

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **24 November 2011**

By: **Assistant Chief Executive**

Title of report: **East Sussex Healthcare NHS Trust – Care Quality Commission Inspection**

Purpose of report: **To enable HOSC to consider the Trust's progress towards compliance with the requirements of the Care Quality Commission following the inspection earlier in 2011.**

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## **RECOMMENDATIONS**

**HOSC is recommended:**

- 1. To consider and comment on the Trust's progress.**
  - 2. To identify any specific areas where the Committee requires further information.**
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### **1. Background**

1.1 East Sussex Healthcare NHS Trust (ESHT) is a major provider of health services for the residents of East Sussex. It is the main provider of acute hospital care for the county, including the two main hospital sites in Eastbourne and Hastings. From April 2011 the community health services previously managed by the East Sussex Primary Care Trusts (PCTs) transferred to the Trust. These include services such as health visiting, district nursing, community rehabilitation and community hospitals.

1.2 The Care Quality Commission (CQC) is the regulator of providers of health and social care services. All providers must register with the Commission in order to be able to provide care and they must demonstrate how they are meeting a set of essential standards of quality and safety. These standards are based around outcomes for patients, for example Outcome 4: Care and welfare of people who use services states that *'people who use services should experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights'*. Each outcome is broken down into more specific components.

1.3 Should CQC find that a provider is not meeting all of the required standards the Commission is able to take a range of actions ranging from requiring the provider to put in place improvement plans to requiring that immediate actions are taken to ensure that standards are met. Ultimately CQC could stop a service being provided, although this would be a last resort.

### **2. Care Quality Commission inspection**

2.1 In February 2011 CQC undertook an inspection of the Trust's services. The visits were part of CQC's planned inspection programme which covers all trusts, but were 'unannounced', i.e. the Trust did not know when CQC inspectors were planning to visit.

2.2 The inspection focused on the acute services provided by the Trust and involved visits to five Trust sites:

- Eastbourne District General Hospital (DGH): focusing on A&E, maternity and two wards
- Conquest Hospital: focusing on A&E, maternity and two wards
- Bexhill Hospital: focusing on the outpatient day surgery unit
- Uckfield Hospital: focusing on the outpatient day surgery unit
- The Birthing Unit at Crowborough Hospital

2.3 The inspectors focused their work on a selection of the outcomes set out in the national essential standards of quality and safety.

2.4 In May 2011, CQC published reports detailing the findings of their inspection. There are five reports, one for each site visited. These reports have previously been circulated to HOSC Members and are available on the CQC website [www.cqc.org.uk](http://www.cqc.org.uk).

2.5 The reports highlighted a number of areas where required standards were not being met and where the Trust was required to take action to achieve compliance. In some cases immediate action was required; in others, actions required a longer timescale.

2.6 Since the original visits in February, CQC inspectors have undertaken two follow-up visits to the Trust to assess progress, one in April 2011 and one in September 2011. The April visit to the hospitals in Eastbourne and Hastings, which focused on two key outcomes, concluded that improvements had been made but further progress was needed, particularly in embedding improvements to ensure that standards were met consistently for all patients. The report of the September visit is not yet available.

2.7 HOSC should also note that CQC undertook a visit to the Trust in May 2011 as part of a separate national study being undertaken by the Commission into dignity and nutritional care for older people. The report of this visit was published in July 2011

### **3. Trust response**

3.1 In June 2011 Trust representatives attended the HOSC meeting to discuss the actions which had been taken in response to the CQC inspection. The Trust's Chief Executive and Chairman gave a commitment that the organisation would take the necessary steps to achieve compliance with CQC standards. It was noted that some of the issues identified by the Commission were long standing and would require longer term cultural change to fully address.

3.2 Darren Grayson, Chief Executive, and Jane Hentley, Director of Nursing will attend the HOSC meeting to update the Committee on progress since June – their presentation slides are attached at appendix 1.

### **4. Issues for HOSC to consider**

4.1 HOSC is invited to consider whether the Trust is continuing to take appropriate action in response to the CQC inspection.

4.2 HOSC has previously noted that it is CQC's role to undertake detailed monitoring of the Trust's progress in implementing the actions needed to achieve compliance with the required standards. It is not intended that the Committee duplicates CQC's role by undertaking detailed monitoring. However, it is important that the Committee gains assurance that appropriate action plans are in place and that progress is being made.

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## **East Sussex Healthcare NHS Trust**

### **Care Quality Commission – Progress on compliance**

#### **Briefing for the presentation on 24<sup>th</sup> November 2011 at HOSC**

The presentation provides the HOSC with assurance on progress made in relation to the action plans developed following the Care Quality Commission's (CQC) visits to the Trust's sites during this year and how compliance is being embedded within the organisation.

The background and timelines to date are set out alongside the key issues for the organisation raised by the inspections. The Trust's progress to delivering compliance against all the outcomes is highlighted along with the processes that have been put in place to achieve sustained compliance. The presentation contains information on the ongoing actions the trust is taking and identifies the key actions that will embed change in the daily activity of the Trust.

Specific details of actions and progress against each of the key outcomes will be provided at the HOSC meeting so that an up to date account of compliance can be given.

Finally, the slides set out the steps the organisation is taking to provide assurance of compliance based on a robust mechanism of ongoing self assessment.





# CQC Compliance

Jane Hentley, Director of Nursing  
East Sussex Healthcare NHS Trust

HOSC: 24<sup>th</sup> November 2011

# Introduction



1. Background
2. Key issues
3. Outcome update and progress to date
4. On going actions
5. Assessment of compliance
5. Conclusion

# Background:



- Initial inspection – 16 & 17 February 2011
- 3 warning notices issued 10<sup>th</sup> March 2011
- Follow up inspection – 19<sup>th</sup> April 2011
- 2 warning notices lifted
- Further warning notice issued – 13 June 2011 in relation to Regulation 9, Outcome 4 – requirement to address concerns and become compliant by 2 September 2011
- Dignity & Nutrition inspection focus on Outcomes 1 and 5 – May 2011
- Further inspection visit – 21<sup>st</sup>/22<sup>nd</sup> September 2011 – awaiting final reports

# Key Issues



- Privacy & dignity issues ( particularly in A&E)
- Consistency of documentation across ward areas
- Undertaking and recording risk assessments
- Undertaking and recording care planning
- Undertaking and recording discharge planning
- Recording of consent to treatment
- Medical cover and delays to treatment decisions
- Completion of supplementary records, e.g. fluid chart
- Understanding safeguarding, MCA and DOLs and the link with good documentation
- Privacy, dignity and nutrition
- Position around overall compliance



# Outcome update and progress to date



- All outcomes have executive leads, as well as operational leads
- Action plans are reviewed at a compliance oversight group on a monthly basis
- Evidence gathering against each outcome established
- Ward to board engagement
- On going quality reviews at ward/dept level to sustain quality improvements.
- Specific projects on key areas e.g. documentation, nutrition, consent to care , privacy and dignity
- Continued programme of measuring compliance e.g audit, observation, peer review
- Trust wide review of clinical governance structures and functions near completion
- Development of overarching quality strategy and transformation plan for change.
- Focus on patient and public engagement integral to all strategies.
- Strengthened accountability frameworks in divisions and clinical units as part of overall trust organisation design.

# On going actions



- Continued refinement of data collection and quality metrics which inform assurance around compliance for all outcomes
- Developing meaningful patient involvement and capturing patient experience
- Ensuring the whole organisation understand their role in delivering compliance, and making it 'real' to the staff at all levels
- Continuous cycle of quality review and improvement
- Strong , visible leadership

# Assessment of our compliance



- Met our trajectory for actions to date and achieving sustained compliance for all outcomes by March 2012
- Trust Board support for plan
- Discussion and engagement with CQC regulator on our position via regular monthly review meetings
- Regular update reports on compliance via committees
- Process for continual provider compliance assessments against each outcome underway on a 3 monthly review cycle.

# Conclusion



- † Confident about process and achieving a positive outcome for patients who use our services, which is underpinned by a robust compliance framework.