

Brighton and Sussex University Hospitals 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?

Good



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

Brighton and Sussex University Hospitals Trust is an acute teaching hospital located in Sussex. There are eight sites registered with the Care Quality Commission (CQC).

These are the Royal Sussex County Hospital in Brighton, the Princess Royal Hospital in Haywards Heath, Bexhill Hospital, Hove Polyclinic and the Park Centre for breast care services, Lewes Victoria hospital, Brighton General hospital and Worthing hospital Dixon ward. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital, and the Haywards Heath campus includes the Hurstwood Park Neurosciences Centre. The trust also provides some community services from the Brighton site and these were included in this inspection. We visited all sites except the Park Centre as part of this inspection.

We carried out a comprehensive inspection for a number of reasons. Brighton and Sussex University Hospitals Trust was an aspirant foundation trust, it was also an example of a 'medium risk' trust, according to our Intelligent Monitoring model. We also wanted to follow up on the issues that had been raised by staff as part of the listening event held in December 2013. The inspection took place on 21-23, 27 and 30 May 2014.

The trust is dealing with very significant and long standing cultural issues that are reflected in the staff survey results. The current leadership of the trust are tackling issues that have remained unresolved for a number of years. The increased pace of change and improvement dates from the chief executive's arrival in July 2013. The team noted major strides in the six months since the listening event in December 2013.

Overall, Brighton and Sussex University Hospitals Trust requires improvement. We rated it as good for providing services that are effective and caring. It requires improvement in providing services that are consistently safe, in being responsive to patients' needs and in being well-led.

Our key findings were as follows:

- Every service at each location was found to be caring. We observed staff communicating with, and supporting, people in a very caring and

compassionate way. Patients and their families spoke highly of the care they had received. The overwhelming majority of the feedback given to the team from all sources was positive.

- People were receiving care, treatment and support that achieved good outcomes.
- The trust had a significant change programme underway. The Foundations for Success programme, which started in August 2013, had involved work on vision and values, clinical structure, clinical strategy and accountability and management systems. There was also a long-term development plan that included a major building project and the reconfiguration of services, including the movement of services between sites.
- The board, executive team and senior management demonstrated a shared understanding of the challenges and risks facing the trust and had plans in place to deal with them.
- Staff spoke very positively about the chief executive, who they said was highly visible, engaged, focused and committed to improvement. Staff across the trust and at every level referred to communication having been "transformed" since his arrival. Nursing staff also spoke positively about the chief nurse and the impact that she was having.
- With very few exceptions, staff across the trust described their pride in the services they were delivering and the support they received from colleagues and managers. Staff were excited about the recent announcement of the £420m redevelopment of the Royal Sussex Hospital site, which was described as a "huge boost".
- Mortality rates were within expected ranges and there were no indicators flagged as being a risk or an elevated risk. There has been one mortality outlier alert in adult cardiac surgery that was raised in July 2013, which had been dealt with. There had not been any outlier alerts in maternity.
- The areas of the trust that we visited appeared clean and cleaning was taking place throughout our inspection. The age of some of the buildings made them more difficult to keep clean. The trust's infection rates for *Clostridium difficile* were within an acceptable range, taking into account the size of the

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trust and the national level of infections. The trust reported five cases of MRSA infections in the last 12 months, with the infections occurring in April and October 2013. This is slightly higher than would be expected. The trust had an effective infection control team and we observed good hygiene practices by staff.

- The older buildings and some aspects of the layout of the Brighton campus presented a significant challenge in delivering care. For example, patients could not be moved between buildings during bad weather. Some issues could not be resolved until the planned building programme is complete, but, in the meantime, work had been carried out to make improvements, where possible. An example of the latter was the new dementia service, the Emerald Unit in the Barry Building.
- There were issues with the flow of patients into, through and out of hospital. This was having an impact on care and patient experience in the emergency department (ED), in the medical assessment units, in surgery, in critical care, on the wards and also on the planning and support that people received when they were ready to leave. Some patients were being cared for in wards that were not with their required speciality. The trust needed to achieve 100 discharges a day and, at the time of the inspection, it was achieving between 65 and 70.
- The pressures on the emergency department were significant and connected to the flow issues described above. The department does not have enough physical space to deal with the number of patients that attend. The department is consistently failing to meet the target to admit, transfer or discharge 95% of patients within four hours. Immediately after the inspection the trust reviewed progress with these work streams to address flow and escalated their actions, in particular the management of the co-hort area in the ED. The trust has been working further with the key stakeholders and has shared these actions and their plans to ensure the effective management of these concerns with us. We are pleased to note the trusts response and will be monitoring and reviewing the impact of these actions.
- The implementation of a centralised booking system (known as the 'Hub') for outpatient and follow-up appointments had not gone smoothly and had caused problems for patients and staff alike. The problems included late notice of appointments, cancelled appointments and clinics, delays in dealing with urgent referrals and clinics running without patients being booked for them. The trust had a comprehensive action plan in place and improvements were in progress.
- The trust was dealing with a number of significant cultural issues. These included improving engagement with staff, improving and promoting race equality and dealing with some long-standing related issues, addressing the issues that had influenced the staff survey results and improving the take-up of appraisals and access to training.
- Staffing was an issue. The trust increased its staffing levels from April and filling vacancies had been a challenge. Changes to nursing bank rates had had an impact and some shifts have been hard to fill. The trust still paid the highest NHS bank rates in Sussex, although some staff we met were unaware of that. The trust had invested in improved nursing ratios and supernumerary band 7 nurses from 1 May 2014. Not all posts were filled and the impact of this investment was not yet evident across all services.
- Staffing levels, particularly in medicine and surgery, and the high use of bank or agency staff placed pressure on staff and put patients at risk of their care needs not being appropriately met. These pressures meant that staff were not always able to attend training, as required.
- The current arrangements for cleaning services at the trust did not seem to be meeting the needs of all departments in a consistent way.
- Concerns about the quality of food were a recurring theme in patient feedback during the inspection and in patient survey results. Patient records showed that nutritional risk assessments were being carried out using the Malnutrition Universal Screening Tool (MUST) and, additionally, staff were completing food and nutrition charts for patients who were at risk of weight loss. Fluid charts were also being completed appropriately.
- Hove Polyclinic was providing outpatient services and was running 63 specialist clinics each week, together with a pain management service. The Polyclinic had a clean and bright environment and patients spoke highly of the care they received. The issues with the implementation of the Hub appointment system had impacted on patients, who were frustrated with the delays and cancellations they had experienced. Two

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patients whose urgent referrals were not actioned, subsequently required emergency admission to hospital. Additional clinics were being run to clear the backlogs.

- The Children's Community Nursing Team (CCNT) was providing a good service that was appreciated by children and their families. The team communicated well with other professionals and agencies involved with supporting children and their families.
- The Renal Dialysis Unit at Bexhill Hospital was well managed and had good links with the renal service in Brighton. The service was clean and well maintained, staff had a good rapport with patients and patients spoke highly of the care they received. At the previous inspection, the service was found to be in breach of four regulations relating to safeguarding, cleanliness and infection control, staffing and supporting workers. Bexhill Hospital had taken effective action and these areas were found to be compliant.

We saw several areas of outstanding practice including:

- The team felt that the trust was exceptionally open and engaged with the inspection. Information requested was readily supplied without the need for executive-level authorisation, as had been the case in some other trusts. Staff had been encouraged to speak to inspectors and many came forward to speak to us outside of meetings, focus groups and time on the wards.
- The awareness of staff of the work on values and behaviours was almost universal. With one exception, all the staff we talked to about this had been involved directly in this work, knew a colleague who had been, or were aware of the opportunities that they had had to engage with and influence this work.
- Care for patients with dementia was very good in both Royal Sussex County Hospital and Princess Royal Hospital, where staff had been innovative and creative in order to provide a safe and stimulating environment for people. Awareness of dementia has been raised across the trust through the 'Dementia is my business' campaign and a new care pathway had been launched. The trust presented its work around dementia at the National Dementia Congress in November 2013.

- The critical care teams at the Royal Sussex County Hospital and the Princess Royal Hospital were strong, committed and compassionate. The feedback from patients was overwhelmingly positive.

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

Importantly, the trust must:

- Evaluate the effectiveness of the current patient flow and escalation policy and take action to improve the flow of patients within the ED and across the trust. Improvements are needed with discharge planning and arrangements to ensure people are able to leave hospital when they are ready. The trust must continue to engage with partners and stakeholders to achieve sustainable improvement.
- Ensure that there are enough suitably qualified, skilled and experienced staff to meet the needs of all patients.
- Ensure that the values, principles and overall culture in the organisation supports staff to work in an environment where the risk of harassment and bullying is assessed and minimised and where the staff feel supported when it comes to raising their concerns without any fear of recrimination.
- Ensure that relationships and behaviours between staff groups, irrespective of race and ethnicity, is addressed to promote safety, prevent potential harm to patients and promote a positive working environment.
- Ensure that the environment is suitable for patient investigations, treatment and care and that hazards related to the storage of equipment, which may impact on staff, are minimised.
- Ensure that all equipment used directly for patient treatment or care is suitably checked and serviced to ensure that it is safe and fit for use.
- Ensure that the planning and delivery of care on the obstetrics and gynaecology (O&G) units meets patients' individual needs.
- Ensure that there are effective systems in place so that patients needing urgent referrals for assessment or treatment are dealt with promptly.
- Continue the work to ensure that the Hub is providing an effective service to patients and staff.
- Ensure that staff are supported to receive mandatory training in line with trust policy.
- Ensure that staff receive an annual appraisal.

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- Review the current cohort protocol to ensure there are clear lines of clinical accountability and responsibility for patients that all trust staff and ambulance trust staff are aware of.
- Ensure that the privacy of dignity of patients is maintained within the ED, including the current cohort area.
- Ensure that staff reporting incidents receive feedback on the action taken and that the learning from incidents is communicated to staff.
- Review the provision and skills mix of staff to ensure they are suitably trained to meet the needs of children who use the service.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Brighton and Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals Trust is an acute teaching hospital working across two main sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital and the Haywards Heath campus includes the Hurstwood Park Neurosciences Centre. The trust had five further sites registered with the CQC and these are Bexhill Hospital, Hove Polyclinic, the Park Centre for breast care services, Lewes Victoria Hospital and Worthing Hospital. The trust also provided some community services.

The trust had a total of 896 beds. The trust was not a foundation trust, although it aspired to gain foundation trust status and was in the preliminary stages of its application to achieve that. The trust reported a surplus of £3.2 million at the end of the 2012/13 financial year (the latest figures available).

The trust provides district general services to its local populations in and around the City of Brighton and Hove, Mid Sussex and the western part of East Sussex. It also provides more specialised and tertiary services for patients across Sussex and the South East. The 2010 Indices of Deprivation showed that Brighton and Hove

was the 66th most deprived and Mid Sussex was the 315th most deprived local authority out of 326 local authorities. Between 2007 and 2010 the deprivation scores increased meaning that the levels of deprivation had worsened. Life expectancy is 8.7 years lower for men and 6.3 years lower for women in the most deprived areas than in the least deprived areas served by the trust. Census data shows an increasing population and a lower than average proportion of Black, Asian and minority ethnic (BAME) residents. There is a fair balance between males and females in the population with the highest proportion being in the age group 40 to 49. This is similar to the England average.

We inspected acute and community services delivered across the trust with the exception of the Park Centre. We inspected the trust as part of our in-depth hospital inspection programme. Brighton and Sussex University Hospitals Trust was an aspirant foundation trust, it was also an example of a 'medium risk' trust, according to our intelligent monitoring model. We wanted to follow up on the issues that had been raised by staff as part of the listening event, held in December 2013. The inspection took place on 21-23, 27 and 30 May 2014.

Our inspection team

Our inspection team was led by:

Chair: Dr Sean O'Kelly, Medical Director, University Hospitals Bristol NHS Foundation Trust

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team of 35 included CQC inspectors and a variety of specialists. These included: a consultant cardiologist, a consultant obstetrician, a consultant paediatrician, a consultant orthopaedic surgeon, a consultant in emergency medicine, a consultant in critical care, a junior doctor, a matron, senior nurses, a student nurse, a non-executive director and an Expert by Experience.

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 and provider:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to

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share what they knew about the hospital. These included the clinical commissioning group (CCG), the Trust Development Authority (TDA), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held two listening events. One was held in Haywards Heath on 20 May 2014 when 10 people shared their views and experiences of the Princess Royal Hospital. A listening event was also held in Hove on 20 May where 15 people shared their views about the Royal Sussex County Hospital and the Hove Polyclinic. As some people were unable to attend the listening events, they shared their experiences via email or telephone.

We carried out the announced inspection visit between 21 and 23 May 2014 and the unannounced visits on 27 and 30 May 2014. We held focus groups and drop-in

sessions with a range of staff in the hospitals, including nurses and midwives, junior doctors, consultants, physiotherapists, occupational therapists and the BME (Black and minority ethnic) Network. We also spoke with staff individually, as requested.

We talked with patients and staff from across most of the hospitals, including ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment. We spoke to staff and patients in the community services and undertook a home visit to see a child and speak to their family. We interviewed the chairman and the chief executive, met with a number of executive and non-executive directors, senior managers and the trust's Patient Safety Ombudsman.

What people who use the trust's services say

In the NHS Friends and Family Test, the trust is performing below the England average for inpatients and for accident and emergency (A&E) for the four months reported between November 2013 and February 2014. Response rates for the inpatient test had fluctuated, but were improving and 54 wards were participating. The inpatient scores had improved month on month and were now close to the average for England. The overwhelming majority of respondents said they would be likely or extremely likely to recommend the trust as a place to receive treatment. The A&E performance was significantly below the England average and the response rate was also poor in comparison.

In the Adult Inpatient Survey, CQC, 2013, the trust performed in line with other trusts in all 10 areas covered by the questions. The trust has improved in four of the areas covered. These were about the information given to patients about their condition and treatment in A&E and on the wards, about danger signals to look for once patients went home and about how staff take account of family and home situations when planning for patients to leave the hospital. One question showed a decline and that related to the quality of the food.

In the Survey of Women's Experience of Maternity Care (CQC 2013), the data showed that the trust performed in line with other trusts. The survey included questions on labour and birth, staff support during birth and the care in hospital afterwards.

The Cancer Patient Experience Survey 2012/13 is designed to monitor national progress on cancer care. The trust performed better than other trusts for five of the 69 questions asked in the 2012/13 survey. The trust did very well in areas such as confidence and trust in nurses and getting understandable answers to important questions. The trust performed worse than other trusts in 20 of the questions. These areas included written information about tests, treatment and side effects, choices of treatment, being involved in decisions and staff doing everything possible to control the side effects of radiotherapy, chemotherapy and pain.

Comments and reviews on the NHS website varied between hospital sites, with the trust having an overall score of 3.5 stars out of 5. Within that, the Royal Alexandra Children's Hospital had an overall score of 5 out of 5, the Princess Royal Hospital had an overall score of 4.5 out of 5 and Royal Sussex County Hospital had an overall score of 3.5 stars out of 5. The negative themes from comments

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included waiting times, communication and the attitude of some staff in A&E. There were also positive themes across all sites and services, with patients praising the care, treatment and support that they had been given.

The team heard very positive feedback from patients across the trust, including some staff that had used services. At the two listening events held in Haywards Heath and Hove we heard a mixture of positive and less positive feedback. Some people who had used A&E were

very pleased with the service they had received and examples were given, including getting a diagnosis that had not been identified by a GP. Some people spoke about their frustrations about delays and late notice for outpatient appointments. People also spoke positively about the Hove Polyclinic and the pop-up clinics that had been provided on a temporary basis, as part of the work to ease winter pressures.

Facts and data about this trust

The Brighton and Sussex University Hospitals Trust has 896 beds and 7,136 staff who provide district general hospital services to the local population of around 460,000. The trust also provides a range of specialist services including cancer services, neurosciences, cardiac surgery, renal services and intensive care for adults, children and new born babies, to a population of approximately one million.



The trust treats over three quarters of a million patients each year. In 2012/13 the trust had 117,167 inpatient admissions, including day cases and 560,757 outpatients

attendances (both new and follow-up). The emergency department in Brighton is the dedicated regional major trauma centre for the south east coast and sees approximately 150,000 patients each year.

Between October and December 2013, bed occupancy for the trust was 85.1% compared to the England average of 85.9%. It is generally accepted that when occupancy rates rise above 85% it can start to affect the quality of care provided to patients and the orderly running of the hospital. The overall figure did not show that occupancy was significantly higher at the Royal Sussex Hospital in Brighton or lower at the Princess Royal Hospital in Haywards Heath.

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Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall, we rated the safety of the services in the trust as ‘requires improvement’. For specific information, please refer to the individual reports for Royal Sussex County Hospital, Princess Royal Hospital, Bexhill Hospital, Hove Polyclinic and the Community Core Services for children, young people and families.</p> <p>The team made judgements about safety across 19 service areas at five locations. Of those, 10 were judged to be good and nine required improvement. This means that the trust can and does deliver safe care to a good standard, but does not do so consistently across all services and all sites. A number of issues had impacted on safety, including staffing levels and pressures caused by problems with the flow of patients through the hospital. Aside from improvements in the specific areas detailed in the reports, the trust needed to ensure that staff raising concerns received feedback. Staff across the trust told us that this did not happen. Some staff are wary of raising concerns.</p> <p>The appointment of a chief of safety and quality was having an impact. The Patient Safety Ombudsman reported that while they remained concerned about a number of issues they felt that there had recently been real progress and she referred to a “turning of the tide”.</p>	<p>Requires improvement</p> 
<p>Are services at this trust effective?</p> <p>Overall, we rated the effectiveness of the services in the trust as “good”. For specific information, please refer to the individual reports for Royal Sussex County Hospital, Princess Royal Hospital, Bexhill Hospital, Hove Polyclinic and the Community Core Services for children, young people and families.</p> <p>People were receiving care, treatment and support that achieved good outcomes. There were some areas that needed attention including improving access to specialist staff and therapists and ensuring that staff were supported to participate in training. In maternity multidisciplinary working was reported as poor amongst some consultants including their poor attendance at multidisciplinary meetings.</p>	<p>Good</p> 

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Are services at this trust caring?

Overall, we rated caring by staff as “good”. For specific information, please refer to the individual reports for Royal Sussex County Hospital, Princess Royal Hospital, Bexhill Hospital, Hove Polyclinic and the Community Core Services for children, young people and families.

Every service, at each location, was found to be caring. We observed staff communicating with, and supporting, people in a very caring and compassionate way. Patients and their families spoke highly of the care they had received. The overwhelming majority of the feedback given to the team from all sources was positive.

The trust had recently won 14 individual and team awards at the Surrey and Sussex Proud to Care Awards and was runner up in other categories. This represented significant peer and patient recognition of the level of care being provided.

Good



Are services at this trust responsive?

Overall, we rated the responsiveness of the trust as “requires improvement”. For specific information, please refer to the individual reports for Royal Sussex County Hospital, Princess Royal Hospital, Bexhill Hospital, Hove Polyclinic and the Community Core Services for children, young people and families.

There were a number of areas that needed to be addressed to improve the responsiveness of services provided by the trust. These included addressing the pressures in the emergency department, the flow of patients throughout the hospital and resolving the problems with the Hub system for booking appointments. There had been unacceptable waits for some services. The trust has recognised that, while complaint investigations were proportionate and responses to complaints were compassionate, the learning from complaints was not consistently captured and communicated.

Requires improvement



Are services at this trust well-led?

We rated the overall leadership of the trust as “requires improvement”. For specific information, please refer to the individual reports for Royal Sussex County Hospital, Princess Royal Hospital, Bexhill Hospital, Hove Polyclinic and the Community Core Services for children, young people and families.

The team made judgements about leadership across 19 service areas, at four locations and one community service. Of these, 13 were judged to be good and 6 required improvement. This demonstrated that leadership of the individual services needed attention.

Requires improvement



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At trust-level, there was a clear vision and a credible strategy to deliver high quality care and promote good outcomes for people. This could be seen within the 3Ts and Foundations for Success programmes. The vision and values were understood by staff and had been developed with them. The review and changes to governance arrangements had strengthened the oversight that the trust had. Responsibilities had become clearer and risks and performance were understood and managed. Engagement with staff and patients had improved, but was not yet fully embedded. The staff survey results, and the ongoing cultural challenges, including the issues of racial equality, demonstrated that improvement was required.

Vision and strategy for this trust

- The trust's vision and strategy for improvement were captured in their Foundations for Success programme. The vision was to: "Set the standard for great care by working together, adapting improving, innovating and acting with fairness, kindness and compassion." Alongside the vision, the trust had set out its approach as, "Be positive and proud about what we do well, be open and honest about the things we need to do better and be clear about what we are doing about them." The overall phrase that underpinned the values was "getting the best outcomes for patients".
- The programme had a number of strands, including work on values and behaviours, clinical strategy, clinical structure and around empowerment, accountability and performance management. The work to improve race equality had been brought up within this programme. While knowledge of the detail varied amongst staff groups, all staff we spoke to were aware of the trust's vision and strategy, which indicated that communication about it had been effective.
- The 3Ts Redevelopment Programme is part of the overarching clinical strategy for the trust. '3Ts' refers to the development of the trust to be a leading teaching, trauma and tertiary care centre. The trust described the programme as being of crucial importance to the future quality, innovation and productivity of health services in the south east. The objective was to develop modern, fit-for-purpose facilities to support safe, high quality services for patients and to share the benefits with all healthcare services by strengthening teaching, training and research. The Treasury announced formal approval of the outline business case for £420m for the redevelopment of the

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Royal Sussex Hospital site on 1 May 2014. Services are already being reconfigured in preparation, for example, the move of neurosurgery from the Haywards Heath site to Brighton, and building work was expected to start in autumn 2015.

Governance, risk management and quality measurement

- The trust had reviewed and updated its governance structure since the publication of the Francis inquiry. The terms of reference of each of the board committees and hospital management board had been reviewed and updated. Changes have been made to the chairmanship of the committee dealing with quality and safety. There has been a clearer separation of executive and non-executive functions and members of the board, both executive and non-executive, told us that this had improved both discussion and decision making. Further work was planned to give further clarity on lines of accountability between the committees, the board, the executive and the wider organisation.
- The board assurance framework had been reviewed and the board was demonstrating greater ownership of the framework and the risks captured within it. The head of risk management was involved in a regular scrutiny of risks through the board committees.
- The quality of risk management across the trust was variable. Some areas, for example maternity, were managing their risks well. Other areas, such as surgery and medicine, had more work to do to fully integrate their management of risk into their day-to-day management.
- There was evidence of quality measurement across the trust. The board have direct engagement with clinical quality through the quality and risk committee and also the NEDs walkabouts and 15 steps challenge. The board also invites clinicians to address the Board. This will be further improved by the allocation of NEDs to clinical specialties from September as part of the Board development plan.'
- The trust had undertaken an external assessment of their complaints management and handling. Areas of good practice were identified. These included board oversight and commitment, proportionate investigations and compassionate responses, early triage of cases, good complaints pathways and good engagement with some divisions. Areas for improvement included: demonstrating that learning had been captured and changes implemented, the need for increased resources, a clearer governance structure to ensure all divisions were engaged and a need to clear the backlog of complaints.

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Leadership of trust

- The chairman and chief executive were regarded as the architects of the changes to the trust and it was apparent that they worked well together. The board had been strengthened with the appointment of three new non-executive directors during 2013. Board and committee minutes demonstrated appropriately robust dialogue and challenge.
- Staff spoke very positively about the chief executive, who they said was highly visible, engaged, focused and committed to improvement. Staff across the trust and at every level referred to communication having been “transformed” since his arrival. Nursing staff also spoke positively about the chief nurse and the impact that she was having.
- The trust has a board development and assurance plan. This included the development of a stakeholder engagement strategy and a programme of planned interactions with key stakeholders and commissioners. A series of board seminars were planned to focus on approaches to engagement and this included engagement with staff and clinicians.
- The board had become more engaged with people-management issues and strategies.
- Changes were being made to the clinical structures and were at the pre-consultation stage at the time of the inspection. The proposed new structure will replace the four large clinical divisions with between 10 and 15 clinical directorates each, of which will have its own leadership team, comprised of a doctor, nurse and manager.
- The trust had successfully dealt with the risks caused by recruitment delays, reducing the time taken from 26 to 12 weeks, with an objective to go from advert to interview in 21 days. Pooled recruitment was taking place and absence levels had reduced over the last year. This had delivered a saving of £1.5 million. Appraisal rates were increasing and were currently at 75%, with a target of 100% set for 2014/15.

Culture within the trust

- The trust was dealing with a number of significant cultural issues. These included: improving engagement with staff, improving and promoting race equality and dealing with some long-standing issues concerning that, addressing the issues that had influenced the staff survey results and improving the take up of appraisals and access to training. These issues were reflected in the staff survey results.
- There were five workstreams within the Foundations for Success programme, specifically targeted at the known cultural

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issues. These included workstreams on communication and on race equality and intolerance of prejudice. The trust's BME Network had committed to engage with this work once the remaining race-related grievances and cases had been resolved.

- The work on values and behaviours led to the identification of five core values. These were communication, kindness and understanding, excellence, fairness and transparency and working together. These were captured in a six-page document that defined the values in a practical way and provided some 'do's' and 'don'ts' on behaviour. For example, communication was explained as meaning communication that is "respectful, personal, honest and helpful" and is valued because it is "the bedrock of effective teamwork and high quality patient care". This work had provided a framework for staff to hold themselves and each other to account. Some consultants told us that they had seen that it was starting to make a difference.
- The trust held a nursing and midwifery conference on 16 May 2014 that was dedicated to the seventh 'C' – culture. The concept of culture and ways to positively influence it were discussed. The presentations included one on the place of social media in developing culture.

Black and minority ethnic (BME) issues

- The history of race equality and discrimination at the trust is complex. In 2008, the trust had publicly acknowledged that a number of BME staff had been subject to racial discrimination. A comprehensive race equality programme called Commitment to Change (C2C) was established in 2009 and ran until December 2013. The programme has been described as innovative and ground-breaking. It was developed by a member of trust staff who chaired the BME Network and who became the lead for the programme. As part of the programme, a trust Race Equality Commission (REC) was established. A memorandum of understanding between the trust Board, the BME Network and the REC was signed in September 2011. These arrangements broke down when the lead resigned in December 2013. This situation had arisen for a number of reasons, including concerns about how grievances and allegations were being managed.
- Some of the specific BME issues were long-standing and complex and in some cases were confined to a particular speciality or service. The trust has work in hand with these specialties in order to address and resolve those points. Some of the issues were between BME and non-BME staff and others were between staff from different BME groups. There were

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some trust-wide issues. For example, the trust had a glass ceiling for nurses at band 7 and was exploring ways to address that, these included the review of appointments of staff at a higher banding.

- The trust's own review showed that there were no disciplinary cases or sanctions for race discrimination from 2004 to 2010. In 2010/11 there were a number of cases involving clear acts of discrimination and action was taken. These included dismissals, written warnings and final written warnings. In 2012/13 the number of complaints being upheld reduced, although the complexity and subtlety of the discrimination increased. From August 2013, the number of cases increased significantly.
- The trust supported the BME Network, which two thirds of the trust's BME staff belong to. This support is through the provision of a budget and giving staff time to attend meetings.
- The trust is developing a new race equality programme in consultation with the BME Network. It will build on the C2C programme and recognised best practice. It is being integrated into the Foundations for Success programme through the Race Equality and Intolerance of Prejudice workstream. The agreement of a way forward between the chief executive and chair of the Network is on the understanding that the outstanding formal grievances will be fairly addressed by the end of August 2014.
- At a focus group with the BME Network, the team heard from people about their continuing concerns. It appeared that the Network still had questions about the true commitment of the trust.
- A number of BME staff shared their experiences with us during the inspection that the Network could feel intimidating to those who were not part of it.

Public and staff engagement

- The Foundations for Success programme had been the key vehicle for engagement with staff. It was designed to involve and re-engage staff in creating the type of organisation that they wanted to work in. 700 staff had been involved over the last six months and the work had delivered an agreed set of values and behaviours. With one exception, all the staff we spoke to on the inspection were aware of the programme and had been involved themselves, knew a colleague who had been or were aware of their opportunities to engage.
- Since the arrival of the current chief executive, there has been a positive promotion of engagement with staff and debate and conversations within areas and teams had been encouraged. Weekly messages from the chief executive to all staff had

Summary of findings

included invitations to give feedback. Staff were using the 'Your say' site on the trust's intranet to have dialogue. The trust had recently introduced an internal staff survey, the results from which were not available at the time of the inspection.

- The trust had a strategy for engagement with the public. This had a number of strands, including the Patient's Voice survey, NHS Friends and Family Test, a section on the trust website entitled 'You said, we did', national patient surveys and a Patient Experience Panel. There was also a Patient and Public Design Panel, which was a vehicle for people to become engaged with the design of the new buildings on the Royal Sussex site.
- The board development plan included a seminar to focus on the approach to engagement with patients and the public.

Innovation, improvement and sustainability

- The trust had strong links with the University of Sussex and was proud of the connection with the Brighton and Sussex Medical School. The trust's research strategy was held in partnership with the medical school. The trust was involved in clinical research and in the evaluation of new drugs through clinical trials. The trust was one of 19 NHS trusts awarded funding for a National Institute for Health Clinical Research facility for experimental medicine. The areas of research included cancer, HIV, renal and dementia disorders.
- Staff told us that they were encouraged to be innovative. The developments in dementia care were an example of that and those were being shared at national conferences.
- The trust was aware of its challenges and had improvement plans in place. The scale of the improvements that the trust was seeking to deliver were having an impact on the pace and progress of some of this work. Sustainability of improvements was a challenge, as seen in the improvements in A&E in 2013, which had not been maintained.

Overview of ratings

Our ratings for Royal Sussex Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Princess Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Good	Good	Good	Good	Good	Good

Overview of ratings

End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Bexhill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Overall						Good

Our ratings for Hove Polyclinic

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Overall						Good

Our ratings for Community health service

	Safe	Effective	Caring	Responsive	Well-led	Overall
Children & young people	Good	Not rated	Good	Good	Good	Good
Overall						Good

Overview of ratings

Our ratings for overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The team felt that the trust was exceptionally open and engaged with the inspection. Information requested was readily supplied without the need for executive-level authorisation, as had been the case in some other trusts. Staff had been encouraged to speak to inspectors and many came forward to speak to us outside of meetings, focus groups and time on the wards.
- The awareness of staff of the work on values and behaviours was almost universal. With very few exceptions, all the staff we talked to about this had been involved directly in this work, knew a colleague who had been involved, or were aware of the opportunities that they had had to engage with and influence this work.
- Care for patients with dementia was good in both Royal Sussex and Princess Royal Hospitals, where staff had been innovative and creative in order to provide a safe and stimulating environment for people. Awareness of dementia has been raised across the trust through the 'Dementia is my business' campaign, and a new care pathway had been launched. The trust presented its work around dementia at the National Dementia Congress in November 2013.
- The critical care teams at the Royal Sussex and Princess Royal Hospitals were strong, committed and compassionate. The feedback from patients was overwhelmingly positive.

Areas for improvement

Action the trust **MUST** take to improve

- Evaluate the effectiveness of the current patient flow and escalation policy and take action to improve the flow of patients within the emergency department and across the trust. Improvements were needed with discharge planning and arrangements to ensure people were able to leave hospital when they were ready.
- Continue to engage with partners and stakeholders to achieve sustainable improvement in A&E.
- Ensure that there are enough suitably qualified, skilled and experienced staff to meet the needs of all patients.
- Ensure that the values, principles and overall culture in the organisation, supports staff to work in an environment where the risk of harassment and bullying is assessed and minimised and where the staff feel supported when it comes to raising their concerns without any fear of recrimination.
- Ensure that relationships and behaviours between staff groups, irrespective of race and ethnicity, is addressed to promote safety, prevent potential harm to patients and promote a positive working environment.
- Ensure that the environment is suitable for patient investigations, treatment and care and that hazards related to the storage of equipment which may impact staff are minimised.
- Ensure that all equipment used directly for patient treatment or care is suitably checked and serviced to ensure that it is safe and fit for use.
- Ensure that planning and delivery of care on the O&G units meets patients' individual needs.
- Ensure that there are effective systems in place, so that patients needing urgent referrals for assessment or treatment are dealt with promptly.
- Continue the work to ensure that the Hub is providing an effective service to patients and staff.
- Ensure that staff are supported to receive mandatory training in line with trust policy.
- Ensure that staff receive an annual appraisal.
- Review the current cohort protocol to ensure there are clear lines of clinical accountability and responsibility for patients, which all trust staff and ambulance trust staff are aware of.
- Ensure that the privacy and dignity of patients is maintained within the ED, including the current cohort area.

Outstanding practice and areas for improvement

- Ensure that staff reporting incidents receive feedback on the action taken and that the learning from incidents is communicated to staff.
- Review the provision and skills mix of staff to ensure they are suitably trained to meet the needs of children who use the service.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of carrying out an assessment of the needs of the services user and the planning and delivery of care and, where appropriate, treatment to meet the needs and ensure the safety and welfare of the service users.</p> <p>Regulation 9 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>How the regulation was not being met: The provider had not protected service users against the risk of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to enable the registered person to- regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this part of the Regulations: and</p> <p>Identify, assess and manage risks relating to the health, welfare and safety of service users and other who may be at risk from the carrying on of the regulated activity,</p> <p>Where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to- the analysis of incidents that resulted in, or had the potential to result in harm to a service user.</p>

This section is primarily information for the provider

Compliance actions

Regulation 10 (1) (a) (b) (C) (i) Assessing and monitoring the quality of service provision

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

How the regulation was not being met: The registered provider must ensure service users are protected against the risks associated with unsafe or unsuitable premises by means of- suitable design and layout and adequate maintenance of the premises in connection with the regulated activity.

Regulation 15 (1) (a) (ii) (c) (i) Safety and suitability of premises

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

How the regulation was not being met: The registered person had not ensured that equipment was properly maintained in order to ensure the safety of service users and meet their assessed needs.

Regulation 16 (1) (a) (2) Safety, availability and suitability of equipment

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

How the regulation was not being met: The registered person had not, so far as reasonably practicable, made suitable arrangements to ensure the privacy and dignity of service users.

Regulation 17 (1) (a) Respecting and involving people who use services

This section is primarily information for the provider

Compliance actions

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations
2010 Staffing

How the regulation was not being met: The provider had not taken appropriate steps to ensure that at all time there were sufficient numbers of suitably qualified and experienced persons employed for the purpose of carrying on the regulated activity.

Regulation 22 Staffing

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

How the regulation was not being met: The provider had not ensured suitable arrangements were in place in order to ensure that persons employed for the purposed of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard including by-
Receiving appropriate training, professional development and appraisal.

Regulation 23 (1) (a) Supporting workers

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 24 HSCA 2008 (Regulated Activities) Regulations
2010 Cooperating with other providers

How the regulation was not being met: The provider had not made suitable arrangements to protect the health, welfare and safety of service users in circumstances where responsibility for the care and treatment of service users is shared with or transferred to others by means of:

This section is primarily information for the provider

Compliance actions

So far as reasonably practicable working in cooperation with others to ensure that appropriate care planning takes place. Subject to paragraph 2 the sharing of appropriate information in relation to- the admission, discharge and transfer of service users.

Regulation 24 (1) (a) (b) (i) Cooperating with other providers