

# East Sussex Healthcare NHS Trust

## Inspection report

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Date of inspection visit: 6 March 2018  
Date of publication: 06/06/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Outstanding 
Are services responsive?	Requires improvement 
Are services well-led?	Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

East Sussex Healthcare NHS Trust is a provider of acute and specialist services that serves a population of 525,000 people across East Sussex

The trust's main Clinical Commissioning Group's (CCG) are Eastbourne, Hailsham and Seaford Commissioning Group, Hastings and Rother Clinical Commissioning Group and High Weald Lewes And Havens Clinical Commissioning Group. Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG, East Sussex County Council and the Trust are partners in the East Sussex Better Together programme.

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

At the last inspection undertaken in 2016, the trust was found to be in breach of the following regulations under HSCA (RA) Regulations 2014. These were: Regulation 18 – Safe staffing

The trust was placed in Quality Special Measures following the CQC inspection in 2015. The inspection visit in October 2016 found improvements had been made in many areas but the changes were too recent to demonstrate that the improvements were embedded in practice. The trust remains in Quality Special Measure and was also placed in Financial Special Measures in 2016.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Requires improvement** ● → ←

## What this trust does

The trust provides a total of 833 beds with 661 beds provided in general and acute services at the two district general hospital (Eastbourne District General Hospital and Conquest Hospital, Hastings) and at local community hospitals. In addition there are 45 Maternity beds at Conquest Hospital, and the midwifery led unit at Eastbourne District General Hospital and 19 Critical care beds (11 at Conquest Hospital, 8 at Eastbourne District General Hospital). The trust provides the following services at the two acute locations and in the community.

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity
- Gynaecology
- Services for children and young people
- End of life care
- Diagnostics

# Summary of findings

- Outpatients
- Community healthcare for adults
- Community healthcare for children
- Sexual health services

At Bexhill Hospital ESHT provide outpatients, ophthalmology, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital, ESHT provide outpatient and inpatient intermediate care services. At Firwood House the trust jointly provide, with adult social care, inpatient intermediate care services. The trust provides some services at Uckfield community hospital. Community staff also provide care in the patient's own home and from a number of clinics and GP surgeries in the area.

In the year to November 2017 there were

- 60615 emergency department attendances, an increase of 6.6% from the preceding year
- 23544 day case a reduction of 1.6% on the preceding year
- 24,279 non elective spells, an increase of 5.8% on the preceding year
- 129786 non elective bed days a reduction of 4.2% on the preceding year
- 10099 referrals under the two week wait rules for suspected cancers
- 64003 initial outpatient appointments
- 157942 follow up outpatient appointments
- 24467 community nursing referrals

As at June 2016, the trust employed over 6,000 staff across the organisation.

The trust was placed in financial special measures in January 2017 because of a large financial deficit. The Finance Director reports a Financial Special Measures Update to each board meeting. The trust was forecasting a deficit of £57 million for 2017/2018 with an underlying position of £54 million. This appeared to show the trust financial position was stabilising and that this demonstrated improved control and financial grip had been achieved. This improved control was expected to deliver a £4.6 million saving during quarter 4 of 2017/2018..

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

This inspection report has been amended since initial publication as we became aware of several errors in the ratings grid, including the dates of the last ratings judgements for community services. At the time of the inspection we decoded against including eh community ratings but these have now been added in to give a more complete picture of when various core services were last inspected and the ratings. This will enable a better picture of any progression made by the trust when future reports are published.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 20 and 21 March 2018.

Prior to this, we gathered information and data from the trust, NSHI and stakeholders (community organisations with an interest in the healthcare provided by the trust). We held focus groups for different staff groups on both trust acute hospital sites in December 2017.

We then conducted unannounced inspections of five core services across both acute hospital sites on 6 and 7 March 2018.

At the last inspection in October 2016, we rated both acute hospital locations as Requires Improvement and also gave the trust an overall rating of Requires Improvement. We considered all the information we held about the trust when considering which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

We inspected five core services across both acute locations. When aggregating the overall rating, the ratings from the previous inspection in October 2016 were used for core services that were rated following that inspection but which were not re-inspected. We can only re-rate following inspection and the improvements that have taken place in the core services we did not inspect are not reported.

We are aware of improvements in other core services through engagement visits and data supplied by the trust. For example, we have seen the new play service facilities at the Conquest Hospital and know a play specialist has been employed but this is not reflected in the ratings as we did not inspect services for children and young people during this inspection and our methodology only allows for ratings changes following inspection.

## What we found

Following our previous inspection visit dated October 2016, we gave the trust a rating of Requires Improvement overall.

During both the core service inspections and the well led inspection visit in March 2018, we identified major improvements across all areas of the trust that we visited. The findings were supported by data provided through national programmes and by the trust and through discussions with executive directors and staff as part of our engagement programme. There had been a cultural shift with staff buying into the vision and supporting the goal to be 'Outstanding by 2020'.

The trust is now rated good for overall for well-led for all five key questions. We noted that there were some aspects of leadership that when compared against our key characteristics suggested specific areas of leadership (such as engagement) were a very high good and that in some core service areas the local leadership reached the outstanding benchmark.

# Summary of findings

The core services that we inspected in March 2018 all showed significant improvement. Where there were rating changes, these were from requires improvement to good (or in some domains, to Outstanding). In the case of safety within the Conquest Hospital emergency department this was from a rating of inadequate to good.

Overall location ratings were impacted on by the ratings from the previous inspection in October 2016 as our methodology uses the most recent ratings to aggregate the current overall location rating. This means that whilst the aggregated rating for the core services inspected at this inspection visit would have brought the trust to good overall, the impact of the cores services we did not re-inspect leaves it as requires improvement overall. The rating for the emergency department at Eastbourne District General Hospital remained as required improvement. We did note improvements but there was more work to be done to ensure there were equitable services in emergency care on both sites.

We noted that there were some aspects of the care provided that when compared against our key characteristics suggested specific areas (such as ‘caring’ in some core services) were a very high good and some domains had reached the benchmark for outstanding.

The inspection team feel there is no grounds for the trust to remain in quality special measures and have written the NHSI to recommend them exiting quality special measures at this time.

## Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains in children and young people and end of life care as we did not re-inspect these on this inspection.
- The emergency department at Eastbourne District General Hospital needed to improve further. We saw progress and improvements but there were still some gaps in the service that required further attention.

However

- The leadership team had the capacity and capability to deliver high quality, sustainable care. The board and senior leaders were able to demonstrate a sound understanding of the requirements of their roles and their responsibilities. Leaders at all levels had followed the board lead in modelling good leadership practice. Two core services on the Conquest site were rated outstanding for leadership with other leadership teams not far behind.
- There was much improved cross site working and relations. Most staff felt they worked for the trust rather than at individual hospitals. There were pockets of staff where this didn’t hold true but this was a very small minority.
- There was a clear and known Vision and strategy for achieving the trust objectives. All staff that we spoke with knew the statement “Outstanding by 2020” and were committed to achieving this. The staff now believed it was possible and showed great pride in the work they were doing.
- The clinical strategy had been created in consultation with staff and local stakeholders. It reflected the needs of the local community and aimed to deliver. “The right care at the right time in the right place”. Key priorities were identified and service redesigned was well underway to streamline care between community, acute hospitals and primary care.
- There were acknowledged serious financial challenges and the trust was in Financial Special Measures but the focus for the entire board was on maintaining and improving the quality and safety of the services provided. No financial decisions were made without undertaking a quality impact assessment.

# Summary of findings

- The updated Risk and Quality Delivery Strategy provided a very clear and comprehensive account of the risk management tools and processes across the trust. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services.
- The Integrated Performance Report provided a holistic understanding of performance, which integrated people's views with information on quality, operations and finances. The IPR was used by the board for assurance and by the divisions to benchmark and drive improvements.
- Engagement was a real strength of the organisation. Innovative and effective work with East Sussex Healthwatch had led to changes in care practice and provision. The trust had built positive relationships with other local agencies and was well represented at external meetings and groups. Internally, the staff reported feeling much more engaged and motivated by a visible executive team who recognised the challenges and valued them.
- The needs of patients attending with mental illness were given due consideration. The board was well engaged with ensuring the needs of patients with mental illness were met. The East Sussex Better Together initiative members had redesigned the end to end pathway around the interface of Mental Health with Acute Medicine. In the ED at Conquest Hospital, the care of patients with mental illness was given parity with those attending with physical illness.
- Community services were not inspected at this inspection but the overall rating of good remained from the last time these services were inspected and was used to aggregate the overall trust rating.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains for children and young people and end of life care as we did not re-inspect these on this inspection.
- The emergency department at Eastbourne District General Hospital had made significant improvements but was not yet providing care that could be rated above requires improvement for safety. This related particularly to children and young people and to people presenting with mental health needs.

However:

- Whilst the ED at Eastbourne District General Hospital remained as RI for safety, all other core services inspected were rated good, which was an improvement overall.
- There had been significant improvements in how the trust learned from incidents. The reporting culture had improved with staff of all grades and disciplines having an understanding of the importance of reporting incidents. Investigations into serious incidents were robust and there were clear pathways for disseminating learning.
- The safeguarding arrangements for adults and children had been improved with a better resourced team and more involvement with other local agencies with responsibilities for safeguarding. Staff understood their responsibilities.
- Assessing and responding to patient risk had improved with demonstrably better outcomes. Electronic recording of the Early Warning Systems had been rolled out across the hospitals and improved the escalation and response when patients became unwell.
- Mortality rates had improved and the trust was within the expected range. Much work had been done around sepsis management with improved outcomes and better early recognition.
- Infection prevention and control was now a real strength. Previously this had been identified as a risk across many areas of the hospitals but the team had addressed all the issues raised and continued to improve this aspect of care through effective training and monitoring.

# Summary of findings

## Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains for children and young people and end of life care as we did not re-inspect these on this inspection.

However:

- The trust had recruitment policies and procedures together with job descriptions to help ensure staff who were employed were experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.
- The trust provided care and treatment to patients based on national guidance and evidence of its effectiveness, monitored through dashboards and audits.
- Staff from different departments and disciplines worked together as effective multidisciplinary teams for the benefit of patients.
- Outcomes for patients were improved with specific improvements in the assessment of risk of Venous thromboembolism (VTE) reducing the number of VTE related incidents. There was an 11.3% year on year reduction in falls.
- A Stroke Association national report compared stroke services across the country in key performance areas. It rated ESHT as the quickest for scanning suspected stroke patients within one hour (81%) and fourth best in the country for scanning within 12 hours (98.2%). The report also rated local services the fifth best in the country for admitting patients to a stroke unit within 4 hours (80.5%).
- As part of East Sussex Better Together, a new frailty service started aimed at supporting frail people to live independent and healthy lives out of hospital.
- The revised integrated care pathways were based on current best practice and referenced National Institute for Health and Care Excellence quality standards.
- Internal audits resulted in changes to patient care. Examples of specific changes included ensuring junior doctors working on the Acute Assessment Unit had access to guidelines on the management of acute kidney injury and establishing an ambulatory care pathway for low risk chest pain
- Staff competence and ongoing training was given a high priority. Eastbourne District General Hospital was one of only eight approved hospitals in the United Kingdom to offer simulation training for new specialist cardiac doctors to improve their skills with heart procedures.
- The UroGynaecology unit was attained national accreditation from the British Society of UroGynaecology following a recent inspection. It was one of only 22 units all over the country to gain this status.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- We saw staff treated patients with compassion, dignity and respect. Staff involved patients and their carers in decisions about their care and treatment.
- We saw a number of occasions when staff, “went the extra mile”. All the staff we spoke with across the trust placed compassion and empathy as integral to providing good care.
- Staff considered all aspects of a patient’s wellbeing, including the emotional, psychological and social.

# Summary of findings

- The response rates to friends and family surveys were generally above the national average. Patients told us the care they received respected their wishes. The trust was in 8th place nationally for their FT response rate.
- The feedback we received from patients and their loved ones showed they were satisfied with the services provided.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The ratings from previous inspections impacted on the aggregated overall rating for the trust. The requires improvement rating remains for children and young people and end of life care as we did not re-inspect these on this inspection.

However

- The referral to treatment times and the trusts ability to meet some key performance indicators remained a challenge. There had been a reduction in day case surgery which resulted in them being 12.6% under plan in the YTD November 2017. Elective surgery was also under plan.
- Waiting times for some specific appointments had worsened slightly. This included the number of patients waiting less than 13 weeks from a musculo-skeletal or a dietetic referral.
- The trust struggled to meet the maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers. They had a rolling 12 month average of 77.1% against a target of 85%. Work was being done to improve this and improvement could be seen over the reporting period.
- The trust continued to meet the maximum two-week wait standard for patients to see a specialist for all patients referred with suspected cancer symptoms (96.8% rolling average compared to a 93% target).
- The trust worked with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people. They were a driving force in the East Sussex Better Together initiative and active in the formation of the STP.
- In 2017, the partnership won the prestigious HSJ Improved Partnerships between Health and Local Government award. East Sussex Better Together impressed the judges with its breadth and scope, as well as an extremely ambitious partnership between the local government and the NHS.
- Their work with the local East Sussex Healthwatch had won a national award for the improvements in care brought about by the two organisations working together.
- Access and flow had improved across the trust. There was robust site management and a clear continuous monitoring of the state of occupancy and acuity. Site managers were working with ward staff to ensure all staff saw patient flow as a whole staff responsibility rather than something that was imposed upon them. There remained challenges due to the demands placed on the hospitals but these were being addressed in the longer term through work with stakeholders and new ways of providing care.
- Staff throughout the organisation worked to ensure individual needs were met. Patients and carers with additional needs were supported.
- The trust treated concerns and complaints seriously and investigated them. Where they learned lessons or changed practices as a result these were shared with all staff. The organisation had a far stronger grip on how complaints were responded to. The responses were timelier with most being responded to within the timescale laid down in the policy. There were, overall, far fewer complaints received and the responses to complaints were better, which increased local resolution.

# Summary of findings

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The trust had made improvements whilst experiencing significant financial challenge. Despite the financial difficulties, the trust board and staff remained unanimously committed to maintaining and improving the quality and safety of patient care.
- There was a very clear vision and objectives that were known to all staff. The goal of 'Outstanding by 2020' had, for many staff, become genuinely possible rather than simply a strapline displayed on posters. Staff were now identifying their achievements and celebrating successes where before the overall feeling was of a very negative and demotivated workforce.
- There had been a palpable improvement in the organisational culture. All staff groups and all grades of staff talked to us about having pride in their work. Staff felt engaged, valued and listened to.
- A strengthening of the Governance Framework and Board Assurance Framework meant the board had more robust assurance of the risks, risk reduction and where necessary, mitigation.
- Local leaders were taking on the values of the board and senior leaders. A clear message of zero tolerance of bullying and inappropriate behaviour had been given out by several executive directors at the start of their tenure. They then developed leadership that was responsive to the needs of the staff, that listened and that cared about their workforce through role modelling, formal learning opportunities and engagement with front line staff.
- We noted improvements in all areas of the trust we visited, including in core services we did not inspect on this visit.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings but balanced this with the information from our ongoing monitoring of the trust and improvements we had seen across areas of the trust that were not part of the core service inspection (such as in End of Life Care and Services for Children and Young People) . Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found areas of outstanding practice in all core services. See the Outstanding practice section below.

## Areas for improvement

We found areas for improvement in most core services. See the Areas for improvement section below.

## Action we have taken

We have issued a requirement notice in respect of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing. The provider is required to submit an action plan with details of how they will address the issue raised in the emergency department report.

We have also asked the provider to supply an action plan in respect of the actions that were identified that did not constitute a breach of the regulations but which the trust should address.

# Summary of findings

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust, feedback from other stakeholders and the public and through our regular inspections.

## Outstanding practice

- Innovative measures and the identification of new roles partially mitigated recruitment challenges and promoted opportunities for staff already in post to develop new skills. The introduction of the matron's assistant role meant matrons could dedicate their time to improve safe high quality care, as their assistant undertook the majority of their administrative duties.
- An innovative local project which created a new NHS role of 'Doctors' Assistant' had earned national recognition being shortlisted for a "BMJ Award for Clinical Leadership" and a HSJ Award.
- We saw and heard about many examples of particularly compassionate care being provided by staff, even when working under pressure in very busy circumstances.
- Across the trust, the leadership teams placed a strong emphasis on supporting staff welfare and there was a variety of different initiatives in place to support staff welfare. Staff also supported local charities, by providing warm clothing to a homeless charity
- The engagement work that the trust was doing internally and externally had been the basis for cultural change across the organisation and with stakeholders. The trust was very well engaged with other local providers and East Sussex Healthwatch, which was allowing service redesign that better met the needs of local people.
- Eastbourne Hospital was the first NHS hospital in Sussex and Kent to offer the innovative UroLift System to treat an enlarged prostate. This new minimally invasive treatment acts like curtain tie-backs to hold open the lobes of an enlarged prostate to create a channel from the bladder. Patients experienced rapid symptom relief, recovered from the procedure quickly, and returned to their normal routines with minimal downtime. It offered men an alternative to drug therapy or more invasive surgery.
- An electronic clinical monitoring system using hand held mobile technology had been introduced on the children's ward at Conquest and Eastbourne Hospitals. The trust was one of the first in the country to use the paediatric module of the system. The monitoring system was already fully operational on all the acute adult wards at both hospitals.
- The National Bowel Cancer Audit showed the trust's Bowel Cancer services to be the best in the South East region. The audit showed the trust to have the lowest mortality rates and second lowest readmission rate in the region, with these indicators significantly better than the national average.
- Data published by the National Emergency Laparotomy Audit (NELA) in 2017 confirmed that the trust was above the national average for all process measures, and excelled in ensuring that a consultant surgeon was present in theatre when the risk of death was greater than 5% (100% achieved). The national average for this process measure was 92.9%.
- A new and state of the art digital mammography machine had been installed at Eastbourne Hospital to improve the diagnosis of patients with suspected breast cancer. It was one of only three of its kind in the UK. It provides high quality mammogram images with a reduced radiation dose which is of enormous potential benefit to patients. The improved quality of images enabled radiologists to diagnose small or subtle cancers particularly in younger patients and those with mammographically dense breasts.

# Summary of findings

- In the emergency department, Clinical teams had been recognised by the trust and by the Department of Health and Social Care for their achievements and progress. This included a ‘team of the year’ award for the emergency department an ‘unsung hero’ award for the healthcare assistant team and recognition as the most improved emergency department in England by the Department of Health and Social Care.
- The clinical team had demonstrated a highly effective rapid response to a major incident that involved a potential biological hazard. They implemented emergency procedures without any advance warning and demonstrated exceptional multidisciplinary working.
- The hospital intervention team had extended their service to 12 hours daily to meet the increasingly complex needs of patients cared for in the clinical decisions unit. As patients spent longer in this unit the hospital intervention team was able to ensure care and rehabilitation plans were initiated in advance of discharge to help improve patient outcomes.
- At Conquest hospital, there was parity in the care and treatment delivered between patients attending with physical and mental health needs. Patients attending with mental health needs had their physical health needs considered during their assessment.
- Patients with mental health needs could be cared for in different areas of the Conquest Hospital emergency department, dependant on their specific needs.
- At Conquest Hospital, the emergency department had a number of initiatives in place for patients living with dementia, these included; state-of-the-art digital reminiscence therapy system, twiddlemuffs and dementia rummage boxes.
- At Conquest Hospital, the emergency department had implemented the emergency department checklist, which provides a time based framework of tasks that is completed for every patient, other than those with minor complaints. Safety checklists have been shown to improve standardisation and demonstrated improvements in patient safety and care.
- The trust worked in collaboration with the local Healthwatch group. Healthwatch undertook a 24 hour observation of care delivered in the hospital which included the emergency department. In addition, Healthwatch worked in conjunction with the hospital and undertook a night time unannounced observation to engage with and obtain feedback from hard to reach groups.
- Two Nurses in Ophthalmology, along with two Orthoptists, have been trained to provide regular injections to patients with Age Related Macular Degeneration. This has helped increase the trust’s capacity to meet the demand for this treatment.
- Audiology services at ESHT have received national accreditation in recognition of the high quality of care they provide. The Improving Quality in Physiological Services (IQIPS) accreditation is given to services that can demonstrate the highest levels of quality of service, care and safety for patients undergoing physiological diagnostics and treatment. Both adult and paediatric services at the Trust have received the accreditation, making ESHT the first Trust in the south east to have full IQIPS accreditation across both its Audiology services.
- Patients at the Conquest Hospital were the first in the South East to be offered a new procedure to lower blood pressure called Renal Denervation Ultrasound. The procedure, performed under a local anaesthetic, directs a small device via the patients’ blood vessels to the renal artery where it then uses ultrasound energy to reduce the activity of the renal nerve helping to permanently lower blood pressure.

# Summary of findings

- The Trust's Heart Failure Team won two awards at the regional Heart Failure Collaborative "Enhancing the Quality of Heart Failure Care". The Heart Failure Collaborative event was run by Kent, Sussex and Surrey Academic Health Science Network in partnership with the British Heart Foundation. The Trust won two awards for acute services Achieving Appropriate Care; Top Performing – Conquest Hospital and Most consistent improver – Eastbourne District General Hospital
- Women who had become pregnant could self-refer to the midwifery service for East Sussex Healthcare NHS Trust. Once registered, a community midwife contacted the woman before her first ultra sound scan to arrange their first appointment with a midwife. They simply completed and submitted the online self-referral form
- A new way of identifying babies requiring extra support following delivery, called the 'The Bobble Hat Care Bundle', had been introduced on the maternity unit at Conquest Hospital. Every baby identified as requiring extra support received a red hat straightaway after birth, to make them clearly identifiable. The use of these bobble hats had reduced the number of unnecessary admissions into the Special Care Baby Unit.
- There was a well-functioning discharge lounge which provided a high standard of care to patients awaiting discharge. In particular the discharge lounge provided a reminiscence area for patients with dementia
- The compassion and warm interactions between all grades of staff across the trust was a very notable improvement. There were several examples of staff going 'above and beyond' expectations.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

- The trust must urgently review the workload of the urgent care administration and clerical team and implement a strategy to review staffing levels and the impact on team wellbeing

### Action the trust **SHOULD** take to improve

We told the trust it should take action to either comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to four core services

- The trust should ensure staff can demonstrate knowledge and competency in the use of trust policies and national standards. This must include adherence to Royal College of Emergency Medicine safety alerts.
- The trust should establish safe working processes to ensure teenagers who present in the emergency department of Eastbourne District General Hospital receive adequate care and support because all staff understand their responsibilities in relation to young people aged 16 – 18 years.
- The trust should implement safe practices for the use of the children's waiting room in the emergency department at Eastbourne District General Hospital.
- The trust should review the resources and tools available for staff when providing care to patients with learning difficulties who present in the emergency department of Eastbourne District General Hospital.
- The trust should identify methods of ensuring patients in the waiting area have access to up to date information about waiting times whilst in the emergency department of Eastbourne District General Hospital

# Summary of findings

- The trust should ensure staff consistently use the resources provided enhanced care for patients living with dementia who present in the emergency department of Eastbourne District General Hospital.
- The trust should provide more specialised training and/or provide more appropriate tools to support staff in the care and treatment of patients with a risk of self-harm or suicidal intent who present in the emergency department of Eastbourne District General Hospital.
- The trust should ensure that staff in the emergency department at Eastbourne Hospital improve the quality and consistency of patient records. This must include risk assessments, the consistency and frequency of observations, pain scoring and reviews and the standard and legibility of staff entries.
- The trust should consider refurbishment of the bereavement facilities for the maternity unit at Conquest Hospital, which were clinical, in need of updating and unsuitable for the needs of grieving families.
- In the emergency department at Conquest hospital the facilities available for families to spend time with their deceased relative as recommended by the Royal College of Emergency Medicine guidelines were limited. Families could spend time with a deceased relative in the resuscitation department or chapel of rest.
- Out of date medicines were found within a fridge in the resuscitation unit and three out of date pieces of disposable equipment were found in the resuscitation trolleys at the conquest emergency department. The trust should ensure that there are appropriate systems in place to mitigate against these risks.
- The emergency department's performance in the Royal College of Emergency Medicine was varied; however some of this audit were undertaken two years ago and may not reflect the improvements made.
- The toilets in the emergency department on the Conquest site posed a risk to service users with a mental health illness. They contained a number of fixtures and fittings that could be used as ligature points. This was rectified shortly after our inspection after it was raised with the department staff.
- The trust should review why they are an outlier for maternal readmissions to hospital after discharge.
- The trust should ensure that all areas of the maternity unit at the Conquest hospital are clean and well maintained.
- The trust should ensure nursing staff working in outpatient clinics where children were cared for are trained to children's safeguarding level three. Medical and dental staff should be trained to level 2 in child safeguarding.
- The trust should improve signage to make clinics more dementia friendly and to address visual deficit needs.
- The trust should ensure that all staff to have completed mandatory training, including medical staff
- The trust should ensure that all patients who are discharged are appropriate dressed.
- The trust should continue to work on reducing the number of outlying patients who may not have ready access to the specialist care they need.
- Some areas within the theatre environment created safety hazards and were in need of refurbishment. The service was aware of the hazards and these were monitored monthly at the risk register meeting.

# Summary of findings

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

The trust had made significant improvements to the quality of care being provided when we last inspected in October 2016 but the changes were very new and there was insufficient evidence to provide assurance that the changes were embedded as usual practice. At this inspection visits we noted further improvements in all areas of the trust that we visited and could see from data provided that the changes had become usual practice.

The trust had made improvements in the core services we inspected since the last inspection, despite experiencing a period of significant financial challenge and problems with cash flow. There was an organisational wide commitment to ensuring that the financial situation would be addressed through efficiency savings and service redesign that had a positive impact on patient care and safety. There had been investment in leadership and the way services were being delivered because the board felt that the improvements in quality and safety that this investment would bring about longer term, sustainable savings. Recent financial figures suggested the financial situation had stabilised and that the more robust controls that were in place were gradually addressing the deficit.

The trust had a clear statement vision and values that were known to all staff that we spoke with. The notion of “Outstanding by 2020” had brought staff together in a commitment to improvement. Staff at all grades and from all disciplines talked about being proud of the organisation and the work they were doing. Staff were motivated and engaged; they wanted to provide good care and to feel valued.

Much work had been done on the clinical strategy, the organisational development plan and engagement with service users, staff and stakeholders. This was an organisation that knew where it wanted to be and how to get there but which acknowledged there was still a way to go.

The executive directors and chief executive in particular, were held in high esteem by staff at the trust. The staff reported the CEO as being “Ever present”; he impressed staff by knowing everyone’s names and remembering little details about them. They felt he cared about them and the work they were doing. Other board members were also described as being visible and approachable. Staff confirmed that non-executive directors visited and talked to staff; some remembered where a Quality Walk had resulted in specific changes for their ward or department.

We found an open and honest culture throughout the organisation. Staff told us felt able to raise concerns amongst their peers and with leaders and they felt heard when they did so. Leaders and staff understood the importance of staff being able to raise concerns. Most staff described peers, managers and senior leaders as being supportive although there remained small pockets where groups of staff were still unhappy about historical leadership failings.

We had assurance there were effective systems, processes and accountability at all levels to provide good quality care throughout the trust. Over the preceding year a complete overhaul of the governance framework had taken place. This now provided sufficient assurance for the board across all areas of the trust. Control and development of governance remained a corporate function but there were discussions taking place about greater devolution of accountability to clinical units.

We saw there were systems and processes in place to assess, prevent, deter, manage and mitigate risk throughout the organisation. The Board Assurance Framework and Risk Register were effective tools for ensuring ongoing risk management. The senior leadership team (including non-executive directors) understood the need for a strong framework to balance finance, performance and quality.

# Summary of findings

The trust used information from a variety of data sources to gain assurance and measure improvement in the quality of its services. The Integrated Performance Report collated data into a single package for review and consideration by the full board. It was easy to use and data was readily accessible which enabled proper challenge at board meetings and sub committees.

The trust made sure they included and communicated effectively with patients, staff, and the public and local stakeholders. It supported staff to get involved with projects affecting the future of the trust. The executives and chair were involved in the forward planning of local healthcare provision through both the East Sussex Better Together Initiative and the STP.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Outstanding ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑↑ Jun 2018	Requires improvement ↔ Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018	Outstanding ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↑↑ Jun 2018
Community	Requires improvement Oct 2015	Requires improvement Oct 2015	Good Sept 2015	Good Sept 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall trust</b>	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↑ Jun 2018	Good ↑↑ Jun 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Eastbourne District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018
Surgery	Good Oct 2016	Good Sept 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Critical care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016
End of life care	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Requires improvement Sept 2016	Requires improvement Oct 2016
Outpatients	Good ↑ Jun 2018	N/A	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2017
<b>Overall*</b>	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Conquest Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑↑ Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑↑↑ Jun 2018	Good ↑ Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Surgery	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018
Critical care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Maternity	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Requires improvement Oct 2016
End of life care	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Sept 2016	Requires improvement Oct 2016
Outpatients	Requires improvement Oct 2016	N/A	Good Oct 2016	Requires improvement Oct 2016	Requires improvement Oct 2016	Requires improvement Oct 2016
<b>Overall*</b>	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Mar 2015	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Requires improvement Mar 2015	Requires improvement Mar 2015
Community health inpatient services	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Community end of life care	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Requires improvement Mar 2015	Requires improvement Mar 2015
<b>Overall*</b>	Requires improvement Mar 2015	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Requires improvement Mar 2015	Requires improvement Mar 2015

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# The Conquest Hospital

The Ridge  
St Leonards On Sea  
East Sussex  
TN37 7RD  
Tel: 01424755255  
[www.esht.nhs.uk](http://www.esht.nhs.uk)

## Key facts and figures

Conquest Hospital is located in the town of Hastings and geographically serves the population of East Sussex as well as some patients who live around the border with Kent. Along with Eastbourne District General Hospital and the community locations it forms East Sussex Healthcare NHS Trust. Healthcare is provided to the whole population from this and other trust locations. East Sussex Healthcare NHS Trust is one of a number of trusts across England with a longstanding and significant financial challenge. It was placed in 'Financial Special Measures' in October 2016 by NHSI.

Special Measures were introduced by NHS England and NHS Improvement (NHSI) to improve Trusts' financial and operational performance. As part of these measures, NHSI appoint a Financial Improvement Director who works with them to oversee the development of a robust financial recovery plan. Whilst the financial situation impacts on how the trust provides services, CQC does not report on this aspect of the trust's work. Our remit is to focus on the quality and safety of the services that are being provided.

Conquest Hospital offers a full accident and emergency service and has an on-site critical care unit. The maternity unit offers a consultant led delivery suite, antenatal and postnatal services and a level 2 neonatal unit. Women expected to deliver babies at very low gestation or are likely to need level 3 neonatal intensive care are encouraged to birth at an adjacent trust with level three facilities. Women with higher risk pregnancies are encouraged to give birth at the consultant led unit at Conquest Hospital but women with lower risk pregnancies are also accommodated. Most elective surgery is undertaken at the Eastbourne site but patients requiring emergency surgery are admitted to the Conquest Hospital. All paediatric inpatients are cared for on children's ward at the Conquest Hospital.

The Chair was appointed in January 2016 for a period of four years. The Chief Executive Officer joined the Trust in April 2016. The non-executive directors have varying lengths of service with the trust with some appointed quite recently and others being more established.

The inspection team feel there is no grounds for the trust to remain in quality special measures and have written the NHSI to recommend them exiting quality special measures at this time.

## Summary of services at Conquest Hospital

**Requires improvement**   

Our rating of services remained the same. We rated it them as requires improvement because:

# Summary of findings

- The rating requires improvement was given because although all of the services we inspected in March 2018 had shown significant improvements, the rating is aggregated with the ratings from previous inspections which continue to be considered where we have not re-inspected.
- Staffing continued to be a challenge. There were innovative roles created to mitigate some of the risks, there was ongoing recruitment and there was better use of in-house bank staff over agency staff. The only area where we saw an unacceptable impact was with the administrative and reception staff in the emergency department who felt unable to have any breaks during long shifts.

However:

- We were aware from our ongoing monitoring of wider improvement in core services which were not inspected in March 2018. These improvements cannot be reflected in the ratings as they have not been corroborated through inspection.
- The ongoing monitoring and information we hold about Conquest Hospital, coupled with discussions with numerous staff, showed a cultural shift which resulted in a more motivated workforce and a commitment to improving the quality and safety of services. This was true across all areas of the hospital whether inspected at this inspection visit or not.
- Incident reporting and learning from incidents was embedded in everyday practice. Monitoring and reviewing activity enabled staff to understand risks and gave a clear and current picture of performance and safety. The number of incidents reported had increased steadily since our inspection in October 2015 but the number of incidents resulting in harm had fallen. This demonstrated a good reporting culture.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From December 2016 to November 2017, the trust reported three incidents classified as never events. The trust had provided a robust response to all incidents to reduce the risk of recurrence.
- Staff took a proactive approach to safeguarding and focussed on early identification and intervention. Staff from the Conquest Hospital were actively engaged in the local safeguarding arena and with other providers. Staff were trained to the appropriate level.
- Risks to patients were assessed, monitored and managed on a day-to-day basis. This included observing for signs of deteriorating health, medical emergencies and challenging behaviours.
- People's care and treatment was planned and delivered in line with current national guidance and legislation. There was ongoing monitoring to ensure that practice and policy remained in line with best practice guidance.
- People had comprehensive assessments of their needs with consideration of their clinical needs, mental health and nutritional needs. Data provided showed improvements in assessing individual risks such as for venous thromboembolism (VTE). There was also a steady decrease in the incidence of falls with harm resulting from improved risk assessments.
- There was good multidisciplinary working across services.
- Consent was obtained in line with the current legislation and guidance including the Mental Capacity Act 2005, and the Children Acts 1989 and 2004. People were supported to make decisions and where appropriate their capacity to consent was assessed and recorded.
- Infection prevention and control practice was much improved and there was data available to demonstrate that the hospital was routinely cleaned to an acceptable level in line with the National Specification for Cleanliness in the NHS.

# Summary of findings

- There was a very person centred culture that had developed since our previous inspection in October 2015. Staff wanted to provide good care and were kind and compassionate in their interactions with patients. This was reflected in the results from the Friends and Family Test.
- On previous inspection visit in October 2015 some staff were unclear about their line management arrangements and felt unable to raise concerns. There were several complaints to the inspection team about bullying. This had now changed. Staff reported approachable and supportive managers, clear lines of accountability and an executive and senior management team who were visible and who listened to frontline staff.
- The governance processes were robust and understood by all. Work had been done to streamline the Risk and Quality Delivery Strategy that made explicit the lines of accountability and reporting systems. There was effective information sharing in both directions between the frontline operations and the board.
- In medicine for the referral to treatment time (percentage within 18 weeks) - admitted performance. The performance of the trust was consistently better than the England average from December 2016 to November 2017.
- The length of stay and waiting lists were in line with national standards and comparators

# Urgent and emergency services

Good ● ↑

## Key facts and figures

Urgent and emergency services are provided at Conquest hospital to adults and children primarily in the East Sussex area. It is a trauma centre and the nearest major trauma centre is Royal Sussex County hospital located in Brighton.

There were 109,998 attendances from April 2016 to March 2017 at East Sussex Healthcare NHS Trust.

The percentage of attendances at this trust that resulted in an admission increased from 2015/16 to 2016/17. In both years, rates were higher than the England average.

## Summary of this service

The emergency department at Conquest Hospital has a four-bedded resuscitation bay, eighteen major cubicles/, a mental health assessment room, three minor injury assessment bays/cubicles emergency nurse practitioner bays, plaster room and eye examination room. There is a clinical decision unit connected to the emergency department by a corridor that has seven bed/trolley bays and is used to observe patients or await investigation results. A paediatric resuscitation bay, waiting area and a designated paediatric treatment cubicle are available. There is an x-ray facility in the emergency department.

The hospital does have an inpatients paediatric ward but not paediatric intensive care support. Children requiring intensive care are transferred to a specialist paediatric unit in London or Brighton. Children under the age of one year old after registering in the emergency department are sent directly to the paediatric ward. The department has a newly built primary care suite, which at the time of inspection was not fully functional. The future plan for the primary care suite is to develop a fit-to-sit GP and advanced nurse practitioner assessment service co-located in the emergency department.

Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them. Urgent and emergency services were last inspected in 2016 when overall we rated it as requires improvement .We rated safe as inadequate, responsive, effective and well-led as requires improvement and good for caring.

Our rating of this service improved. We rated it as good because:

- Staff worked in a culture that empowered them to report incidents. Learning from incidents, including serious incidents, had improved since our last inspection. Staff confirmed they received feedback and learning from incidents.
- The service was delivered by staff that were competent, trained and supported by their managers, and in sufficient numbers, to provide safe and effective care.
- The service used local and national audits to identify areas of weakness, to develop improvement plans, and to increase the effectiveness and responsiveness of the department.
- The service worked with the local commissioners and other stakeholders to plan, deliver and further develop the urgent and emergency services to meet the needs of the local community.
- The median time from arrival by ambulance to initial assessment was consistently better than the overall England median over the whole of the 12 month period from December 2016 to November 2017.

# Urgent and emergency services

- An audit demonstrated poor performance in the management of sepsis as a result the service developed an action plan. Recent audit data showed a marked improvement in the management of sepsis since the improvement plan was implemented.
- There was parity in the quality of care given to all patients who attended the department regardless of their health needs.
- Over the 12 months from January to December 2017, no patients waited more than 12 hours from the decision to admit until being admitted.
- Performance against national standards was showing an improving trend.
- Leaders across the directorate, and hospital had a strategy for the service, were visible, dynamic and supported their staff. Leaders understood the risks and challenges to the service.
- Care and treatment provided reflected evidence based practice and national guidelines.
- Consultants had clinical oversight and ownership of all the patients in the department.
- Staff were engaged, felt valued and were proud of their department. Staff safety and welfare was paramount to the leadership team.
- The mental health service provided had improved and the service worked in collaboration with the emergency department to ensure both physical and mental health needs of patients were met.
- Both staff and managers reported difficulties accessing child and adolescent mental health services, especially out of hours.

However:

- There was no information regarding how patients could make a complaint or comment. However, when this was highlighted to the leadership team immediate action was taken and information was displayed by the end of our inspection.
- There was no facility available for families to spend time with their deceased relative as recommended by the Royal College of Emergency Medicine guidelines. Families could spend time with a deceased relative in the resuscitation department or chapel of rest.
- The toilets in the department posed a risk to service users with a mental health illness. They contained a number of fixtures and fittings that could be used as ligature points. This was resolved shortly after our inspection after raising it with the department staff.
- Mandatory training compliance although better than our last inspection still required improvement.
- Out of date medicines were found within a fridge in the resuscitation unit and three out of date pieces of disposable equipment were found in the resuscitation trolleys.
- The department's performance in the Royal College of Emergency Medicine was varied; however some of this audit were undertaken two years ago and may not reflect the improvements made.

## Is the service safe?

Good   

Our rating of safe improved. We rated it as good because:

# Urgent and emergency services

- Consultant cover exceeded the minimum requirements of the Royal College of Emergency Medicine, gaps in the rota were covered by permanent locum middle grades provided stability and continuity.
- There was a dedicated member of staff who had received training to investigate incidents and ensured lessons were learnt and staff received feedback.
- Nursing staffing levels had improved and there were minimal nurse vacancies. .
- The hospital used the five steps to safer surgery, which included the World Health Organisation (WHO) surgical safety checklist. Audits confirmed that the good practice we observed was embedded in everyday practice. The safety checklist is an international tool developed to help prevent the risk of avoidable harm and errors during and after surgery.
- The median time from arrival by ambulance to initial assessment was consistently better than the overall England median over the whole of the 12 month period from December 2016 to November 2017.
- Improved triage processes and specific patient pathways meant patients were assessed quickly and directed to the most appropriate department or service. This was an improvement since our last inspection when delays increased the risk to patients.
- The duty of candour was consistently applied in relation to incidents which maintained openness and communication with service users.
- The service planned for emergencies and staff understood their roles if one should happen. The hospital had a major incident plan and staff knew where the plan could be accessed. Learning had been identified from the last major incident.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff.
- The service prescribed, gave, recorded and stored medicines in line with national guidelines. Medicines were stored in locked cabinets and were appropriately checked and accounted for.

However:

- There was no facility available for relatives to view their deceased as recommended by the Royal College of Emergency Medicine guidelines. Families could spend time with a deceased relative in the resuscitation department or chapel of rest.
- The toilets in the department posed a risk to service users with a mental health illness. They contained a number of fixtures and fittings that could be used as ligature points.
- Mandatory training compliance although better than our last inspection still required improvement.
- Out of date medicines were found within a fridge in the resuscitation unit and three out of date pieces of disposable equipment were found in the resuscitation trolleys.

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them.

# Urgent and emergency services

- Staff worked together effectively as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The department had developed a preceptorship and teaching programme for newly qualified nurses.
- An audit demonstrated poor performance in the management of sepsis as a result the service developed an action plan. Recent audit data showed a marked improvement in the management of sepsis since the improvement plan was implemented.
- The service provided care and treatment based on national and professional guidance. The service participated in national and local audits and benchmarked its performance against other local and national urgent and emergency services.
- Staff gave patients enough food and drink to meet their needs. Patient pain was effectively assessed and pain relief was given promptly.
- The service made sure staff were competent for their roles. Managers regularly appraised staff's work performance and competence.
- The service had a hospital intervention team made up of physiotherapists, occupational therapists and nurses supported patients who required additional support to be discharged home.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff were aware of the Mental Health Act 1983 and the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

However:

- The department's performance in the Royal College of Emergency Medicine was varied, however some of these audit were undertaken two years ago and may not reflect the improvements made.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness and we observed kind, patient, and compassionate care in practice.
- Staff provided emotional support to patients to minimise their distress. Staff were aware of the impact on patients and carers of the care and treatment they provided.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were satisfied with the information they had been given and was explained in a way they could understand.
- The trust's urgent and emergency care performed better than the national average in the Friends and Family Test results in regards to the percentage of respondents who would recommend the department.
- Staff could access a take home and settle service for patients, this provided patients with support when they returned home and ensured they had food and drink at home.

# Urgent and emergency services

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- Comfort rounds were used, which meant that staff ensured patients were safe, had a call bell in reach and to ensure their care needs were met.
- The service planned and provided care and treatment in a way that met the needs of local people. The service worked with local commissioners to plan and deliver services offered in the department, and with other local agencies to prevent unnecessary hospital admissions.
- The management team worked in collaboration with a local homeless charity. Staff were asked to donate a hat, scarf, socks or gloves for the homeless charity and in return, the management team gave them a cake.
- Patients with health conditions such as, allergies, mental health illness or who were living with dementia were identified and supported with appropriate and timely care and treatment.
- People could access the service when they needed it. Waiting times for triage were in line with good practice and decisions to admit, treat, and discharge patients were improving.
- From January to December 2017 East Sussex Healthcare NHS trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was broadly similar to the England average and showing an improving trend.
- Over the 12 months from January to December 2017, no patients waited more than 12 hours from the decision to admit until being admitted.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust did not meet the standard for 10 of the 12 month over the time period from December 2016 to November 2017. However, performance against this standard was showing an improving trend.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust breached the standard in every month from January 2017 to December 2017. However, performance against this standard was showing an improving trend.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The department saw a significant number of patients with needs relating to frailty. To ensure they received appropriate care, a frailty lead and team of frailty practitioners were in post to support discharge packages and reduce the risk of readmission.

However;

- There was no information informing patients how they could make a complaint. However, information was displayed by the end of our inspection after raising the issue with the leadership team.
- Both staff and managers reported difficulties accessing child and adolescent mental health services, especially out of hours.

# Urgent and emergency services

## Is the service well-led?

**Outstanding**   

Our rating of well-led improved. We rated it as outstanding because:

- The urgent and emergency service leadership team had the right skills and abilities to run a service providing high-quality sustainable care. The leaders were visible and understood the challenges facing the service.
- We observed positive working relationships between staff and a non-hierarchical culture where everyone felt comfortable to approach anyone for advice.
- Accountability of patient care and ownership of emergency care performance standards was shared throughout the hospital.
- The leadership team shared the same sense of purpose and worked together to drive improvements and ensure patients received safe high quality care. They had a good knowledge of how services were provided and were quick to address any shortcomings that were identified.
- The nursing team was established with experienced staff that provided clinical and professional leadership by supporting and appraising junior staff.
- Staff safety and welfare was paramount to the leadership team .A variety of innovations were underway to ensure the welfare of staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff described a culture which had improved since our last inspection which encouraged openness and honesty. Staff felt supported and were proud to work for the service.
- There was a clear governance committee structure from the department to the executive team, which reviewed and challenged quality, risk, and operational performance.
- Leaders at all levels of the service had oversight of current and predicted risk and appropriately escalated, the risks and issues affecting it.
- Performance information was collected, analysed and used to develop and support the services the department offered.
- The service participated in national audits and surveys and performance was benchmarked against other urgent and emergency services and against national standards.
- Consultant leadership in the department was committed and consultants demonstrated clinical ownership of the patients in the department
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services.
- There was a supportive culture of learning and improvement and all managers reviewed, investigated and shared learning from complaints, issues, and concerns.
- The mental health liaison team had the expertise to lead the mental health service within the department.
- The staff and leadership team were committed to providing a parity of service to patients with physical or mental health needs.

# Urgent and emergency services

- The service had improved on many of the issues highlighted in the previous inspection.
- Equality and diversity was promoted within the department and all staff felt they were treated equally and opportunities were open to all.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Good   

## Key facts and figures

The trust had 45,580 medical admissions from October 2015 to September 2016. Emergency admissions accounted for 17,399 (38.2%), 1,563 (3.4%) were elective, and the remaining 26,618 (58.4%) were day cases.

Admissions for the top three medical specialties were:

General Medicine: 13,181

Gastroenterology: 9,878

Clinical Oncology (Previously Radiotherapy): 6,136

The medical department provided a range of inpatient services, including general medicine, cardiology, respiratory medicine, endoscopy, frailty ward and medical day care services. At Conquest Hospital we visited, Baird, James, Newington, Wellington and Macdonald wards, the endoscopy unit, the acute admissions unit and the discharge lounge.

We spoke with 10 patients and relatives, 45 members of trust staff, including domestic staff, porters, nursing and medical staff. We observed the delivery of care and assessed the division's quality assurance processes as well as its local leadership, staffing and performance against

both national and internal measures.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff demonstrated good understanding of the different types of abuse and could tell us the process for reporting a safeguarding concern. Each area had a safeguarding champion who linked into the trust safeguarding team who ensured their area had the most up to date safeguarding information.
- In the majority of mandatory training topics, the medical department was meeting the trust target for mandatory training compliance.
- There was an improved culture of incident reporting, particularly the lower grade incidents such as bullying and harassment, showing staff felt safe to report these issues. Incidents were recorded on electronic systems that incorporated fail-safes about aspects such as duty of candour. Learning from incidents was shared across the department and staff received the outcome of the investigation following the incident they had reported.
- Staffing and patient acuity was monitored regularly throughout the day and staff moved to ensure a safe level of staffing and skill mix at all times.
- Risks to patients were assessed, monitored and managed throughout their admission. This included potential risks of being unwell, rapid deteriorating health and risk on discharge.
- The medical department used an integrated care pathway record, which was shared by doctors, nurses and other healthcare professionals. Records were clear, up to date and available to all staff providing care for the patients. The medical department audited records regularly and audits showed actions taken to improve any issues identified.

# Medical care (including older people's care)

- Learning from incidents was shared across the department via cross-site departmental meetings, ward meetings and electronic communication.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment.
- All patients and relatives we spoke with gave positive feedback about the care they received on the unit. Staff maintained their patients' privacy and dignity at all times.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- We found evidence of a positive culture that promoted openness and inclusiveness, this included all levels of staff from band one upwards had a voice within the team.
- We found evidence of a cohesive leadership team who provided sufficient support to staff and had a good oversight of the medical division.
- Staff told us the leadership and executive team were supportive, visible and approachable.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Safeguarding vulnerable adults, children and young people was given sufficient priority. Staff took a proactive approach to safeguarding and focused on early identification. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans. There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.
- Risks to people who use services were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenges. People were involved in managing risks and risk assessments were person-centred, proportionate and reviewed regularly. A safety thermometer was used to monitor safety and identify areas of risk. Data was displayed in all areas so staff and visitors to the area access to safety information.
- In the majority of mandatory training topics, the medical department was meeting the trust target for mandatory training compliance. Where the target was not being met the leadership team worked to identify the reason and improve the attendance.
- Systems were in place to protect patients from hospital acquired infections. Cleaning practices were monitored and audited regularly. Antibacterial hand gel, handwashing facilities, and personal protective equipment were available throughout the department. Clinical and domestic waste was classified, segregated, stored, labelled and disposed of correctly.
- Handovers between shift changes of medical and nursing staff ensured patients changing risks were managed safely. Ward safety huddles were used in between shift changes to update staff on current risks and issues concerning patients.

# Medical care (including older people's care)

- Staff had good access to the information they needed to assess, plan and deliver care. This included electronic systems showing the results for blood tests and investigations patients had undergone. Information was shared with departments to ensure continuity of care.
- Staff prescribed, gave and recorded medicines well. Patients received the right medication at the right dose at the right time. Medicines were stored correctly and disposed of safely.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they do so. Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- Staff kept appropriate records of patients' care and treatment. An integrated care document was used by all professionals. The document was accurate, up to date, legible and stored safely.
- Medical and nursing staffing numbers were adequate to keep patients safe. When bank, agency or locum staff were employed, checks and processes were in place to ensure they had the correct qualifications and were orientated to the area they were working in.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately. There were effective handovers and shift changes, to ensure staff could manage risks to people who used services.

However:

- Not all staff decontaminated their hands prior to a patient interaction, which is a requirement of the five moments of hand hygiene to reduce the spread of hospital acquired infections.
- The medical teams' compliance with mandatory training was low. This had been recognised by the medical director and an action plan was in place.
- There was a long wait for repairs to facilities and equipment.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.
- The integrated care pathways were based on current best practice and referenced National Institute for Health and Care Excellence quality standards. New and updated guidance was shared with staff.
- Staff understood legislation and their responsibility in relation consent, mental capacity act and deprivation of liberty safeguards.
- The clinical effectiveness team distributed the details of every new National Institute of Clinical Excellence guideline published to each division on monthly basis for a review of applicability and then compliance. For all non-compliant guidelines, an action plan was produced and tracked by the Clinical Effectiveness team and owned by the relevant Division.
- Progress with National Institute of Clinical Excellence action plans were reported and monitored via the Divisional Governance meetings and Clinical Effectiveness Group who escalated and acted upon concerns raised as appropriate.

# Medical care (including older people's care)

- Results for Conquest Hospital in the 2015 Heart Failure Audit were better than the England and Wales average for two of the four standards relating to in-hospital care. The hospital's performance relating to cardiology inpatients was worse than the national comparator while the proportion of patients receiving input from consultant cardiologists was similar.
- Results for Conquest Hospital were better than the England and Wales average for eight of the nine standards relating to discharge. For the remaining standard, relating to referrals to cardiac rehabilitation, the hospital scored 9.7% which was lower than the national average of 12.1%.
- The 2016 National Diabetes Inpatient Audit identified 58 inpatients with diabetes at Conquest Hospital, 81% of whom reported that they were satisfied or very satisfied with the overall care of their diabetes while in hospital. This placed the hospital in quartile 2.
- Between April 2015 and March 2016, 73.5% of nSTEMI patients were admitted to a cardiac unit or ward at Conquest Hospital and 98% were seen by a cardiologist. These proportions were both better than England averages of 55.8% and 96.2%, respectively.
- The proportion of nSTEMI patients who were referred for or had angiography at Conquest Hospital was 63.4% which was lower than the England average of 83.6%.
- The trust participated in the 2016 Lung Cancer Audit and the proportion of patients seen by a Cancer Nurse Specialist was 39%, which was worse than the audit minimum standard of 90%. The 2015 figure was 73%.
- We saw relevant and current evidence based guidance, standards, best practice and legislation were identified and used to develop how services, care and treatment were delivered. For example National Institute for Health and Care Excellence guidance CG161: falls in older people assessing risk and prevention, Quality Standard 24: nutrition support in adults, Quality Standard 3: venous thromboembolism in adults reducing the risk in hospital, Quality Standard 66: intravenous in adults in hospital therapy, Quality Standard 90: urinary tract infections in adults.
- Staff had access to special feeding and hydration techniques if needed and specialist advice from dietitians. The service made adjustments for patients' cultural, religious and personal preferences.
- The ward staff had a good relationship with the catering department. Staff gave an example of a patient who was struggling to enjoy any food from the menu; the catering manager came and met them to develop a personal menu for the duration of their admission.
- We reviewed a sample of medical records that showed the department used the Malnutrition Universal Screening Tool for nutrition and hydration. The tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. We noted patients who were identified as at risk, had nutritional care plans in place.
- Staff could easily access a pain management policy via the trust extranet. A specialist pain management team supported the ward staff to manage the patients' pain. Staff we spoke to knew how to contact the team.
- Patients had their pain assessed on a regular basis and we saw this recorded in the patient records. Patients told us they were given adequate pain relief medication and were not in pain. If they requested pain relief medication, the nursing staff brought it promptly.
- The trust routinely reviewed the effectiveness of care and treatment by participating in local and national audits. The medical department had a lead for audit and a local audit programme. The trust developed patient outcomes work within the trust through the division outcome reports and the Clinical Outcomes Group activity. The outcome reports provided identified outcomes for each speciality within the medical division, some of which were from local or national audits therefore the audit programme was also provided in the reports.

# Medical care (including older people's care)

- The trust had recruitment policies, which were available on the extranet. All grades of staff had a job description for their role. Senior staff could describe the trust pre-employment checks carried out prior to new staff commencing employment.
- The trust used an appraisal system to identify their staffs training and learning needs. The appraisal was based on an assessment against the trust values, performance over the last year and a personal development plan for the next year. We reviewed five appraisals for staff of all grades and found them complete.
- A wide range of specialist nurses supported the nurses on the ward. For example, the dementia care team, palliative care team, safeguarding leads, diabetes care team and discharge co-ordinators.

However:

- There was little evidence within the medical department of audit against compliance national institute for health and care evidence quality standards and guidelines. This was recognised by the medical director and an action plan was in place to address this issue.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- The friends and family responses have increase since the last inspection from 8% to 37%. This is above the national average of a response rate of 25%. All areas of the medical department scored in the high 90% of patients likely to recommend the department as a place for their friends and family to receive treatment.
- All patients we spoke to confirmed that staff explained care and treatment plans and they were provided with clear information. The relatives we talked with during the inspection said they felt fully informed and involved in their loved ones treatment plans. This was evidenced in the medical records we reviewed. This meant that patients and those close to them were involved in planning their care and making choices about their treatment options.
- Patients gave multiple examples of staff that had gone the extra mile to ensure they felt well supported and cared about. For example two weddings had been organised on the ward for terminally ill patients. The staff had decorated the side room and the senior nurse had made a three-tier wedding cake for the occasion.
- Patients valued the relationship they had with all members of staff. Both patients and relatives felt their emotional and social needs were as important to staff as their physical needs.
- In every area we visited we saw staff who were consistently motivated and inspired to provide care that was kind and promoted patients dignity. Patients and their wishes were at the centre of all care provided. For example a staff member purchased a freezer for the ward so patients had access to ice creams and frozen ice-lollies on hot days. The frailty ward organised a boredom cupboard with activities for patients' with dementia. This initiative was driven by the dementia champion for the ward.
- Feedback from patients and relatives were used in every area to consistently improve and the care and experience of current and future patients. For example a relative room was created to allow the relatives of end of life patients sleep and rest on the ward.
- Patients told us their personal, cultural, social and religious needs were always taken into account. We saw examples of innovation to ensure these needs were met.

# Medical care (including older people's care)

- Staff told us about a patient who was end of life care. The patient and their partner expressed a wish to spend the night together on the ward; staff moved furniture to facilitate the request. The patient passed away the following day and the relative told them this opportunity meant the world to her as she had missed being physically close to him during his illness.
- We saw kind interactions from all medical staff across many wards. Staff were seen to be encouraging, sensitive and supportive towards patients and when discussing patient's needs. We saw multidisciplinary discussions about patient's care being held throughout the days on inspection.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The medical department work closely with a number of local external agencies as part of the wider trust. These included the clinical commission group and East Sussex County Council; this was recognised within the Care Quality Commission East Sussex Local System Report.
- Senior clinical staff had close links with patient groups and encouraged expert patient participation in open meetings. We saw the views of patients and carers were taken into consideration when reviewing services. Information was collected from the friends and family test, feedback from compliments and complaints and the Friends of The Hospital.
- From October 2016 to September 2017 the average length of stay for medical elective patients at Conquest Hospital was 2.4 days, which was lower than the England average of 4.2 days.
- Five specialties were above the England average for admitted RTT (percentage within 18 weeks).
- Staff told us there were two daily nursing handovers, one daily medical handover and a daily ward based multidisciplinary meeting to review each patient. We observed two multidisciplinary meetings and found them well attended by doctors, nurses, service managers, physiotherapists, occupational therapists and social workers from adult social care. We observed appropriate discussion and challenge during the meetings that promoted timely treatment and discharge. Patients with special needs were discreetly identified using a coloured symbol / magnet system. Special needs included patients at a high risk of falls, dementia and those with mental health needs.
- The service took account of patients' individual needs. The trust employed specialist nurses to support the ward staff. This included dementia nurses and learning difficulty link nurses who provided support, training and had developed resource files for staff to reference. Wards also had 'champions' who acted as additional resources to promote best practice.
- Several wards had participated in dementia awareness training. This involved a 'virtual tour' on a mobile training unit where staff could experience elements of dementia, which patients could be experiencing. Staff told us this gave them a valuable insight into having a diagnosis of dementia and improved their care of patients who had dementia.
- We saw pictorial aides available for use with people with communication difficulties. Throughout the hospital we saw leaflets and useful information on display to help patients and their relatives understand their conditions and the treatment options available. The printed information was only available in English. Staff told us an interpretation service was available for those patients who needed assistance.
- The general environment of each ward area had been designed to provide assistance for those with limited mobility. This included assisted bathrooms and lavatories, mobility aids and manual handling equipment.

# Medical care (including older people's care)

- An electronic recording system was used to assess the flow of patients around the department. The patient's location and acuity was recorded by the nurse in charge of the ward and the information used to inform the hospital site managers of the location and condition of each patient.
- The department has piloted a discharge support service called 'safe patient flow'. This involved a crisis response team providing a package of care, which bridged the discharge date, and the start of the package of care. The frailty team were available to vulnerable patients to try to prevent readmission to hospital.
- During the ward multidisciplinary meeting a green or red magnet was used to identify how medically productive the day had been for the patients. A red day had no value to the patient and meant there was a potential delay in their discharge. A green day showed an intervention for the patient had occurred and progress towards their discharge had been made. This ensured that staff were aware of which patients needed further focus to ensure they had a green day.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Staff told us that whenever possible patient issues were addressed as soon as possible with the patient at the time of being raised. Issues included ward noise levels, quality of the food and waiting for investigations.

Staff confirmed that complaints were discussed at clinical governance meetings and information was disseminated to staff through team meetings and briefings. Themes and trends from recent complaints were displayed in the ward staff room. We reviewed a sample of governance and staff meeting minutes and saw that complaints were discussed and monitored. Staff told us urgent outcomes of complaints were shared within the safety huddles, which occurred twice a day.

However:

- Staff told us that patients were sometimes admitted to other parts of the hospital because of pressure on bed capacity. Outliers are patients admitted to wards outside of their speciality. This was a risk as the general environment was not always appropriate and staff did not always have the experience and expertise to manage the 'outlying' patients' conditions.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- We found evidence of a cohesive leadership team who provided sufficient support to staff and had a good oversight of the medical division.
- Staff told us the leadership and executive team were supportive, visible and approachable.
- Governance systems and processes had been strengthened since our last inspection provided sufficient assurance of the strengthening to take the quality of care into account.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Records were held in line with regulation 17 of the Health and Social Care Act 2008, and the data Protection act 1998.
- We found evidence of a positive culture that promoted openness and inclusiveness.
- Staff morale was good. Staff felt valued by the team leaders and executive board.

# Medical care (including older people's care)

- Engagement initiatives had been greatly improved since our last inspection and staff felt able to influence change.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Good ● → ←

## Key facts and figures

Conquest Hospital is part of East Sussex Healthcare NHS Trust. The hospital is a modern district general hospital, located in St Leonards-on-Sea, on the outskirts of Hastings.

The hospital provides emergency general surgery, gynaecology surgery, urology and ear, nose and throat surgery and surgery for trauma cases.

There were 170 beds across seven surgical wards. There were nine main theatres and a recovery unit. The surgery team was divided into four teams, which consisted of:

- general surgery and gynaecology,
- ear, nose and throat,
- orthopaedics and
- recovery unit.

From August 2016 to July 2017, Conquest hospital reported 11,278 spells (a spell refers to a continuous stay of patient using a hospital bed). Day case spells accounted for 43%, 40 % for emergency and 17% for elective spells.

Our inspection was announced and took place over two days (6 & 7 March 2018). Our team visited the Benson ward, Cookson Attenborough short stay unit, Cookson Devas ward, De Cham ward, Egerton ward, Gardner ward, Richard Ticehurst Surgical Assessment unit (SAU) and the theatres and recovery areas.

We spoke with 32 members of staff including junior doctors, ward and theatre nurses, and occupational therapists and operating department practitioners. We also spoke with 10 patients and examined 12 patient records.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- We found that the surgical department was well led. There were appropriate leadership arrangements at all levels within the surgical department and staff felt supported by their managers. Managers, matrons, clinical leads and members of the executive team were visible and approachable. They were actively involved in safety huddles and governance meetings. Staff said they were listened to and senior managers understood and acted on their concerns.
- The cancellation rate of operations was lower (better) than the average for England. The service proactively monitored procedures and investigated all cancellations to ensure that it did not happen again.
- Care and treatment was delivered in line with current legislation and nationally recognised guidance. The clinical effectiveness team reviewed all newly published guidelines and ensured they were adapted into local policies.
- Conquest Hospital was committed to improving services by reporting, investigating and learning for concerns or incidents. The service had reported one never event between December 2016 and November 2017. Staff told us information was disseminated through safety huddles, communications books and meetings to ensure lessons were learned from incidents.

# Surgery

- Junior members of staff and students were supported throughout their training. Students were allocated and rostered with their mentor throughout their placement. Junior doctors spoke positively about the support they received in theatres. Each had a specific learning development plan and good contact with consultants.
- Patient records and clinical notes were completed. This included the World Health Organisation surgical safety checklist and five steps to safer surgery and risk assessments.
- Staff treated patients with compassion, dignity and respect at all times. Care plans were adjusted at the pre-assessment appointment to meet the needs of each individual.
- Risks were reported to the risk register. This was monitored twice a month at the risk and clinical governance meetings and action plans were implemented to reduce or remove the risk.
- The service had made improvements in the way medicines were prescribed, recorded and stored; this was in line with national guidance. Automated systems were in use in most areas. We undertook a random check of controlled drugs in the anaesthetic room for theatre four. The controlled drugs book was accurately completed with no block signatures. The medicines in the locked controlled drugs cupboard were reflected in the book.
- There was multidisciplinary participation in all patient care. Patient records demonstrated input from physiotherapist, the medical team, surgical nurses, occupational therapists and specialist nurses. Nursing and operating department practitioners spoke of good working relationships with doctors. Staff of all levels were seen interacting positively with each other.

However,

- There was still a heavy reliance on temporary staff. There were 20 vacancies for surgery at the time of our inspection.
- Areas within the theatre environment created safety hazards and were in need of refurbishment. The service was aware of the hazards and these were monitored monthly at the risk register meeting. Minor improvement requests for works had been made by the service.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The trust provided mandatory training to all permanent and temporary staff. Training was delivered through a combination of online and face-to-face learning.
- Staff had a good understanding of the safeguarding policies and explained the referral process clearly.
- All areas we visited were visibly clean, tidy and free from dust. Patients told us the areas they had visited were cleaned to a high standard and they had seen cleaners, cleaning throughout the day.
- All patients had pre-operative screening for methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*. Conquest Hospital had not had an MRSA infection since 2008. Staff that we spoke to were aware of the infection control policy and were able to access it via the trust intranet.
- We observed theatre staff cleaning theatre table after the patient had been transferred to the recovery unit. A deep clean was conducted at the end of each working day.
- We observed staff correctly dressed for theatres in line with the trust's uniform policy. All staff wore scrubs, hair was secured above the shoulders and hats were worn in clinical areas.

# Surgery

- There were effective processes in place to assess and respond to patient risk. Elective patients attended a nurse led pre-assessment clinic to ensure they were medically fit for surgery.
- Before and after surgery patients were continually assessed using the National Early Warning Score (NEWS). Staff in theatres were observed assessing patients and recording scores every 15 minutes. On the wards, staff monitored patients hourly and then the frequency of observations depended on the procedure and the patient's history.
- Patients were assessed for risks of venous thromboembolism before surgery. We saw evidence that patients were given compression stockings and prescribed prophylaxis medication, which was in line with NICE guidance.
- The trauma ward were trialling a new falls risk assessment. They had seen a significant decrease in the number of new falls per month from nine to two.
- Staff kept records of patients' care and treatment in good order. These were kept on the same unit the patient was having treatment. Therefore, records were always available to all staff providing care and they were able to review the care, advice or medication given at each stage of the care pathway.
- We observed theatre staff partaking in the World Health Organisation surgical safety checklist led by the surgical consultant. Monthly audits from September 2017 to February 2018 showed an overall compliancy score of 100% for general surgery.
- The service prescribed, gave, recorded and stored medicines in line with national guidance. All fridges and cabinets were kept locked at all times. Authorised members of staff had access to the automated dispensary using their fingerprint.
- The trust had an electronic reporting system to record safety incidents and near misses. Staff told us that the culture around reporting of incidents had improved over the last four years. Managers encouraged and supported staff when reporting any incidents.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From December 2016 to November 2017, the service reported one incident classified as never events for surgery. The trust had provided a robust response to both incidents to reduce the risk of recurrence.

However:

- Mandatory training rates for both nursing and medical staff failed to meet the trust target of 90% with 85.8% and 57% respectively.
- Although the service scored well on the hand hygiene audit, we observed on three occasions, theatre staff not complying with the World Health Organisation "Five moments for hand hygiene".
- The last inspection found that there was a heavy reliance on temporary staff and this was still the case during this inspection.
- Areas within the theatre environment created safety hazards and were in need of refurbishment.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

# Surgery

- Care and treatment was delivered in line with current legislation and nationally recognised guidance. The clinical effectiveness team reviewed all newly published guidelines and ensured they were adapted into local policies.
- The trust had an up-to-date local sepsis screening policy. Staff were trained in the recognition, diagnosis and early management of sepsis and we saw dedicated sepsis trollies in theatres and the surgical assessment unit.
- Patients on the wards had their nutrition and hydration needs assessed using the Malnutrition Universal Screening Tool (MUST). They were offered drinks and light refreshments on their return to the ward after surgery and prior to being discharged.
- Pain relief was effectively assessed and managed across the surgery service. Patients we spoke with told us staff regularly checked if they were experiencing any pain and if they wanted medication to relieve it.
- The surgical unit's performance in national audits was comparable to the national average. In the 2017 Hip Fracture Audit, the risk-adjusted 30-day mortality rate at Conquest Hospital was 6.5%, which was within the expected range. This was better than the 2016 figure of 8.7%.
- The surgical assessment unit were conducting a local audit, assessing admission routes and the outcomes. The results were used to improve future care pathways.
- Junior doctors spoke positively about the support they received in theatres. Surgery registrars had voted Conquest Hospital and the surgical assessment unit as the best place to train.
- Nursing staff told us there were plenty of development opportunities within theatres. Band 5 staff completed a preceptorship and had a band 6 workbook to complete before they were deemed ready for a promotion.
- Collaborative working was evident within the surgery service. Staff credited this as one of the reasons they were able to deliver an efficient service and better patient care.
- The surgery kept three theatres open 24 hours a day 7 days a week. There were staff available to cover emergency operations at all times, including weekends and out of hours.
- Patients on the enhanced recovery programmes were seen by a nurse specialist with the aim to encourage patients to have an active role in their recovery.
- The trust had a learning disability specialist nurse who supported patients with a learning disability through the consenting process, admission, surgery and discharge.

However:

- The appraisal rate was lower than last year at 87.4% and failed to meet the trust target of 90%.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff throughout the surgery service treated patients with compassion, dignity and respect. We observed staff speaking to patients with kindness. Patients said the staff were “professional yet personable” and felt they were receiving the best care.
- Staff regularly assessed the emotional state of patients and discussed any concerns they had at the team huddles. Staff referred patients to the link specialist, be it the mental health nurse, dementia nurse or a member of the chaplaincy.

# Surgery

- Staff kept patients and relatives informed about their care and any changes to the care plan. One patient had unexpectedly been admitted overnight. The patient said the doctor explained at the earliest stage the reason for not discharging and support had been given.
- The surgical service had a response rate of 37% in the Friends and Family Test. This was better than the England average of 29%. All surgical wards had an annual recommendation rate of above 90%.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- Patients who required communication assistance or physical support to navigate to areas in the hospital were identified at pre assessment. Arrangements were made prior to admission to ease the process.
- There was a dedicated Dementia Care Team supported by an orthogeriatrician in charge of assessing and planning of care. The team had good links with the psychiatric team for complex patients who required psychiatric input.
- All patients requiring elective surgery had a pre-operative assessment. Specific needs were identified and referrals to the specialist teams or specialist nurses were made. This meant that individualised care plans were developed and reasonable adjustments were made to facilitate admission.
- Cancellation rates for the service were low including the winter months. The percentage of cancelled operations was consistently better than the England average. The surgical unit proactively monitored the cancellation of operations. Ward matrons micro managed bed occupancy by safely discharging patients to the surgery patient lounge if necessary.
- The trust had a policy to monitor, report and investigate complaints and concerns. Staff told us they addressed any concerns immediately and directed patients to the patient advice and liaison service (PALS) if patients were not satisfied.
- The trust's referral to treatment time (RTT) for admitted pathways in surgery was just lower or similar to the average for England. This was a significant improvement from previous inspections when the rates had been much worse than the England average.
- The surgical assessment unit allowed for the admission of patients who needed surgical review either from the emergency department or directly via their GP. The short stay unit allowed for a rapid multidisciplinary assessment and decision making at a senior level with improved outcomes and reduced length of stay.

However:

- The average length of stay for elective and non-elective patients was higher (worse) than the national average.
- Staff told us it was common for medical patients to be cared for on surgical wards, due to a lack of beds on medical wards.
- The trust took an average of 39.9 days to investigate and close complaints. This is not in line with their complaints policy, which states complaints should be closed within 30 days.

# Surgery

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

- Three senior staff led the surgical team. The team worked closely with each other to ensure the unit delivered high quality, accessible care. Leaders had an inspiring shared purpose and motivated staff to succeed and to deliver in challenging circumstances. Despite significant winter pressures the surgical team continued to provide a service to patients booked for elective surgery.
- There had been a palpable change to the organisational culture that could be felt in the surgical teams on the wards and in theatres. Staff spoke of pride in their work, sought to provide the very best care possible and reported trust in the local and senior managers of the division and the trust.
- Staff told us they were listened to and that the senior managers understood their concerns because they had the relative experience, skills and knowledge to support them.
- The trust's vision was displayed on the information boards in theatres and on all the wards we visited. The local strategy and supporting objectives were stretching, challenging and innovative.
- Staff we spoke with were aware of the trust's on-going "Outstanding by 2020" strategy. There was a sense that the hospital was moving in the right direction and that the staff were in unison with the trust to achieve this.
- All staff we spoke with were enthusiastic about working for the trust. Staff spoke of good teamwork and were proud of the service they delivered.
- Junior doctors reported positively on their experience at the trust and said they felt well supported in both their clinical practice and their learning.
- The governance arrangements for the division were well established. Regular meetings at all stages of the hierarchy allowed for information to be passed on and dealt with in a timely manner. Staff were clear on what their responsibilities were and maintained accountability.
- The content and discussion in the mortality and morbidity minutes had improved since the previous inspection. It was evident that each case was discussed at depth, the quality of care provided was graded and lessons were learnt as a result.
- Risks were reviewed twice a month at the divisional risk and clinical governance meetings.
- Theatres used a management computer system detailing the timeliness of procedures. Receptionists were aware of theatre lists running times and could give other areas an update to effectively manage any delays.
- Patients and their relatives were encouraged to give their views on the service provided. All patient information leaflets we saw had the contact details for the Patient Advice and Liaison Service.
- The service had introduced a scheme to encourage the secondment of nurses from the wards into theatres. This gave nursing staff the opportunity to try a different career path, with the assurance of retaining their original role if they decided against this.
- There were several examples of innovative practice, listed below, that showed the surgical teams were keen to develop new ideas, to embrace best practice and to optimise services through new ways of working.

# Surgery

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Maternity

Good  

## Key facts and figures

The East Sussex Healthcare NHS Trust has 56 maternity beds across two sites. Of these beds, 49 beds are at Conquest Hospital, 10 of which are rooms. There are seven beds at Eastbourne District General Hospital.

The trust provides the following services: antenatal, postnatal, early pregnancy unit and obstetrics.

From July 2016 to June 2017 there were 2,992 deliveries at the trust.

Our inspection was announced and took place over two days (6 & 7 March 2018). We visited Murray ward, Frank Shaw ward, the delivery suite, early pregnancy unit and Mirlees ward (sonographer). The last inspection of this service took place in October 2016 and we previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We interviewed 10 patients and talked to about 30 staff including midwives, managers, specialist midwives, student midwives, maternity support workers, ward clerks, cleaners and domestic staff.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff understood how to protect patients from abuse. The safeguarding team integrated well with the wider trust and community to ensure training was completed and to assure that staff knew how to care for vulnerable women, families and infants.
- Staff felt able to raise concerns, report near misses and report incidents. There was openness and integrity at risk meetings and learning from incidents was shared across the team in a variety of ways.
- Mandatory training targets had improved since the last inspection and staff appraisals were benchmarked against the trust's visions and values.
- Patients received co-ordinated care from a team of competent staff and a cohort of specialist services. Staff worked together to meet patients' individual needs which meant that their mental health, emotional wellbeing as well as their physical health was cared for.
- Women had access to a range of pain relief methods including a birthing pool. Epidurals were available 24 hours, seven days a week.
- Staff and managers demonstrated commitment to best practice performance and risk management. Risk and performance was reviewed and managed through a series of local and trust wide meetings.
- There was a commitment to drive innovations forward by staff as well as leaders. Feedback from patients, staff and stakeholders was used to initiate changes for the better within the department.
- Local and national audits were used to benchmark and measure performance to drive the quality of care within the department
- The culture within the trust was supportive and staff felt and listened to. Staff were proud of the department and their work colleagues.

# Maternity

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made efforts to ensure everyone completed it. There was a matrix tool used to monitor training uptake that showed the department had almost achieved targets. Staff also undertook specific training in maternity safety systems and undertook Practical Obstetric Multi-Professional Training which covered the management of a range of obstetric emergency situations.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Openness and transparency about safety was encouraged. Staff felt able to raise concerns and report incidents, which were regularly reviewed to aid learning.
- Patient's records were completed with the correct amount of documentation which showed that women had individualised care and these records were securely stored.
- We saw comprehensive risk assessments carried out for women who use services and risk management plans were developed in line with national guidance. Risk assessments contained information on women's social and medical assessments and referral, as well as assessment of maternal mental health and staff used the nationally recognised Modified Early Warning Scoresheet, this continually monitored risk while women were in the department.
- There was a clear process for reporting incidents through an electronic incident recording system. There were no Never Events and three serious incidents reported by the service in the past 12 months. Incidents were reviewed and scrutinised with subsequent actions clearly documented and reviewed.
- The midwife to birth ratio was at 1:28 and there was a business case to improve this to a ratio of 1:25 within the next financial year. There had been a recruitment drive to increase staff numbers within the department. The trust used a commercial acuity tool to monitor one to one care for women in labour. The trust had invested in the most recent version of the tool which was due to be implemented shortly.

However:

- Although the maternity unit was generally clean, there were inconsistencies with cleaning practice. For instance, we saw an unclean kitchen on Murray Ward, dust on televisions and oxygen cylinders. The kitchen was cleaned once staff were prompted to do so.
- The environment and equipment, in particular the kitchen on Murray Ward and flooring in the unit needed repair or upgrading. The wallpaper in the delivery suite noted at the last inspection had still not been removed.
- On Murray ward, ampoules of water for injection, an anaesthetic gel and ampoules of sodium chloride for injection were left unsecured on a vaginal examination trolley. They were removed when staff were alerted.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

# Maternity

- Peoples care and treatment is delivered in line with current guidelines and this was monitored to ensure consistency of practice. The trust had dedicated screening midwives and a 'New-born Infant Physical Examination (NIPE) smart' system had been introduced and was working well to ensure that neonatal screening and onward referrals happened.
- Staff gave patients enough food and drink to meet their needs and improve their health. The department had a specialist infant feeding midwife to support women and staff to increase breastfeeding uptake.
- The service undertook a series of audits to ensure they regularly reviewed the effectiveness of care and treatment of patients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. For example, skin to skin contact with babies after birth was promoted from antenatal wards right through to postnatal care. This boosted breastfeeding and protected against mother/baby separation issues.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Women had access to a range of pain relief methods. This included Entonox (gas and air) and Pethidine (a morphine-based injection) for medical pain relief during labour. Epidurals were available 24 hours, seven days a week.
- Maternity services offered a 24 hour telephone triage service. This service could be accessed at any stage of pregnancy.

However:

- The outcome of the 2017 Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE Audit) was that the trust's performance was worse than expected for perinatal mortality rates. Data available since inspection showed that the overall trust figure was now below the national average for still births at 3.19 still births per 1,000 births.
- The trust was a maternity outlier for maternal readmissions to hospital after discharge. The trust had audited reasons for maternal readmissions and had action plans to improve based on audit findings.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The Friends and Family Test 2017 showed that the trust compared favourably with other maternity units in England. Mostly, the trust did better than the national average and at points 100% of people surveyed would recommend the maternity unit to their friends or family.
- We saw staff taking time to interact with patients and saw examples where staff demonstrated the importance of gaining the trust of women they were seeing.
- The trust had two bereavement midwives who supported women and their families following stillbirth or neonatal death. The midwives had been shortlisted for a Royal College of Midwifery award for their work in bereavement care.

# Maternity

- Women were given the opportunity of making an informed choice about all available birth settings that are appropriate and safe for their clinical need and risk.
- Staff demonstrated an understanding of how to support mothers and their loved ones to understand and be involved in their care and treatment.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Patients' individual needs and preferences are central to the delivery of tailored services. This was addressed by access to translation services, a birthing pool, birthing equipment and specialist midwives.
- A young person's specialist midwife was in post; her role was to offer extra support and education to younger people who were pregnant.
- There was a specialist midwife dedicated to elective caesarean management which meant that women had continuity of care from pre operation assessment to after the birth.
- There were no delays for women accessing theatres as there was a main theatre and an annex theatre for use in busy periods or for emergency situations.
- Women were given a welcome pack on arrival and discharge information before they went home which included a contact number for them to call.
- The service treated concerns and complaints seriously and learned lessons from the results which were shared with all staff.
- Despite having higher than average bed occupancy, the maternity unit at the Conquest site had not closed within the past 12 months.

However:

- The day assessment unit was unwelcoming, uncomfortable and sparse. It was co-located in the antenatal ward which had the potential of affecting the well-being of women who attended due to loss of pregnancy.
- The bereavement facilities were clinical, in need of updating and unsuitable for the needs of grieving families. The trust had money raised by a charity to upgrade the bereavement room but had not started to make the much needed improvements.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders at all levels demonstrated high levels of experience capability and had the capacity to deliver sustainable care with compassion. Leaders understood the challenges to achieve quality and sustainability, and demonstrated they could identify the actions needed to address them.

# Maternity

- The department had vision, values and strategy that staff felt part of. Staff told us that leadership was visible and accessible and all felt supported by their line manager. Staff were enthusiastic about upcoming changes to improve their department.
- Staff told us that improvements had been made since the CQC last inspection, particularly around the management structure and they deemed it a positive place to work. A newly appointed head of midwifery was working to make changes and improve services with the introduction of Better Births and by using data that was being collected from the Birthrate Plus tool.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was a demonstrated commitment to best practice performance and risk management. Risk was reviewed through a series of local and trust wide meetings.

There was good access to information in the maternity unit in different formats. Guidelines and procedures were up to date, the intranet had good electronic resources and there was a monthly maternity dashboard available to all clinical staff.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Eastbourne District General Hospital

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## Key facts and figures

Eastbourne District General Hospital is located in the town of Eastbourne and geographically serves the population of East Sussex. Along with Conquest Hospital in Hastings and the community locations it forms East Sussex Healthcare NHS Trust. Healthcare is provided to the whole population from this and other trust locations. East Sussex Healthcare NHS Trust is one of a number of Trusts across England with a longstanding and significant financial challenge. It was placed in 'Financial Special Measures' in October 2016 by NHSI. Financial

Special Measures were introduced by NHS England and NHS Improvement (NHSI) to improve Trusts' financial and operational performance. As part of these measures, NHSI appoint a Financial Improvement Director who works with them to oversee the development of a robust financial recovery plan. Whilst the financial situation impacts on how the trust provides services, CQC does not report on this aspect of the trust's work. Our remit is to focus on the quality and safety of the services that are being provided.

Eastbourne District General Hospital offers a full accident and emergency service and has an on-site critical care unit. The maternity provision is midwifery led birthing unit which provides care for women with lower risk pregnancies. Women with higher risk pregnancies or who develop complications are encouraged to give birth at the consultant led unit at Conquest Hospital. Most surgery undertaken at the Eastbourne site is elective surgery with patients requiring emergency surgery being transferred directly to the Hastings site. The provision for children and young people at Eastbourne is an assessment unit and elective day surgery only. All paediatric inpatients are cared for on children's ward at the Conquest Hospital.

The Chair was appointed in January 2016 for a period of four years. The Chief Executive Officer joined the Trust in April 2016. The non-executive directors have varying lengths of service with the trust with some appointed quite recently and others being more established.

The inspection team feel there is no grounds for the trust to remain in quality special measures and have written the NHSI to recommend them exiting quality special measures at this time.

## Summary of services at Eastbourne District General Hospital

**Requires improvement**   

Our rating of services stayed the same. We rated it them as requires improvement because:

# Summary of findings

- The rating requires improvement was given because although all of the services we inspected in March 2018 had shown significant improvements, the rating is aggregated with the ratings from previous inspections which continue to be considered where we have not re-inspected.
- Staffing continued to be a challenge. There were innovative roles created to mitigate some of the risks, there was ongoing recruitment and there was better use of in-house bank staff over agency staff. The only area where we saw an unacceptable impact was with the administrative and reception staff in the emergency department who felt unable to have any breaks during long shifts.
- The emergency care department was still rated as requires improvement because there was more work to be done to bring it to the same standard as the service on the Conquest Hospital site. This related particularly to the care of people with acute mental health needs and to the care of children and young people.
- Mandatory training completion rates needed further work to ensure that the trust met its own targets.

However,

- We were aware from our ongoing monitoring of wider improvement in core services which were not inspected in March 2018. These improvements cannot be reflected in the ratings as they have not been corroborated through inspection.
- The ongoing monitoring and information we hold about Eastbourne District general Hospital, coupled with discussions with numerous staff, showed a cultural shift which resulted in a more motivated workforce and a commitment to improving the quality and safety of services. This was true across all areas of the hospital whether inspected at this inspection visit or not.
- Incident reporting and learning from incidents was embedded in everyday practice. Openness and transparency about safety was encouraged. Staff understood their responsibilities to raise concerns and report incidents and near misses. The number of incidents reported had increased steadily since our inspection in October 2015 but the number of incidents resulting in harm had fallen. This demonstrated a good reporting culture.
- There were robust safeguarding adults and children arrangements that were in line with current national guidance. Staff from Eastbourne Hospital were actively engaged in the local safeguarding arena and with other providers.
- People's care and treatment was planned and delivered in line with current national guidance and legislation. There was ongoing monitoring to ensure that practice and policy remained in line with best practice guidance.
- People had comprehensive assessments of their needs with consideration of their clinical needs, mental health and nutritional needs. Data provided showed improvements in assessing individual risks such as for venous thromboembolism (VTE). There was also a steady decrease in the incidence of falls with harm resulting from improved risk assessments.
- There was good multidisciplinary working across services. This was very evident in the care of patients who had suffered strokes. The trust had been recognised for particularly high performance by the Stroke Association.
- Consent was obtained in line with the current legislation and guidance. The trust had done much work on staff responsibilities in respect of the Mental Capacity Act 2005 and there generally good understanding. All Deprivation of Liberty Safeguard applications were appropriate. Referrals to the Court of Protection were made when necessary.
- Infection prevention and control practice was much improved and there was data available to demonstrate that the hospital was routinely cleaned to an acceptable level in line with the National Specification for Cleanliness in the NHS.
- Staff were very positive about their work and spoke with pride about the relationships with patients. We observed and heard about numerous occasions where staff had gone beyond the usual expectations their role for patients. This was reflected in the results from the Friends and Family Test.

# Summary of findings

- On previous inspection visit in October 2015 some staff were unclear about their line management arrangements and felt unable to raise concerns. There were several complaints to the inspection team about bullying. This had now changed. Staff reported approachable and supportive managers, clear lines of accountability and an executive and senior management team who were visible and who listened to frontline staff.
- The governance processes were robust and understood by all. Work had been done to streamline the Risk and Quality Delivery Strategy that made explicit the lines of accountability and reporting systems. There was effective information sharing in both directions between the frontline operations and the board.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

There were 109,998 attendances from April 2016 to March 2017 at East Sussex Healthcare NHS Trust, which included Eastbourne District General Hospital. Between 2015 and 2017 an increasing number of emergency department attendances resulted in admission to hospital. In 2016/17 this represented 29% of attendances, which was an increase of 7% from the previous year and 6% higher than the national average.

The main emergency department has a five-bedded resuscitation bay, including a paediatric and neonatal resuscitation bay. The major's area can accommodate six patients and the minors area can accommodate seven patients. The clinical decision unit has a total of 11 beds in a six-bedded bay, a four-bedded bay and a side room suitable for patients with an infectious condition. An emergency nurse practitioner suite has space for five patients who are able to sit in a chair. A medical assessment unit and ambulatory care unit provide additional capacity.

During our inspection we spoke with 39 members of staff including staff from each emergency department clinical and non-clinical role, senior hospital staff, and members of the multidisciplinary team, paramedics and therapists. We also spoke with 12 patients or relatives, carried out observations, reviewed 16 sets of patient records and considered over 90 other pieces of information or evidence to come to our ratings.

## Summary of this service

We last inspected in October 2016 and rated urgent and emergency services as requires improvement overall. This reflected a rating of inadequate for safe, requires improvement for effective, responsive and well led and good for caring. Our ratings reflected low levels of consultant cover, variable compliance with hand hygiene, inconsistent pain management, limited paediatric services and delays to triage, assessment and treatment. We told the trust they must ensure consultant cover meets the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.

Our rating of this service stayed the same. Whilst we noted significant improvements in the service from our findings on previous inspections, there were still areas where further work was needed. We rated it as requires improvement because:

- There remained gaps and inconsistencies in the quality and completion of patient records. This included in the completion of baseline observations and information critical to monitoring patients for deterioration.
- Records for patients with mental health needs required improvement to assure us of patient safety. In some of the records we looked at we found missing referrals, no evidence of consistent risk assessment and evidence of the discharge of a patient at significant risk of self-harm or suicide.
- Most staff did not meet the trust's 90% target for mandatory training completion and demand pressures on the service meant staff often found it difficult to attend training. Standards for the completion of safeguarding training were variable with all staff meeting the requirement for level 1 training. However, the trust had made demonstrable improvements in mandatory training rates since our last inspection.
- Infection prevention and control standards were variable. Hand hygiene audits in 2017 indicated consistently good practice with 98% compliance. However there was inconsistent recording of infection control assessments in patient documentation and we did not observe consistent practice during our inspection.

# Urgent and emergency services

- Provision for patients with mental health needs was variable. A mental health liaison team provided urgent reviews within two hours of referral although there were gaps in the service out of hours. Mental health services were provided by another trust.
- Consultant vacancies were listed on the service risk register and the latest available data noted 69% of patients were reviewed by a consultant within 14 hours of admission against Royal College of Emergency Medicine guidance.
- The incident-reporting system indicated consistent oversight from the senior team and a detailed approach to establishing the causes. However records indicated persistent delays in completing investigations and contributing factors included those identified by quality audits, which the senior team had not resolved.
- Options for food and drink had improved for patients in the clinical decisions unit but audits of the use of the malnutrition universal scoring tool (MUST) noted poor compliance with trust standards.
- There was evidence of effective multidisciplinary working with the hospital intervention team the security team and specialties when these were available. However non-availability or delays in responding to referrals to specialties had resulted in negative patient outcomes including for patients who needed a stroke assessment. This was evidenced through a few incident reports, such as when a patient remained in the emergency department for 19 hours when multidisciplinary medical teams failed to identify an appropriate care pathway.
- The trust's urgent and emergency care Friends and Family Test performance (percentage recommended) was better in comparison to the England average. In the same survey the trust performed in line with the national average for 13 questions relating to how they involved patients in their care and worse than the national average in 11 questions.
- Data for the period December 2016 to December 2017 indicated variable performance in RCEM audits. This included no month in which patients were admitted, transferred or discharged within four hours of arrival. In addition patients consistently spent longer in the emergency department than the national average. However no patients waited more than 12 hours from the decision to admit until being admitted and much work had been done by the site management and executive team to address patient flow throughout the hospital.
- The trust had been sent a letter by the Secretary of State congratulating them on being one of the most improved emergency departments nationally.
- We noted that whilst the rating remained the same, there were noticeable improvements in many aspects of care.
- The trust had introduced an additional daily consultant shift, which meant consultant cover now met the RCEM requirements of at least 16 hours per day. This was a very significant improvement and meant that decisions about the care of complex patients were being made at the right level of seniority.
- The senior team demonstrated a significant focus on improving sepsis screening and treatment. This included greater emphasis on evidence-based practice and training. Data provided by the trust showed improvements in the implementation of the sepsis pathway.
- Facilities in the department included a dedicated area for patients with mental health needs and for children.
- The department performed similarly to or better than national averages in the Emergency Department Survey 2016 and between November 2016 and December 2017 in the time from arrival to initial assessment.
- Appraisals were consistently carried out, fit for purpose and focused on staff achievements and goals. Where individuals needed support this was provided.
- The service had improved the triage process with significantly improved training and clinical competency checks for nurses and HCAs.

# Urgent and emergency services

- The healthcare assistant team had been awarded as ‘unsung heroes’ for their work in improving the patient experience and in most of our observations staff demonstrated a commitment to kindness, compassion and empathy. The team readily provided emotional support to patients when they were distressed or confused and used appropriate resources to support patients experiencing confusion as a result of dementia.
- Some aspects of service planning were expanding to meet increased patient demand. This included an extension of the Hospital Intervention Team to 12 hours each day and a planned increase of overnight mental health team availability.
- There was a dedicated practice development nurse in post who provided support to all members of the emergency department team. The practice development nurse also supported healthcare assistants to achieve the national care certificate and had helped to develop a new initial training and support programme for newly qualified nurses.
- Training rates for the Mental Capacity Act (2005) exceeded the trust’s target of 90% and staff demonstrated good knowledge of this. However, monthly audits indicated low levels of compliance with trust standards relating to mental capacity assessments.
- The emergency department team and multidisciplinary colleagues had implemented a number of initiatives to improve the experience of patients living with dementia, including more resources and increased staff training
- An established escalation process involved progressively senior staff as waiting times increased and capacity decreased. This enabled staff to use escalation areas and additional spaces for patients whilst they waited for diagnosis and treatment. Along with the introduction of GP streaming this reflected a targeted approach to improving access and flow.
- Senior staff monitored and updated risks on the service risk register frequently and had initiated a number of strategies to reduce risks. This included a workforce development plan, additional consultant shifts and better utilisation of resource plans for access and flow.
- Clinical governance systems were embedded in the operation of the service and reviews of incidents, complaints and risks were frequently carried out. However some governance processes did not demonstrate effectiveness or improvements in patient outcomes. This was demonstrated through consistently poor audit results despite governance interventions.
- Demand for mental health services far outstripped capacity. However the mental health liaison team had introduced monthly multidisciplinary meetings and responsive debriefs with the ED team to review care and effective use of mental health pathways.
- Staff with substantial expertise in safeguarding and child protection provided support to the emergency department (ED) team although the use of safeguarding tools and assessments was variable. The safeguarding team had recently been expanded and was addressing specific areas of the trust where shortfalls in practice were identified. A new training programme was being rolled out.

## Is the service safe?

**Requires improvement** ● ▲

Our rating of safe improved. We rated it as requires improvement because:

- The hospital reported two serious incidents relating to patient deaths in individuals known to have mental health needs. Although improvements in care processes had been implemented we found wide variance and inconsistencies in how staff used the improved risk assessments that formed part of the learning outcomes.

# Urgent and emergency services

- National Institute for Health and Care Excellence and the Royal College of Psychiatrists recommend clinical staff complete training in mental health needs, learning disabilities, autism and dementia. At the time of our inspection none of the staff in the emergency department had undertaken this training
- Medical staff did not meet the trust's 90% standard for any mandatory training subject between November 2016 and October 2017, with an overall completion rate of 52%. This included 52% completion of life support and resuscitation training.
- The emergency department staff faced significant challenges in providing care and treatment for teenage patients with mental health needs. This was due to a lack of specialist provision in mental health and community services and led to young people spending extended periods of time in the department, particularly during the night. There was a service level agreement in place with a local mental health trust but their resourcing of child and adolescent mental health services was insufficient to meet the needs of young people attending the emergency department.
- Three paediatric nurses worked in the emergency department and provided dedicated service, which reflected an improvement from our last inspection. However as there was no paediatric inpatient ward on the Eastbourne site, there was limited input from paediatric doctors and the nurse-led service could not provide cover at all times.
- There were persistent and significant inconsistencies in the quality and completion of patient records. This included missing risk assessments, non-escalation of deteriorating patients, a failure to implement the sepsis pathway and variable documentation of minimum trust data requirements. We found evidence of this from checks during our inspection, from reviews of complaints and incidents and from monthly audit data. Between April 2017 and February 2018 the department did not meet the trust's 90% standard for sepsis screening for adults or children in any month, with the average for paediatric screening at 31%. During this period all indicated treatment was delivered within one hour, in accordance with the national standard, in 19% of cases.
- Documentation of infection control risks for patients in the clinical decision unit and paediatric emergency department patients was consistently below trust standards, with 34% overall compliance between April 2017 and January 2018.
- Although nurse vacancies were relatively low we found significant impact of the department working consistently over capacity. This included cancelled training and the loss of newly qualified nurses after a short period of time.
- The use of essential care rounds for patients who were in the department longer than four hours, including in the clinical decisions unit, were inconsistently recorded. Monthly quality audits from April 2017 to January 2018 indicated overall completion in line with hospital standards was 57%. Our observations were that people received adequate care but that staff were very pressurised.
- A weekly safety patient summit group demonstrated that an appropriate senior team led investigations into incidents to identify opportunities for learning. However it was not evident that this process resulted in timely improvements to patient safety. This was because delays of several months were noted in records with challenges in obtaining factual information from those involved. A key theme of reported incidents was a repeated failure to follow national and local standards and guidance, including the assessment and treatment of patients with mental health needs.

However:

- Hand hygiene and infection control results demonstrated consistently good practice, with 98% overall compliance in the previous 12 months.
- A security team was available 24-hours, seven days a week and was based in the department. Security officers had training to help manage patients experiencing mental health difficulties as well as those at risk of self-harm and demonstrated substantial understanding of this.

# Urgent and emergency services

- Staff completed daily safety checklists to ensure emergency medical equipment and medicines were ready for use. These records demonstrated consistent completion with no gaps in checks.
- Between December 2016 and November 2017 the number of ambulance journeys with a turnaround time between 30 and 60 minutes remained steady at around 78%.
- Between December 2016 and November 2017 the average time from arrival to initial assessment was consistently better than the national average.
- The emergency department was short of six full time consultant posts, which was reflected in the risk register. To mitigate the risks associated with this, additional locum consultants had been recruited and an additional daily consultant shift had been implemented. These strategies provided additional cover during a period of consistently high demand.
- The team demonstrated a high level of understanding and coordination during a major incident involving a potential biological hazard in August 2017. The team also used this as a learning exercise to tailor major incident training further.
- A mental health liaison team responded to urgent referrals in the department within 2 hours. The triage team had access to a risk-based assessment tool to identify when a patient was an increased risk of mental health illness or deterioration.
- The department reported staff vacancy, sickness and turnover figures similar to the rest of the trust. In addition the senior team demonstrated significant focus on improving recruitment and improving the initial experience for newly qualified nurses to foster retention.
- Nursing staff had an 86% overall completion rate for mandatory training and met the trust's 90% standard for the completion of health and safety and medicines management training. There was a trajectory of improvement for nursing staff completion of mandatory training.
- All clinical staff met the trust's standards for completion of safeguarding level 1 training for both adults and children.
- There was consistent input from the dedicated safeguarding team, including risk management and individual case support from a children's safeguarding specialist nurse.
- The emergency department was short of six full time consultant posts, which was reflected in the risk register. To mitigate the risks associated with this, additional locum consultants had been recruited and an additional daily consultant shift had been implemented. These strategies provided additional cover during a period of consistently high demand.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- A few incident reports reflected a negative impact on patient outcomes due to inconsistent multidisciplinary working from some specialties. This resulted in extended periods of stay in the emergency department and a failure to follow national best practice standards as a result of the non-availability of specialty staff.
- Staff had access to local and national assessment tools, best practice policies and guidance. However, incident investigations demonstrated that the use of policies and established assessment tools was inconsistent. This included instances where staff had not followed screening guidance for sepsis or for stroke.

# Urgent and emergency services

- Although the trust told us staff undertook training in the care of patients with suicidal intent and ideation, there was limited evidence this resulted in consistently good care. This included appropriate use of risk assessment tools for patients who presented with significant mental health deterioration.
- There was no formal supervision process in place for the emergency nurse practitioner team. This meant a senior member of staff did not maintain assurance of the standard of work and clinical competencies of this team.
- There were significant inconsistencies in the documentation of pain management and scoring. Between April 2017 and February 2018 no area in the emergency department achieved the trust's 90% standard of pain score documentation and review.
- Despite good training rates, monthly quality audits for the completion of mental capacity assessments were consistently poor with an average of 51% completion between May 2017 and January 2018.
- In the 2016/17 severe sepsis and septic shock audit the hospital performed significantly worse than the national average in five standards and similarly to the national average in three standards. In the standard that serum lactate be initiated within one hour of arrival the department performed 50% lower than the national average. Later audit figures provided by the trust showed an improvement on these figures and brought the trust into alignment with national averages.

However:

- The emergency team had reviewed the Royal College of Emergency Medicine '50 Standards for Emergency Departments' as a strategy to improve overall standards of care and treatment. An internal audit programme demonstrated improvements were made in patient outcomes.
- In the 2015/16 procedural sedation in adults' audit, the hospital achieved 23% compliance in relation to safe discharge compared with a national average of 3%. Where shortfalls were identified, we were supplied with an action plan that showed that, although there was no more recent data, an action plan had been created in response to the 2015/2016 audit and the actions had all been completed.
- In the 2016/17 moderate and acute severe asthma report, the hospital failed to meet any of the Royal College of Emergency Medicine standards. This was the most recent data but the trust supplied an action plan that showed the response to the report and confirmed that all the necessary action identified to address the shortfalls had been completed.
- In the 2015/16 Venous thromboembolism risk in lower limb immobilisation in plaster cast audit the hospital failed to meet both of the audit standards. The level of incidence of VTE across the trust had fallen significantly which suggested trust action to a raised VTE incidence had been effective.
- The trust did a local review; Re-Audit of Severe Sepsis & Septic Shock in Adults (EDGH) 4187 dated February 2018. The results showed that after the intervention in 2016, all aspects of the sepsis pathway in Eastbourne emergency department had improved.
- Between December 2016 and November 2017 the unplanned readmission rate was similar to or better than the national average.
- Triage nurses and healthcare assistants had completed substantial clinical competency checks before they were able to practice. This contributed significantly to the continuous effective operation of the service and the senior team ensured this team maintained an ongoing high standard of clinical ability.
- Heads of nursing and the practice development nurse had improved the training and support programme for new nurses had been improved to include competency-based assessment against Royal College of Nursing guidelines and an additional two days of intensive training.

# Urgent and emergency services

- A multidisciplinary hospital intervention team provided patients in the clinical decisions unit with physiotherapy, occupational therapy and social work support. The hospital intervention team coordinated packages of care for discharge to community rehabilitation and ensured patients initiate a therapy care plan before discharge to support recovery.
- The security team contributed significantly to multidisciplinary working and supported clinical staff in caring for patients who were aggressive or violent due to the effects of mental health conditions. This team helped protect clinical staff and patients and were skilled in providing effective support for specific patient needs such as those living with dementia and teenagers with additional support needs.
- Appraisal rates had improved since 2016/17 and as of December 2017 90% of staff had an up to date appraisal.
- In March 2018 93% of staff had up to date training in the MCA and 91% had up to date training in the Deprivation of Liberty Safeguards (DoLS), which met the trust's target of 90%.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Between June 2017 and November 2017 the emergency department demonstrated a track record of improvement for patients who would recommend the service. During this period the service received better scores than the national average.
- We saw positive examples of how staff treated patients with kindness and compassion, including when they were anxious or demonstrated increasing worry about their care.
- Staff provided emotional support to patients when they were distressed, confused or anxious. This included using tools such as sensory bands to help calm patients living with dementia.
- The trust recognised the healthcare assistant team in October 2016 with an 'unsung hero' award for their work in improving the patient experience.

However:

- The results of the CQC Emergency Department Survey 2016 showed that the trust scored worse than other trusts in 11 of the 24 questions relevant to caring, including in the score for overall experience.
- For seven months between April 2017 and February 2018 the ED did not meet the 90% target for documenting the involvement of patients in their care, with 56% overall compliance.
- Pressures on the reception team had an impact on their ability to always treat patients and visitors with compassion and kindness. In addition we were not assured staff had the training or skills to always support teenagers appropriately when they presented as patients unaccompanied by parents

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

# Urgent and emergency services

- Although the mental health liaison team provided by a local mental health trust offered dedicated support, they were limited by capacity and the scope of the service. The urgent care lounge was not staffed 24-hours, seven days a week and could not accommodate patients under the age of 18. Significant gaps in community services for teenagers meant patients often spent extended periods in the emergency department.
- A dedicated children's waiting room was not always used for its intended purpose when the department was busy. For example, we saw this space was regularly used by adults and some children needed to sit on the floor because of a lack of space and seats.
- There was no provision to keep patients updated of waiting times or the operational status of the emergency department in the waiting area.
- The implementation of an immediate handover policy by the local NHS ambulance provider had added significant pressure to the team. This meant paramedics had to handover clinically stable patients to nurses even when the department was full to capacity.
- Staff did not consistently record the time each patient had their initial assessment and the time they were transferred or discharged.
- There were limited facilities or resources for patients living with a learning difficulty and incident and complaints records indicated staff did not always provide consistent support and service.

However:

- The trust breached the RCEM standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department in every month from January 2017 to December 2017. However, they were now above the national average and had made sustained and significant improvements.
- Between December 2016 and November 2017 the trust did not meet the Royal College of Emergency Medicine standard that patients should wait no more than one hour from time of arrival to receiving treatment in 10 of the 12 months. However, there was a much improved picture from previously with far fewer patients waiting extended times for treatment.
- The mental health liaison team provided an assessment service within two hours of contact by the emergency department team. The liaison team could accommodate patients awaiting specialist care in an urgent care lounge.
- A dedicated multidisciplinary hospital intervention team provided rehabilitation, therapies and discharge planning support to patients in the clinical decisions unit. This helped to establish a package of care for each patient and to initiate early interventions to help improve recovery.
- Although some aspects of care for patients with needs relating to alcohol and drug use were limited, doctors were able to issue methadone prescriptions for patients on an opiate recovery programme. In addition an alcohol detox protocol was in place to help guide staff in providing care.
- Staff used discreet symbols such as a butterfly or falling leaf on patient records and by their beds to indicate when they had additional needs around dementia or falls risks.
- Staff had introduced a number of initiatives for patients living with dementia, including sensory bands and reminiscence therapy software. Five members of the clinical team had undertaken specialist training in dementia care.
- Over the 12 months from January to December 2017, no patients waited more than 12 hours from the decision to admit until being admitted.

# Urgent and emergency services

- The senior team had developed an escalation process to respond to reductions in capacity, access and flow. This involved the input of progressively more senior staff and the use of escalation areas or additional clinical spaces, including the ambulatory care unit.
- The service was in the process of introducing a GP streaming service. This would improve the ability of the service to prioritise critically ill patients and to treat and redirect those who could be seen by other services. In addition patients could be streamed directly to ambulatory care and neurology following the completion of staff training and internal care pathways.
- Complaints investigations were thorough and involved all members of staff involved in the issue. However complaints themes noted problems occurred because established policies and protocols were not always followed.

## Is the service well-led?

Good  

- Our rating of well-led improved. We rated it as good because:
- The senior team demonstrated responsiveness to improving the sustainability of the service, such as by improving the induction and initial training programme for new nurses after unexpectedly high turnover.
- Heads of nursing, with oversight from divisional committees and safety groups, managed risks using a risk register. These individuals reviewed risks regularly and for each of the nine risks in place at the time our inspection there was evidence of ongoing strategies to reduce the impact and improve the safety of care and treatment.
- Emergency department clinical staff had contributed to a vision and strategy for the service in the context of the trust's overall improvement plans.
- The trust operated a staff recognition scheme and in May 2017 the ED team was awarded team of the year.
- Clinical staff spoke positively of the leadership team and of the support they had on a day to day basis. In addition all clinical staff said they felt teamwork in the department was a significant positive feature of working there and the senior team had demonstrably worked to improve morale.
- Governance processes had resulted in improvements to infection control and hand hygiene practices and regularly-reviewed risk registers. Senior staff had implemented strategies to address serious risks to the service, including the implementation of an additional daily consultant shift and a workforce development plan to address a shortage of doctors.
- The service had a mental health strategy for patients with a mental illness and this was reviewed annually by the divisional board. In addition there was a service level agreement between the trust and the local mental health trust for the provision of mental health liaison services and Mental Health Act management.
- Senior staff monitored the condition of patients being cared for in escalation areas using a centralised electronic system. This meant they could more effectively manage the risk of patients being cared for outside of the main department.
- The security team engaged readily with the ED team and provided dedicated support including to patients in psychological distress and where the ED team did not have capacity to provide enhanced levels of care.
- Work was ongoing with the local ambulance service to improve collaboration and patient experience, including through the introduction of better information-sharing and a project to support patients who frequently attended the ED.

# Urgent and emergency services

However:

- The urgent care quality and safety group met monthly to review safety and operational performance. Although a review of this process indicated consistent levels of attendance and detailed investigations of incidents and other quality metrics, there was limited evidence this process resulted in improvements. This was evidenced through consistently poor audit results despite quality team initiatives to improve training. Records of governance meetings indicated the senior team identified safety concerns and risks but there was a lack of structured action planning to resolve these.
- There was a significant gap in leadership in the urgent care administration and clerical team that had resulted in low morale and excessive pressures on the team. This had also contributed to an extensive backlog of work that led to delayed discharge summaries being made available for GPs.
- There was a significant backlog of three months in sending out some GP discharge summaries. This resulted from different standards and systems used by doctors and meant GPs received patient information some time after they had been discharged.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Good  

## Key facts and figures

East Sussex Healthcare NHS Trust provides acute hospital and community health services for 525,000 people living in East Sussex. The trust operates from two district general hospitals, Conquest and Eastbourne district general hospital. Both sites offer a range of medical services, which are supported by diagnostic and therapy services.

The trust had 45,580 medical admissions between October 2015 and September 2016. Emergency admissions accounted for 17,399 (38.2%), 1,563 (3.4%) were elective, and the remaining 26,618 (58.4%) were day cases.

Admissions for the top three medical specialties were:

- General Medicine: 13,181
- Gastroenterology: 9,878
- Clinical Oncology (Previously Radiotherapy): 6,136

The trust provides intermediate care services, as well as delivering services, which focus on people living in the community through integrated locality teams. Other services focus on long-term conditions such as bladder and bowel service, community heart failure, tissue viability and diabetic specialist nurse teams.

The medical care service at Eastbourne district general hospital provides care and treatment for a range of medical conditions. We visited 11 wards as well as endoscopy, discharge lounge and therapeutic services.

The wards and areas we inspected were ambulatory emergency care unit, cardiology, coronary care unit (CCU), complex elderly, discharge lounge, endoscopy, frailty, gastroenterology, general medicine, haematology and oncology, occupational therapy, stroke services, medical assessment unit (MAU) and rehabilitation services.

The core service medicine was not inspected during the last inspection.

Our overall rating of the service was GOOD

## Summary of this service

Our rating of the service was good. We rated it as good because:

- Patients and relatives we spoke with gave positive feedback about the care they received on the unit.
- Staff showed compassion when dealing with patients and protected their privacy and dignity.
- Strong clear leadership seen, staff felt well managed and well led. Staff said matrons and senior nurses were visible and supportive within the department, they felt valued, listened to and respected and felt confident to raise any concerns with their line managers
- The trust recognised the difficulties in matrons completing clinical and administrative work and they have introduced matron's assistants. Matron's assistants support matrons with the clerical side of their job such as monitoring training compliance, collecting, and collating data for clinical audits. Matrons and senior staff felt the matron assistant was a valuable resource, which meant had more clinical time to spend on the ward supporting nursing staff.

# Medical care (including older people's care)

- Staff knew how to contact the safeguarding team within the hospital and explained clearly how to make a safeguarding referral. We observed safeguarding folders, which identified the safeguarding lead and the referral process.
- Staff felt able to raise concerns, report near misses and report incidents. There was openness at risk meetings and learning from incidents was shared across the team in a variety of ways.
- Comprehensive risk assessments were carried out on patient admission and kept in the patient records. This included assessing the patient against the risk of falls, nutrition status, skin integrity and pain. Alongside the falls assessment an individual needs assessment is completed. This checks a patient's dementia and delirium, blood pressure, medication review, visual impairments, continence care plan, call bells within reach and mobility and walking aids.
- We saw staff monitor patient's national early warning signs (NEWS) scores and discuss patients within safety huddle meetings that had consistently high scores.
- We observed clear referral pathways for patients who were displaying or had mental health conditions. Staff knew where to access support and information. Staff knew about the psychiatric liaison team based in accident and emergency department and that the team were available 24 hours every day.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. We saw incidents and lessons learned documented on team minutes and observed it happening within safety huddles. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Data collection takes place on one day each month and reported within monthly governance meetings. All staff received a quarterly newsletter called 'you said, we said' and gives staff information of common risks and examples of learning from incidents.
- Trust audits taking place were adult asthma, dementia, diabetes foot care, end of life care, falls, Parkinson's disease action, pulmonary rehabilitation, and cardiology and staff were aware of audits taking place. Recent audits took place for JAG (joint advisory group on gastrointestinal endoscopy) accreditation, which they are currently awaiting the outcome.

However:

- Current mandatory and statutory training for nursing and medical staff did not meet trust targets
- Nursing staff shared concerns with the level of staffing on most medical wards. Senior staff told us most wards have full establishment of staff at the start of a shift. However, staff are taken from the ward they are based in to work in other areas that do not have a full establishment and staff shortages.

## Is the service safe?

Good  

Our rating of safe is good. We rated it as good because:

- Mandatory training matrix reports were produced monthly identifying staffs outstanding mandatory training. This information is sent to departments to notify that a staff members training is due or expired. We saw examples of staff training records showing completed training, training due and training outstanding. There was a clear system to track and monitor staff statutory and mandatory training online, which staff demonstrated to us.
- An assessment tool is used by staff to highlight patients support needs. The tool shows support needs were in place, any specialist support required or equipment required during the patient's stay in hospital.

# Medical care (including older people's care)

- Staff we spoke with had the correct level of safeguarding training for their roles, safeguarding level two training was appropriate in line with national intercollegiate guidance for staff that only treat adult patients.
- Staff have access to safeguarding policies through the intranet and any cases of either female genital mutilation or sexual exploitation discussed at a quarterly trust wide adult and children safeguarding strategic meeting. Any updates are placed onto the monthly newsletter for staff.
- Standards of cleanliness were maintained across the medical wards and departments, with reliable systems in place to prevent healthcare associated infections. All of the areas we inspected were visibly clean, tidy, dust and clutter free. Housekeeping in the coronary care unit has won the clean care award twice.
- Comprehensive risk assessments were carried out on patient admission and kept in the patient records. Staff had a good awareness of how to respond to risk. They knew how to make urgent referrals and had a clear pathway and process to follow.
- The wards used a national early warning system (NEWS) to monitor patients' health while in hospital. It is a simple scoring system in which a score is allocated to physiological measurements such as blood pressure and pulse. The scoring system enabled staff to identify patients who were becoming increasingly unwell and provide them with increased support.
- We saw staff monitor patients NEWS scores and discuss patients within safety huddle meetings that had consistently high scores.
- Senior nursing staff were seen discussing patient care using information gained from the electronic recording device during safety huddles. We observed how staff quickly identified a patient's health was deteriorating using national early warning score (NEWS) and sepsis treatment was started.
- 'Sepsis six' management and screening tools such as pre-printed stickers showing staff the triggers for referring patients to the outreach support team, the trust have 100% compliance with best care bundles for sepsis. We saw an audit with information from the mobile electronic system to assess whether patients observations have been completed on time, this audit made the trust target with 92% completed on time.
- The national safety thermometer records the prevalence of patient harms and provides immediate information and analysis for frontline teams to monitor their performance in delivering harm-free care. Measurement at the frontline intends to focus attention on patient harms and their elimination.
- Data collection takes place on one day each month and reported within monthly governance meetings. All staff received a quarterly newsletter called 'you said, we said' and gives staff information of common risks and examples of learning from incidents.
- Safety thermometer data was displayed in poster displays on the wards and departments and we observed that ward results were discussed within team meetings and safety huddles.
- Staffing for each ward was monitored with a mobile electronic system. The staffing levels are assessed three times a day and staff moved to the ward with the higher acuity patients.
- Newly admitted patients received a review by a consultant trained in general medicine, we saw ward rounds taking place and patients having a daily review. There is an on call consultant available for advice and support as well as a trust consultant on-call system seven days a week. The majority of junior doctors told us they could access advice from a consultant and felt well supported.

# Medical care (including older people's care)

- The antibiotic prescriptions we saw had a reason for prescribing and a review date. Nursing staff told us that if this was not recorded they would challenge the prescriber to add this information. The trust antimicrobial audit informs prescribers of good antimicrobial stewardship, information reported to consultant microbiologists as well as medical consultants.
- Staff gave a clear description of duty of candour and gave examples following incidents.

However:

- The overall completion rate for mandatory training modules by nursing staff in medicine at the hospital was 87.7%, which did not meet the trust target of 90%. Nursing staff met the mandatory training target for one out of the seven modules. Five of the 10 eligible nursing staff had completed Mental Health Act training, which had no trust target.
- The overall completion rate for mandatory training modules by medical and dental staff in medicine at the hospital was 48.7%, which was much lower than the 90% trust target. Medical and dental staff did not meet the mandatory training target for any of the six modules.
- The overall completion rate for safeguarding training modules by medical and dental staff in medicine at the trust was 83.4%. Medical staff did not meet the trust target for level two safeguarding modules.
- On all wards, we saw staff updating and referring to purpose-built marker boards mounted on walls at the nurses' station or bay. We observed patient names written on these boards and occasionally other details. This meant that a patient's confidentiality could be compromised as people passing the central nursing station could see information.
- Data from the patient safety thermometer showed that the trust reported 48 new pressure ulcers, 10 falls with harm and 66 new catheter acquired urinary tract infections between December 2016 and December 2017 for medical services
- Nursing staff shared concerns with the level of staffing on most medical wards. Senior staff told us most wards have full establishment of staff at the start of a shift. However, staff are taken from the ward they are based in to work in other areas that do not have a full establishment and staff shortages.

## Is the service effective?

Good   

Our rating of effective is good. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, discussed, and disseminated guidance to staff within team meetings. Staffs were able to access local and national policies through the intranet.
- The trust reported that, from November 2016 to October 2017, Mental Capacity Act training completed by 94.5% of all staff within medicine at the trust, which is better than the target of 90%.
- The trust used nationally recognised tools to monitor and assess a patient's nutrition and hydration and the majority of patient's records we reviewed had a completed malnutrition universal screening tool assessment. Dieticians were available when required with 93% of priority patients assessed by dietician within 48 hours of receipt of referral.
- We observed examples of local and national guidelines for diabetes and blood glucose monitoring, fluid therapy and prescribing, sepsis screening and end of life care, pain relief and patient records.
- We saw pain assessments completed on admission in the patient notes, and we observed where pain has been reassessed. Patients told us that they were not in pain and received pain medication promptly.

# Medical care (including older people's care)

- Mental health team are in place 24 hours a day, seven days a week to offer support and guidance for patients and staff. Staff received training in regards to patients' rights and wishes in relation to the mental health act, during their admission to a hospital ward.
- There was seven-day medical cover provided by medical teams working between 8.30am and 5pm with doctor on-call providing out of hours care. Consultant cover was available every day including weekends with an on-call consultant if required. This was in line with the NHS services, seven days a week priority clinical Standard Six.
- The out of hour crisis response service is part of the East Sussex Better Together programme. This programme works towards admission avoidance and facilitating discharge. The service provides seven 24 hours a day services and were finalists in the unsung heroes East Sussex hospital trust awards.
- Between September 2016 and August 2017, patients at Eastbourne District General Hospital had better than expected risks of readmission for both elective and non-elective admissions when compared to the England averages
- Patients in General Medicine and Geriatric Medicine had better than expected risks of readmission for non-elective admissions
- Of the 56 in patients with diabetes at Eastbourne District General Hospital, 80.8% reported that they were satisfied or very satisfied with the overall care of their diabetes while in hospital. This placed the hospital in quartile two, which is similar to the average for other trusts.
- Heart Failure Audit in-hospital care scores showed Eastbourne District General Hospital performed better than the national average for three of four standards. Discharge scores for Eastbourne District general Hospital were better than the national average.
- Between April 2015 and March 2016, 78.6% of Non ST Elevation Myocardial Infarction patients were admitted to a cardiac unit or ward at Eastbourne District General Hospital, which is better than the England average. Non ST elevation myocardial infarction is a type of heart attack.
- Eastbourne District General Hospital takes part in the quarterly Sentinel Stroke National Audit programme. On a scale of A-E, where A is best, the trust achieved grade C in latest the audit, which covered the time period from April to June 2017. This was deterioration from the previous quarter, January to March 2017, when the hospital was in grade B but is still within target.
- The risk of falls on the medical wards can be high due to the high numbers of elderly and frail patients, because of this a falls prevention workbook is in place for all clinical staff to complete. The aim of the workbook is for staff to feel competent in recognising patients who could potentially be at risk from falls.
- In 2017/18 year to date, 87.6% of staff had received an appraisal and was on target to meet the 90% target by end of March 2018
- Staff we spoke with told us that health care professionals such as dieticians, physiotherapist, occupational health, speech and language therapists were often visible on the wards, and we saw evidence of multidisciplinary team meetings.

However:

- Only 93.5% of patients admitted with a Non ST Elevation myocardial infarction (type of heart attack) were seen by a cardiologist, which were worse than England averages. The proportion of Non ST Elevation Myocardial Infarction patients who were referred for or had angiography at Eastbourne District General Hospital was 24.1%, which was much worse than the England average of 83.6%.
- Nursing staff felt that the referral process to the multidisciplinary team could be time consuming, as a telephone referral is not accepted and a written referral needs to be completed.

# Medical care (including older people's care)

## Is the service caring?

Good   

Our rating of caring is good. We rated it as good because:

- Staff cared for patients with compassion and kindness. We saw all grades of clinical and support staff across the different wards talk to patients kindly with dignity and respect.
- Ward staff liaised with infection control around how to bring a patient's pet onto the ward and this was able to happen. Ward staff also organised for pet therapy.
- We received positive comments and statements from patients in regards to the care they had received. One patient told us "Oh they are all very kind and gentle, and will always answer the call bell quickly" with another patient stating "I love them all".
- The Friends and Family Test response rate for medicine at the trust was 37%, which was better than the English average of 25% from December 2016 to November 2017. Annual recommendation rates were above 90% this meant most patients would recommend the service to family and friends.
- We saw staff explaining patients care to them, we heard a nurse and healthcare assistant talking to a patient whilst helping them to wash. The staff member spoke in a caring manner explaining what they were doing and asking frequently if the patient was all right.

## Is the service responsive?

Good   

Our rating of responsive is good. We rated it as good because:

- The trust has a discharge lounge, which was open Monday to Friday 7am to 7.30pm. The nursing and medical teams with a multiagency approach managed complex discharges.
- We saw a thank you note from a patient's relative in regards to the help and support of nursing and medical staff in the complex discharge of their family member. The note detailed the way in which staff escorted the patient home managing the patient's pain throughout the journey.
- A frailty nurse specialist team worked across the acute hospitals and community services to reduce the number of unnecessary admissions and to support patients who were best cared for in the community.
- Between October 2016 and September 2017, the average length of stay for medical elective patients at Eastbourne District General Hospital was 2.9 days. This was better than the England average of 4.2 days. However, for medical non-elective patients, the average length of stay was 7.6 days, which was higher than England average of 6.6 days.
- There were dementia leads and champions within the medical and nursing teams on the medical wards. Staff were aware of dementia leads and how to contact them. Information folders were in place and observed in the matrons office with dementia information, contact information and dementia learning available for staff.
- We observed folders with information informing staff in regards to dementia and learning disabilities training, support information and details of dementia and learning disability lead nurses. There were also poster boards visible in the wards with information relating to dementia and the 'This is me' passport used for patients living with dementia.

# Medical care (including older people's care)

- A noise level monitor was observed on most medical wards following complaints from patients that the wards were too noisy at night. The monitor worked by flashing red when the noise became too loud. Nursing staff would then make an effort to reduce noise levels.
- When well and finishing treatment, cancer patients were encouraged to eat foods they wanted and the kitchen always ensured that this happened, including providing a glass of sherry or beer to terminally ill patients on request.
- We observed clinical staff having discussions around transferring patients. Patients where possible were moved back onto the ward suitable for their medical condition.
- Staff confirmed that complaints were discussed within governance meetings, this information is disseminated in team meetings for information sharing and to discuss lessons learnt. We looked at a number of team meeting minutes and complaints folders, which showed information shared with team members.
- People could access the service when they needed it. Waiting times for treatment and arrangements to admit and treat patients were in line with best practice.
- Staff informed us that there were medical outliers within other wards. Outliers are patients admitted to wards outside of their speciality.

However:

- Medical non-elective patients, the average length of stay was 7.6 days, which was higher than England average of 6.6 days.
- There were patients who had been an inpatient for a number of weeks on the medical wards and staff highlighted that there were common issues with discharging elderly or frail patients back home or into the community. Staff told us there were long waits to gain a social care package, but there was ongoing work to address this through the East Sussex Better Together initiative.
- From November 2016 to October 2017, there were 129 trust wide complaints about medicine. The trust took an average of 47.9 days to investigate and close complaints. This was not in line with their complaints policy, which stated complaints should be closed within 30 days.

## Is the service well-led?

Good  

Our rating of well led is good. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Overall, we found services were well-led.
- The team whom managed the medicine department trust wide consisted of chief of service, associate director of operations and assistant director of nursing. This is a triumvirate team. The team worked closely with each other to ensure the unit delivered high quality, accessible care. The executive team told us that the senior team is visible on the wards daily. The director of nursing works cross-site two days in Eastbourne District General Hospital and two days at conquest with one day being spent where needed.
- Strong, clear leadership was seen, staff told us they felt well managed and well- led. Staff said matrons and senior nurses were visible and supportive within the department, they felt valued, listened to and respected and felt confident to raise any concerns with their line managers.

# Medical care (including older people's care)

- All matrons we spoke with knew what their wards were doing well and could clearly articulate the challenges and risks their team faced in delivering good care. We also observed matrons working clinically within their teams and alongside the executive team.
- Staff said matrons and senior nurses were visible and supportive within the department, they felt valued, listened to and respected and felt confident to raise any concerns with their line managers.
- The trust have recognised the difficulties in matrons completing clinical and administrative work and they have introduced matron's assistants. Matron's assistants support matrons with the clerical side of their job such as monitoring training compliance, collecting, and collating data for clinical audits. Matrons and senior staff felt the matron assistant was a valuable resource, which meant they had more clinical time to spend on the ward supporting nursing staff.
- The trusts vision is to be an 'outstanding' organisation by 2020. They felt their vision, values and organisational priorities had been developed to support the achievement of this.
- We found staff had a thorough understanding of the current values and they felt they were using the values within their practice, especially around promoting good leadership and good promotion of health and care for patients. Staff showed us a card they carried on their person stating what the trust values were.
- Staff felt there were a positive working culture and a good sense of teamwork. Managers spoke highly of the clinical and support staff that worked within the medical wards and they told us staff were flexible and highly motivated to provide a positive patient experience and the best patient care.
- Staff said they understood the trust whistleblowing policy and would feel comfortable using it if necessary. We also saw information displayed on the wards advising staff of the whistleblowing procedure. This suggested that the trust had an "open culture" in which staff could raise concerns without fear.
- Governance structures were in place to support the functions of medicine. There were clear reporting structures within medicine and staff knew who to report to. Matron and senior management informed us of monthly governance meetings, which took place and information from the meetings, were fed back through to staff via team meetings and within a governance newsletter.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We found there were divisional risk registers in place. Managers we spoke with were aware of the risk registers and knew what the main risks were such as staffing and the actions needed to reduce the risks.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Outpatients

Good  

## Key facts and figures

The outpatient department at Eastbourne District General Hospital (EDGH) is part of East Sussex Healthcare NHS Trust.

From October 2016 to September 2017 the trust had 419,410 first and follow up outpatient appointments. At Eastbourne District general Hospital there had been 221,093 appointments during this same period. Outpatient appointments are held in various locations across the site and within different divisions of the hospital. There are a range of consultant and nurse-led outpatient clinics across different specialities provided in the outpatients department. The general outpatient department core working hours are Monday to Friday 8.00am to 6.00pm. When required, clinics also ran on Tuesday, Wednesday and Thursday evenings and some Saturday mornings.

Information about the areas of the hospital that offer outpatient services are given below:

Outpatient A;

- General outpatients
- Women's health
- Maxillofacial unit
- Blood tests

Outpatient B;

- Ophthalmology eye clinic

Outpatient B2;

- General outpatients

Outpatient D;

- Neurology
- Nutrition and dietetics
- Occupational therapy
- Physiotherapy
- Podiatry
- Rheumatology
- Speech and language therapy

Outpatient E;

- Dermatology

Speciality outpatients;

- Orthopaedic fracture clinic

# Outpatients

## •Ear, nose and throat clinic

During the announced inspection we visited all areas of outpatients. We met with 21 patients and two relatives. We met with 39 staff including; five matrons, two consultants, two middle grade doctors, cancer pathway coordinators, specialist nurses, staff nurses, healthcare assistants, deputy heads of nursing, an improvement project lead, an associate director for operational improvement and elective performance, head of clinical administration and reception and administration staff.

In addition we reviewed national data and performance information about the trust. We also reviewed a range of policies, procedures and other documents relating to operational delivery and development of the outpatient core service.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Systems and processes were in place to assess, monitor and manage risks to patients. For example, safety checklists were used and monitored to ensure the safety of patients undergoing a surgical procedure.
- Patient records were available, kept secure and up to date. The trust had made clear improvements to the way health records were managed across the organisation.
- Staff recognised incidents and reported them through the electronic reporting system. Incidents were investigated by senior staff with lessons learnt shared across the trust. Staff were aware of the duty of candour and gave patients honest information and support.
- There were business continuity plans in place for use in the event of a major incident. Learning from the use of the major incident plan included the addition of ophthalmology staff to the list of contacts in the event of a major incident.
- Staff delivered patient care in line with evidence based care and best practice guidance. NICE guidance was used, monitored and audited in a number of clinical specialities, for example, Parkinson's quality standard (QS164).
- The service ensured that staff had the skills, knowledge and experience to deliver effective care, support and treatment. For example, through the use of practice based competency assessments for a variety of clinical procedures.
- Multidisciplinary working was apparent across a range of specialities within outpatients. Doctors, nurses and allied health professionals worked together to provide integrated care that met the needs of patients.
- People were respected and valued as individuals. Staff throughout outpatient services put patients at the centre of what they did. Staff we spoke with were highly motivated to provide care that was kind and promoted dignity. Patients and relatives told us that they were treated with dignity and compassion. We saw staff interacting in a caring and dignified way with patients with ill mental health and learning disabilities.
- The outpatient department at Eastbourne hospital was undergoing an improvement programme for services provided to patients. This programme addressed issues such as how appointments were booked, queuing systems for specialist doctors, clinic duration and capacity and demand leading to positive results for patient services and patient experience.

# Outpatients

- Following our report in January 2017 it was highlighted that the outpatient service must develop play services in line with national best practice guidance. We saw dedicated areas for children in the main outpatient waiting areas.
- We found there was strong and clear leadership capacity and capability. Leaders understood the challenges to quality and sustainability, and were taking action to address them.
- There were clear and effective processes for managing risk and performance. Quality improvement work had begun within speciality clinics and there were plans to develop this across outpatients as a whole.
- There were systems in place to support learning, improvement and innovation. The trust had participated in a national benchmarking programme for outpatient departments and the women's health service had achieved successful accreditation from the British Society of urogynaecology in 2017. There was a continuous improvement programme in place across administrative services that included health records.

However:

- Not all nursing staff working in outpatient clinics where children were cared for were trained to child safeguarding level 3.
- Not all complaints were answered within 30 days of their receipt as per trust policy and people were not made aware of the trust's complaints response deadline.
- Signposting was not dementia friendly and did not accommodate visual deficit needs.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Systems, processes and practices kept people safe and safeguarded from abuse. Mandatory training in key skills was provided to all staff and there were systems in place to monitor and improve training compliance.
- Staff completed safeguarding training, understood their responsibilities and adhered to safeguarding policies and procedures, including working in partnership with other agencies.
- There were reliable systems in place to prevent and control the spread of infection. The premises and equipment were kept clean and there were recognised control measures such as handwashing and decontamination processes in place.
- Equipment was well maintained and accessible. Resuscitation equipment was readily available and appropriately checked and maintained in all areas of outpatients.
- Systems and processes were in place to assess, monitor and manage risks to patients. For example, safety checklists were used and monitored to ensure the safety of patients undergoing a surgical procedure.
- The service had enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Patient records were available, kept secure and up to date. The trust had made clear improvements to the way health records were managed across the organisation.
- Medication was recorded, stored and administered in line with legislation and national guidance. For example, all medicines were kept securely locked away in clinical areas and the keys held by registered nurses within the department.

# Outpatients

- Staff recognised incidents and reported them through the electronic reporting system. Incidents were investigated by senior staff with lessons learnt shared across the trust. Staff were aware of the duty of candour and gave patients honest information and support.
- There were business continuity plans in place for use in the event of a major incident. Learning from the use of the major incident plan included the addition of ophthalmology staff to the list of contacts in the event of an major incident.

However:

- Not all nursing staff working in outpatient clinics where children were cared for were trained to child safeguarding level 3.

## Is the service effective?

We do not rate effective in outpatients.

- Staff delivered patient care in line with evidence based care and best practice guidance. NICE guidance was used, monitored and audited in a number of clinical specialities, for example, Parkinson's quality standard (QS164).
- Health promotion materials were provided to patients as part of their consultations.
- The service ensured that staff had the skills, knowledge and experience to deliver effective care, support and treatment. For example, through the use of practice based competency assessments for a variety of clinical procedures. Staff such as health care assistants were required to undertake supervised practice and demonstrate competency before being allowed to perform certain clinical tasks unsupervised.
- Multidisciplinary working was apparent across a range of specialities within outpatients. Doctors, nurses and allied health professionals worked together to provide integrated care that met the needs of patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Consent to care and treatment was sought in line with legislation and guidance, for example, in relation to best interest decision making for patients who lacked mental capacity.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated people with compassion, kindness, dignity and respect. Feedback from people who used the service, those who were close to them and other stakeholders was positive about their care.
- People were respected and valued as individuals. Staff throughout outpatient services put patients at the centre of what they did. Staff we spoke with were highly motivated to provide care that was kind and promoted dignity. Patients and relatives told us that they were treated with dignity and compassion. We saw staff interacting in a caring and dignified way with patients with ill mental health and learning disabilities.
- Staff spent time talking to people and those close to them during and after consultations. They supported patients and those close to them to manage their emotional needs and communicated with people in a way they could understand their care, treatment and advice.

# Outpatients

- Staff understood the importance of patients' privacy and care and made it central to their healthcare approach. Staff were attentive towards patients' needs and understood the impact that a person's treatment and condition could have on their wellbeing as well as those close to them.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- People's needs were met through the way services were organised and developed. The outpatient department offered a range of services for patients that included General outpatients, Women's health, Maxillofacial unit, Blood tests, Ophthalmology eye clinic, Neurology, Nutrition and dietetics, Occupational therapy, Physiotherapy, Podiatry, Rheumatology, Speech and language therapy, Dermatology, Orthopaedic fracture clinic and Ear, nose and throat clinic.
- Specialist staff and a specialist learning disability nurse were available to support patients with ill mental health and learning disabilities. Staff and receptionists coordinated treatments to ensure patients' needs were met.
- Following our report in January 2017 it was highlighted that the outpatient service must develop play services in line with national best practice guidance. During this inspection there were play areas for children in the main outpatient waiting outpatient waiting areas. Other areas had plans for play areas to be introduced.
- Since our last inspection, receptionists now booked appointments and follow up appointments directly with patients via telephone call or after their consultations. The outpatient service then sent letters to patients to inform them of their appointment date, time and clinical speciality. In addition to informing patients about appointments via written letters the service has a telephone appointment reminder 36-24 hours prior to the any appointment. This was helping reduce 'Did Not Attend' rates in the outpatient department.
- The outpatient department at Eastbourne hospital was undergoing an improvement programme to address issues and improve services provided to patients. The 'did not attend' (DNA) rate was an area of focus for improvement and actions taken resulted in a 3% improvement with DNA appointments for the trust from August 2016 to December 2017.
- Patient access and flow varied, dependent on different clinics within the department and the outpatient service as a whole but these issues were being actively addressed through an outpatient improvement programme. For example, the trust's referral to treatment time for non-admitted pathways was worse than the England overall performance, however, the latest figures, for October 2017, showed a 5% improvement compared to January 2017.
- The improvement programme also addressed service issues and aimed to improve services provided to patients. This programme addressed issues that were impacting referral to treatment times such as how appointments were booked, queuing systems for specialist doctors, clinic durations and capacity and demand of the service. This programme was initially implemented in the paediatric outpatient department in January 2017 leading to a change from a 25 week waiting list to a current 2 week waiting list.
- Patients we spoke with knew how to complain to the service if needed. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were a standing agenda item on all governance meetings.

However:

# Outpatients

- The outpatients department did not meet the complaint response deadline of 30 days all the time. This situation was improving and there was no longer a very large backlog of complaints.
- Existing signposting did not have dementia or visual deficit friendly colours.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- We found there was strong and clear leadership capacity and capability. Leaders understood the challenges to quality and sustainability, and were taking action to address them.
- Staff had a good understanding of the vision and values of the trust and demonstrated these through their ongoing work. There was an emphasis on improving patient experience through more effective communication, comfort rounds and care planning based on assessed needs. Changes to practice in end of life care had also improved patient experience as they approached the end of their life.
- Senior staff promoted a positive culture that supported and valued staff. Staff felt respected and valued and we saw evidence of good team working across outpatients and specialities.
- There were clear and effective processes for managing risk and performance. Quality improvement work had begun within speciality clinics and there were plans to develop this across outpatients as a whole.
- There were systems in place to support learning, improvement and innovation. The trust had participated in a national benchmarking programme for outpatient departments and the women's health service had achieved successful accreditation from the British Society of UroGynaecology in 2017. There was a continuous improvement programme in place across administrative services that included health records.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

This inspection was led by Catherine Campbell, Head of Hospital Inspection. An executive reviewer, Chrisni Waring supported our inspection of well-led for the trust overall.

The team included 14 inspectors (including a pharmacy specialist and a mental health specialist inspector), two inspection managers and 16 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.