild effective relationships with its staff, the public and other key stakeholders. This was a requirement following our inspection in September 2014 but we are not yet assured from the action plan and speaking with the lead executive officer that this had begun to be addressed.
- The board needs to create an organisational culture which is grounded in openness, where people feel able to speak out without fear of reprisal. This was a requirement following our inspection in September 2014 but we are not yet assured that this work was underway.

# Summary of findings

- Undertake a root and branch review across the organisation to address the perceptions of a bullying culture, as required in our previous inspection report.
- Review and improve the trust's pharmacy service and management of medicines.
- Review the reconfiguration of outpatients' services to ensure that it meets the needs of those patients using the service.
- Review the waiting time for outpatients' appointments such that they meet the governments RTT waiting times, and that this is sustainable.
- Ensure that health records are available and that patient data is confidentially managed.
- Review staff deployment in maternity services to ensure that they are sufficient for service provision such that the organisation meets the recommendations made by the Royal Colleges. This was a requirement following our inspection on September 2014 but we are not yet assured from the action plan and data provided by the trust that this has been fully addressed.
- Reduce the proportion of OPD clinics that are cancelled at short notice and develop systems to ensure that where this is unavoidable, that patients are informed in a timely manner.
- Develop achievable succession planning to minimise the impact of staff movements.
- Improve the governance of incident reporting systems to ensure that the number of incidents reported via the electronic system reflects all the incidents that happen.
- Ensure sustained compliance with the National Schedule for Cleanliness.

Additionally the trust should

- Ensure that fridges used for the storage of medicines are kept locked and are not accessible to people and that medicines are secured in lockable units.
- Develop sustainable systems to ensure equipment checks are carried out as required by trust policy and national guidance.
- Develop sustainable systems to ensure that VTE assessments and management are conducted in accordance with the guidance from the Royal Colleges.

Subsequent to this inspection visit a warning notice served under Section 29a of the Health and Social Care Act 2008. This warning notice informed the trust that the Care Quality Commission had formed the view that the quality of health care provided by East Sussex Healthcare NHS Trust requires significant improvement:

On the basis of this inspection, I have recommended that the trust be placed into special measures.

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

# Summary of findings

## Background to East Sussex Healthcare NHS Trust

The health of people in East Sussex is generally better than the England average. Deprivation is lower than average, 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.

In 2012, 22% of adults in East Sussex were classified as obese. The rate of alcohol related harm hospital stays was 543*, better than the average for England. This represents 3,007 stays per year. The rate of self-harm hospital stays was 145.2*, better than the average for England. This represents 719 stays per year. The rate of smoking related deaths was 263*, better than the average for England. This represents 1,037 deaths per year. Estimated levels of adult physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. The rate of new cases of malignant melanoma is worse than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse and early deaths from cardiovascular diseases are better than average.

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

The trust has revenue of £364 million with current costs set at £387 million giving an annual deficit budget of £23 million. A turnaround team had been appointed to address this on-going deficit.

The trust serves a population of 525,000 people across East Sussex. It provides a total of 706 beds with 661 beds provided in general and acute services at the two district general hospital and community hospitals. In addition there are 49 Maternity beds at Conquest Hospital, and the two midwifery led units and 19 critical care beds (11 at Conquest Hospital, 8 at Eastbourne District General Hospital).

At the time of the inspection there was a stable trust board which included a chairman, five non-executive directors, chief executive and executive directors. The chair was appointed in July 2011 for a period of four years. The chief executive officer joined the trust in April 2010 and his appointment was made substantive in July 2010.

* rate per 100,000 population

## Our inspection team

Our inspection team was led by:

**Head of Hospital Inspection**: Tim Cooper, Care Quality Commission.

The team of 29 people that visited across the two hospitals and the birthing unit on 24, 25 and 26 March 2015 included senior CQC managers, inspectors, senior registered general nurses, two consultant midwives and an obstetrician, a theatre specialist, consultants in surgery and emergency medicine, a pharmacist and experts by experience, data analysts and inspection planners.

## 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?

# Summary of findings

The inspection teams inspected the following acute hospital four core services across East Sussex Healthcare NHS Trust –

- Accident and emergency services
- Surgery
- Maternity services
- Outpatient services

We made an unannounced inspection of the trust services on 24, 25, 26 March 2015 and our pharmacist visited on 10 April 2015. We interviewed clinical and non-clinical staff of all grades, talked with patients and staff across all areas of the hospitals that we reviewed. 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. We held drop in sessions on both sites to listen to staff from different areas of the trust. All staff were invited.

The Head of Hospital Inspection telephoned the most senior executive officer available at 3.00pm on Tuesday 24 March 2015 to inform them that we would be making an inspection visit that afternoon. Our inspection team then commenced their visits to the hospitals.

## What people who use the trust's services say

The most recent published Friends and Families Test (FFT) overall score for inpatient services in April 2015 was published at the time of our inspection. Across the trust the FFT showed 95% of people using inpatient services would recommend the service. There was little variance between the two acute sites. These scores include those for community services which may make this difficult to compare with other trusts.

The national Cancer Patient Experiences Survey 2014 showed that the trust was in the middle 60% of trusts for 23 of the 34 key performance indicators. It was in the top 20% of trusts for a further 10 key performance indicators of this survey. In general, scores had risen for each question from the previous year. There was only one 'red rated' area from this survey where the Trust was in the bottom 20% of trusts which related to whether people were given enough privacy when discussing confidential issues.

The Patient Led Assessments of the Care Environments (PLACE) published in August 2014 showed the trust was just below the national average scores for cleanliness (96% against 97%), facilities (90% against 92%) and below the national average for privacy and dignity (84% against 88%).

The number of complaints has decreased since 2011/12 by around 10%, following a nearly 20% increase in complaints between 2010/11 and 2011/12. The number of complaints remains higher than would be expected for a trust of this size and a higher than expected number of complaints are accepted by the Parliamentary and Health Services Ombudsman for investigation.

The NHS Choices website rates trusts with a star rating based on feedback and reviews by people using the service. Both acute hospitals had an overall score of 3.5 stars based on patient reviews. This rating has remained unchanged since September 2014.

We continued to receive higher than expected levels of feedback from people using services and their relatives. Whilst a small number of contacts made positive comments, the overwhelming majority expressed concern and dissatisfaction with the service. The themes we identified included poor patient experiences, staffing concerns, poor communication and staff attitude, an unsatisfactory complaints process, poorly planned discharges, inadequate assessment and management of pain, delays in outpatient treatment and the treatment of people with mental health difficulties in the accident and emergency departments. All the trends identified were related mainly to maternity, surgery, accident & emergency and outpatient services.

The last published CQC Inpatient Survey 2014 showed that the trust was performing, 'about the same' as other trusts for nine of the 11 key performance indicators.

# Summary of findings

The trust performed worse for two indicators relating 'hospital and ward' (which is driven by single sex accommodation which we have highlighted in our ED section) and 'operations' (relating to explanations of the risks and benefits of surgery).

## Facts and data about this trust

**Context**

- Approximately 706 beds plus community services
- Serves a population 525,000
- Employs around 6,942 whole time equivalent members of staff

**Activity**

- 741,706 outpatient attendances in 2013/2014
- 41,846 inpatient admissions across trust hospitals in 2013/2014
- 101,744 accident and emergency department attendances in 2013/2014 (excluding Minor Injuries Unit figures).
- 3,329 births across trust sites, including homebirths, in 2013/2014

**Intelligent monitoring**

Data from our March 2015 Intelligent Monitoring showed the trust as being recently inspected (relating to the September 2014 visit) but the proportional risk score increased to 6.8%, which is equivalent to band two risk (where band one is the highest risk and band six is the lowest risk). This position had become worse over the past 12 months with three elevated risks related to the staff survey and two other risks identified. The situation is seen to have deteriorate further with the latest intelligence monitoring reports published with the trust showing an increase to four elevated risks and 7 risks.

**Key Intelligence Indicators**

The trust remains highlighted as an outlier for times for Referral to Treatment (RTT) which measure the waiting time for outpatient and inpatient treatments.

The 2014 NHS Staff Survey showed minimal change since 2013. For 23 out ot 29 areas the trust was rated worse than the national average for acute trusts. The trust was in the bottom 20% (worst) in the country for 18 of these.

The trust was in the bottom 20% overall for staff engagement. Only 18% of staff reported good communications between senior managers and staff which was worse than the national average of 30% for all acute trusts. We recognise that East Sussex Healthcare NHS Trust is a combined trust providing both acute and community services so therefore the results may be indicative rather than directly comparable.

# Summary of findings

## Our judgements about each of our five key questions

| | Rating |
|---|---|
| **Are services at this trust safe?**<br>We saw a number of issues that led to a rating for safety at the trust of inadequate.<br><br>We noted some limited progress in some areas since our last inspection in September 2014.<br><br>We saw low staffing levels in ED, Surgery, Maternity and Pharmacy.<br><br>In some areas, incident reporting, the feedback from incidents and the learning by both the organisation and individual staff was not as good as it should have been. Learning from incidents was not well demonstrated, even when incidents were reported. We did see some improvements but staff still told us that time constraints caused by low staffing levels meant they, "did not have time to report everything". In surgery we found the threshold (tolerance) for staff reporting an incident via the electronic system was high and this had led to a potential under reporting.<br><br>In the OPD we found that reception staff had been told not to report incidents through the proper channels. Instead of reporting incidents of missing notes, staff were keeping a local record of this. This meant that the outcomes were not being reported through the trusts governance process.<br><br>Patients' records were not securely stored in outpatients. Medical records were often unavailable and when they were present, they were in poor state of repair. Clinicians had difficulty locating information upon which to base a decision. There was also an issue with the physical quality of records in surgery. There were times when records could not be found and this resulted in temporary files being created. The trust had a new records management system planned but this was not yet implemented.<br><br>We observed staff, in the main, followed good hygiene and hand washing practices. However we saw some areas where we were concerned by lack of compliance with good hand hygiene and trust policy, as well as staff who appeared to lack basic understanding of the policy.<br><br>We noted that Radiology services were demonstrating good practice in this area. | **Inadequate**  |

# Summary of findings

### Duty of Candour

- The trust described the process they would use to inform patients of instances where harm or near miss had occurred. We did not see this in use during our inspection, but we reviewed two incidents in maternity that showed the trust followed its duty in this area.
- We noted that the PALS team had introduced duty of candour training across the trust.
- Staff we spoke to had not received training on the statutory duty of candour (a legal duty to be open and honest with patients or their families when things go wrong that can cause harm).
- Some staff we spoke with across the trust were aware of the duty of candour and understood their responsibilities. Some staff also told us they would feel happy raising concerns with their immediate line manager on issues relating to patient harm and safety.
- Others (a much larger proportion) were unaware of their responsibilities regarding the duty of candour. They also felt the organisation was not receptive to concerns being raised and felt they would suffer if they spoke out about risk or poor practice. Many were anxious for it not to be known that they had spoken with us.

### Incidents

- National Reporting and Learning Service (NRLS) data suggested that the trust was a good reporter of safety incidents.
- The governance department were in the process of developing benchmarking across different clinical units within the trust to ensure that reporting was consistent across the organisation. However, the NRLS data provided was at some variance with the findings from our inspection visit.
- On the surgical wards we found staff had a high tolerance and threshold for reporting incidents on Datix and were under reporting.
- Incident reporting, the feedback from incidents and the learning by both the organisation and individual staff was not as good as it should have been. We did not see evidence of learning; nor did we see a systematic approach to sharing information or a culture to support this.
- We were not able to review all the root cause analysis (RCA) reports as, while we asked to seem those since our last inspection, the trust did not provide all of them. The trust told

us that they were not able to provide all of the RCAs as investigations were either on-going or reports were in early draft and had not been through the trust's internal review process.

- The trust was losing valuable opportunities to learn from these incidents and improve patient care. There were systems in place to ensure action following serious incidents had taken place but no evidence that there were objective measures identified and monitored to ensure that the actions had resulted in sustainable improvements.
- In maternity services there was also evidence that lessons learned were not embedded. For example, prior to the inspection of maternity services in September 2014 a number of incidents in maternity relating to poor interpretation and a lack of action when pathological cardiotocography recordings (CTGs) were seen. We saw an incident investigation report that demonstrated that this continued to be a problem subsequent to the inspection visit.
- Reception staff in OPD had been told not to report incidents relating to hospital notes through the proper channels. Instead of reporting incidents of missing notes, staff were keeping a local record of this. This meant that the outcomes were not being reported through the trusts governance process.

**Safety Thermometer**

- We saw poor use of the safety thermometer, and in some areas (e.g. surgical wards) data were left blank or remained out of date.

**Cleanliness, infection control and hygiene.**

- There was a variable response to infection prevention and control. It was clear that the trust did not have a strong oversight of this important issue.
- In ED and Maternity we saw staff complying with the trust hygiene policy while in Outpatients we saw some staff not compliant.
- Outpatients and Surgery did not meet the requirements of the national cleaning schedule.
- Maternity were unable to evidence compliance of cleaning through audits.

**Safeguarding**

- Mandatory safeguarding training was not always completed. In maternity services we saw, from the training matrix provided by the trust, that 78% of all staff had completed safeguarding adults training.

# Summary of findings

- The adult safeguarding training uptake for medical staff was lower, with a 75% completion rate.
- .In ED 24 nurses had completed level 3 safeguarding for children. This was not all the nursing staff who should have done so in line with the intercollegiate recommendations.
- Of the senior medical staff in ED only 45.5% had completed level 3 safeguarding training for children. This is a requirement for all medical staff in ED.
- In maternity, the training for children's safeguarding was better, with 85% of staff receiving this training.

### Environment and Equipment

- The waiting room in ED on the Eastbourne site was not designed to allow the staff to have clear sight of patients waiting to be seen, which is important should a patients condition deteriorate while waiting to be seen or treated.
- We saw that since our last visit, some areas of the trust had improved their checking of emergency equipment (e.g. theatres), while in other areas (e.g. surgical wards) the same progress was not evident.
- Testing of equipment was variable. In one area (OPD) we found only one out of five pieces of equipment within their test date.
- We did see adequate equipment available within services.
- Radiology had undertaken all necessary checks on their X-ray equipment.

### Medicines

- We saw trust wide issues relating to the management of medicines.
- We saw improvements overall in the management of medicines in maternity.
- We saw gaps in the checking of controlled drugs. We had noted these in our last inspection and we continued to have the same level of concern.
- Checks on controlled drugs were inconsistent in ED, and remained sporadic in surgery, despite the register noting an incidence of drugs missing.
- We noted a lack of pharmacy audit in all areas.
- Fridge temperature checks were not consistently recorded which meant there was a risk of medicines being stored at temperatures which could render them ineffective.
- We saw not all Consultants followed the trust prescribing guidelines for medication. Syntocinon (in Maternity) was being used by some consultants outside of trust guidelines. this led to confusion for junior medical staff and lack of consistency.

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**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards.**

- We saw that staff followed the principles of the mental capacity act in dealing with patients. We did however still continue to see problems in the recording of this in patients records.
- The trust had made appropriate Deprivation of Liberty Safeguards (DoLS) applications and notified CQC as required under the current legislation. However, comparing the number of notifications regarding DoLS applications from East Sussex Healthcare NHS Trust the levels are comparatively low suggesting that either not all staff are aware when an application is necessary or that the correct process is not being followed whenever it is necessary to place restrictions on a patient's freedom to make choices.

**Staffing**

- Surgical services had insufficient nurse staffing for the duties required.
- There was a high reliance on agency staffing in surgical services. There was no documentary evidence to show temporary staff had received induction or were made familiar with the area. Theatres and recovery had a better oversight of the issues than surgical wards.
- In some areas, e.g. ED, data on staffing was poor and the trust was unable to provide information on the use of staff resources (for example on the use of locums to cover shifts).
- Staffing in ED relied heavily on locum doctors. Medical staffing in ED did not meet the College of Emergency Medicine guidance. Nurse staffing had high sickness levels and often reported running short staffed.
- The staffing arrangements on the obstetric led maternity unit at the Conquest hospital still failed to provide for one to one care in labour and a supernumerary labour ward co-ordinator as recommended in 'Safer Childbirth - Minimum Standards for the Organisation and Delivery of Care in Labour' (2007). There had been no significant improvement in this since our inspection in September 2014. The midwifery led birthing centres did provide one to one care for women who gave birth there.
- We saw evidence that staffing levels across the trust continued to impact on patient care. We had two recent examples one from the intensive care area where in February 2015 an elderly patient suffered a severe hypoglycaemic attack which led to anomalies in their ECG tracing. The Root Cause Analysis (RCA) report identified that the staffing fell short of the Core Standards for Intensive Care (2013). On the night the incident occurred the unit staffing did not meet the planned

# Summary of findings

establishment. Neither was there a supernumerary clinical co-ordinator or additional supernumerary nurse as recommended in the core standards. Another example came from maternity services where a first time mother with established and efficient contractions was sent home in a distressed state and unable to have the requested opiate analgesia from the Crowborough Birthing Centre in April 2015 because of staffing shortages at the Conquest hospital.

**Pharmacy Services**

- Following the report from our last inspection in September 2014 the pharmacy department had considered all the shortfalls we identified and devised an action plan. Much of this was, "in discussion". We note the work on progress in this area.
- There were on-going concerns that the aseptic unit was not meeting the required standard and posed a significant risk.

**Are services at this trust effective?**

**Requires improvement**

We found that the effectiveness of services at the trust required improvement.

Some policies were out of date and compliance with them was poorly monitored. There were clear examples of where the trust staff were not following best practice guidance and the trust policies. The trust has subsequently told us that they have made significant improvements and now have 118 policies requiring review and that of these, only 26 of these relate to clinical areas.

Surgical teams did not undertake morbidity and mortality reviews regularly and consistently, although we saw a minor improvement since our September 2014 inspection.

Systems to ensure availability of hospital notes were being put into place; but much of this was not yet implemented and the problems remained. We remained concerned over the physical condition of some health records.

**Evidence Based Care and Treatment**

- We found the mortality overview group were aware of the variable submissions of morbidity and mortality reports from different clinical units, yet no firm action had been taken to address this. The risk adjusted mortality rate for the trust had, however, fallen during both 2013 and 2014.
- The Mortality and Patient Safety Dashboard for Surgery for the period January 2014 to December 2014 showed that the trust

surgical services performed less well than the peer trust group in 12 out of 20 key performance measures. In five of these East Sussex Healthcare NHS Trust was rated red, at the bottom end of the scale for patient safety outcome measures.

- We did see an improvement in the use of morbidity and mortality meetings since our last inspection.
- The trust was following NICE guidance where appropriate but was not meeting the recommendations of national professional bodies (such as the Royal College of Midwives/Royal College of Gynaecologists and Obstetricians and the Intensive Care Society) in relation to the quality of care provided.
- In August 2014, as part of an on-going review and monitoring process, 239 hospital policies were recorded as being out of date. This demonstrated that the trust policies were not always being monitored or reviewed regularly. We were unable to ascertain how many policies had been reviewed and updated prior to the inspection.
- We asked how the trust could be certain clinical areas were following the correct policies. We were told that one way of measuring this was through senior managers carrying out quality walks.
- We saw examples such as the management of venous thromboembolism (VTE) where trust staff did not always act in accordance with the guidance issued by NICE.
- We saw evidence that the trust staff did not always follow guidance published by the Association of Anaesthetists of Great Britain and Ireland and the Royal College of Nursing when determining pre-operative fasting times. This resulted in some people being without food or drink for excessive periods.

**Access to Information.**

- Outpatients had begun to address the issue of access to notes raised from our 2014 visit. The previous problem of brining in notes from off-site was now largely resolved.
- We recognise the trust has a plan to address electronic tracking of notes and records. This is expected to be in place during 2015.
- We remain concerned about the physical condition of some of the health records.

**Patient Outcomes**

- The pain team configuration was inadequate to provide a service across both sites with the resources provided.
- We noted that data supporting outcomes show a variable picture.
- The trust participated in a number of clinical audits.

# Summary of findings

**Are services at this trust caring?**

Good

We found that services across the trust were caring and have rated this as good.

We received many positive comments from patients and their carers but were also contacted by a number of people who talked less favourably about the way trust staff had treated them.

Operational staff spoken to were all clear that they saw patient care as their main driver for performing well. Some said this was difficult within the current culture and resourcing but that being able to make a difference to patients was why they continued to turn up to work even when things were difficult.

**Compassionate Care**

- We saw kind care provided across the trust.
- Most patients that we spoke with commented positively on their individual care and on the staff providing it. We do continue to hear stories from individuals who felt their care was not compassionate or kindly delivered.
- Staff we spoke to saw patient care as their main driver for performing well. Some said this was difficult within the current culture.

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

- Patients reported being involved in their care. Services were able to describe the processes they used to involve patients.
- Patients in ED (through the A&E Survey) reported being involved in their care.
- During the inspection people told us that their care and treatment options were explained to them.

**Emotional Support**

- Emotional support for patients was good. We observed staff giving support to patients and their relatives. We saw this being given in sympathetic surroundings.
- Patients gave very positive feedback about the one to one support from staff at the trust.
- The trusts chaplaincy service was widely available to patients.
- The support for staff was less readily available. The occupational health service was not able to meet the demands of the many staff who needed their services.

# Summary of findings

**Are services at this trust responsive?**

Requires improvement 

The responsiveness of the trust's services requires improvement. The trust had consistently not met the operating standard for NHS consultant-led referral to treatment times (RTT) over the past year (the national standard is 18 weeks for patients who do not have a suspected cancer diagnosis).

Some specialties had longer waiting times than others. For example, rheumatology, where patients were left waiting 48 to 49 weeks for an appointment and then struggled to get follow up treatment. We were told by a senior member of staff that consultants in this speciality refused to see patients for follow up who had their initial consultation with a locum consultant; this was clearly detrimental to patient care. We met with a member of the executive team who shared the trust plans for addressing the backlog but these were yet to provide an effective solution to the delays experienced by patients. We were unable to see that these were sustainable, as they relied on additional capacity (through locums) to reduce the backlog that would not be available at a later date.

The redesign issues had begun to be addressed in outpatients. Progress was being made, but was far from complete.

Recruitment remained a challenge for the organisation; yet we saw lack of succession planning for senior individuals key to delivering clinical pathways.

The trust failed to meet single sex accommodation in the CDU on a regular basis.

The number of complaints received by the trust is higher than comparable organisations. We note from patient feedback that the quality of response remains a concern.

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

- The redesign of outpatients' services had previously been poorly implemented. Essential tasks had been missed in the service redesign. The trust had taken steps to address this since our last inspection. We noted that while this had begun, there was still much to do in this area. In radiology we found that the service began working before the reception desk opened, leaving patients unable to book in or register their arrival.
- The call centre for outpatient appointments was not effective. Patients were often unable to make contact with the staff.
- Clinics were sometimes cancelled, and patients had not been informed, or informed at very short notice. There was a lack of appropriate staff to ring patients; who arrived for their appointment and found the clinic was not being held.

# Summary of findings

- In maternity, there was a continued failure of the trust to respond effectively to the fears and anxieties of the people it served. Ineffective communication meant that many of the public did not understand the advantages of midwifery-led care to pregnant and postnatal women and their babies. For others, the threat of closure of the midwifery led units made them reluctant to book to a service that they might not be able to access when necessary. Women who used the midwifery led units were very positive about the experience.
- The lack of replacement for consultants that had left the trust had caused significant difficulties and increased waiting times for patients.
- A backlog of referrals was delaying patients accessing timely care.

### Meeting Individual Needs

- In one speciality, permanent consultants refused to provide follow up care to patients who were initially seen by locum consultants.
- The Patient Led Assessments of the Care Environments (PLACE) showed the trust was rated below the national averages for all four key areas of cleanliness; food; facilities and privacy, dignity & wellbeing. Although subsequent to our inspection visit the data for the PLACE has shown and improvement by the trust.
- The trust was breaching the provision of single sex accommodation requirements frequently and regularly but not identifying or reporting these.
- We saw that the trust had dementia champions and link nurses to support people living with dementia.
- We saw the trust had facilities for relatives of patients who were seriously ill. In ED there was an area where relatives could make a drink.
- In OPD we saw patients with learning difficulties, dementia and mental health needs were prioritised in clinic.
- There were no appropriate areas in ED for people with mental health needs.
- Information was available in different languages if required.
- In maternity, the trust did not have midwives with role specific responsibilities. For example there was not a midwife leading on teenage pregnancy or bereavement.

### Access and Flow

- Patients were not being seen for follow-up appointments within the timescale requested by their clinician. There were no alerting systems in place to warn staff that patients had not been seen for follow-up appointments in a timely manner.

# Summary of findings

- The new service redesign in outpatients had been previously poorly implemented. As a result, patients were waiting in long queues, being sent to the wrong areas, and being lost in the hospital and missing their appointments, due to computer systems that were not fit for purpose. The trust had put systems into place to address this issue since our last inspection. We noted that while these issues were not fully resolved, they had improved.
- Local changes in the patient pathway and system organisation for people attending outpatients had resulted in some improvements but these were insufficient to overcome the systemic issues.
- When we asked for a report giving the number of out of hours discharges for all locations including Crowborough, since October 2014, the trust advised us that they are unable to provide this information due to technical problems with their electronic system. We asked because we had been made aware of one woman being sent home at 1.00am to accommodate staff moves.
- In outpatients, the trust was not meeting its referral to treatment (RTT) times. In February 2015, the overall number of patients on the waiting list was 20,530. this had increased from the previous month. We saw work underway to reduce this; but we were not clear this was sustainable.
- In ED, whilst the trust failed to meet the national standard for the A&E 4 hour target; the trust performed better than the England average in this area.

### Learning from Complaints and Concerns

- The trust does receive a higher than average number of complaints for its size although numbers of complaints have fallen over the last two years.
- The majority of the information we reviewed highlighted a deficient complaints system covering both poor support for people who wished to raise a concern, and how the trust handled complaints.
- The most recent (May 2015) CQC Intelligent Monitoring publication corroborates this. The trust had two risks relating to complaints, those referred to the PHSO and those received by CQC
- NHS choices website is also used to gather feedback about the service provided at the trust. We noted that when people complained on the website they were responded to and urged to contact the PALS department to discuss their concerns further.

# Summary of findings

- A large number of people contacted the CQC during and after the inspection to tell us their experience, mainly to raise concerns about the trust.
- We have reviewed a sample of written responses from the trust which did not assure us that the trust had adequately addressed their individual concerns.
- The Listening Into Action (LiA) group had been set up to aid learning from incidents and patients feedback. This group encourages people who have raised a complaint to come and talk to health care professionals to give a first-hand account of their experiences. CQC was contacted by members of the public who contributed to this group who expressed their satisfaction with the learning that had occurred from their complaints

**Are services at this trust well-led?**

**Inadequate**

The trust had just undertaken a major and contentious reconfiguration of some of its clinical services, which was made permanent in July 2014; this continued to dominate the trust board and executive officers responses to failings. We did not see a clear vision for the trust going forward from this.

We note an internal audit report on the reconfiguration recognising the trust followed its processes, but we saw the engagement of local people had largely failed.

The trust executive were very defensive of challenge from a number of areas.

Culture in the trust remained one of fear and concern from staff about speaking out. We have been contacted by staff before, during and since this inspection to share their concerns regarding the trusts culture.

Low substantive staffing levels and sickness levels remain a challenge for the trust.

The trust scored below average for 23 of the 29 questions in the NHS staff survey; and scored in the bottom (worst) 20% for 18 of these questions.

There remains a clear disconnect between the views of the staff and those of the executive leadership. We saw examples where the staff view was a clear contradiction (more negative) from this in senior leaderships position. We remain convinced that the executive leadership is not acknowledging this as a significant challenge for the future of the trust.

# Summary of findings

### Vision and Strategy

- The chief executive's presentation prior to CQC inspection in September 2014 made it clear that the trust were aware of many of the issues that we found on our inspection. These issues had not been adequately addressed despite the trust seemingly already aware of them and having persisted for some time.
- The trust had completed a major and contentious reconfiguration of clinical services during the previous two year period. It is acknowledged that this reconfiguration had brought many challenges and strong criticism from community groups and some staff. However, the trust executive was unable to articulate a clear strategy for re-engaging the local community following these changes. It appeared that the trust continued to believe that it was a small but powerful cohort of local people who opposed these changes and were the cause of the trust problems. An executive told us that they were not prepared to consider alternative strategies saying, "We won't change it, we work around it".
- The senior executive officers remained convinced that the root cause of the trust problems was malicious objection to the reconfiguration, rather than any failings by the trust board and executive team. This was not what staff and local people told us during and subsequent to the inspection.
- We noted the trust still did not have a clear forward 5 year strategy, although there was a business plan in place which was being monitored and discussed at board meetings.
- Major service changes had been implemented and whilst the trust demonstrated its efforts to engage staff, the majority of staff we talked with continued to feel it was insufficient and ineffective.
- We were unable to identify a clear strategy that sought to address the breakdown in communications between some staff groups, members of the public and community groups and one local MP. When we spoke with senior staff about the communication strategy post reconfiguration they acknowledged that it wasn't working but said they were going to continue with it regardless of the lack of effectiveness.

### Governance, risk management and quality measurement

- We did not see within the trust a culture of reporting, managing or improving based on risk and incidents. We were not able to evidence a cycle of improvement.
- Staff we spoke with were still unable to identify the governance structure or provide us with any feedback on its function, successes or any learning that had led to changes in practice.

# Summary of findings

- Some staff remained unconvinced of the benefit of reporting incidents, some staff had been told by managers to record incidents in a different way to the trust policy. The trusts governance system cannot be effective if it is unable to consider all areas of risk.
- We found little evidence that the large amount of data collated through governance and incident reporting systems was used to drive quality improvement or to demonstrate that improvements had been sustained. For example, one of the medical directors when asked how they knew the service had improved since our previous inspection visit said, “It feels better”. We requested data based evidence to support this assertion but it was not supplied.
- The trust wide audit plan titled, ‘2014-15 On-going Audits @26.03.15’ showed that there was limited participation in the National Clinical Audit and Patient Outcomes Programme. Some audits, such as the audit against the NICE Quality Standard 33 for the management of Rheumatoid Arthritis were started but clinicians had refused to participate in data collection due to a lack of resources. Others such as the trust priority audit in consent were simply poorly managed and failed to deliver against the planned audit programme.
- A recent review of the trust governance structure had been completed. It had resulted in clearer lines of accountability which should enable the organisation to effectively manage the quality and safety of the services it provides. It was too early to judge if this would be effective.
- The trusts Quality and Governance Strategy set out quality and governance meetings that fed into the patient safety and clinical improvement group.
- We saw that the trust had a risk register. We saw that this was not robust. For example the staffing issues in maternity were added only after our draft report from our last inspection was sent to the trust. Additionally, nurse staffing risks were removed from the surgical risk register before the plan was complete (i.e. before the risk was removed)
- Staff remained unclear about their lines of accountability and some told us, “We never know who our manager is from one week to the next. They do a 'knee jerk reaction' and then everyone gets moved around again”.
- We saw specific examples of trust level issues, including regular short notice cancellation of outpatient appointments, lack of robust data in ward level dashboards and failure to meet RTT waiting times targets.

# Summary of findings

- Following our last inspection, the trust CEO told us that the inspection 'told us very little we didn't already know'. The trust told us they were well sighted on many of the issues we raised.
- We saw that the trust had governance groups and structures. We recognised in our previous inspection that the governance structure didn't flow well. Given that many of these issues still existed even though the trust was aware of them; we have concluded that the governance structures were not effective in dealing with significant issues for the organisation.
- We were also made aware that the occupational health department still struggled to ensure the trust delivered its duty of care to staff. We received a letter with a very powerful and sad story of the impact of this lack of support to one particular member of staff who despite requests was not provided with the occupational health support that they need.
- Low staffing levels were compounded by high and increasing sickness levels. The papers presented to the Board dated 25 March 2015 showed a trend of increased sickness from August 2014 to January 2015. The annual sickness rate in January 2015 was 4.8% against a target of 3.3%.
- Concerns were also raised about the quality of support received from the HR department. CQC received comments from several staff who felt that they were not supported by the HR team. We were told of instances where staff had received inappropriate support and given misleading information.
- We found a lack of succession planning for posts where it was known that the post holder would be leaving or retiring. No forward measures had been taken to address the impact of this. This had occurred in spinal surgery, rheumatology and gastroenterology where there were long gaps where the consultant capacity was significantly reduced and left the team unable to respond to local needs.
- We saw an action plan prepared by the trust in response to our last inspection (report published March 2015). This set out the trusts response to many of the issues we identified.

### Leadership of the Trust

- Staff across a number of areas told us of their experiences about their perceived failure of managers to act on their reported concerns. They also gave us specific examples of where managers had behaved very poorly when concerns were raised with them.
- We asked staff how involved they felt members of the board were in what happened in their clinical areas. One staff member

told us, “There is a chasm between frontline staff and the managers and that hasn’t changed”. Other staff told us they felt the disconnect had deepened and that relationships between management and staff had never been worse.

- During a drop-in sessions a number of frontline staff did raise concerns with us about the culture and leadership of the organisation. This was despite a disproportionate number of managers, including associate directors, being present.
- Following our inspection, we received a number of emails from managers and senior managers describing how they felt the leadership and culture in the trust was good. We also received a larger number of emails from staff telling us of their concerns. We saw that the senior management of the trust saw a different view of the challenges than the non-management staff.
- The most recent NHS staff survey showed the trust performing badly in most areas. It was below average for 23 of the 29 measures, and in the bottom 20% (worst) for 18 measures. Overall the trust was amongst the bottom 20% of all trusts in England for staff engagement. Only 18% of staff reported good communications between managers and staff against a national average of 30%.
- The trust was also in the bottom quintile for staff reporting that they had the ability to contribute towards improvement at work.
- The trust told us they were disappointed by the results; but we saw no direct programme to address this or to change the position.
- Staff told us that they could always email the Chief Executive’s Office with any concerns. They told us that although emails were always acknowledged, they did not always receive a response. We were shown emails that confirmed the CEO and head of HR were made aware of both the patient safety concerns and the problems raising these had caused for the member of staff. The issues of one member of staff being very poorly treated by their line manager were dismissed as a breakdown of relationship and mediation was suggested as the way to resolve 'the situation'. At no point was the manager held to account for their behaviour.
- As a consequence of the broken relationships, we received a significant amount of concerns from patients and the public, raising concerns about care. We had been overwhelmed by the number of people contacting us prior to the previous inspection in September 2014; high levels of contact from staff during and following this inspection demonstrated that the situation remained unchanged.

- The themes identified related to the quality of staff engagement, low morale, and a bullying and harassment culture from senior management.
- The Staff Survey 2014 showed that the trust score for the percentage of staff agreeing they would feel secure raising concerns about unsafe clinical practice was 58% against a national average for acute trusts of 67%.
- On 19 November 2013, the Secretary of State for Health issued his response to the Francis report, in which the Government undertook to fully implement 204 of the 290 recommendations. There was an expectation that trusts would not wait for the final recommendations before taking action to address the recommendations made in the Francis report published on 6 February 2013.
- The Staff Survey 2014 Results Report presented to Board on 25 March 2015 by the Head of Human resources said that the trust would, "Implement the findings from the Francis Report on raising concerns once the final recommendations were published".
- We saw documentary evidence that the HR department had failed to protect several whistle-blowers and that as a consequence, they suffered on-going detriment.
- Issues such as the travel time and distance between the two hospitals were taking centre-stage in the discussion and eclipsing the issues about managing a complex acute hospital service on two sites.

**Culture within the Trust**

- A large number of people contacted the CQC before, during and after the inspection to tell us their experience and some to raise concern about the trust. When asked whether there had been any improvements in the culture since the previous inspection, one member of staff said, "The climate of stress and fear is still just as potent."
- We had a larger than expected number of staff contact us during and subsequent to this inspection visit who were not prepared to reveal their identity until we could assure their confidentiality but who shared detailed information about the way they had been treated as a result of raising concerns. We found a real culture of blame and holding people to account for things they had very little control over. This remained unchanged since the previous inspection.
- There was an on-going disconnect between the trust board and the staff on many things. This was exemplified by attendance at a drop-in session offered to all staff where six senior managers, told us about trust achievements and the positive culture. The

only other staff were a small group of administrative staff who said, “What you are all describing is not the hospital we recognise”. This disconnect was supported through other conversations with staff.

- We saw a culture of concern and sometimes fear from staff in the trust about raising their concerns. We have been provided with evidence from the two years preceding our visit up to the present time where a number of staff have suffered detriment because they raised concerns about patient safety issues. They had tried to raise concerns at all levels, including with the executive officers and felt that speaking to CQC was the only way to make their concerns heard.
- We saw the papers for the Board Meeting in Public dated 25 March 2015. The Director of Human Resources explained that although significant progress had been made in meeting mandatory training targets the 85% target was still not being met. They advised that they had spoken to managers who had told them that clinical pressures were impacting on their ability to undertake appraisals. The chairman said that he had particular concerns around appraisals and that he didn’t feel that good progress was being made around achieving appraisal targets. The finance director said that she didn’t feel that it was good enough to set targets and then to miss them. She felt that sanctions should be made to those that didn’t meet the expected levels of appraisal. This demonstrated a board level attitude that mirrored what staff had told us.
- We experienced a challenging relationship with some senior staff within the trust. We felt that the style of communication employed was inappropriate in a professional arena. There were instances where senior staff chose to misrepresent conversations and interactions with the inspection team.
- In one instance, we found that the trust had directed staff to move evidence relating to patient records which the staff themselves construed as a deliberate attempt to mislead the inspection team.
- We heard about several other example which pointed towards potential misrepresentation of data.
- Some members of the public contacted us to tell us about their positive experiences at East Sussex Healthcare NHS Trust. However, the majority of contact with CQC was to raise concerns about the standard of care and the welfare of the staff. The level of contact was higher than is usually received about a trust around the time of an inspection visit and indicated some very strong feelings about the quality of care being provided.
- During our last inspection of the trust in September 2014, there was a strong feeling amongst staff and by some members of the

# Summary of findings

public that they were not listened to, or engaged with by the senior leadership. This feeling persisted and many staff remained unhappy and felt unable to speak out for fear of retribution.

- The trust had a staff awards incentive in operation which was publicised through the staff newsletter. This recognised staff who were 'going the extra mile'.
- We noted that the trust had tried to provide reassurance to patients following the publication of our March 2015 report. An open letter was available on the trusts website and within the hospital referring to the trusts action plan.

# Overview of ratings

## Our ratings for Conquest Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Requires improvement | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Surgery | Inadequate | Requires improvement | Good | Requires improvement | Inadequate | Inadequate |
| Maternity and gynaecology | Inadequate | Requires improvement | Good | Requires improvement | Inadequate | Inadequate |
| Outpatients and diagnostic imaging | Inadequate | N/A | Good | Inadequate | Inadequate | Inadequate |
| Overall | Inadequate | Requires improvement | Good | Requires improvement | Inadequate | Inadequate |

## Our ratings for Eastbourne District General Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Requires improvement | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Surgery | Inadequate | Requires improvement | Good | Requires improvement | Inadequate | Inadequate |
| Outpatients and diagnostic imaging | Inadequate | N/A | Good | Inadequate | Inadequate | Inadequate |
| Overall | Inadequate | Requires improvement | Good | Requires improvement | Inadequate | Inadequate |

## Our ratings for East Sussex Healthcare NHS Trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Overall trust | Inadequate | Requires improvement | Good | Requires improvement | Inadequate | Inadequate |

# Overview of ratings

**Notes**

These ratings form part of the core services of the East Sussex Healthcare NHS Trust. In this responsive inspection we have only inspected four core services.

# Outstanding practice and areas for improvement

## Outstanding practice

We identified some good practice including

- The telephone triage system provided a high standard of information, guidance and support to women, without them necessarily needing to come into hospital.

## Areas for improvement

**Action the trust MUST take to improve**

Importantly, the trust must:

- The board needs to give serious consideration to how it is going to rebuild effective relationships with its staff, the public and other key stakeholders. This was a requirement following our inspection on September 2014 but we are not yet assured from the action plan and speaking with the lead executive officer that this had begun to be addressed.
- The board needs to create an organisational culture which is grounded in openness, where people feeling able to speak out without fear of reprisal. This was a requirement following our inspection in September 2014 but we are not yet assured that staff feel able to speak out without suffering detriment.
- Undertake a root and branch review across the organisation to address the perceptions of a bullying culture, as required in our previous inspection report.
- Review and improve the trust's pharmacy service and management of medicines.
- Review the reconfiguration of outpatients' services to ensure that it meets the needs of those patients using the service.
- Review the length of waiting time for outpatients' appointments such that they meet the governments RTT waiting times, and that this is sustainable.
- Ensure that health records are available and that patient data is confidentially managed.
- Review staff deployment in maternity services to ensure that they are sufficient for service provision such that the organisation meets the recommendations made by the Royal Colleges. This was a requirement following our inspection on September 2014 but we are not yet assured from the action plan and data provided by the trust that this has been fully addressed.
- Reduce the proportion of OPD clinics that are cancelled at short notice and develop systems to ensure that where this is unavoidable, that patients are informed in a timely manner.
- Develop achievable succession planning to minimise the impact of staff movements.
- Improve the governance of incident reporting systems to ensure that the number of incidents reported via the electronic system reflects all the incidents that happen.
- Ensure sustained compliance with the National Schedule for Cleanliness.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

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

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>The provider must ensure that they provide care and treatment in a safe way for service users. They must do this by<br>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;<br>(b) doing all that is reasonably practicable to mitigate any such risks;<br>(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.<br>(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way<br>(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;<br>(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;<br>(g) the proper and safe management of medicines;<br>(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;<br>(i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users. |

This section is primarily information for the provider

# Enforcement actions

| Regulated activity | Regulation |
| --- | --- |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br>The provider must ensure that all premises and equipment used by the service provider is secure. |

| Regulated activity | Regulation |
| --- | --- |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints<br>The provider must respond appropriately (with a comprehensive response shared with the complainant and within the timescales set by the trust) to complaints and must ensure that<br>(1) Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.(2)The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.(a) complaints made under such complaints system,<br>(b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints,<br>(3) The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of<br>(a) complaints made under such complaints system, |

This section is primarily information for the provider

# Enforcement actions

(b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and

(c) any other relevant information in relation to such complaints as the Commission may request.

## Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Management of supply of blood and blood derived products

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must ensure that there are comprehensive and effective monitoring and governance systems in place.

(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements of this regulation.

The provider must

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

(including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at

risk which arise from the carrying on of the regulated activity;

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

(d) maintain securely such other records as are necessary to

be kept in relation to —

This section is primarily information for the provider

# Enforcement actions

(i) persons employed in the carrying on of the regulated activity, and

(ii) the management of the regulated

activity;

(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

(f) evaluate and improve their practice in respect of the processing of the information referred to in sub paragraphs (a) to (e).